** PUBLIC DISCLOSURE COPY **

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

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.

Open to Public Inspection

2022 A For the 2021 calendar year, or tax year beginning JUL 1, 2021 and ending JUN 30, C Name of organization Check if applicable: D Employer identification number Address change THE LIBRARY FOUNDATION OF LOS ANGELES Name change 95-4368250 Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ termin-ated 630 W. FIFTH STREET (213)228-75009,282,855. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return LOS ANGELES, CA 90071 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: STACY LIEBERMAN for subordinates? Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Tax-exempt status: X 501(c)(3) 501(c) () **◄** (insert no.) 4947(a)(1) or If "No," attach a list. See instructions J Website: ► WWW.LFLA.ORG **H(c)** Group exemption number ▶ **K** Form of organization: **X** Corporation Trust Association Other > L Year of formation: 1992 M State of legal domicile: CA Part I Summary Briefly describe the organization's mission or most significant activities: TO SUPPORT THE LOS ANGELES Activities & Governance PUBLIC LIBRARY. if the organization discontinued its operations or disposed of more than 25% of its net assets. 47 3 Number of voting members of the governing body (Part VI, line 1a) 47 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0. **Prior Year Current Year** 7,070,447. 6,303,320. 8 Contributions and grants (Part VIII, line 1h) 0. 9 Program service revenue (Part VIII, line 2g) 2,281,204. 1,557,903. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) -226,985. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -36,064. 12 9,315,587. 7,634,238. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 3,811,277. 3,368,015. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 1,728,551. 4,476,399. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 5,539,828. 7,844,414. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 3,775,759. -210,176. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 63,810,856. 59,949,612. 20 Total assets (Part X, line 16) 296,991. 676,359. 21 Total liabilities (Part X, line 26) 134,497. 59,652,621 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign STACY LIEBERMAN, PRESIDENT Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature DONITA M. JOSEPH 05/15/23 self-employed P00286656 DONITA M. JOSEPH Paid Firm's name **WINDES**, **INC**. Firm's EIN ▶ 95-3001179 Preparer Firm's address P.O.BOX 87 Use Only LONG BEACH, CA 90801-0087 Phone no. (562)435-1191

