EXTENDED TO MAY 16, 2022

Form **990**

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ 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.

ΑF	or the	e 2020 calendar year, or tax year beginning $\mathrm{JUL}1,2020$	nding J	UN 30, 2021			
B c	heck if pplicabl	C Name of organization		D Employer identif	ication number		
	Addre chang						
	Name chang	Doing business as		13-35398	11		
	Initial return Final return		Room/suite	E Telephone number 212-760-			
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	862,358.		
X	Amen			H(a) Is this a group r			
	Application			for subordinates			
	pendi	SAME AS C ABOVE		H(b) Are all subordinates i			
T T	ax-ex	empt status: $X = 501(c)(3) = 501(c)(3)$ (insert no.) $4947(a)(1)$ or	r 527	1	list. See instructions		
		te: WWW.BOOKSFORKIDS.ORG		H(c) Group exemption			
K F	orm of	organization: X Corporation Trust Association Other	L Year		M State of legal domicile: NY		
Pa		Summary		•	-		
_	1	Briefly describe the organization's mission or most significant activities: THE M	IISSIO	N OF THE FO	UNDATION IS		
Activities & Governance		TO PROMOTE LITERACY AMONG ALL CHILDREN WI	TH A	SPECIAL EMP	HASIS ON		
ž	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net a			
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	13		
জ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	13		
es	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)		5	11		
ΖĖ	6	Total number of volunteers (estimate if necessary)		6	0		
₽cti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a			
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.		
				Prior Year	Current Year		
ē	8	Contributions and grants (Part VIII, line 1h)		847,720.	862,333.		
ē		Program service revenue (Part VIII, line 2g)		0.	0.		
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		23.	18.		
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-23,026.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		824,717.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		531,132.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
Ä		Total fundraising expenses (Part IX, column (D), line 25) 58,19		519,609.	289,662.		
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,050,741.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-226,024.			
-SS	19	Revenue less expenses. Subtract line 18 from line 12					
ance	20	Total accests (Part V. line 16)		ginning of Current Year 188,542.	End of Year 300,547.		
Asse		Total assets (Part X, line 16) Total liabilities (Part X, line 26)		128,443.	121,804.		
Net Assets or Fund Balances		Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		60,099.			
Pa	rt II	Signature Block		00,000			
		lties of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of m	ny knowledge and belief, it is		
		ct, and complete. Declaration of preparer (other than officer) is based on all information of which			,		
Sign	1	Signature of officer		Date			
Her		ROBIN ADELSON, EXECUTIVE DIRECTOR					
		Type or print name and title					
		Print/Type preparer's name Preparer's signature		Date Check	PTIN		
Paid		NICK MAKHOUL		if self-employ			
Prep	arer	Firm's name MALESARDI, QUACKENBUSH, SWIFT &	CO. L		22-1624206		
Use	Only	Firm's address 155 NORTH DEAN STREET - SUITE 5					
		ENGLEWOOD, NJ 07631		Phone no. 20	1-567-4100		
May	the II	RS discuss this return with the preparer shown above? See instructions			X Yes No		

	990 (2020) THE BOOKS FOR KIDS FOUNDATION	13-3539811	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	THE MISSION OF THE FOUNDATION IS TO PROMOTE LITERACY AND AND ADDRESS OF THE FOUNDATION IS TO PROMOTE LITERACY AND ADDRESS OF THE FOUNDATION IS TO PROMOTE PROMO	MONG ALL	
	CHILDREN WITH A SPECIAL EMPHASIS ON LOW-INCOME AND AT-		
	PRESCHOOL-AGED CHILDREN. THE FOUNDATION CREATES LIBRAR		
	BOOKS, AND IMPLEMENTS LITERACY PROGRAMS TO DEVELOP THE)T.V
		CRITICAL BAI	
2	Did the organization undertake any significant program services during the year which were not listed on the		X No
	prior Form 990 or 990-EZ?	Yes	L <u>A</u> No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	s?Yes	No No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services,	as measured by expense	S.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to of	thers, the total expenses,	and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 621,379 • including grants of \$) (Rev	renue \$	7.)
	THE FOUNDATION CREATES LIBRARIES, DONATES BOOKS, AND I	· · · · · · · · · · · · · · · · · · ·	′
	LITERACY PROGRAMS TO DEVELOP THE CRITICAL EARLY FOUNDA		JJS
	WHICH YOUNG CHILDREN NEED TO BE SUCCESSFUL IN LIFE.	TION THID DILLE	115
	WITCH TOOMS CHILDREN NEED TO BE SOCCESSFOR IN HITE.		
			,
4b	(Code:) (Expenses \$ including grants of \$) (Rev	renue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Rev	renue \$)
	· · · · · · · · · · · · · · · · · · ·		

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$

Total program service expenses ► 621,379.

Form **990** (2020)

4e

) (Revenue \$

Form 990 (2020) THE BOOKS FOR KIDS 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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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
_	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		- 25
5	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? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
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, VII, 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	11a		x
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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	11c		Х
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		х	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Δ	
	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?			7.7
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
D	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		x
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			<u> </u>
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		х
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19		X
20a	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
- '	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Form 990 (2020) THE BOOKS FOR KIDS 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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	١		Х
	Schedule K. If "No," go to line 25a	24a		Λ
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
Ч	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	214		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
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? If "Yes," complete Schedule L, Part II	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			37
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а	"Yes," complete Schedule L, Part IV	28a		Х
h	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?			
	"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	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			Х
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		Λ
34	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	-		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		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? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		37	
Pai	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Га	Check if Schedule O contains a response or note to any line in this Part V			
	Shook if Contours Contains a response of note to any line in this fact v		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		.03	.40
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

