** PUBLIC DISCLOSURE COPY **

(Rev. January 2020) Department of the Treasury Internal Revenue Service Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

► Go to www.irs.gov/Form990 for instructions and the latest information. ax year beginning JUL 1 . 2019 and ending JUN 30 . and ending JUN 30

Open to Public Inspection

OMB No. 1545-0047

\sim	1 01 1110	and the second sear, or tax year beginning 000 1, 2019 and	enuning c	JON 30, 2020	
В	Check if applicabl	C Name of organization		D Employer identifi	cation number
	Addre chang	THE LIBRARY FOUNDATION OF LOS ANGELES			
	Name chang			95-43682	50
	Initial return	9	Room/suite	E Telephone numbe	r
	Final return			(213)228	-7500
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	29,992,018.
	Amen	ded tog anceted ca 00071		H(a) Is this a group re	eturn
	Application	F Name and address of principal officer: ALIA DRECTER		for subordinates	
	pendi	SAME AS C ABOVE		H(b) Are all subordinates i	ncluded? Yes No
T	Tax-ex	empt status: $X = 501(c)(3)$ $= 501(c)($) $= (insert no.)$ $= 4947(a)(1) c$	or 527		list. (see instructions)
		te: WWW.LFLA.ORG		H(c) Group exemption	n number
K	Form of	organization: X Corporation Trust Association Other	L Year	of formation: 1992	State of legal domicile: CA
P	art I	Summary			
Se	1	Briefly describe the organization's mission or most significant activities: ${\hbox{\tt TO}}\ {\hbox{\tt SU}}$	UPPOR'	r the los an	GELES
Governance	2	Check this box if the organization discontinued its operations or dispose	end of mor	o than 25% of its not a	ecote
Ver	3			1	46
ဇ္	4	Number of independent voting members of the governing body (Part VI, line 1a)			45
ფ	"	Total number of individuals employed in calendar year 2019 (Part V, line 2a)			42
Ė		Total number of volunteers (estimate if necessary)			8
Activities &	72	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
¥		Net unrelated business taxable income from Form 990-T, line 39			0.
	 	The difficulted business taxable meetine from 1 offi 550 1, fine 65		Prior Year	Current Year
4	8	Contributions and grants (Part VIII, line 1h)		5,902,126.	6,759,235.
nue	9	Program service revenue (Part VIII, line 2g)		38,184.	157,613.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		901,236.	956,689.
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-141,149.	-127,761.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,700,397.	7,745,776.
		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.
ý	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,322,763.	4,082,584.
Expenses	16a			0.	0.
be	b	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 1,085,24	49.		
û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,506,053.	2,352,019.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,828,816.	6,434,603.
	19	Revenue less expenses. Subtract line 18 from line 12		-128,419.	1,311,173.
Net Assets or	3			eginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		50,200,676.	50,864,800.
ASS	21	Total liabilities (Part X, line 26)		788,013.	806,196.
Rei	22	Net assets or fund balances. Subtract line 21 from line 20		49,412,663.	50,058,604.
P	art II	Signature Block			
Und	der pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	s and staten	nents, and to the best of m	y knowledge and belief, it is
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich prepare	r has any knowledge.	
		Discolar of effects		Data	
Sig	ın	Signature of officer		Date	
He	re	KEN BRECHER, PRESIDENT			
		Type or print name and title	1	Date Check	II PTIN
D - '		Print/Type preparer's name Preparer's signature		OHOOK L	
Pai		DONITA M. JOSEPH DONITA M. JOSEPH	04/07/21 if self-employ	P00286656	
	parer	Firm's name WINDES, INC.		Firm's EIN	95-3001179
US	Only	Firm's address P.O. BOX 87 LONG BEACH, CA 90801-0087		Dhone / 5	62)435-1191
N 4 =	v the !!			Prione no. (3	
ıvıa	y une H	RS discuss this return with the preparer shown above? (see instructions)			X Yes Mo

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: THE FOUNDATION SUPPORTS AND ENRICHES THE CAPABILITIES, RESOURCES, AND
	SERVICES OF THE LOS ANGELES PUBLIC LIBRARY THROUGH FUNDRAISING,
	ADVOCACY, AND INNOVATIVE PROGRAMS THAT BENEFIT THE DIVERSE COMMUNITY
	AND PROMOTE GREATER AWARENESS OF THE LIBRARY'S VALUABLE RESOURCES.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 1,241,678 including grants of \$) (Revenue \$) INVESTING IN LIFELONG LEARNING
	THE FOUNDATION IS COMMITTED TO BREAKING CYCLES OF LOW LITERACY BY
	WORKING WITH CHILDREN AND THEIR PARENTS/CAREGIVERS AT ALL 73 LIBRARY
	LOCATIONS AND IN PARTNERSHIP WITH LOCAL SCHOOLS AND COMMUNITY
	ORGANIZATIONS. A VARIETY OF PROGRAMS ASSIST ADULTS IN LEARNING SKILLS
	TO IMPROVE THEIR READING AND WRITING ABILITIES SO THE ADULTS CAN READ
	ALOUD WITH THEIR CHILDREN FROM BIRTH IN HOPES OF FOSTERING A LOVE OF
	LIFELONG READING. DURING COVID-19, THE LIBRARY BEGAN OFFERING ADULT
	LITERACY TUTORING AND CLASSES ONLINE. THE FOUNDATION FUNDED THE
	DISTRIBUTION OF LAPTOPS AND WI-FI TO LEARNERS TO REMOVE BARRIERS FROM
	PROGRAM PARTICIPATION IN 2020-2021. THE LIBRARY'S CAREER ONLINE HIGH
	SCHOOL PROGRAM CONTINUED WITHOUT INTERRUPTION DURING THE PANDEMIC AND
4b	(Code:) (Expenses \$ 1,531,917. including grants of \$) (Revenue \$ 157,613.)
	ENGAGING THE IMAGINATION
	THROUGHOUT THE YEAR, THE FOUNDATION BRINGS MANY ESTABLISHED AND
	EMERGING AUTHORS, POETS, JOURNALISTS, ACADEMICS, AND ARTISTS FOR PUBLIC EVENTS. THE FOUNDATION DELIVERED PRE-RECORDED ALOUD INTERVIEWS ONLINE
	DURING COVID-19 AND BETWEEN MARCH AND JUNE 2020. IN SUMMER 2020, ALOUD
	STARTED OFFERING LIVE-STREAMED EVENTS ONLINE. THE FOUNDATION SEEKS TO
	PROVIDE LIBRARY AWARENESS, INSPIRE AND CHALLENGE PEOPLE WITH FREE
	EXHIBITIONS AND UNIQUE PUBLIC PROGRAMMING THAT EXPLORES ART AND
	LITERATURE, THE CULTURAL LANDSCAPE OF LOS ANGELES, AND THE VAST
	COLLECTIONS OF THE LIBRARY. STARTING IN JULY 2020, THE POPULAR LA MADE
	PROGRAM OFFERED BY THE LIBRARY SHIFTED FROM IN-PERSON PROGRAMMING TO
	DELIVERING MULTI-CULTURAL HUMANITIES PROGRAMMING VIRTUALLY THROUGH THE
4c	(Code:) (Expenses \$1,721,601. including grants of \$) (Revenue \$)
	HELPING STUDENTS SUCCEED
	FOR STUDENTS USING THE LIBRARY TO COMPLETE SCHOOL ASSIGNMENTS,
	PARTICIPATE IN ACTIVITIES, AND CONDUCT RESEARCH, THE FOUNDATION'S
	FUTURE READY TEENS PROGRAMS OFFER ON-DEMAND INDIVIDUAL TUTORING, ACCESS
	TO COMPUTERS AND FREE PRINTING OF HOMEWORK ASSIGNMENTS,
	COLLEGE-PREPARATION WORKSHOPS AND PRACTICE SAT/ACT/PSAT EXAMS. THROUGH
	THE TEENS LEADING CHANGE PROGRAM, THE FOUNDATION PROVIDES TEENS OPPORTUNITIES TO UNDERSTAND CIVICS AT THE LOCAL AND NATIONAL LEVEL,
	HELPING THEM GAIN THE CRITICAL THINKING SKILLS NECESSARY TO EVALUATE
	CURRENT SOCIAL ISSUES AND POLITICAL EVENTS. THE PARTNERSHIP WITH
	HOSPITALS, HEALTH CARE PROVIDERS, DAYCARE CENTERS AND EARLY CHILDHOOD
	EDUCATION CENTERS HELP PARENTS START THEIR BABIES ON THE PATH TO
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 4,495,196.
	Form 990 (2010)

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			ا ۔۔
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			٦,
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
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,	_		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
•	Schedule D, Part III	8		
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?	_		x
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10	Х	
11	or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10	21	
•••	as applicable.			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	0.44	11a	Х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	114		
~	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	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
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			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
45	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	4.5		X
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
"	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	···		
.5	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,"		-	
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