X Yes

May the IRS discuss this return with the preparer shown above? See instructions

		ye Z
Pai	rt III Statement of Program Service Accomplishments	
		X
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?	No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X	No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program 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 \$1,334,751. including grants of \$) (Revenue \$)
	INVESTING IN LIFELONG LEARNING:	
	THE FOUNDATION IS COMMITTED TO BREAKING CYCLES OF LOW LITERACY IN ITS	
	MULTITUDE OF FORMS. THE ADULT LITERACY INITIATIVE OFFERS ONE-ON-ONE	
	TUTORING TO ADULTS READING BELOW THE SIXTH-GRADE EQUIVALENCY. THE	
	INITIATIVE ALSO PROVIDES COACHING TO HELP ADULTS WHO STRUGGLE WITH	
	LITERACY SUPPORT THEIR CHILDREN'S EARLY LITERACY DEVELOPMENT.	
	ADDITIONAL ADULT LITERACY COMPONENTS INCLUDE DROP-IN TUTORING, TOPICAL	
	SEMINARS AND CLASSES, AND ENGLISH-AS-ANOTHER-LANGUAGE SERVICES TO HELP	
	ADULTS INCREASE ENGLISH-LANGUAGE FLUENCY OR BECOME LITERATE IN THEIR	
	NATIVE LANGUAGE. CAREER ONLINE HIGH SCHOOL GIVES ADULTS ANOTHER CHANCE	
	TO EARN AN ACCREDITED HIGH-SCHOOL DIPLOMA. CYBERNAUTS AT 37 LIBRARIES	
	AND ALSO THROUGH REMOTE SERVICE, PROMOTES DIGITAL LITERACY TO HELP	
4b	(Code:) (Expenses \$1, 281, 102. including grants of \$) (Revenue \$)
	ENGAGING THE IMAGINATION:	
	THROUGH ITS ACCLAIMED ALOUD CULTURAL PROGRAMMING SERIES, LFLA BRINGS	
	RENOWNED AND EMERGING LITERARY ARTISTS, FILMMAKERS, SCIENTISTS,	
	MUSICIANS, POLICYMAKERS, AND OTHER LUMINOUS MINDS IN DIRECT	
	CONVERSATION WITH LIBRARY PATRONS. THE FOUNDATION SUPPORTS LAPL'S L.A.	
	MADE SERIES THAT DELIVERS HUMANITIES PROGRAMMING, PERFORMANCES, AND	
	ACTIVITIES TO THE CITY'S DIVERSE COMMUNITIES. THE FOUNDATION AND	
	LAPL'S EXHIBITIONS HIGHLIGHT LAPL'S HISTORIC COLLECTIONS, THE DIVERSE	
	STORIES AND PEOPLE OF L.A., AND CONTEMPORARY ISSUES THAT RESONATE WITH	
	OUR LIVES. FROM MAY TO NOVEMBER 2022, THE FOUNDATION PRESENTED AN	
	EXHIBITION AT THE LA CENTRAL LIBRARY ENTITLED, "SOMETHING IN COMMON".	
	THROUGH AN ECLECTIC AND WIDE RANGE OF STORIES ABOUT LOCAL CLUBS AND	
4c	(= = = = = = = = = = = = = = = = = = =)
	HELPING STUDENTS SUCCEED:	
	THE FOUNDATION HELPS LAPL PRESENT A RANGE OF PUBLIC SERVICES AND	
	PROGRAMS TO SUPPORT EARLY LITERACY AND SOCIAL DEVELOPMENT FOR CHILDREN	
	AGES 0-5, ACADEMIC SUPPORT FOR CHILDREN AND TEENS, CIVIC LEARNING AND	
	EXPERIENCES FOR TEENS, AND COLLEGE PREPARATORY RESOURCES FOR YOUTH AND	
	THEIR FAMILIES. LAPL'S WE READ TOGETHER INITIATIVE PROVIDES	
	INFORMATION, RESOURCES, AND ACTIVITIES FOR PARENTS AND CAREGIVERS TO	
	LEARN AND PRACTICE EARLY LITERACY TECHNIQUES WITH CHILDREN AGES 0-5.	
	WITH THE FOUNDATION'S SUPPORT, LAPL OFFERS DAILY STORY TIMES WHERE	
	LIBRARIANS MODEL HOW TO READ ALOUD, WORKSHOPS THAT HELP PARENTS	
	INTEGRATE EARLY LITERACY INTO THEIR CHILDREN'S DAILY LIVES, AND AN	
	OUTREACH SERVICE CALLED READ BABY READ THAT DELIVERS CRITICAL	
	OUTREACH SERVICE CALLED READ BASE READ THAT DELIVERS CRITICAL	
4d	Other program services (Describe on Schedule O.)	

			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? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
·	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	٣		
'		7		X
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			 ₩
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
ч	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			
u		11d		X
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11e		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	1 ie		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	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		37	
	Schedule D, Parts XI and XII	12a	_X_	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			l
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
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			
	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			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			 -
.0		18	Х	
10	1c and 8a? If "Yes," complete Schedule G, Part II	10	-2	
19	,	40		x
00	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		├^
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		_
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			,,
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X

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Form **990** (2021)