Form 990 (2020) THE BOOKS FOR KIDS FOUNDATION Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a Inter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, led of the tocal reclaridary ever ending with or within the year covered by this return b If all least one is reported on line 2a, did the organization file all required federal employment to returne? Note: If the sum of lines 1 and 2a is greater than 250, you may be required to 6-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If Yes,* has it filled a Form 990-T for this year? If Ye's to line 3b, provide an explanation on Schedule 0 3c If Yes, has the file a Form 990-T for this year? If Ye's to line 3b, provide an explanation on Schedule 0 3c If Yes, has the file a Form 990-T for this year? If Ye's to line 3b, provide an explanation on Schedule 0 3c If Yes, has the file a Form 990-T for this year? If Ye's to line 3b, provide an explanation on Schedule 0 3c If Yes, has the file a Form 990-T for this year? If Ye's to line 3b, provide an explanation on Schedule 0 3c If Yes, has the file a Form 990-T for this year? 5c If Yes to line the name of the foreign country. 5c If Yes to line the name of the foreign country. 5c If Yes to line the name of the foreign country. 5c If Yes to line the name of the organization that It was or is a party to a prohibited tax shallow fransaction? 5c If Yes to line as or 5b, did the organization that It was or is a party to a prohibited tax shallow fransaction? 5c If Yes an interest of the Yes to a prohibited tax shallow fransaction? 5c If Yes an interest of yes the file and yes are already to a prohibited tax shallow fransaction of yes were not tax deductible as charitable contributions? 5c If Yes, an interest of yes an interest of yes an interest transaction of yes are yes an interest transaction shall an yes are yes an interest transaction shall any yes are yes an interest transaction from yes are yes any yes are yes an interest transaction shall any yes are yes any yes are yes any yes are yes any				Yes	No				
b If a least one is reported on line 2a, did the organization life all required fooreal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-fife (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a At any time during the calendary earl, dith or organization line an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a At any time the name of the foreign country. 5a If If Yes, in the organization in the foreign country (such as a bank account, securities account, or other financial Accounts (FBAR). 5a Was the organization aparty to a prohibitot tax whether transaction at the foreign country (such as a bank account, securities account, or other financial Accounts (FBAR). 5a Was the organization of the organization that It was or is a party to a prohibited tax shelter transaction? 5b If Yes, if the sacro sb, did the organization the Form 888617. 6c If Yes 1 to line Sacro sb, did the organization the Form 888617. 6a 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? 6b If Yes, if did the organization include with very solicitation an express statement that such contributions or grits were not tax deductible? 6c Organization start may receive deductible contributions under section 170(c). 6c If Yes, if often organization include with every solicitation an express statement that such contributions or grits were not tax deductible? 6c Did the organization start and party the grits of the value of the goods or services provided? 6c Did the organization start and party that grits organization start and the party organization start and the party truns, directly or indirectly, on a personal benefit contract? 6c Did the organizati	2a								
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 ore drore during the year? 3b If "Yea," has it filed a Form 990-T for this year? If "No" to line 30, provide an explanation on Schedule 0 3a Income of 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 accountry (such as a bank account, securities account, or other financial accountry (such as a bank account, securities account, or other financial accountry (such as a bank account, securities account, or other financial accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Income the common of the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes" to line 5a or 5b, did the organization file Form 888817? 5c Income the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that ware not tax deductible as charitable contributions? 5c Income the organization shall were not tax deductible contributions an express statement that such contributions or gifts were not tax deductible as charitable contributions or gifts were not tax deductible as charitable contribution or an express statement that such contributions or gifts were not tax deductible or Did the organization shall many receive deductible contribution or an express statement that such contributions or gifts were not tax deductible? 7 organizations that many receive deductible contributions under section 170(c). 8 organization shall many receive deductible contributions organization and party for goods and services provided to the payor? 7a X 7b If "Yes," did the organization notify the donor of the value of the goods or services provi		filed for the calendar year ending with or within the year covered by this return 2a	1						
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? b if 1''es', "issa' titled a Form 990T for the year of "Not for lish", 3b, your does an explanation on Schedule O b if 1''es', "issa' titled a Form 990T for the year of "Not for lish", 3b, your does an explanation on Schedule O b if 1''es', "issa' titled a Form 990T for the year of "Not for lish", 3b, your does not present on Schedule O b if 1''es', "issa' titled a Form 990T for the year of the organization that or your post your your your your your your your your	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X					
b If Yes, *Inset It filed a Form 980-T for this year? If 'No'* to life 30, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a X b If 'Yes,* enter the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization a party to a prohibited tax shelter transaction? 5b X c If 'Yes' to line Sa or Sb, did the organization that was or is a party to a prohibited tax shelter transaction? 5b X c If 'Yes' to line Sa or Sb, did the organization file Form 88881? 6a Does the organization shelt amount gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 If 'Yes,' did the organization notity the donor of the value of the goods or services provided? 7 Organizations and the number of forms 8382 field during the year. 8 If If Yes,' did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9 If If Yes,' did the organization received an contribution of qualified intellectual property, did the organization file a form 10840? 9 If the organization received an contribution of cars, boats, simplenes, or other vehicles, did the organization file a form 10840? 9 Sponsoring organization near antiating donor		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)							
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountry? 5 If "Yes," she the hame of the foreign country (such as a bank account, securities account, or other financial accountry? 5 Was the organization the foreign country to prohibited the foreign by the properties of the foreign between the foreign of the foreign of the foreign of the foreign between the foreign country to a prohibited that shelter transaction? 5 If "Yes" to lie Sa or 5b, did the organization fine Form 888-17. 5 If "Yes" in 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 If "Yes" did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 If "Yes", did the organization norify the donor of the value of the goods or services provided? 9 If "Yes", did the organization norify the donor of the value of the goods or services provided to the payor? 10 If "Yes", indicate the number of Forms 8282 field during the year 11 If be the organization or eceived an contribution of or functivity, to pay premitums on a personal benefit contract? 12 If bid the organization received an contribution of contribution or indirectly, on a personal benefit contract? 13 If the organization received an contribution of contribution or indirectly, on a personal benefit contract? 14 If the organization received an contribution of contribution of contr	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X				
financial account in a foreign country See instructions for file free; and a bank account, securities account, or other financial account)? See instructions for filing requirements for finCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any staxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b Did any staxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c Did to the organization and that it was or is a party to a prohibited tax shelter transaction? 5c Did to the organization shelt were not tax deductible as charitable contributions? 6c Did the organization that were not tax deductible as charitable contributions? 7 organizations that many receive deductible contributions under section 170(c). 8 Did If we, and the deductible? 7 organizations that many receive deductible contributions under section 170(c). 8 Did the organization receive a payment in excess of 55 made party as a contribution and party for goods and services provided to the payor? 7 a X 7 b If Yes, "idlicit the organization notify the donor of the value of the goods or services provided? 8 Did the organization receive a payment in excess of 55 made party as a contribution of construction of the value of the goods or services provided? 9 Did the organization receive any funds, directly or indirectly, to pay premiums and party for goods and services provided to the payor? 7 c X 7 b If Yes," indicate the number of Forms 8282 field during the year 9 Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098 C? 8 ponsoring organization received a contribution of qualified intellectual property, did the organization file a Form 1098 C? 9 Sponsoring organization make any taxable distributions under section 4968? 9 N/A 9 Sponso			3b						
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16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X									
If "Yes," complete Form 4720, Schedule O.	16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х				
		If "Yes," complete Form 4720, Schedule O.							