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Form 990 (2019) THE LIBRARY FOUNDA Part IV | Checklist of Required Schedules (continued)

	office and the state of the sta		T.,			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No		
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current					
	and former officers, directors, trustees, key employees, and highest compensated employees? 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					
	Schedule K. If "No," go to line 25a	24a		X		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b				
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease					
a	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d				
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u				
25a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and					
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete					
	Schedule L, Part I	25b		Х		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current					
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%					
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X		
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			. v		
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X		
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? If					
а	"Yes," complete Schedule L, Part IV	28a		X		
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X		
	c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?If					
	"Yes," complete Schedule L, Part IV	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			3,7		
	Schedule N, Part II	32		X		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	00		X		
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		_ A		
34		34	х			
35a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u> </u>	Х		
	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?		Х			
Pai	Note: All Form 990 filers are required to complete Schedule 0 rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ			
· a	Check if Schedule O contains a response or note to any line in this Part V					
	Chook is Contidued 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 1a 240					
b		-				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming					
	(gambling) winnings to prize winners?	1c	Х			

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Form 990 (2019) THE LIBRARY FOUNDATION OF LOS ANGELES Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return	_{2a} 42						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	3?	2b	Х				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		X			
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other au							
	financial account in a foreign country (such as a bank account, securities account, or other financial account,	count)?	4a		Х			
b	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Acc		_		77			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	ľ	5a		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction file.		5b					
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		C-		Х			
h	any contributions that were not tax deductible as charitable contributions?		6a					
ь		~	6b					
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).		OD					
и а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service	ces provided to the payor?	7a	Х				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	· ·	7b	Х				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	ľ						
	to file Form 8282?	•	7c		Х			
d		7d						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit con	tract?	7e		Х			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract	:t?[7f		Х			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form	n 8899 as required?	7g	N/ N/				
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?							
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
	sponsoring organization have excess business holdings at any time during the year?	N/A	8					
9	Sponsoring organizations maintaining donor advised funds.	37 / 3						
а	Did the sponsoring organization make any taxable distributions under section 4966?	37/3	9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	N/A	9b					
10	Section 501(c)(7) organizations. Enter:							
a	· · · · · · · · · · · · · · · · · · ·	0a						
b		0b						
11	Section 501(c)(12) organizations. Enter: Cross income from members or shareholders. N / A	12						
a h	Gross income from members or shareholders N/A Gross income from other sources (Do not net amounts due or paid to other sources against	ia .						
-		1b						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10		12a					
	37/3	2b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	·						
а	Is the organization licensed to issue qualified health plans in more than one state?	N/A	13a					
	Note: See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the	,						
	organization is licensed to issue qualified health plans	3b						
С		3c						
14a			14a		X			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule	1	14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunera				₹7			
	excess parachute payment(s) during the year?		15		X			
40	If "Yes," see instructions and file Form 4720, Schedule N.		40		Х			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment in	ncome?	16					
	If "Yes," complete Form 4720, Schedule O.							

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	1a	46										
	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	45										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with any other											
	officer, director, trustee, or key employee?			2		Х							
3	Did the organization delegate control over management duties customarily performed by or under th												
	of officers, directors, trustees, or key employees to a management company or other person?			3		Х							
4	Did the organization make any significant changes to its governing documents since the prior Form S			4	Х								
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?		5		Х							
6													
7a	Did the organization have members, stockholders, or other persons who had the power to elect or approximation of the power to elect or												
	more members of the governing body?			7a		Х							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s												
	persons other than the governing body?			7b		Х							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year												
а	The governing body?			8a	Х								
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 rea												
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re												
		,			Yes	No							
10a	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									
11a	la Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?												
b													
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х								
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y												
	in Schedule O how this was done			12c	Х								
13	Did the organization have a written whistleblower policy?			13	Х								
14	Did the organization have a written document retention and destruction policy?			14	Х								
15	Did the process for determining compensation of the following persons include a review and approva												
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?												
а	The organization's CEO, Executive Director, or top management official			15a	Х								
b	Other officers or key employees of the organization			15b	Х								
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			. ==									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent with a											
	taxable entity during the year?			16a		Х							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua												
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ												
	exempt status with respect to such arrangements?			16b									
Sec	tion C. Disclosure												
17	List the states with which a copy of this Form 990 is required to be filed ▶CA												
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990-T (Section	n 501(c)(3)	s only) avail	able							
	for public inspection. Indicate how you made these available. Check all that apply.	,	()(-)	,									
		on Schedule O)											
19													
-	statements available to the public during the tax year.												
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks and records	•										
	THERESA MORRISON, CFO - (213)228-7500		-										
	630 W. FIFTH STREET, LOS ANGELES, CA 90071												

932006 01-20-20

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) Name and title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer po		Highest compensated / xx/xx/xx/xx/xx/xx/xx/xx/xx/xx/xx/xx/x		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) GWEN MILLER	6.00	.,		,,					0	0
CHAIR	4 00	Х		Х				0.	0.	0.
(2) ROBERT ALVARADO	4.00								0	_
VICE-CHAIR	1 00	Х		Х				0.	0.	0.
(3) KAREN STEVENSON	1.00								0	_
TREASURER	2 00	Х		Х				0.	0.	0.
(4) TOM GEISER	3.00								0	_
SECRETARY	1 00	Х		Х				0.	0.	0.
(5) DEBRA ALBIN-RILEY	1.00	,,							0	_
DIRECTOR	2 00	Х						0.	0.	0.
(6) KELLY ANDERSON	3.00	,,							0	_
DIRECTOR	1 2 00	Х						0.	0.	0.
(7) BETSY APPLEBAUM	2.00	,,							0	_
DIRECTOR	1 00	Х						0.	0.	0.
(8) CATHERINE HUTTO-GORDON BAKER	1.00	٠,,							0	_
DIRECTOR	1 00	Х						0.	0.	0.
(9) DEBI BISHTON	1.00	. ,							0	_
DIRECTOR	1.00	Х						0.	0.	0.
(10) JAY BUTTERFIELD	1.00	. ,							0	_
DIRECTOR	1.00	Х						0.	0.	0.
(11) BRENDON CASSIDY	1.00	X						0.	0.	0.
DIRECTOR (12) ERIC CHAVES	1.00	^						0.	0.	0.
DIRECTOR	1.00	X						0.	0.	0.
(13) CARLA CHRISTOFFERSON	1.00	^						0.	0.	0.
DIRECTOR	1.00	X						0.	0.	0.
(14) AUSTIN CLEMENTS	1.00	^						0.	0.	0.
DIRECTOR	1.00	X						0.	0.	0.
(15) JOHN COOKE	1.00							0.	0.	
DIRECTOR, EMERITIUS	1.00	X						0.	0.	0.
(16) THOMAS CRAHAN	1.00						\vdash	0.	0.	<u></u>
DIRECTOR	1.00	x						0.	0.	0.
(17) NANCY DEBRIER	1.00	 ``	\vdash	\vdash		\vdash	\vdash		0.	<u></u>
DIRECTOR	1.00	x						0.	0.	0.
932007 01-20-20				_						Form 990 (2019)

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Page 8

Part VII Section A. Officers, Directors,	Trustees, Key Em	ploy	ees	, and	d Hi	ghe	st C	ompensated Employe	es (continued)	
(A)	(B)			(C	C)			(D)	(E)	(F)
Name and title	Average hours per week	box,	not c , unle	ss pe	more rson i	than is bot or/trus	n 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
(18) ROBERT DAWSON	2.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(19) SUNITA DESHMUKH DIRECTOR	1.00	x						0.	0.	0.
(20) SANDY DUNLEAVY	1.00									
DIRECTOR		Х						0.	0.	0.
(21) MARK EASTON	1.00									
DIRECTOR		Х						0.	0.	0.
(22) KATHRYN EIDMANN DIRECTOR	1.00	х						0.	0.	0.
(23) AMANDA FAIREY DIRECTOR	1.00	х						0.	0.	0.
(24) GINNIFER GOODWIN DIRECTOR	1.00	Х						0.	0.	0.
(25) SAMANTHA HANKS DIRECTOR	1.00	Х						0.	0.	0.
(26) DEAN HANSELL	1.00									
DIRECTOR		Х						0.	0.	0.
1b Subtotal								0.	0.	0.
c Total from continuation sheets to P							>	937,933.	0.	87,079.
d Total (add lines 1b and 1c)		<u></u>						937,933.	0.	87,079.

compensation from the organization

Yes No 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Х 4 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services X rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

	. 3	
(A)	(B)	(C)
Name and business address	Description of services	Compensation
MANAGED CAREER SOLUTIONS, INC., 3333	STAFFING FOR PROGRAM	
WILSHIRE BOULEVARD, SUITE 405, LOS	SERVICES	506,464.
TUTOR.COM, 62996 COLLECTION CENTER DRIVE,	ONLINE TUTORING	_
CHICAGO, IL 60693	SERVICE	320,000.
POWERMYLEARNING, INC./CFY, 520 8TH AVENUE,	STAFFING FOR PROGRAM	_
10TH FLOOR, NEW YORK, NY 10018	SERVICES	304,466.
BARTON, KLUGMAN & OETTING, LLP, 350 S.		_
GRAND AVE. STE 2200, LOS ANGELES, CA 90071	LEGAL SERVICES	143,450.
IPROMOTEU.COM INC	SWAG/MATERIAL/SUPPLI	_
DEPT. LA 23232, PASADENA, CA 91185	ES FOR PROGRAMS	116,877.
2 Total number of independent contractors (including but not limited to those liste	ed above) who received more than	
\$100,000 of compensation from the organization		