Form 990 (2021) THE LIBRARY FOUNDATION OF LOS ANGELES
Part IV Checklist of Required Schedules (continued)

	i (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	140_
	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		Х
b	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			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_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		<u> X</u>
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%			l
	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			7.7
	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 the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			v
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	28c		х
20	"Yes," complete Schedule L, Part IV	29	Х	
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29	21	
30		30		х
31	contributions? If "Yes," complete Schedule M	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
OZ.	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	"		
•	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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		X
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 on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			لل
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		77	
	(gambling) winnings to prize winners?	1c	X 000	(0.5 = ::
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Form 990 (2021) 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 47			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	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
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		_X_
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	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 organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		_X_
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	1_		v
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	-		X
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
t ~	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		N/	
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h	N/	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/!!	-11/	
Ū	sponsoring organization have excess business holdings at any time during the year? N/A	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	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:			
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders N/A 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40		
а	Is the organization licensed to issue qualified health plans in more than one state? NAME of the instructions for additional information the constitution of the plans in the constitution of the constitution of the plans in the constitution of the plans in the constitution of the constitution	13a		
L	Note: See the instructions for additional information the organization must report on Schedule O.			
D	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			
С		1		
	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A	17		
	If "Yes," complete Form 6069.			

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 47			
	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 47			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
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 reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		•	
	(This decitor b requests information about policies not required by the internal nevertide dede.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	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	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
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 to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	on 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 approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	X	
~	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	.5.0		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			_
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100		
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, and 990-T (section 501(c)(3)	s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.	- Jy)	unu	
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
.5	statements available to the public during the tax year.	. miail	-iui	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
_5	STACY LIEBERMAN, PRESIDENT - 213-292-6255			
	630 W. FIFTH STREET, LOS ANGELES, CA 90071			