Form 990 (2020)

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			X					
Sec	tion A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year								
	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 1b 13								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
	officer, director, trustee, or key employee?	2		X					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
	of officers, directors, trustees, or key employees to a management company or other person?	3		X					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?								
6	Did the organization have members or stockholders?	6		Х					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			l					
	more members of the governing body?	7a		X					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			l					
	persons other than the governing body?	7b		X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
а	The governing body?	8a	X						
b	Each committee with authority to act on behalf of the governing body?	8b		Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			l					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)								
			Yes	No					
	Did the organization have local chapters, branches, or affiliates?	10a		Х					
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?	10b	Х						
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a							
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х						
	a Did the organization have a written conflict of interest policy? If "No," go to line 13								
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40	х						
40	in Schedule O how this was done	12c	X						
13	Did the organization have a written whistleblower policy?	13	X						
14	Did the organization have a written document retention and destruction policy?	14	Λ						
15	Did the process for determining compensation of the following persons include a review and approval by independent								
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-	Х						
	The organization's CEO, Executive Director, or top management official	15a	X						
D	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b	21						
160									
iva	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	160		x					
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a							
b									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b							
Sec	exempt status with respect to such arrangements?	100		<u> </u>					
17	List the states with which a copy of this Form 990 is required to be filed ►NY, CT, FL, NJ, CA								
18	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	ı) avail	ahle					
.0	for public inspection. Indicate how you made these available. Check all that apply.	, o orny	, avall	abic					
	Own website Another's website X Upon request Other (explain on Schedule O)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	d fina	ncial						
.5	statements available to the public during the tax year.	a miai	Joiai						
20	State the name, address, and telephone number of the person who possesses the organization's books and records								
	THE BOOKS FOR KIDS FOUNDATION - 212-760-2665								
	1632 FIRST AVENUE NO 130 NEW YORK NY 10028								

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

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

oxdet Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

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

(A)	(B)	Ĭ		((C)			(D)	(E)	(F)
Name and title	Average hours per week	box offic	, unle	ss pe	rson	than is bot or/trus	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JENNIFER REINER DIRECTOR	2.00	X						0.	0.	0.
(2) SELMA BUENO	2.00	^						0.	0.	0.
DIRECTOR	2.00	x						0.	0.	0.
(3) RONIT KALMAN, PH.D.	2.00									•
DIRECTOR		x						0.	0.	0.
(4) REBECCA STRONGIN	2.00	 						•	•	
DIRECTOR		X						0.	0.	0.
(5) EVANGELINE SHIH	2.00									
DIRECTOR		Х						0.	0.	0.
(6) STEVEN FUCHS	2.00									
DIRECTOR		Х						0.	0.	0.
(7) GRAHAM STEPHENS	2.00									
DIRECTOR		Х						0.	0.	0.
(8) AMANDA HIRSH	2.00									
DIRECTOR	<u> </u>	Х						0.	0.	0.
(9) SURAJ SANI	2.00	ļ								
DIRECTOR		Х						0.	0.	0.
(10) RON SUSSMAN	2.00	l		l						
BOARD CHAIR	0.00	Х		Х		_		0.	0.	0.
(11) KAY DU FERNANDEZ	2.00	١,,		,,					_	_
SECRETARY	2.00	Х		Х		_		0.	0.	0.
(12) CHRIS BERGER	2.00	X		x				0.	0.	0.
TREASURER	2.00	^		^		-		0.	0.	0.
(13) AMANDA BALDWIN VICE CHAIR	2.00	X		x				0.	0.	0.
(14) ROBIN ADELSON	40.00	^		^		\vdash		0.	0.	•
EXECUTIVE DIRECTOR	40.00	1		x				105,750.	0.	598.
INDECTIVE DIRECTOR								103,730.	•	330.
		1								
				_		\vdash	_			
		┨								