SEE PART VII, SECTION A CONTINUATION SHEETS

								OS ANGELES	95-436	8250
Part VII Section A. Officers, Directors, Tr	ustees, Key E	mple	oyee	s, a	nd F	ligh	est	Compensated Employ	rees (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average			Pos	ition	l		Reportable	Reportable	Estimated
	hours	(с	heck	k all t	that	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	 -				loyee		the	organizations	compensation
	(list any hours for	lirecto				emp		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	related	e or c	stee			satec		(88-2/1099-181130)		and related
	organizations	truste	al trus		yee	mper				organizations
	below	ndividual trustee or director	Institutional trustee	ie ie	Key employee	Highest compensated employee	er			3
	line)	Indiv	Instit	Officer	Keye	High	Former			
(27) DUSTIN HEALEY	1.00									
DIRECTOR		Х						0.	0.	0.
(28) MARK HUTCHINS	4.00									
DIRECTOR		Х						0.	0.	0.
(29) JUDITH KAMINS	1.00									
DIRECTOR		Х						0.	0.	0.
(30) PATRICIA KAO	1.00									
DIRECTOR		Х						0.	0.	0.
(31) MAI LASSITER	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(32) MIKE LINDSEY	1.00	ļ								
DIRECTOR		Х						0.	0.	0.
(33) SARAH KATE LEVY	1.00	ļ								
DIRECTOR	1	Х						0.	0.	0.
(34) SHAUN MALAVIA	1.00	ļ								
DIRECTOR	1 00	Х						0.	0.	0.
(35) NICOLE NEEMAN BRADY	1.00	١,,								•
DIRECTOR	1 00	Х						0.	0.	0.
(36) BERNARD PARKER	1.00	X						0.	0.	0.
DIRECTOR (37) JOHN PEER	1.00	^						0.	0.	0.
DIRECTOR	1.00	X						0.	0.	0.
(38) ELIZABETH RAPOSO	1.00	^						0.	0.	0.
DIRECTOR	1.00	X						0.	0.	0.
(39) LISA RICHARDSON	1.00	122						0.	0.	0.
DIRECTOR	1.00	\mathbf{x}						0.	0.	0.
(40) DAVID ROSENBLUM	1.00	123						0.	•	<u> </u>
DIRECTOR		x						0.	0.	0.
(41) LAURA ROSENWALD	1.00	 						•	•	
DIRECTOR		x						0.	0.	0.
(42) RACHEL SMALL	1.00									
DIRECTOR		x						0.	0.	0.
(43) KIM SONNENBLICK	1.00									
DIRECTOR		Х						0.	0.	0.
(44) BETSY WANNER	1.00									
DIRECTOR		Х						0.	0.	0.
(45) STEPHANIE YONEKURA	1.00									
DIRECTOR		Х						0.	0.	0.
(46) JOHN F. SZABO	2.00									
CITY LIBRARIAN		Х						0.	0.	0.
Total to Part VII, Section A, line 1c										

	ARY FOUL	NDA	YΤ.		<u> 1</u> ()F	L(OS ANGELES	95-436	8250		
Part VII Section A. Officers, Directors, Tru	ıstees, Key Eı	mple	yee	s, a	nd F	ligh	est	Compensated Employ	rees (continued)			
(A)	(B)				C)			(D)	(E)	(F)		
Name and title	Average				ition			Reportable	Reportable	Estimated		
	hours	-						compensation	compensation	amount of		
	per	Ť				Ė	Ť	from	from related	other		
	week					yee		the	organizations	compensation		
	(list any	ector				old ma		organization	(W-2/1099-MISC)	from the		
	hours for	or dir	يو			ated 6		(W-2/1099-MISC)		organization		
	related	Individual trustee or director	Institutional trustee		a.	Highest compensated employee				and related		
	organizations	nal tru	onal		Key employee	moo:				organizations		
	below line)	divid	stituti	Officer	y em	ghest	Former					
		ء	Ë	ð	ᇂ	포	요					
(47) ERIC GARCETTI	1.00	x						0.	0.	0.		
MAYOR OF LOS ANGELES	60.00	Δ						0.	0.	0.		
(48) KENNETH BRECHER PRESIDENT	80.00	x		x				489,575.	0.	12 169		
(49) REBECCA SHEHEE	60.00	^		₽				409,373.	0.	42,168.		
VICE PRESIDENT	00.00			х				264,560.	0.	22,006.		
(50) THERESA MORRISON	60.00			<u> </u>				204,300.	0.	22,000.		
CHIEF FINANCIAL OFFICER	00.00	1		х				183,798.	0.	22,905.		
				 				20377300	•	2273031		
		1										
		1										
		-										
		1										
		1										
		-										
		1										
		1										
-												
		1										
		L		<u> </u>	L	L	L					
		-										
						<u> </u>						
Total to Doub VIII. Continue A. Bing de								937,933.		87,079.		
Total to Part VII, Section A, line 10	otal to Part VII, Section A, line 1c											

Part VIII Statement of Revenue

		Check if Schedule O contains a	response	or note to any lin	ne in this Part VIII			X
			•	,	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
σωl			1.1					000110110 0 12 0 1 1
		Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues	1b	822,064.				
A,	C	Fundraising events	1c	1,127,037.				
la if	c	d Related organizations	1d					
s, mi	e	e Government grants (contributions)	1e	202,493.				
iο̈́		All other contributions, gifts, grants, and						
le ct		similar amounts not included above	1f	4,607,641.				
들던	,	Noncash contributions included in lines 1a-1f	1g \$	60,362.				
Š	_	=		,	6,759,235.			
- " 		h Total. Add lines 1a-1f		Business Code	0,733,233.			
		DELDING LLOWD DROGDLY			155 (12	155 (12		
<u>i</u>	2 8	READING ALOUD PROGRAM		900099	157,613.	157,613.		
e ⊆	b	b						
en:	C	c						
ev lev	c	d						
Program Service Revenue	e	e						
<u>-</u>	f	All other program service revenue						
		g Total. Add lines 2a-2f			157,613.			
	3	Investment income (including divide			,			
	•	other similar amounts)			227,586.			227,586.
	4	Income from investment of tax-exer			227,300.			227,300.
	4			-				
	5	Royalties	* D					
			i) Real	(ii) Personal				
	6 a	a Gross rents 6a						
	k	b Less: rental expenses 6b						
	c	c Rental income or (loss) 6c						
	c	d Net rental income or (loss)						
	7 a	a Gross amount from sales of (i) S	Securities	(ii) Other				
		assets other than inventory 7a 22,	122,950.					
		b Less: cost or other basis						
<u>o</u>	•		393,847.					
ther Revenue			729,103.					
ě					720 102			720 102
ت ح		d Net gain or (loss)			729,103.			729,103.
the l	8 8	a Gross income from fundraising events (not					
0		including \$ 1,127,037	• of					
		contributions reported on line 1c). S	See					
		Part IV, line 18	8a	265,962.				
	k	b Less: direct expenses	8b	328,864.				
		Net income or (loss) from fundraisin	a events		-62,902.			-62,902.
		a Gross income from gaming activitie		-				
		Part IV, line 19						
		b Less: direct expenses						
		Net income or (loss) from gaming ac		>				
	10 a	a Gross sales of inventory, less return		450 650				
		and allowances	10a					
	k	b Less: cost of goods sold	10b	523,531.				
		Net income or (loss) from sales of ir	ventory		-64,859.			-64,859.
S				Business Code				
on e	11 a	a						
ane	k	b						
Miscellaneous Revenue		 C						
Sc B		d All other revenue						
Σ		e Total. Add lines 11a-11d						
					7 715 776	157,613.	0.	828 026
	12	Total revenue. See instructions			7,745,776.	121,013.	ı	828,928.