Form **990** (2021) 132006 12-09-21

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

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

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Name and title Average hours per week (list any hours for related organizations below line) (1) KENNETH BRECHER PRESIDENT THRU 8/2021 (2) MELANIE BURZYNSKI SVP ADVANCEMENT SERVICES (3) IMANI HARRIS DIR. CORPORATE AND FOUNDATION RELATI (4) JESSICA STRAND DIR. SPECIAL PROGRAMS (5) JULIE TUGEND INTERIM PRESIDENT THRU 6/2022 (6) THERESA MORRISON Reportable compensation from than one box, unless person is both an officer and a director/ruslee) PRESIDENT and a director/ruslee) Average hours per week (list any hours for related organizations below line) Average hours per week (list any hours for related organizations below line) Average hours per week (list any hours for related organizations below line) Average hours per week (list any hours for related organization from than one box, unless person is both an officer and a director/ruslee) The page of the compensation from related organization (W-2/1099-MISC/ 1099-NEC) 1099-NEC) A X X X 421,024. 1099-NEC) 109	(A)	(B)	Jiga	IIIZA		C)	ірсі	isatt	(D)	(E)	(F)
Nours per Week We		1	(do		Pos	ition		ano.			Estimated
Composition		hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of
Delow Inc. Delo			_	cer an	nd a d	irecto	r/trus	tee)			other
Delow Inc. Delo			rector							•	compensation
Delow Inc. Delo			or di	99			sated			,	from the
Delow Inc. Delo			nstee.	trust		99	ubeus			1099-NEC)	organization and related
(1) KENNETH BRECHER (60.00 X X X X X X X X X		~	dual tr	tiona	_	nploy	st cor	<u>_</u>	1033 1420)		organizations
(1) KENNETH BRECHER (60.00 X X X X X X X X X		1	ndivic	nstitu	Office	(ey er	Higher amplo	orme-			organizations
Color	(1) KENNETH BRECHER	60.00									
Color	PRESIDENT THRU 8/2021		Х		Х				421,024.	0.	31,860.
Table Tabl	(2) MELANIE BURZYNSKI	60.00									
Table Tabl	SVP ADVANCEMENT SERVICES				Х				293,750.	0.	19,824.
Color	(3) IMANI HARRIS	60.00									
DIR. SPECIAL PROGRAMS	DIR. CORPORATE AND FOUNDATION RELATI						X		107,780.	0.	12,833.
S	(4) JESSICA STRAND	60.00									
NTERIM PRESIDENT THRU 6/2022	DIR. SPECIAL PROGRAMS						Х		103,717.	0.	16,347.
CFO THRU 8/2021	(5) JULIE TUGEND	60.00									
CFO THRU 8/2021	INTERIM PRESIDENT THRU 6/2022				X				103,409.	0.	372.
CFO AS OF 9/2021	(6) THERESA MORRISON	60.00									
CFO AS OF 9/2021	CFO THRU 8/2021				X				91,698.	0.	7,412.
(8) STACY LIEBERMAN 60.00 PRESIDENT AS OF 6/2022 X 0. 0. (9) DEBRA ALBIN-RILEY 6.00 0. 0. 0. CHAIR X X 0. 0. (10) ROBERT ALVARADO 4.00 X X 0. 0. VICE-CHAIR X X 0. 0. 0. (11) KAREN STEVENSON 1.00 0. 0. 0. 0. TREASURER X X 0. 0. 0. (12) KIM SONNENBLICK 3.00 X 0. 0. 0. SECRETARY X X 0. 0. 0. (13) AMANDA FAIREY 1.00 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. (14) AUSTIN CLEMENTS 1.00 0. 0. 0. DIRECTOR X 0. 0. 0. (15) BERNARD PARKER 1.00 0. 0. 0. (16) BETSY APPLEBAUM 2.00 0. 0. 0. <td>(7) SHAWN RUBIN</td> <td>60.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(7) SHAWN RUBIN	60.00									
PRESIDENT AS OF 6/2022	CFO AS OF 9/2021				X				59,333.	0.	0.
(9) DEBRA ALBIN-RILEY CHAIR (10) ROBERT ALVARADO VICE-CHAIR (11) KAREN STEVENSON TREASURER (12) KIM SONNENBLICK SECRETARY (13) AMANDA FAIREY DIRECTOR (14) AUSTIN CLEMENTS DIRECTOR (15) BERNARD PARKER DIRECTOR (16) BETSY APPLEBAUM DIRECTOR (16) BETSY APPLEBAUM DIRECTOR (10) CO. (10) O. (10) O. (10) O. (10) O. (11) C. (12) KIM SONNENBLICK (13) O. (14) O. (15) DERNARD PARKER (10) O. (16) DETSY APPLEBAUM DIRECTOR (17) O. (18) DETSY APPLEBAUM DIRECTOR (18) O. (19) O. (10) O. (10) O. (11) O. (11) O. (12) O. (13) O. (14) O. (15) DERNARD PARKER (10) O. (16) DETSY APPLEBAUM DIRECTOR (17) O. (18)	(8) STACY LIEBERMAN	60.00									
X	PRESIDENT AS OF 6/2022				X				0.	0.	0.
Note	(9) DEBRA ALBIN-RILEY	6.00								_	_
VICE-CHAIR	CHAIR		Х		X				0.	0.	0.
1.00	(10) ROBERT ALVARADO	4.00									
X	VICE-CHAIR		Х		X				0.	0.	0.
SECRETARY X X X X X X X X X	(11) KAREN STEVENSON	1.00									
X X 0. 0.	TREASURER		Х		X				0.	0.	0.
1.00	(12) KIM SONNENBLICK	3.00								_	_
DIRECTOR X			Х		X				0.	0.	0.
Column C	(13) AMANDA FAIREY	1.00								_	_
DIRECTOR X 0. 0.			Х						0.	0.	0.
(15) BERNARD PARKER 1.00 DIRECTOR X (16) BETSY APPLEBAUM 2.00 DIRECTOR X		1.00									_
DIRECTOR X 0. 0. (16) BETSY APPLEBAUM 2.00 X 0. 0.	DIRECTOR		X						0.	0.	0.
(16) BETSY APPLEBAUM DIRECTOR X 0. 0.		1.00	_							_	_
DIRECTOR X 0. 0.			X						0.	0.	0.
		2.00									
(17) BETSY WANNER 1.00		4.55	X		_				0.	0.	0.
		1.00									
DIRECTOR X 0.	DIRECTOR		X						0.	0.	0 • Form 990 (2021)