Par	T VII Section A. Officers, Directors, Trus	tees, Key Em	ployees, and Highest Compensa						Compensated Employe	ited Employees (continued)				
	(A)	(B)		(C)					(D)	(E)			(F)	
	Name and title	Average	(do	Position (do not check more than one				one	Reportable	Reportable)	Es	timate	ed
		hours per	box	, unle	ss pe	rson	is bot	h an	· '	compensation			nount (of
		week (list any	-	l a		 		100)	from	from related			other	tion
		hours for	Individual trustee or director						the organization	organization (W-2/1099-MI			pensa om the	
		related	ee or (stee			Highest compensated employee		(W-2/1099-MISC)	(W 2/ 1000 WIN	30)		anizati	
		organizations	trust	Institutional trustee		yee	ompe					_	d relate	
		below	vidua	itutior	Je.	Key employee	oloyee	ner				orga	anizatio	ons
		line)	ib	Inst	Officer	Key	Hig	윤						
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									105 550					^ ^
	Subtotal								105,750.		0.		5	98.
	Total from continuation sheets to Part V								105,750.		0.		5	0. 98.
a	Total (add lines 1b and 1c) Total number of individuals (including but n								<u> </u>	000 of roportoh	• •		<u> </u>	90.
2	compensation from the organization	iot iiiiiited to ti	1056	IISLE	eu ai	DOV	e) wi	10 11	eceived more man \$100	,000 or reportat	лe			1
	compensation from the organization												Yes	No
3	Did the organization list any former officer,	director, trust	ee, k	кеу е	emp	loye	e, o	r hig	ghest compensated emp	loyee on	ļ			
	line 1a? If "Yes," complete Schedule J for s	uch individual										3		Х
4	For any individual listed on line 1a, is the su	-		-					•	the organization				
	and related organizations greater than \$15											4		X
5	Did any person listed on line 1a receive or a	•				,			ted organization or indiv	dual for services	3			37
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	plete Schedul	e J f	or s	uch	pers	son .					5		X
1	Complete this table for your five highest co	mnensated in	dene	ende	ent c	onti	racto	ore t	that received more than	\$100,000 of cor		ation f	rom	
•	the organization. Report compensation for										пропо	acioii i		
	(A)	•							(B)			(0		
	Name and business	address	NO	INC	3				Description of s	ervices	С	compe	nsatio	n
											<u> </u>			
											<u> </u>			
								\perp						
2	Total number of independent contractors (i		ot li	mite	d to	tho	se li: N	stec	d above) who received n	nore than				
	\$100,000 of compensation from the organi	zation >					<u> </u>					Form	990 (c	2020

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b 201,946. c Fundraising events 1c 1d d Related organizations 107,500. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 552,887 similar amounts not included above 1f 214,813. 1g \$ g Noncash contributions included in lines 1a-1f 862,333. h Total. Add lines 1a-1f **Business Code** Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 18. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ... 6b c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a **b** Less: cost or other basis Other Revenue and sales expenses 7b c Gain or (loss) ______7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 201,946. of contributions reported on line 1c). See 0 Part IV, line 18 20,500. **b** Less: direct expenses _____ -20,500. -20,500. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9b **b** Less: direct expenses c Net income or (loss) from gaming activities **10 a** Gross sales of inventory, less returns and allowances 10b **b** Less: cost of goods sold **c** Net income or (loss) from sales of inventory **Business Code** 11 a OTHER INCOME 611710 7. b d All other revenue e Total. Add lines 11a-11d 841,858. -20,482Total revenue. See instructions 12

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).

	Check if Schedule O contains a respons	se or note to anv line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				·
	and domestic governments. See Part IV, line 21				
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,	107 115	20 000	22 660	42 550
	trustees, and key employees	107,115.	30,888.	32,669.	43,558.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and	255,870.	255,870.		
-	persons described in section 4958(c)(3)(B)	233,070.	233,070.		
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	42,531.	33,599.	3,828.	5.104.
10	Payroll taxes	28,036.	22,149.	2,523.	5,104. 3,364.
11	Fees for services (nonemployees):		,,	_, , , _ ,	2,001
b	Legal				
С	Accounting	20,184.	15,945.	1,817.	2,422.
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	24 655	00.006		4 050
13	Office expenses	31,677.	29,836.	789.	1,052.
14	Information technology	9,200.	7,268.	828.	1,104.
15	Royalties	150.	150		
16	Occupancy	67.	150. 67.		
17	Travel	07.	07.		
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials Conferences, conventions, and meetings	348.	348.		
19 20	Interest	3404	3400		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	4,776.	3,773.	430.	573.
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.)				
а	IN KIND DONATIONS	214,813.	214,813.		
b	MISCELLANEOUS	8,447.	6,673.	760.	1,014.
С					
d	 				
e	All other expenses	723,214.	621,379.	43,644.	58,191.
25	Total functional expenses. Add lines 1 through 24e	143,414.	041,3/3.	43,044.	30,131.
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)				
00001	11 tollowing SOP 98-2 (ASC 958-720)				Form 990 (2020)

Form 990 (2020)
Part X Balance Sheet

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	150,061.	1	139,454.
	2	Savings and temporary cash investments		2	153,068.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from 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		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
Ŋ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
¥	9	Prepaid expenses and deferred charges		9	1,875.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	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		15	6,150.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	100 540	16	300,547.
	17	Accounts payable and accrued expenses	20 042	17	23,004.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Ś	22	Loans and other payables to any current or former officer, director,			
ijĘ		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
Ĩ	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	10-00	24	98,800.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	128,443.	26	121,804.
		Organizations that follow FASB ASC 958, check here ▶ X			
ces		and complete lines 27, 28, 32, and 33.			
<u>a</u>	27	Net assets without donor restrictions	60,099.	27	178,743.
Ва	28	Net assets with donor restrictions		28	
<u>n</u>		Organizations that do not follow FASB ASC 958, check here			
Ť		and complete lines 29 through 33.			
S 0	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances		32	178,743.
_	33	Total liabilities and net assets/fund balances	100 - 10	33	300,547.
					•

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		<u>41,8</u> 23,2			
2	Total expenses (must equal Part IX, column (A), line 25)						
3	Revenue less expenses. Subtract line 2 from line 1						
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))4						
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	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	1'	78,7	43.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				X		
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.						
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		20	X :			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si						
	Act and OMB Circular A-133?	-	3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired aud	it				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		I				