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).

	ion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respon				X
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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,				
	trustees, and key employees	1,049,859.	340,436.	150,951.	558,472
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,756,113.	2,144,730.	295,581.	315,802.
8	Pension plan accruals and contributions (include		_		
	section 401(k) and 403(b) employer contributions)	56,222.	18,156.	8,609. 8,273.	29,457
9	Other employee benefits	10,927.			
10	Payroll taxes	209,463.	122,789.	50,921.	35,753
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	40,000.		40,000.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	83,213.		83,213.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	62,811.		62,811.	
12	Advertising and promotion	110,628.	108,825.	1,803.	
13	Office expenses	112,960.	29,905.	50,357.	32,698.
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	9,562.		9,562.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2.14			
20	Interest	941.		941.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
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 0.)	1 055 050	1 055 060	C4 0	
а	SEMINARS, EXHIBITS, AND	1,257,879.	1,257,260.	619.	
b	EVENTS	227,275.	227,275.	77 066	105 522
С	OTHER	183,404.	1.61 7.60	77,866.	105,538
d	COMPUTER EQUIPMENT	172,814.	161,760.	5,527.	5,527
е		90,532.	81,406.	7,124.	2,002
25	Total functional expenses. Add lines 1 through 24e	6,434,603.	4,495,196.	854,158.	1,085,249
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)				Form 990 (2019

Form 990 (2019)
Part X | Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or note	e to an	y line in this Part X			X
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			704,380.	1	3,193,726.
	2				141,106.	2	34,403.
	3	Pledges and grants receivable, net			2,727,098.	3	1,577,150.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	antial (contributor, or 35%			
		controlled entity or family member of any of thes	e pers	ons		5	
	6	Loans and other receivables from other disqualif	ied pe	rsons (as defined			
		under section 4958(f)(1)), and persons described	l in sed	ction 4958(c)(3)(B)		6	
şts	7	Notes and loans receivable, net				7	1== 004
Assets	8	Inventories for sale or use			143,269.	8	175,226.
⋖	9	Prepaid expenses and deferred charges			78,918.	9	274,262.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	756,375. 359,783.	451 006		206 500
	b	Less: accumulated depreciation	10b		451,986.	10c	396,592.
	11	Investments - publicly traded securities			40,003,585.		39,687,971.
	12	Investments - other securities. See Part IV, line 1			5,439,824.	12	5,011,433.
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets		F10 F10	14	F14 027	
	15	Other assets. See Part IV, line 11			510,510.	15	514,037.
	16	Total assets. Add lines 1 through 15 (must equa			50,200,676. 126,220.	16	50,864,800.
	17	Accounts payable and accrued expenses			120,220.	17	149,753.
	18	Grants payable			661,793.	18	164,500.
	19	Deferred revenue			001,793.	19	104,300.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
Liabilities	22	Loans and other payables to any current or form					
ij		trustee, key employee, creator or founder, substa				20	
Lia	22	controlled entity or family member of any of thes				22	
	23 24	Secured mortgages and notes payable to unrelate				24	
	25	Unsecured notes and loans payable to unrelated Other liabilities (including federal income tax, pay				24	
	23	parties, and other liabilities not included on lines					
		of Schedule D			0.	25	491,943.
	26	Total liabilities. Add lines 17 through 25			788,013.	26	806,196.
		Organizations that follow FASB ASC 958, chee	ck her	e X	,		
Ses		and complete lines 27, 28, 32, and 33.					
anc	27				19,331,178.	27	19,438,463.
Bal	28				30,081,485.	28	30,620,141.
пd		Organizations that do not follow FASB ASC 95					
Ţ		and complete lines 29 through 33.	,	ŕ			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or equ				30	
As	31	Retained earnings, endowment, accumulated inc				31	
Net	32	Total net assets or fund balances			49,412,663.	32	50,058,604.
	33	Total liabilities and net assets/fund balances			50,200,676.	33	50,864,800.
	•				-	•	Form 990 (2019)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		7,74		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,43		
3	Revenue less expenses. Subtract line 2 from line 1	3		.,31		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	49	,41		
5	Net unrealized gains (losses) on investments	5		-66	8,7	59.
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			3,5	27.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	50	,05	8,6	04.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					Ш
					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	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or 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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	s,			
	consolidated basis, or both:					
	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?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule	Ο.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	ıdit			
	Act and OMB Circular A-133?			За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired au	dit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

SCHEDULE A

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 **2019**

Open to Public Inspection

Name of the organization Employer identification number THE LIBRARY FOUNDATION OF LOS ANGELES 95-4368250 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 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 in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

Schedule A (Form 990 or 990-EZ) 2019 THE LIBRARY FOUNDATION OF LOS ANGELES 95-4368250 Page 2

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	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	6,990,277.	7,096,508.	6,430,066.	5,902,126.	6,759,235.	33,178,212.
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						
4	Total. Add lines 1 through 3	6,990,277.	7,096,508.	6,430,066.	5,902,126.	6,759,235.	33,178,212.
	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)						4,182,841.
6	Public support. Subtract line 5 from line 4.						28,995,371.
	ction B. Total Support						, , , , , , , , , , , , , , , , , , ,
Cale	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	6,990,277.	7,096,508.	6,430,066.	5,902,126.	6,759,235.	33,178,212.
	Gross income from interest,						· · · · · · · · · · · · · · · · · · ·
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	559,665.	555,293.	656,206.	427,853.	227,586.	2,426,603.
9	Net income from unrelated business	-	-	-	-	-	· · ·
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	-47,507.	-30,041.	-8,595.	3,006.	-64,859.	-147,996.
11	Total support. Add lines 7 through 10						35,456,819.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	432,977.
13	First five years. If the Form 990 is for	r the organization's				n 501(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2019 (line 6, column (f) di	ivided by line 11, c	olumn (f))		14	81.78 %
15	Public support percentage from 2018	Schedule A, Part	II, line 14			15	80.33 %
16a	33 1/3% support test - 2019. If the o	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				▶ X
b	33 1/3% support test - 2018. If the o	organization did no	t check a box on li	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances tes	t - 2019. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and stop h	ere. Explain in Par	rt VI how the organ	ization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶□
b	10% -facts-and-circumstances tes	t - 2018. 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-circu	mstances" test, ch	neck this box and	stop here. Explain	in Part VI how the	
	organization meets the "facts-and-circ	cumstances" test.	The organization of	ualifies as a publi	cly supported orga	anization	▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	and see instruction	s ▶□

Schedule A (Form 990 or 990-EZ) 2019

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	, 1	,				
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	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.)						
	ction B. Total Support				•	•	
Cale	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6		, ,	, ,	, ,	, ,	()
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First five years. If the Form 990 is for	r the organization	s first second this	rd fourth or fifth t	ax vear as a section	n 501(c)(3) organi:	zation
•		-			-		
Se	ction C. Computation of Publ						
	Public support percentage for 2019 (column (f))		15	%
	Public support percentage from 2018					16	/ 6
	ction D. Computation of Inves						70
	Investment income percentage for 20					17	%
	Investment income percentage from					18	
	a 33 1/3% support tests - 2019. If the					$\overline{}$	
.50	more than 33 1/3%, check this box a						
	o 33 1/3% support tests - 2018. If the						
•	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	За		
	O.L.		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	O O		
	9a		
	9b		
	9с		
	10a		
_	10b		
n a	uri ar ac	# 1_F 7	いい10

Pa	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
	<u> </u>		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
		4		
•	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
0	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		1	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)).		
а	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	<u>s).</u>	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	За		
b				
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	g Orga	anizations	J
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov. 20, 1970 (explain in	Part VI). See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete :	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 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	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-functiona	lly integr	ated Type III supporting org	ganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2019

Pai	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Sect	ion D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which to	he organization is responsive	9	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
_	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
b	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2019

c Excess from 2017d Excess from 2018e Excess from 2019

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization

THE LIBRARY FOUNDATION OF LOS ANGELES

Employer identification number

95-4368250

Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 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 any one contributor, 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; or (ii) Form 990-EZ, 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, II, and III. 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, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, 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

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

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

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

Name of organization Employer identification number

THE LIBRARY FOUNDATION OF LOS ANGELES

95-4368250

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 750,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 200,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$150,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Name, address, and ZiF + +	\$ 150,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

THE LIBRARY FOUNDATION OF LOS ANGELES

95-4368250

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 200,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ 200,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$ 145,477.	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.)