132007 12-09-21 Form **990** (2021)

Form 990 (2021) THE LIBR	<u>ARY FOUN</u>	1DV	$_{ m TT}$	ON	0) F.	<u>го</u>	S ANGELES	95-4368	<u> 250</u>	P	age 8
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average hours per week	box,	not c , unle:	ss per	more rson i	than o s both r/trus	an	Reportable compensation from	Reportable compensation from related	l .	stimate nount 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/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	fr org and	pensa rom th anizat d relat anizati	e :ion :ed
(18) BICH NGOC CAO	1.00											
DIRECTOR		Х						0.	0.			0.
(19) BRENDON CASSIDY	1.00											
DIRECTOR		Х						0.	0.			0.
(20) CARLA CHRISTOFFERSON	1.00											
DIRECTOR		Х						0.	0.			0.
(21) DAVID ROSENBLUM	1.00											
DIRECTOR		Х						0.	0.			0.
(22) DEAN HANSELL	1.00											
DIRECTOR		Х						0.	0.			0.
(23) DEBI BISHTON	1.00											
DIRECTOR		Х						0.	0.			0.
(24) DUSTIN HEALEY	1.00											
DIRECTOR		Х						0.	0.			0.
(25) ELA JHAVERI	1.00											
DIRECTOR		Х						0.	0.			0.
(26) ELIZABETH RAPOSO	1.00											
DIRECTOR		Х						0.	0.			0.
1b Subtotal							>	1,180,711.	0.	8	8,6	
c Total from continuation sheets to Part V	II, Section A							0.	0.			0.
d Total (add lines 1b and 1c)	<u></u>	<u></u>						1,180,711.	0.	8	8,6	<u>48.</u>
2 Total number of individuals (including but	not limited to th	ose	liste	d ab	ove) wh	o re	ceived more than \$100,	000 of reportable			
compensation from the organization												5
											Yes	No
2 Did the ergenization list any former office	r director truct	ا مم		mnl	0.10	- or	hial	hast componented omn	lovos on			

			res	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		X
4				
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Х	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services			
	rendered to the organization? If "Yes " complete Schedule I for such person	5		X

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.

(A) Name and business address	(B) Description of services	(C) Compensation
MANAGED CAREER SOLUTIONS, INC., 3333	STAFFING FOR PROGRAM	
WILSHIRE BLVD, #405, LOS ANGELES, CA	SERVICES	322,103.
POWERMYLEARNING, INC./CFY, 228 PARK AVE.		
SOUTH PMB 16373, NEW YORK, NY 10003	HOME WORK HELP	201,826.
TUTOR.COM	ONLINE TUTORING	
PO BOX 70403, PHILADELPHIA, PA 19176	SERVICE FOR STUDENTS	181,500.
T-MOBILE USA INC.	HOTSPOTS AND	
PO BOX 742596, CINCINNATI, OH 45274	INTERNET SERVICES	163,769.
GOLDEN STAR TECHNOLOGY INC./GST	COMPUTERS AND	
12881 166TH ST., CERRITOS, CA 90703	EQUIPMENT FOR PROGRA	128,743.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	
\$100,000 of compensation from the organization > 5		

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2021)