Form **990** (2020)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization THE BOOKS FOR KIDS FOUNDATION 13-3539811 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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). 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X 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 university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	497,065.	788,115.	704,980.	853,998.	862,333.	3706491.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	405 065	F00 115	504 000	050 000	060 222	2006404
4	Total. Add lines 1 through 3	497,065.	788,115.	704,980.	853,998.	862,333.	3706491.
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)						2706401
6	Public support. Subtract line 5 from line 4.						3706491.
	etion B. Total Support	() 2042	#1.0047	() 0040	(1) 0040	() 0000	(0 T)
	ndar year (or fiscal year beginning in)	(a) 2016 497, 065.	(b) 2017 788,115.	(c) 2018 704, 980.	(d) 2019 853,998.	(e) 2020 862,333.	(f) Total 3706491.
	Amounts from line 4	497,005.	700,113.	704,300.	033,990.	002,333.	3700491.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	71.	53.	45.	23.	18.	210.
•	and income from similar sources	/ 1 •	55.	= 3.	25.	10.	210.
9	Net income from unrelated business						
	activities, whether or not the						
10	business is regularly carried on Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)	4,764.	7.		12.	7.	4,790.
11	Total support. Add lines 7 through 10	277020	, •		121	, •	3711491.
12	Gross receipts from related activities,	etc (see instructi	ons)			12	<u> </u>
13	First 5 years. If the Form 990 is for the			fourth or fifth tax			
	organization, check this box and stor				_		
Sec	ction C. Computation of Publ						
	Public support percentage for 2020 (column (f))		14	99.87 %
15	Public support percentage from 2019					15	99.86 %
16a	33 1/3% support test - 2020. If the					nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				▶ X
b	33 1/3% support test - 2019. If the						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			>
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact	s-and-circumstand	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances to	est. The organization	on qualifies as a pu	ublicly supported	organization		>
b	10% -facts-and-circumstances tes	t - 2019. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circur	nstances test, che	ck this box and st	op here. Explain i	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Tl	ne organization qu	alifies as a publicly	y supported organ	ization	▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	ınd see instruction	s 🕨 🔲

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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, 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 bus-						
	iness under section 513						
4							
·	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
J	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7 6	Amounts included on lines 1, 2, and						
ŀ	3 received from disqualified persons 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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	·	() 0040	(1.) 0047	() 0010	1 (1) 0040	() 0000	(0 T
	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6 Gross income from interest,						
IUa	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
K	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						
40	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.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
_			•				>
	ction C. Computation of Publ					1 1	
	Public support percentage for 2020 (15	<u>%</u>
	16 Public support percentage from 2019 Schedule A, Part III, line 15 %						
	ction D. Computation of Inves						
17	Investment income percentage for 20					17	%
18						18	%
198	a 33 1/3% support tests - 2020. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization quali	fies as a publicly s	supported organiza	ation	▶∟
k	o 33 1/3% support tests - 2019. If the						
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	as a publicly suppo	orted organization	▶⊒
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	3a		
	3b		
	0.5		
	3с		
	30		
	40		
	4a		
	4-		
	4b		
	4c		
	5a		
	5b		
	5с		
	6		
	7		
	7		
	8		
	9a		
	9b		
	9с		
	10a		<u></u>
	10b		
m 9	90 or 99	90-EZ)	2020
		,	

Pa	t IV	Supporting Organizations (continued)			
		· · · · · · · · · · · · · · · · · · ·		Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c b	elow, the governing body of a supported organization?	11a		
b	A fam	ily member of a person described in line 11a above?	11b		
С	A 35%	controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c		
Sec	tion E	3. Type I Supporting Organizations			
				Yes	No
1		e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	suppo	orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did th	e organization operate for the benefit of any supported organization other than the supported			
	organi	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part V	I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sec	tion C	C. Type II Supporting Organizations			
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or mai	nagement of the supporting organization was vested in the same persons that controlled or managed			
		pported organization(s).	1		
Sec	tion L	D. All Type III Supporting Organizations			
				Yes	No
1		e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	•	ization'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			
		ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	•	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	_		
		ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	•	ason of the relationship described in line 2, above, did the organization's supported organizations have a			
	•	cant voice in the organization's investment policies and in directing the use of the organization's			
		e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	_		
800		orted organizations played in this regard.	3		
		E. Type III Functionally Integrated Supporting Organizations			
1		the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	•		
a		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.	_4	1	
C		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	Struction		Na
2		ties Test. Answer lines 2a and 2b below.		Yes	No
а		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		apported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		supported organizations and explain how these activities directly furthered their exempt purposes, the organization was responsive to those supported organizations, and how the organization determined			
			20		
h		nese activities constituted substantially all of its activities. e activities described in line 2a, above, constitute activities that, but for the organization's involvement,	2a		
D		r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		If the reasons for the organization's position that its supported organization(s) would have engaged in			
			2h		
2		activities but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer lines 3a and 3b below.			
a		e organization have the power to regularly appoint or elect a majority of the officers, directors, or es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
h		es of each of the supported organizations? If Fes of No provide details in Part VI.	Ja		

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pa	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations				
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.				
	All other Type III non-functionally integrated supporting organizations mus	t complete	e Sections A through E.		
Sect	ion 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			
Sect	ion 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):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	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 0.015 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 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 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	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functional	ılly integrat	ed Type III supporting org	anization (see	
	instructions).				