Name of organization Employer identification number

THE LIBRARY FOUNDATION OF LOS ANGELES

95-4368250

Part II	Noncash Property (see instructions). Use duplicate copies of Part II in	f additional space is needed.	
(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
_		- - - - - - - - - - -	
(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
		- - - \$	

Employer identification number Name of organization 95-4368250 THE LIBRARY FOUNDATION OF LOS ANGELES Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom 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 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship 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 LIBRARY FOUNDATION OF LOS ANGELES

Employer identification number 95-4368250

Pai	t I Organizations Maintaining Donor Advise		or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		·
	, ,	(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 advised	d 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 of	or donor advisor, or for any other purpose co	onferring
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Pa	rt IV, line 7.
1	Purpose(s) of conservation easements held by the organization	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 qualif	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 structure	e
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re-	leased, extinguished, or terminated by the o	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ear	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements in		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	rvation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	on easements during the year
_	\$		
8	Does each conservation easement reported on line 2(d) above	•	
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati	•	
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statemer	its that describes the
Pai	organization's accounting for conservation easements. t III Organizations Maintaining Collections or	f Art Historical Transuras or Oth	oor Similar Assats
Га	Complete if the organization answered "Yes" on Form		iei Siiiliai Assets.
10	If the organization elected, as permitted under FASB ASC 95		d balance shoot works
ıa	of art, historical treasures, or other similar assets held for put	, ,	
	service, provide in Part XIII the text of the footnote to its final	· · · · · · · · · · · · · · · · · · ·	·
h	If the organization elected, as permitted under FASB ASC 95		
b	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	exhibition, education, or research in further	rance of public service,
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		
_	the following amounts required to be reported under FASB A	•	gain, provide
а	Revenue included on Form 990, Part VIII, line 1	-	▶ \$
	Assets included in Form 990, Part X		

932051 10-02-19

Schedule D (Form 990) 2019

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Fai	Cin Organizations Maintaining C	onections of Ai	ι, πιδ	torical ir	easures, o	Cune		ar Asse	LS (continu	uea)
3	Using the organization's acquisition, accessi	on, and other record	ls, chec	k any of the	following that	make s	ignificant	t use of its		
	collection items (check all that apply):									
а	Public exhibition	d		Loan or excl	nange prograi	m				
b	Scholarly research	е		Other						
С										
4	Provide a description of the organization's co	ollections and explain	n how t	hey further tl	ne organizatio	n's exer	mpt purp	ose in Par	t XIII.	
5	During the year, did the organization solicit o								7	
_	to be sold to raise funds rather than to be ma								Yes	No_
Pai	t IV Escrow and Custodial Arran		ete if the	e organizatio	n answered "`	Yes" on	Form 99	0, Part IV,	line 9, or	
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custod								7	
	on Form 990, Part X?							L	Yes	└─ No
b	b If "Yes," explain the arrangement in Part XIII and complete the following table:									
									Amount	
	Beginning balance									
	Additions during the year									
е	Distributions during the year						1e			
f	Ending balance						1 f			
	Did the organization include an amount on Fe						•	L	Yes	☐ No
_	If "Yes," explain the arrangement in Part XIII.									
Pai	t V Endowment Funds. Complete i		swered	I "Yes" on Fo					_	
		(a) Current year		Prior year	(c) Two years		` /	years back		years back
1a	Beginning of year balance	42,462,178.	41	1,381,978.				487,342.		651,259.
b	Contributions	815,876.		70,000.		,000.		529,100.		012,250.
	Net investment earnings, gains, and losses	17,182.	2	2,416,680.	3,340	,372.	4,	581,389.	-1,	017,491.
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	1,882,565. 1,406,480. 1,329,47			,470.	470. 1,256,755.		1,158,676		
f	Administrative expenses									
g	End of year balance	41,412,671.	42	2,462,178.	41,381	,978.	39,3	341,076.	34,	487,342.
2	Provide the estimated percentage of the curr		e (line 1	1g, column (a	i)) held as:					
а	Board designated or quasi-endowment	44.58	_%							
b	Permanent endowment ► 18.95	%								
С	Term endowment ► 36.47	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posse	ssion of the organiza	ation th	at are held a	nd administer	ed for th	ne organi	zation	_	
	by:								`	Yes No
	(i) Unrelated organizations								3a(i)	X
	(ii) Related organizations								3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organization								3b	
4	Describe in Part XIII the intended uses of the		wment	funds.						
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990), Part I	V, line 11a. S	ee Form 990,	Part X,	line 10.			
	Description of property	(a) Cost or o		(b) Cost			ccumulat		(d) Book	value
		basis (investn	nent)	basis	(other)	dep	preciation	1		
1a	Land									
	Buildings									
С	Leasehold improvements									
d	Equipment			75	6,375.	3	359,7	83.	396	5,592.
	Other									
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colui	mn (B), line 1	0c.)			. ▶	396	,592.
								Schedule	D (Form	990) 2019

Ochodula D. (Town 200) 2010 THE I.TRDADV	FOUNDATION O	F LOS ANGELES Q	5-4368250 Page 3
Part VII Investments - Other Securities.	FOUNDATION O.	r hop Angenes 9	J-4300230 Page 3
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 e	nd-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) FEDERAL MORTGAGE NOTES	744,264.	COST	
(B) HEDGE FUND STRATEGIES	4,267,169.	COST	
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	5,011,433.		
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 e	nd-of-year market value
(1)			
(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"		11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)	.	>
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line	
1. (a) Description of liability			(b) Book value
(d) Fadavalia a mantavan			

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	PAYROLL PROTECTION PROGRAM LOAN	
(3)	PAYABLE	491,943.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	491,943.

^{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

Schedule D (Form 990) 2019

Part XI	Recond	ciliation of	of Revenue	per Audited	Financial St	atements With	Revenue per	Return

ı aı	TAI Reconciliation of Nevenue per Addited I mancial Statement	TIILO WILL	i nevenue per n	Cluii	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	7,604,142.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-668,759.		
b	Donated services and use of facilities	2b	83,280.		
	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d	3,527.		
е	Add lines 2a through 2d			2e	-581,952.
3	Subtract line 2e from line 1			3	8,186,094.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	83,213.		
b	Other (Describe in Part XIII.)	4b	-523,531.		
С	Add lines 4a and 4b			4c	-440,318.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	7,745,776.
Pai	t XII Reconciliation of Expenses per Audited Financial Statem	ents Wi	th Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	6,958,201.

	Complete if the organization answered Tes Off Offi 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	6,958,201.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	83,280.		
	Prior year adjustments	2b			
	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	523,531.		
е	Add lines 2a through 2d			2e	606,811.
3	Subtract line 2e from line 1			3	6,351,390.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	83,213.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	83,213.
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	6,434,603.		

| Part XIII | Supplemental Information.

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

PART V, LINE 4:

THE FOUNDATION'S ENDOWMENT FUNDS ARE USED TO SUPPORT A VARIETY OF PURPOSES INCLUDING LITERACY, EDUCATION, AND HUMANITIES.

PART X, LINE 2:

THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAXES AND CALIFORNIA

FRANCHISE TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND

CORRESPONDING CALIFORNIA REVENUE AND TAXATION CODE SECTIONS. THE

FOUNDATION RECOGNIZES THE FINANCIAL STATEMENT BENEFIT OF A TAX POSITION,

SUCH AS ITS FILING STATUS AS TAX-EXEMPT, ONLY AFTER DETERMINING THAT THE

RELEVANT TAX AUTHORITY WOULD MORE LIKELY THAN NOT SUSTAIN THE POSITION

FOLLOWING AN AUDIT. THE FOUNDATION IS SUBJECT TO POTENTIAL INCOME TAX

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019

SCHEDULE G

Department of the Treasury Internal Revenue Service

Part I

(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

Open to Public Inspection

Name of the organization

THE LIBRARY FOUNDATION OF LOS ANGELES

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

Employer identification number

Schedule G (Form 990 or 990-EZ) 2019

95-4368250 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.

 a			_	overnment grants nment grants		
c X Phone solicitations	g X Special					
d X In-person solicitations						
2 a Did the organization have a written of						
key employees listed in Form 990, P	•			-		
b If "Yes," list the 10 highest paid indiv		ant to	agree	ements under which	the fundraiser is to b	pe
compensated at least \$5,000 by the	organization.					
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribu	Did aiser ustody trol of utions?	(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			
			•			
List all states in which the organizatio or licensing.	n is registered or licensed to solicit (contrib	utions	s or has been notified	d it is exempt from re	egistration

932081 09-11-19

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

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events STAY AT HOMEYOUNG (add col. (a) through LITERATI TOA 1 AND READ A col. (c)) (event type) (event type) (total number) Revenue 1,392,999. 127,231. 114,417. 1,151,351. 1 Gross receipts 127,231 114,417. 885,389. 1,127,037. 2 Less: Contributions 265,962. 265,962. 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 13,066. 92. 315,706. 328,864. 328,864. 10 Direct expense summary. Add lines 4 through 9 in column (d) -62,902. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs **5** Other direct expenses Yes Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2019

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Sch	nedule G (Form 990 or 990-EZ) 2019 THE LIBRARY FOUNDATION OF LOS ANGELES 95-4	1368250) Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
	a The organization's facility	13a	%
	o An outside facility	13b	<u>%</u>
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	100	
17	Enter the frame and address of the person who prepares the organization's garming/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	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party \$		
	If "Yes," enter name and address of the third party:		
٠	on 165, enter hame and address of the third party.		
	Name		
	Address		
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		
·	vetain the state gaming licenses?	Ves	☐ No
	• 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	Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III linge 0	9h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	ar III, III 163 3	, 30, 100,
	13b, 13c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G	(Form 990 or 990-EZ)	THE LI	BRARY	FOUNDATION	OF	LOS	ANGELES	95-4368250	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Inf	ormation (con	tinued)						
_									

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► 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

Part I Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

THE LIBRARY FOUNDATION OF LOS ANGELES

Employer identification number 95-4368250

	·		Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	X	
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2019

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	reported as deferred on prior Form 990
(1) KENNETH BRECHER	(i)	304,575.	185,000.	0.	10,250.	31,918.	531,743.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) REBECCA SHEHEE	(i)	189,560.	75,000.	0.	5,040.	16,966.		
VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) THERESA MORRISON	(i)	158,798.	25,000.	0.	6,471.	16,434.		0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► 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 LIBRARY FOUNDATION OF LOS ANGELES Employer identification number 95-4368250

(a) (b) Number of Contribution amounts reported on items contributed Form 990, Part VIII, line 1g 1 Art - Works of art 2 Art - Historical treasures (d) Number of Contribution amounts reported on items contributed Form 990, Part VIII, line 1g	_	ts
2 Art - Historical treasures		
3 Art - Fractional interests		
4 Books and publications		
5 Clothing and household goods		
6 Cars and other vehicles		
7 Boats and planes		
8 Intellectual property		
9 Securities - Publicly traded X 12 60,362 FMV		
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 organization during the tax year for contributions		
for which the organization completed Form 8283, Part IV, Donee Acknowledgement		
	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it		
must hold for at least three years from the date of the initial contribution, and which isn't required to be used for		
exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash		
contributions? 32a		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,		
describe in Part II.		