B 17/11								S ANGELES		8250		
Part VII Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	yee	s, ar	nd H	lighe	est (Compensated Employe	es (continued)			
(A)	(B)			(C	C)			(D) (E) (F)				
Name and title	Average			Posi				Reportable	Reportable	Estimated		
	hours	(cl	neck	all t	hat	app	y)	compensation	compensation	amount of		
	per week					9		from the	from related organizations	other compensation		
	(list any	ioi				ploye		organization	(W-2/1099-MISC)	from the		
	hours for	r direc				ed en		(W-2/1099-MISC)	(organization		
	related	stee o	rustee			ensat				and related		
	organizations	al trus	onal tı		oloyee	сошр				organizations		
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former					
	line)	Ē	Ë	10 l	Ke	Ē	요					
(27) ERIC CHAVES	1.00	,,						0	0	•		
DIRECTOR	1 00	Х						0.	0.	0.		
(28) GINNIFER GOODWIN	1.00	,,						0	0	•		
DIRECTOR	1 00	Х						0.	0.	0.		
(29) GWEN MILLER	1.00	٦,						0	0	•		
DIRECTOR	1 00	Х						0.	0.	0.		
(30) HELEN KIM	1.00	٦,						•	_	_		
DIRECTOR	1 00	Х						0.	0.	0.		
(31) JAY BUTTERFIELD	1.00	٦,						0	0	•		
DIRECTOR (32) JOHN COOKE	1 00	Х						0.	0.	0.		
	1.00	3,7						0.	0	^		
DIRECTOR, EMERITIUS (33) JOHN PEER	1.00	Х						0.	0.	0.		
DIRECTOR	1.00	х						0.	0.	0		
(34) JUDITH KAMINS	1.00	^						0.	0.	0.		
DIRECTOR	1.00	Х						0.	0.	0.		
(35) KATHRYN EIDMANN	1.00	Δ						0.	0.	0.		
DIRECTOR	1.00	Х						0.	0.	0.		
(36) KEVIN PHILIP	1.00	^						0.	0.	0.		
DIRECTOR	1.00	Х						0.	0.	0.		
(37) LAURA ROSENWALD	1.00							0.	0.			
DIRECTOR	1.00	Х						0.	0.	0.		
(38) LAURA SEIGLE	1.00							•	•	•		
DIRECTOR	1.00	Х						0.	0.	0.		
(39) LISA RICHARDSON	1.00								.	•		
DIRECTOR		Х						0.	0.	0.		
(40) MICHAEL KEEGAN	1.00											
DIRECTOR		х						0.	0.	0.		
(41) MICHAEL T.M. JONES	1.00								• •	<u> </u>		
DIRECTOR		х						0.	0.	0.		
(42) MIKE LINDSEY	1.00							-	-			
DIRECTOR		х						0.	0.	0.		
(43) NANCY DEBRIER	1.00									-		
DIRECTOR		х						0.	0.	0.		
(44) NICOLE NEEMAN BRADY	1.00											
DIRECTOR		Х				L	_	0.	0.	0.		
(45) PATRICIA KAO	1.00											
DIRECTOR		х						0.	0.	0.		
(46) RACHEL SMALL	1.00											
(10) Idiciial bilial								0.	0.	0.		

	RARY FOUN	1DA	TI	ON	0	F	LO	S ANGELES	95-436	8250
Part VII Section A. Officers, Directors,	Trustees, Key Er	nplo	yee	s, aı	nd H	lighe	est (Compensated Employ	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average			Pos		ı		Reportable	Reportable	Estimated
	hours	(c	heck	all t	all that apply)			compensation	compensation	amount of
	per							from	from related	other
	week	_				oyee		the	organizations	compensation
	(list any	irecto				emp		organization	(W-2/1099-MISC)	from the
	hours for related	e or d	tee			sated		(W-2/1099-MISC)		organization and related
	organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee				organizations
	below	idual	ution	 	Key employee	est co	er			
	line)	Indiv	Instit	Officer	Key 6	High	Former			
(47) ROBERT DAWSON	1.00									
DIRECTOR		Х						0.	0.	0.
(48) SAMANTHA HANKS	1.00									
DIRECTOR		Х						0.	0.	0.
(49) SANDY DUNLEAVY	1.00									
DIRECTOR		X						0.	0.	0.
(50) SARAH KATE LEVY	1.00									
DIRECTOR		Х						0.	0.	0.
(51) SHAUN MALAVIA	1.00									
DIRECTOR		Х						0.	0.	0.
(52) STEPHANIE YONEKURA	1.00									
DIRECTOR		Х						0.	0.	0.
(53) SUNITA DESHMUKH	1.00									
DIRECTOR		Х						0.	0.	0.
(54) THOMAS CRAHAN	1.00	1							_	_
DIRECTOR		Х						0.	0.	0.
(55) THOMAS HECK	1.00	l								
DIRECTOR	1	Х						0.	0.	0.
(56) TOM GEISER	1.00	l								
DIRECTOR		Х						0.	0.	0.
		4								
		4								
		<u> </u>	_							
		-								
		1								
		-								
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		1								
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_	<u>'</u>	-								
Total to Part VII, Section A, line 1c										
Total to Fait VII, Goodoff A, IIIIC TO										