Schedule A (Form 990 or 990-EZ) 2020

Par	t V	Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _{(continu}	ued)	
Secti	ion D	- Distributions		•		Current Year
1	Amou	unts paid to supported organizations to accomplish exe		1		
2	Amou	unts paid to perform activity that directly furthers exemp	ot purposes of supported			
	orgar	nizations, in excess of income from activity			2	
3	Admi	nistrative expenses paid to accomplish exempt purpose	ns	3		
4	Amou	ınts paid to acquire exempt-use assets			4	
5	Quali	fied set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Othe	distributions (describe in Part VI). See instructions.			6	
7	Total	annual distributions. Add lines 1 through 6.			7	
8	Distri	butions to attentive supported organizations to which the	ne organization is responsiv	е		
	(provi	de details in Part VI). See instructions.			8	
9	Distri	butable amount for 2020 from Section C, line 6			9	
10	Line 8	3 amount divided by line 9 amount			10	
Secti	ion E -	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	ns	(iii) Distributable Amount for 2020
1	Distri	butable amount for 2020 from Section C, line 6				
2	Unde	rdistributions, if any, for years prior to 2020 (reason-				
	able o	cause required - explain in Part VI). See instructions.				
3	Exces	ss distributions carryover, if any, to 2020				
а	From	2015				
b	From	2016				
С	From	2017				
d	From	2018				
е	From	2019				
f	Total	of lines 3a through 3e				
g	Appli	ed to underdistributions of prior years				
h	Appli	ed to 2020 distributable amount				
i_	Carry	over from 2015 not applied (see instructions)				
j	Rema	ainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distri	outions for 2020 from Section D,				
	line 7	: \$				
а	Appli	ed to underdistributions of prior years				
b	Appli	ed to 2020 distributable amount				
С	Rema	ainder. Subtract lines 4a and 4b from line 4.				
5	Rema	aining underdistributions for years prior to 2020, if				
	any. S	Subtract lines 3g and 4a from line 2. For result greater				
	than	zero, explain in Part VI. See instructions.				
6	Rema	aining underdistributions for 2020. Subtract lines 3h				
	and 4	b from line 1. For result greater than zero, explain in				
	Part '	VI. See instructions.				
7	Exce	ss distributions carryover to 2021. Add lines 3j				
	and 4	C.				
8_	Break	kdown of line 7:				
а	Exces	ss from 2016				
b	Exces	ss from 2017				
С	Exces	ss from 2018				
d	Exces	ss from 2019				

Schedule A (Form 990 or 990-EZ) 2020

e Excess from 2020

Scriedule A	(Form 990 or 990-EZ	Z) 2020 THE .	BOOKS FOR	K KIDS F	OUNDATION		13-3539811 E	Page 8
Part VI	Supplemental Part IV, Section A, line 1; Part IV, Sect Section D, lines 5, 6	Information. lines 1, 2, 3b, 3c, ion D, lines 2 and	Provide the exp , 4b, 4c, 5a, 6, 9a d 3; Part IV, Sect	anations require a, 9b, 9c, 11a, 1 ion E, lines 1c, 2	ed by Part II, line 10 1b, and 11c; Part I 2a, 2b, 3a, and 3b;	V. Section B. lines 1	17b; Part III, line 12; and 2; Part IV, Section (, Section B, line 1e; Part	С.
	(See instructions.)							

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

Name of the organization

Employer identification number

THE BOOKS FOR KIDS FOUNDATION

13-3539811

Organization type (check one):						
Filers of:	ilers of: Section:					
Form 990	or 990-EZ	$\boxed{\textbf{X}}$ 501(c)(3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 990-l	PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
		covered by the General Rule or a Special Rule. '), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General R	ule					
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special R	ules					
s	ections 509(a)(1) a ny one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under nd 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.				
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
y is p	ear, contributions of checked, enter he urpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box are the total contributions that were received during the year for an exclusively religious, charitable, etc., plete any of the parts unless the General Rule applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year				
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).						

 $\ \, \text{LHA} \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

THE BOOKS FOR KIDS FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1	QUINN EMANUEL FOUNDATION 51 MADISON AVENUE, 22ND FLOOR NEW YORK, NY 10010	\$ 22,500.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2	LESLEY GREEN LEBEN 1 EAST 66TH ST NEW YORK, NY 10065	\$ 25,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3	STEVEN FUCHS 240 RIVERSIDE BLVD, APARTMENT 27A NEW YORK, NY 10069	\$	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
4	KONICA MINOLTA 100 WILLIAMS DRIVE RAMSEY, NJ 07446	\$25,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5	BUZZFEED 111 E. 18TH STREET, 13TH FLOOR NEW YORK, NY 10003	\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
6	HARPER COLLINS 10 EAST 53RD STREET NEW YORK, NY 10022	\$37,470.	Person Payroll Noncash (Complete Part II for noncash contributions.)		

THE BOOKS FOR KIDS FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
7	PENGUIN YOUNG READERS 1745 BROADWAY NEW YORK, NY 10019	\$ 136,932.	Person Payroll Noncash X (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
8	STAVROS NIARCHOS FOUNDATION 455 5TH AVE NEW YORK, NY 10016	\$ 75,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
9	NEWTEK SMALL BUSINESS FINANCE, LLC. 1981 MARCUS AVENUE, SUITE 130 NEW YORK, NY 11042	\$\$	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
000450 11 0		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

THE BOOKS FOR KIDS FOUNDATION

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		
5	PUBLISHER BOOK DONATIONS, NEW	_			
		29,230.	12/31/20		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
6	PUBLISHER BOOK DONATIONS, NEW	_			
			12/31/20		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
7	PUBLISHER BOOK DONATIONS, NEW	_			
			12/31/20		
(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		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		

THE BOOKS FOR KIDS FOUNDATION

Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a)	tions to organizations describe	ed in section 5	01(c)(7), (8), or (10) that total more than \$1,000 for the year		
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,0	00 or less for th	ne year. (Enter this info. once.) \$		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
-		(e) Transfer	of gift			
	Transferee's name, address, a	nd ZIP + 4	Re	elationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
		(e) Transfer	 of gift			
	Transferee's name, address, and ZIP + 4		Re	elationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
	(e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	Re	elationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
	(e) Transfer of gift					
_	Transferee's name, address, a	nd ZIP + 4	Re	elationship of transferor to transferee		
		-				