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

Schedule M (Form 990) 2019

Schedule M (Form 990) 2019

932142 09-27-19

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

➤ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

THE LIBRARY FOUNDATION OF LOS ANGELES

Employer identification number 95-4368250

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

HAD AN INCREASE IN STUDENT ENROLLMENT. THE FOUNDATION ALSO PROVIDES

SCIENCE, TECHNOLOGY, ENGINEERING, ART, AND MATH PROJECTS VIA FULL STEAM

AHEAD PROGRAM. THE FULL STEAM AHEAD, THE LIBRARY'S SCIENCE LITERACY

INITIATIVE, PROMPTLY MOVED SELECT WORKSHOPS, PRESENTATIONS, AND EVENTS

ONLINE DURING COVID-19. THE FOUNDATION OFFERS A SERIES OF

LITERACY-RELATED ACTIVITIES FOR CHILDREN THROUGH THE USE OF COMPUTER

AIDES/CYBERNAUTS. THE CYBERNAUTS/COMPUTER AIDE INITIATIVE WAS

TEMPORARILY UNAVAILABLE DURING COVID-19 THROUGH JANUARY 2021.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

LIBRARY'S STREAMING CHANNELS. THE FOUNDATION ALSO PROVIDES RESOURCES TO

DIGITIZE PHYSICAL COLLECTIONS TO PRESERVE THE COLLECTION AND OFFER

ACCESSIBILITY VIA THE INTERNET. ACTIVITIES LIKE THIS CAN BE DONE IN THE

NEW OCTAVIA LAB, NAMED FOR PIONEERING SCIENCE FICTION AUTHOR OCTAVIA

BUTLER, A MAKER-SPACE THAT GIVES LIBRARY PATRONS VARIOUS TECHNOLOGICAL

TOOLS TO INSPIRE CREATIVITY. THE LIBRARY POSTPONED LIBRARY

FOUNDATION-FUNDED DIGITIZATION PROJECTS DURING COVID-19; HOWEVER, THE

FOUNDATION PLANS TO RESUME DIGITIZATION IN THE FISCAL YEAR ENDED 2021.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

LIFELONG SUCCESS THROUGH INITIATIVES LIKE READ BABY READ. AN EXPANSION

OF THE WE READ TOGETHER PROGRAM, READ BABY READ OFFERS NEW AND

EXPECTING PARENTS WITH EVERYTHING THEY NEED TO DEVELOP EARLY LITERACY

SKILLS IN THEIR BABIES AND TODDLERS. THE LIBRARY BEGAN OFFERING MANY OF

THESE PROGRAMS VIRTUALLY SHORTLY AFTER THE PANDEMIC-RELATED LIBRARY

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

932211 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization
THE LIBRARY FOUNDATION OF LOS ANGELES

Employer identification number 95-4368250

CLOSURES.

FORM 990, PART VI, SECTION A, LINE 4:

THE ORGANIZATION'S BYLAWS WERE AMENDED AND RESTATED IN JANUARY 2020 WITH
THE FOLLOWING SIGNIFICANT CHANGES:

ARTICLE III - UPDATED THE TERMS OF THE AUTHORS AND/OR CREATIVE ARTIST BOARD MEMBERS

ARTICLE III - UPDATED THE DESCRIPTION AND TIME FRAME OF BOARD MEMBERS ABLE
TO CALL SPECIAL MEETINGS

FORM 990, PART VI, SECTION B, LINE 11B:

THE AUDIT COMMITTEE MEETS WITH THE RETURN PREPARERS TO REVIEW THE DRAFT 990, ASK QUESTIONS, AND SUGGEST REVISIONS (USUALLY AT THE JANUARY BOARD AND COMMITTEE MEETINGS). THE DRAFT 990 IS SENT TO ALL BOARD MEMBERS. THEY ARE INVITED TO SPEAK WITH THE AUDIT COMMITTEE MEMBERS AND TAX PREPARERS (WINDES), IF THEY SO WISH. THE CFO AGAIN REVIEWS THE 990 (USUALLY AT THE MARCH OR APRIL BOARD AND COMMITTEE MEETINGS) WITH REVISIONS, IF ANY, BEFORE FILING. UPON REQUEST, THE CFO WILL ALSO MEET WITH INDIVIDUAL BOARD MEMBERS TO ANSWER ANY QUESTIONS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT OF INTEREST POLICY APPLIES TO: 1) VOTING MEMBERS OF THE BOARD OF DIRECTORS, 2) OFFICERS AS DEFINED IN THE FOUNDATION'S BYLAWS; OR 3) AN EMPLOYEE OF THE FOUNDATION WITH A SIGNIFICANT DECISION-MAKING ROLE IN THE AFFAIRS OR THE OPERATIONS OF THE FOUNDATION, ON AN ANNUAL BASIS. THE

DIRECTORS, OFFICERS OR EMPLOYEES ARE REQUIRED TO DISCLOSE ANY RELATIONSHIPS

Name of the organization
THE LIBRARY FOUNDATION OF LOS ANGELES

Employer identification number 95-4368250

THAT MAY LEAD TO CONFLICTS OF INTEREST AND MUST SIGN AND RETURN THE POLICY EVERY YEAR. THE LAST COMPREHENSIVE REVIEW AND UPDATE TO THIS POLICY WAS COMPLETED IN 2015.

FORM 990, PART VI, SECTION B, LINE 15:

AN AD HOC COMMITTEE OF THE BOARD'S EXECUTIVE COMMITTEE DETERMINES THE

COMPENSATION FOR THE PRESIDENT. THE COMMITTEE SURVEYS MANY OTHER COMPARABLE

ORGANIZATIONS AS WELL AS CONSULTS INDEPENDENT FIRMS TO DETERMINE A FAIR

COMPENSATION. THE AMOUNTS DETERMINED ARE THEN TAKEN TO THE 14 MEMBER

EXECUTIVE COMMITTEE FOR APPROVAL.

IN 2016-2017, THE ORGANIZATION ISSUED A COMPREHENSIVE REQUEST FOR PROPOSAL FOR A COMPENSATION AND BENEFITS STUDY. VIVIENT CONSULTING WAS HIRED IN FY 2017-2018 (AUGUST 2017) AND AN OVERVIEW OF THE PROJECT WAS PROVIDED TO THE EXECUTIVE COMMITTEE IN OCTOBER 2017. THE STUDY WAS COMPLETED IN JANUARY 2018 AND A REPORT ISSUED. A COPY OF THIS REPORT CAN BE OBTAINED FROM THE CHAIR OF OUR BOARD, GWEN MILLER OR FROM: 400 CONTINENTAL BOULEVARD, 6TH FLOOR, EL SEGUNDO, CA 90245 CONTACT: SUSAN SCHROEDER, SSCHROEDER@VIVIENT.COM.

FORM 990, PART VI, SECTION C, LINE 19:

THE FINANCIAL STATEMENTS AS WELL AS THE FORM 990 AND THE IRS DETERMINATION

LETTER ARE AVAILABLE VIA THE ORGANIZATION'S WEBSITE, WWW.LFLA.ORG, UNDER

THE "ABOUT" SECTION, UNDER "FINANCIALS" SECTION OF THE WEBSITE AND CLICK ON

"AUDITED FINANCIALS" AND "IRS FORM 990" AND "IRS DETERMINATION LETTER".

THOSE DOCUMENTS, AS WELL AS OTHER GOVERNING DOCUMENTS ARE AVAILABLE UPON

REQUEST AT THE MAIN OFFICE OF THE ORGANIZATION.