Form 990 (2021) THE LIB
Part VIII Statement of Revenue

		Check if Schedule O contains a response o	r note to any lin	e 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
							30000013 0 12 0 14
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns 1a	F15 560				
ir ou		Membership dues 1b	715,569.				
s, (C	Fundraising events 1c	249,170.				
ä	c	Related organizations 1d					
s, E	6	Government grants (contributions)	1,078,912.				
Sign	f	All other contributions, gifts, grants, and					
k či		similar amounts not included above 1f	4,259,669.				
ĕĕ	,	Noncash contributions included in lines 1a-1f	59,198.				
Σď	_	Total. Add lines 1a-1f		6,303,320.			
0 10		Total: Add liftes 1a-11	Business Code	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	_	+	Dusiness Code				
<u>S</u>	2 8	·					
Program Service Revenue	k	·					
Sign	C	:					
ar	c	i					
go H	6						
Ŗ	f	All other program service revenue					
		Total. Add lines 2a-2f	•				
	3	Investment income (including dividends, interes					
	Ū			569,503.			569,503.
		other similar amounts)		303,303.			303,303.
	4	Income from investment of tax-exempt bond pro-					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	k	Less: rental expenses 6b					
	c	Rental income or (loss) 6c					
		Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 1,994,642.					
	L	Less: cost or other basis					
a)							
ž							
š	C	. ,		000 400			000 400
her Revenue		d Net gain or (loss)		988,400.			988,400.
þe	8 8	Gross income from fundraising events (not					
ō		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18 8a	131,805.				
	k	Less: direct expenses 8b	131,805.				
		Net income or (loss) from fundraising events		0.			
		Gross income from gaming activities. See	······				
		Part IV, line 19 9a					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities	····· •				
	10 a	Gross sales of inventory, less returns					
		and allowances10a	283,585.				
	k	Less: cost of goods sold10b	510,570.				
		Net income or (loss) from sales of inventory	>	-226,985.			-226,985.
			Business Code				
sno	11 a	1					
Miscellaneous Revenue							
ila Ven							
Sce	•						
Ĕ	C	All other revenue					
		e Total. Add lines 11a-11d	.			_	40000
	12	Total revenue. See instructions		7,634,238.	0.	0.	1330918.