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

Name of the organization

THE BOOKS FOR KIDS FOUNDATION

Employer identification number 13-3539811

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the			
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.				
		(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	ed funds			
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No			
6	Did the organization inform all grantees, donors, and donor a					
	for charitable purposes and not for the benefit of the donor					
	impermissible private benefit?	······································	Yes No			
Pa	rt II Conservation Easements. Complete if the or					
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).				
	Preservation of land for public use (for example, recrea	ation or education) Preservation of	a historically important land area			
	Protection of natural habitat	Preservation of	a certified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last			
	day of the tax year.		Held at the End of the Tax Year			
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b			
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c			
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structu	ure			
	listed in the National Register		2d			
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	e organization during the tax			
	year >					
4	Number of states where property subject to conservation ea	sement is located				
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of				
	violations, and enforcement of the conservation easements					
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and enforcing cons	servation easements during the year			
	>					
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	tion easements during the year			
	> \$					
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirements of section 170				
	and section 170(h)(4)(B)(ii)?					
9	In Part XIII, describe how the organization reports conservat	•				
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial statement	ents that describes the			
Da	organization's accounting for conservation easements.	4 Aut Historical Tracerryce au O	they Circilay Accets			
Pa	rt III Organizations Maintaining Collections o		ther Similar Assets.			
	Complete if the organization answered "Yes" on Form					
та	If the organization elected, as permitted under FASB ASC 95	· ·				
	of art, historical treasures, or other similar assets held for pu		•			
	service, provide in Part XIII the text of the footnote to its fina					
D	If the organization elected, as permitted under FASB ASC 95	•				
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,					
	provide the following amounts relating to these items:		▶ •			
	(i) Revenue included on Form 990, Part VIII, line 1					
^						
2	If the organization received or held works of art, historical tre		ı gam, provide			
_	the following amounts required to be reported under FASB A		. σ			
a	Revenue included on Form 990, Part VIII, line 1					

	t III Organizations Maintaining Co	ollections of A				er S	imil	ar Asse	ts/conti		age Z
	Using the organization's acquisition, accessio								•	rucu)	
3	collection items (check all that apply):	n, and other record	is, criecr	carry or tine	Tollowing that make	sigili	licarit	use or its			
	Public exhibition	A		oon or ovo	hange program						
a		d		_oan or exc Other	nange program						
b	Scholarly research	е	,,	Julier							
C	Preservation for future generations		اما ما	4 41 4	hitii			i- D	+ VIII		
4	Provide a description of the organization's col							se in Par	t XIII.		
5	During the year, did the organization solicit or								٦٧		٦.,,
Dai	to be sold to raise funds rather than to be maintain to be sold to raise funds rather than to be maintain to be sold to raise funds rather than to be maintain to be sold to raise funds rather than to be maintain to b								_ Yes		<u></u> No
Fai	t IV Escrow and Custodial Arrang reported an amount on Form 990, Part		ete ir tne	organizatio	n answered "Yes" c	n For	m 990	, Part IV,	line 9, o	ŗ	
1a	Is the organization an agent, trustee, custodia	n or other intermed	diary for	contribution	s or other assets no	ot incl	uded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII a										
	, ,	•	J						Amoun	t	
С	Beginning balance					ı	1c				
	Additions during the year						1d				
	Distributions during the year						1e				
f	Ending balance						1f				
	Did the organization include an amount on For								Yes		No
	If "Yes," explain the arrangement in Part XIII.					-					Ī
Pai											
		(a) Current year		rior year		_	Three v	ears back	(e) Fou	r vears	back
1a	Deninging of year belows	(a) carrerie year	(2):	nor your	(6)	(4)			(0) 1 0 0	y ou. o	Buon
	Contributions					 					
c	Net investment earnings, gains, and losses					1					
d	Grants or scholarships										
						+					
e	Other expenditures for facilities										
	and programs										
	Administrative expenses					+					
g	End of year balance		/I: 4		<u> </u>						
2	Provide the estimated percentage of the curre	ent year end baland	•	g, column (a	a)) neid as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment -	%									
С	Term endowment										
	The percentages on lines 2a, 2b, and 2c shou	•									
3a	Are there endowment funds not in the posses	sion of the organiz	ation tha	t are held a	nd administered for	the c	rganiz	ation			
	by:									Yes	No
	(i) Unrelated organizations										
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ons listed as requi	red on S	chedule R?					3b		<u> </u>
4	Describe in Part XIII the intended uses of the		wment f	unds.							
Pai	t VI Land, Buildings, and Equipme	ent.									
	Complete if the organization answered	"Yes" on Form 990	D, Part IV	', line 11a. S	See Form 990, Part 2	X, line	10.				
	Description of property	(a) Cost or o	ther	(b) Cost	or other (c)	Accur	nulate	d T	(d) Boo	k valu	е
		basis (investr	ment)	basis	(other) d	eprec	iation				
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment										
	Other										
	Add lines 1a through 1a (Column (d) must ea		Y colum	n (D) lino 1	(00.)						0.

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 THE BOOKS F	OR KIDS FOUNI	DATION	13-3539811 _{Page}
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes'	on Form 990. Part IV. line	11b. See Form 990. 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-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1)	.,	, ,	<u> </u>
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990. Part IV. line	e 11d. See Form 990. Part X. line 15.	
	Description		(b) Book value
(1)	<u>. </u>		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lir	ne 15.)		•
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990. Part IV. line	e 11e or 11f. See Form 990. Part X. line	e 25.
1. (a) Description of liability	-,,	= = =, ,	(b) Book value
(1) Federal income taxes			
(2)			
(3)			
			1

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total, (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

PART XI, LINE 2D - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EXPENSES

20,500.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EXPENSES

20,500.

Schedule D (Form 990) 2020	THE	BOOKS	FOR	KIDS	FOUNDATION	13-3539811	Page 5
Schedule D (Form 990) 2020 Part XIII Supplemental Infor	mation	(continued))				
		,					

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Schedule G (Form 990 or 990-EZ) 2020