Schedule O (Form 990 or 990-EZ) (2019) Page 2 Name of the organization **Employer identification number** THE LIBRARY FOUNDATION OF LOS ANGELES 95-4368250 FORM 990, PART IX AS PART OF ITS RECURRING STRATEGIC PLANNING PROCESS, THE FOUNDATION REVIEWS ITS PROGRAMS AND THE ALLOCATION OF EXPENSES TO THOSE PROGRAMS. THE COSTS OF PROVIDING VARIOUS PROGRAMS AND OTHER ACTIVITIES OF THE FOUNDATION HAVE BEEN SUMMARIZED ON A FUNCTIONAL BASIS IN THE STATEMENTS OF ACTIVITIES. THEREFORE, CERTAIN COSTS HAVE BEEN ALLOCATED AMONG THE PROGRAMS AND SUPPORTING SERVICES BENEFITED BASED ON THE JUDGMENT OF MANAGEMENT. THE MAJORITY OF EXPENSES CAN GENERALLY BE DIRECTLY IDENTIFIED WITH THE PROGRAM OR SUPPORTING SERVICE TO WHICH THEY RELATE AND ARE CHARGED ACCORDINGLY. FORM 990, PART I, LINE 8; PART VIII, LINE 1F; PART X, LINE 3 2020 ADDITIONAL ENDOWED GIFTS DURING THE YEAR ENDED JUNE 30, 2020, THE LIBRARY FOUNDATION OF LOS ANGELES RECEIVED A PAYMENT, FULFILLING A PLEDGE, OF \$25,000 FOR THE CLARE PATTERSON HUTTO ENDOWMENT FOR A TOTAL OF \$200,000. THIS ENDOWED FUND WAS ESTABLISHED FOR THE PURPOSE OF SUPPORTING THE LOS ANGELES PUBLIC LIBRARY'S LIVE HOMEWORK PROGRAM. DURING THE YEAR ENDED JUNE 30, 2020, THE LIBRARY FOUNDATION OF LOS ANGELES RECEIVED AN ADDITIONAL GIFT OF \$12,000 FOR THE LYNN STRASBURG MILLER ENDOWED FUND FOR A TOTAL OF \$102,000. THIS ENDOWMENT WAS

ESTABLISHED FOR THE PURPOSE OF SUPPORTING THE LOS ANGELES PUBLIC LIBRARY'S STUDENT ZONES PROGRAM.

DURING THE YEAR ENDED JUNE 30, 2020, THE LIBRARY FOUNDATION OF LOS ANGELES RECEIVED AN ADDITIONAL GIFT OF \$10,000 FOR THE DEAN HANSELL 932212 09-06-19

Name of the organization

THE LIBRARY FOUNDATION OF LOS ANGELES

Employer identification number 95-4368250

ENDOWED FUND FOR A TOTAL OF \$60,000. THIS ENDOWMENT WAS ESTABLISHED FOR

THE PURPOSE OF SUPPORTING THE LOS ANGELES PUBLIC LIBRARY'S ADULT

LITERACY PROGRAM.

ALL OF THESE GIFTS ARE PERMANENTLY RESTRICTED AND ONLY EARNINGS FROM THESE FUNDS ARE DESIGNATED TO SUPPORT THESE PROGRAMS.

2020 NEW ENDOWED GIFTS

DURING THE YEAR ENDED JUNE 30, 2020, THE LIBRARY FOUNDATION OF LOS

ANGELES RECEIVED A BEQUEST OF \$750,000 FROM THE ESTATE OF JANICE MCCOY

MILLER. USING THIS GIFT, THE BOARD-DESIGNATED ENDOWED FUND WAS

ESTABLISHED FOR THE PURPOSE OF SUPPORTING LFLA-FUNDED PROGRAMS IN

UNDERSERVED BRANCH LIBRARIES.

DURING THE YEAR ENDED JUNE 30, 2020, THE LIBRARY FOUNDATION OF LOS

ANGELES RECEIVED GIFTS TOTALING \$43,875.64 FROM THE 25TH ANNIVERSARY

CAMPAIGN CELEBRATING THE COUCIL OF THE LIBRARY FOUNDATION (LFC). USING

THIS GIFT, THE BOARD-DESIGNATED ENDOWED FUND WAS ESTABLISHED FOR THE

PURPOSE OF SUPPORTING THE CHILLDREN'S COLLECTION.

ADDITIONAL 2020 BEQUESTS

DURING THE YEAR ENDED JUNE 30, 2020, THE LIBRARY FOUNDATION OF LOS

ANGELES RECEIVED AN ADDITIONAL UNRESTRICTED BEQUEST, FROM THE ESTATE OF

ARLINE ZUCKERMAN, TOTALING, \$145,477, AND A PAYMENT FULFILLING A

PLEDGED BEQUEST FOR \$92,000. ALL GIFTS ARE FOR THE PURPOSE OF

SUPPORTING THE ORGANIZATION.

932212 09-06-19

Name of the organization
THE LIBRARY FOUNDATION OF LOS ANGELES

Employer identification number 95-4368250

DURING THE YEAR ENDED JUNE 30, 2020, THE LIBRARY FOUNDATION OF LOS

ANGELES RECEIVED A PAYMENT FULFILLING A PLEDGED BEQUEST, FOR \$175,000,

FROM THE ESTATE OF BARBARA TOOHEY, AN ADDITIONAL UNRESTRICTED BEQUEST,

TOTALING \$25,000, AND AN ADDITIONAL UNRESTRICTED PLEDGED BEQUEST OF

\$175,000. ALL GIFTS ARE FOR THE PURPOSE OF SUPPORTING THE

ORGANIZATION.

DURING THE YEAR ENDED JUNE 30, 2020, THE LIBRARY FOUNDATION OF LOS

ANGELES RECEIVED AN UNRESTRICTED PLEDGED BEQUEST, FOR \$150,000, FROM

THE ESTATE OF EILEEN KOMM FOR THE PURPOSE OF SUPPORTING THE

ORGANIZATION.

DURING THE YEAR ENDED JUNE 30, 2020, THE LIBRARY FOUNDATION OF LOS

ANGELES RECEIVED A PAYMENT FULFILLING A PLEDGED BEQUEST, FOR \$250,000,

FROM THE ESTATE OF NICHOLAS J. LABEDZ IN MEMORY OF JANE WARD. THIS GIFT

IS FOR THE PURPOSE OF SUPPORTING THE ORGANIZATION.

PART VIII

LIBRARY STORE

THE FOUNDATION OPERATES A GIFT STORE LOCATED IN THE HISTORIC LOS

ANGELES CENTRAL LIBRARY. THE LIBRARY STORE WAS REMODELED IN 2016, AFTER

18 YEARS, IN ORDER TO REFRESH THE APPEARANCE AND BRING IT INTO FULL ADA

COMPLIANCE. THE LIBRARY STORE SALES SUPPORT THE LOS ANGELES PUBLIC

LIBRARY. AS A RESULT OF THE COVID-19, THE LIBRARY STORE WAS CLOSED FOR

2 MONTHS AND TRANSITIONED TO ONLINE SALES IN THE SPRING. THE LIBRARY

STORE HAS WORKED DILIGENTLY THROUGH THE FALL 2020 TO SPREAD THE WORD

ABOUT THE LIBRARY STORE'S OFFERINGS, PARTNERED WITH NEIGHBORHOOD

Name of the organization

Employer identification number

THE LIBRARY FOUNDATION OF LOS ANGELES	95-4368250
ORGANIZATIONS, AND USED CLOSEST PARTNERSHIPS TO REACH NEW	AUDIENCES.
THE LIBRARY STORE LAUNCHED AN ONLINE CAMPAIGN AND SENT TA	ARGET EMAILS
THROUGH THE LIBRARY'S PUBLIC RELATIONS DEPARTMENT TO PROM	OTE ONLINE
SALES IN RESPONSE TO COVID-19 FOR THE HOLIDAY SEASON. IN	DECEMBER 2020,
THE STORE PARTICIPATED IN AN EVENT WITH THE LOS ANGELES F	PHILHARMONIC,
MUSEUM OF CONTEMPORARY ART, AND THE BROAD MUSEUM TO ENCOU	RAGE SHOPPING
AND SUPPORTING THESE ORGANIZATIONS WHICH HAVE BEEN SIGNIF	'ICANT IMPACTED
BY COVID-19.	

FORM 990, PART VIII, LINE 10B

COST OF GOODS SOLD INCLUDES ALL COSTS OF OPERATING THE LIBRARY STORE.

FORM 990, PART IX, LINE 7

OTHER SALARIES AND WAGES ALSO INCLUDE ADULT LITERACY PERSONNEL, STUDENT

ZONE HELPERS, COMPUTER AIDES, AND ALL STAFF NECESSARY TO CARRY OUT

PROGRAM SERVICES WITHIN THE 73 BRANCHES OF THE LOS ANGELES PUBLIC

LIBRARY SYSTEM.

990, PART IX, LINE 12

MARKETING AND PROMOTIONAL COSTS OF \$110,628 INCLUDE ADVERTISING AND

COLLATERAL MATERIALS FOR PROGRAMS OFFERED TO THE PUBLIC SUCH AS

SIGNAGE, POSTERS, FLYERS, BOOKMARKS, BROCHURES, BOOK BAGS, AND GAME

BOARDS, DISTRIBUTED THROUGH SCHOOLS, COMMUNITY ORGANIZATIONS, AND

BRANCH LIBRARIES.

Name of the organization **Employer identification number** THE LIBRARY FOUNDATION OF LOS ANGELES 95-4368250 FORM 990, PART X, LINE 25 IN MARCH 2020, CONGRESS PASSED THE PAYCHECK PROTECTION PROGRAM, AUTHORIZING LOANS TO SMALL BUSINESSES FOR USE IN PAYING EMPLOYEES THAT THEY CONTINUE TO EMPLOY THROUGHOUT THE COVID-19 PANDEMIC AND FOR RENT, UTILITIES AND INTEREST ON MORTGAGES. IN APRIL 2020, THE FOUNDATION SUCCESSFULLY SECURED A \$491,002 SMALL BUSINESS ASSOCIATION ("SBA") LOAN UNDER THE PAYCHECK PROTECTION PROGRAM. PER THE TERMS OF THE LOAN, THE FULL AMOUNT WILL BE FORGIVEN AS LONG AS LOAN PROCEEDS ARE USED TO COVER PAYROLL COSTS AND OTHER SPECIFIED NON-PAYROLL COSTS (PROVIDED ANY NON-PAYROLL COSTS DO NOT EXCEED 40\$ OF THE FORGIVEN AMOUNT) OVER A 24-WEEK PERIOD AFTER THE LOAN IS MADE; AND EMPLOYEE AND COMPENSATION LEVELS ARE MAINTAINED. THE FOUNDATION INTENDS TO COMPLY WITH THE ABOVE TERMS IN ORDER TO QUALIFY FOR FULL OR PARTIAL LOAN FORGIVENESS. TO THE EXTENT IT IS NOT FORGIVEN, THE FOUNDATION WOULD BE REQUIRED TO REPAY THAT PORTION AT AN INTEREST RATE OF 1% OVER A PERIOD OF TWO YEARS, WITH A FINAL INSTALLMENT ESTIMATED BY APRIL 2022. DURING THE YEAR ENDED JUNE 30, 2020, THE FOUNDATION HAS ACCRUED INTEREST EXPENSE OF \$941. AS OF THE ISSUANCE OF THESE FINANCIAL STATEMENTS THE FOUNDATION HAS NOT MADE ANY PAYMENTS ON THE BALANCE OF THE LOAN OR APPLIED FOR LOAN FORGIVENESS. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: CHANGES IN VALUE OF CHARITABLE REMAINDER TRUSTS 3,527.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

➤ Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

THE LIBRARY F	OUNDATION OF LOS AN	IGELES				95-43682	<u> 250</u>	
Part I Identification of Disregarded Entities. Comple	ete if the organization answered "Yes	on Form 990, Part IV, line 3	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) or Total inco	me End-of-year		Direct o	(f) controlling ntity	g
Part II Identification of Related Tax-Exempt Organizations during the tax year.	zations. Complete if the organization	answered "Yes" on Form 990	0, Part IV, line 34, l	because it had one	or more	e related tax-exe	∍mpt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	Dire	(f) ct controlling entity	cont	g) 512(b)(13) trolled tity?
				501(c)(3))			Yes	No

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)									
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign		Predominant income (related, unrelated, excluded from tax under	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Predominant income (related, unrelated, excluded from tax under	Predominant income (related, unrelated, excluded from tax under		Share of end-of-year assets	Dispropor				Code V-UBI amount in box 20 of Schedule	Genera	orPercentage			
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	lo									

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(l	i) ction b)(13) rolled tity?
		country)		S. 1. 3.54)		33333		Yes	No
CHARITABLE REMAINDER UNITRUSTS (2)		CA		TRUST					X
									<u> </u>
		<u> </u>							

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Page 3

Yes No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1	During the tax year, did the organization engage in any of the following transactions with one or n	nore relate	d organizations listed	in Parts II-IV?							
а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	X					
b	b Gift, grant, or capital contribution to related organization(s)				1b	X					
С	Gift, grant, or capital contribution from related organization(s)				1c	X					
	d Loans or loan guarantees to or for related organization(s)										
е	e Loans or loan guarantees by related organization(s)										
f	f Dividends from related organization(s)				1f	X					
g	g Sale of assets to related organization(s)				1g	X					
h	h Purchase of assets from related organization(s)				1h	X					
	Exchange of assets with related organization(s)				1i	X					
j	Lease of facilities, equipment, or other assets to related organization(s)				1j	X					
k	k Lease of facilities, equipment, or other assets from related organization(s)				1k	X					
1	Performance of services or membership or fundraising solicitations for related organization(s)				11	X					
m	m Performance of services or membership or fundraising solicitations by related organization(s)				1m	X					
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	X					
	Sharing of paid employees with related organization(s)				10	X					
р	Reimbursement paid to related organization(s) for expenses				1p	X					
	Reimbursement paid by related organization(s) for expenses				1q	X					
r	Other transfer of cash or property to related organization(s)				1r	X					
	S Other transfer of cash or property from related organization(s)				1s	X					
2	If the answer to any of the above is "Yes," see the instructions for information on who must comp	plete this lir	ne, including covered	relationships and transaction thresholds.							
	(a) (b) Name of related organization Transactic type (a-s)		(c) Amount involved	(d) Method of determining amount invo	olved						
1)											
2)											
٥,											
3)											
41											
4)											
E)											
5)											
6)											
6)	163 09-10-19 52			Schedule R	(Form 00	0) 2010					
J2 16	22 03-10-18			Scriedule R	(LOUIN 99	U) ZU 19					

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e)	(f)	(g)	(t	1)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated,	partners se 501(c)(3)	Share of	Share of	Dispr tion	opor- ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag	Percentage
of entity		(state or foreign country)	excluded from tax under	orgs.?	total income	end-of-year assets	alloca	ions?	of Schedule K-1	partne	ownersnip
		Country)	sections 5 (2-5 (4)	Yes No) Income	assets	Yes	No	(F01111 1065)	Yes N	0
										\vdash	
										\sqcup	
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Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

illing of t	nis iomi, visit www.iis.gov/e-iiie-providers/e-iiie-ior-chan	illes-ariu-r	ion-pronts.			
Autom	atic 6-Month Extension of Time. Only subm	nit origin	al (no copies needed).			
All corpo	rations required to file an income tax return other than Fe	orm 990-T	(including 1120-C filers), partnership	os, REMIC	s, and trusts	
must use	e Form 7004 to request an extension of time to file incom	ne tax retu	rns.			
Type or	Name of exempt organization or other filer, see instru	ıctions		Taynayer	ridentification num	her (TIN)
print	Name of exempt organization of other filer, see institu	ictions.		тахрауы	dentincation num	Dei (Tilv)
	THE LIBRARY FOUNDATION OF	LOS A	NGELES		95-43682	50
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s 630 W. FIFTH STREET	ee instruc	tions.			
instructions	City, town or post office, state, and ZIP code. For a for LOS ANGELES, CA 90071	oreign add	dress, see instructions.			
Enter the	Return Code for the return that this application is for (fil	e a separa	ate application for each return)			0 1
Applicat	ion	Return	Application			Return
Is For		Code	Is For			Code
Form 99	O or Form 990-EZ	01	Form 990-T (corporation)			07
Form 99	D-BL	02	Form 1041-A			08
	20 (individual)	03	Form 4720 (other than individual)			09
Form 99		04	Form 5227			10
	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	O-T (trust other than above) THERESA MORRISO	06	Form 8870			12
• = 1	ooks are in the care of 630 W. FIFTH St			9007	1	
	ooks are in the care of \triangleright 030 W. FIFTH 5. hone No. \triangleright (213)228-7500	IKEEI	Fax No.	3007	<u> </u>	
•	organization does not have an office or place of business	a in tha Lle				
	is for a Group Return, enter the organization's four digit					chock this
box >			ach a list with the names and TINs of			
БОХ	. In tello for part of the group, check this box	_ and atte	ton a not with the harnes and mys of	un momb	CIG THE EXTENDIOLI	3 101.
1 re	equest an automatic 6-month extension of time until	MA	Y 17, 2021 , to file	the exem	npt organization ret	urn for
the	e organization named above. The extension is for the org	anization's	s return for:			
>	calendar year or					
>	X tax year beginning JUL 1, 2019	, an	id ending JUN 30, 2020			
2 If t	he tax year entered in line 1 is for less than 12 months, o	check reas	on: Initial return	Final retur	n	
L	Change in accounting period					
	his application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069,	enter the tentative tax, less			0
	y nonrefundable credits. See instructions.			3a	\$	0.
	his application is for Forms 990-PF, 990-T, 4720, or 6069		•	۱ ۵.	•	0.
_	timated tax payments made. Include any prior year overg			3b	\$	<u> </u>
	lance due. Subtract line 3b from line 3a. Include your pa			20	6	0.
	ing EFTPS (Electronic Federal Tax Payment System). See			3c	sd Form 9970 FO f	
instruction	: If you are going to make an electronic funds withdrawal ons.	(unect de	ibily willi lillis Follil 6000, see FORM 8	400-EU ai	10 FUIII 00/9-EU 1	o payment

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)