THE BOOKS FOR KIDS FOUNDATION Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations b Internet and email solicitations f Solicitation of non-government grants b Phone solicitations g Special fundraising events
required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations b Internet and email solicitations f Solicitation of government grants
a Mail solicitations b Internet and email solicitations e Solicitation of non-government grants f Solicitation of government grants
d In-person solicitations
2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.
(i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Did fundraiser have custody or control of contributions? (iv) Gross receipts from activity (v) Amount paid to (or retained by) fundraiser listed in col. (i) (vi) Amount paid to (or retained by) organization
Yes No
Total
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

		of fundraising event contributions and gre	_			events with gross receip	
					(b) Event #2 HEROES OF	(c) Other events	(d) Total events (add col. (a) through
				WALK/RUN (event type)	EDUCATION (event type)	(total number)	col. (c))
Jue				(event type)	(event type)	(total number)	
Revenue	1	Gross receipts		96,936.	82,885.	22,125.	201,946.
	2	Less: Contributions		96,936.	82,885.	22,125.	201,946.
	3	Gross income (line 1 minus line 2)					
	4	Cash prizes					
Se	5	Noncash prizes					
xpens	6	Rent/facility costs					
Direct Expenses	7	Food and beverages					
	8	Entertainment					
	9	Other direct expenses		20,500.			20,500.
							20,500.
_	11	Net income summary. Subtract line 10 from li	line 3,	column (d)		<u> </u>	-20,500.
Pa	ırt I		answe	red "Yes" on Forn	n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	1		(b) Pull tabs/instant		(d) Total gaming (add
Revenue				(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
evel							.,
æ	1	Gross revenue					
ses	2	Cash prizes					
pens	3	Noncash prizes					
Direct Expenses							
Ö	4	Rent/facility costs					
	5	Other direct expenses					
				Yes %	Yes %	Yes %	
	6	Volunteer labor		No	No No	└── No	
	7	Direct expense summary. Add lines 2 through	ıh 5 in d	column (d)		>	
	8	Net gaming income summary. Subtract line 7	7 from	line 1, column (d)		>	
•	_						
		iter the state(s) in which the organization condu the organization licensed to conduct gaming a		_	states?		Yes No
		'No," explain:			States?		. L res L No
~		,					
		ere any of the organization's gaming licenses re 'Yes," explain:	evoked	d, suspended, or t	erminated during the tax	year?	Yes No
		100, OAPIGITI.					

Sch	nedule G (Form 990 or 990-EZ) 2020 THE BOOKS FOR KIDS FOUNDATION 13-3	353981	L1 Page 3
	Does the organization conduct gaming activities with nonmembers?		
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	Yes	s No
12	to administer charitable gaming? Indicate the percentage of gaming activity conducted in:	re:	5 NU
		120	0/
	a The organization's facility	13a	<u>%</u>
	o An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address >		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	s No
k	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party \$\bigs\\$		
(If "Yes," enter name and address of the third party:		
	Name ▶		
16	Gaming manager information:		
	Name		
	Gaming manager compensation > \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
٠	retain the state gaming license?	☐ Ye	s 🗆 No
Ł	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	—	
	organization's own exempt activities during the tax year ▶ \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	ırt III, lines	9, 9b, 10b,
	,,,		

Schedule G	(Form 990 or 990-EZ)	\mathtt{THE}	BOOKS	FOR	KIDS	FOUNDATION	13-3539811	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Info	rmation	(continued))				
			, ,					

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Types of Property

Part I

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

Attach to Form 990.

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

Name of the organization THE BOOKS FOR KIDS FOUNDATION Employer identification number 13-3539811

		(a)	(b)	(c)	(d)			
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of de noncash contribu		_	c
		арріісаріє		Form 990, Part VIII, line 1g	Horicasii continuu	tion a	HOUITE	.
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications	X		214,813.	ESTIMATED F	MV		
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other • ()							
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organi	zation durin	g the tax year for c	contributions				
	for which the organization completed Form 82	83, Part V, D	Oonee Acknowledg	gement 29				
							Yes	No
30a	During the year, did the organization receive b	y contributio	on any property rep	ported in Part I, lines 1 throu	gh 28, that it			
	must hold for at least three years from the date	e of the initia	al contribution, and	d which isn't required to be υ	sed for			
	exempt purposes for the entire holding period	?				30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that re	equires the review	of any nonstandard contribu	utions?	31		Х
32a	Does the organization hire or use third parties	or related or	rganizations to soli	cit, process, or sell noncash				
	contributions?					32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in o	olumn (c) fo	r a type of propert	y for which column (a) is che	cked,			
	describe in Part II.							
				_				

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

Schedule M (Form 990) 2020

SCHEDULE O

Department of the Treasury

Internal Revenue Service

(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. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

THE BOOKS FOR KIDS FOUNDATION

Employer identification number 13-3539811

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: LOW-INCOME AND AT-RISK PRESCHOOL-AGED CHILDREN. THE FOUNDATION CREATES LIBRARIES, DONATES BOOKS, AND IMPLEMENTS LITERACY PROGRAMS TO DEVELOP THE CRITICAL EARLY FOUNDATION AND SKILLS WHICH YOUNG CHILDREN NEED TO BE SUCCESSFUL IN LIFE.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: FOUNDATION AND SKILLS WHICH YOUNG CHILDREN NEED TO BE SUCCESSFUL IN LIFE.

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES: THE 2020-2021 YEAR WAS MARKED BY THE COVID-19 PANDEMIC WHICH REQUIRED THE FOUNDATION TO TEMPORARILY MAKE A SIGNIFICANT CHANGE TO THE WAY THEY DELIVERED STORY TIME AND TEMPORARILY HALT THE BOOK LENDING PROGRAM. CHANGE TO STORY TIME COMPRISED DELIVERY OF THE SAME PROGRAMMING VIA ZOOM RATHER THAN IN-PERSON AND THE CREATION OF A VIRTUAL LIBRARY OF STORY TIME VIDEOS FOR FAMILIES TO WATCH AT THEIR CONVENIENCE. MANY SCHOOLS RESUMED IN-PERSON LEARNING AND STORY TIME IN THE SPRING OF 2021 AND SOME STILL PREFERRED STORY TIME TO BE DELIVERED REMOTELY UNTIL RECENTLY. IN-PERSON PROGRAMMING IS GRADUALLY RESUMING IN MOST OF THE FOUNDATION'S PARTNER SCHOOLS AND SHELTERS. BOOK LENDING IS NOW RESUMING AS WELL.

FORM 990, PART VI, SECTION A, LINE 8B:

NO OTHER COMMITTEE HAS THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BOARD.