Secti	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).						
00011	Check if Schedule O contains a response or note to any line in this Part IX						
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses		
1	Grants and other assistance to domestic organizations			_			
	and domestic governments. See Part IV, line 21						
2	Grants and other assistance to domestic						
	individuals. See Part IV, line 22						
3	Grants and other assistance to foreign						
	organizations, foreign governments, and foreign						
	individuals. See Part IV, lines 15 and 16						
4	Benefits paid to or for members						
5	Compensation of current officers, directors,	4 000 005	400 054	470 400	242 545		
	trustees, and key employees	1,228,095.	409,051.	478,499.	340,545.		
6	Compensation not included above to disqualified						
	persons (as defined under section 4958(f)(1)) and						
	persons described in section 4958(c)(3)(B)	1 615 050	25.664	504 010	F45 050		
7	Other salaries and wages	1,615,958.	376,661.	724,018.	515,279.		
8	Pension plan accruals and contributions (include	E0 E60	02 500	00 400	10 566		
	section 401(k) and 403(b) employer contributions)	70,560.	23,502.	27,492.	19,566.		
9	Other employee benefits	239,064.	79,626.	93,146.	66,292. 59,435.		
10	Payroll taxes	214,338.	71,391.	83,512.	59,435.		
11	Fees for services (nonemployees):						
а	Management						
b	Legal	135,900.		125 000			
	Accounting	135,900.		135,900.			
	Lobbying						
e	Professional fundraising services. See Part IV, line 17	138,513.		138,513.			
f	Investment management fees	130,313.		130,313.			
g	Other. (If line 11g amount exceeds 10% of line 25,	1,732,752.	1,299,249.	421,503.	12,000.		
40	column (A), amount, list line 11g expenses on Sch 0.)	67,701.	50,494.	±21,303•	17,207.		
12 13	Advertising and promotion	16,106.	11.	8,842.	7,253.		
14	Office expenses	20/2001		0,0121	7 7 2 3 3 4		
15	Royalties						
16	Occupancy						
17	Traval	15,357.	1,729.	12,734.	894.		
18	Payments of travel or entertainment expenses	20,007			<u> </u>		
.0	for any federal, state, or local public officials						
19	Conferences, conventions, and meetings						
20	Interest						
21	Payments to affiliates						
22	Depreciation, depletion, and amortization	11,575.		11,575.			
23	Insurance	11,507.		11,507.			
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.)	EE1 00C	EEO 171	1 200	FOC		
a	SEMINARS, EXHIBITS, AND	551,886.	550,171. 507,362.	1,209.	506.		
b	PROGRAM MATERIALS	522,820.		72,711.	15,458. 17,376.		
C	COMPUTER EQUIPMENT EVENTS	390,528. 257,937.	300,441. 34,831.	14,111.	223,106.		
d		623,817.	550,447.	18,514.	54,856.		
	All other expenses	7,844,414.	4,254,966.	2,239,675.	1,349,773.		
<u>25</u>	Total functional expenses. Add lines 1 through 24e	1,044,414.	4,434,300.	4,433,073.	1,347,113.		
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)						
	II following SOP 98-2 (ASC 958-720)				000		

Form **990** (2021)

Form 990 (2021)
Part X | Balance Sheet

<u>Par</u>	t X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	4,690,123.	1	3,261,393		
	2	Savings and temporary cash investments	3,870,372.	2	14,054		
	3	Pledges and grants receivable, net	2,235,462.	3	1,376,036		
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial c	contributor, or 35%			
		controlled entity or family member of any of th	ese perso	ons		5	
	6	Loans and other receivables from other disqua	alified per	sons (as defined			
		under section 4958(f)(1)), and persons describ	ed in sec	tion 4958(c)(3)(B)		6	
ış	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			158,773.	8	120,348
Ÿ	9	Prepaid expenses and deferred charges			113,065.	9	48,870
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	531,690.			
	b	Less: accumulated depreciation	. 10b	203,603.	359,630.	10c	328,087
	11	Investments - publicly traded securities			43,629,280.	11	49,076,040
	12	Investments - other securities. See Part IV, line	11		8,160,237.	12	5,283,230
	13	Investments - program-related. See Part IV, lin	e 11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			593,914.	15	441,554
	16	Total assets. Add lines 1 through 15 (must ed			63,810,856.	16	59,949,612
	17	Accounts payable and accrued expenses			157,447.	17	266,991
	18	Grants payable				18	22.22
	19	Deferred revenue			20,000.	19	30,000
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or for					
≝∣		trustee, key employee, creator or founder, sub					
Liabilities		controlled entity or family member of any of the	-			22	
-	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelat				24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on lin	-	•	400 010		0
		of Schedule D			498,912. 676,359.	25	0 296,991
_	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, cl		Y	070,339.	26	290,991
ဖွ		and complete lines 27, 28, 32, and 33.	ieck ner				
9	27	Net assets without donor restrictions		ř	25,253,180.	27	22,301,085
ala	28	Net assets with donor restrictions Net assets with donor restrictions			37,881,317.	28	37,351,536
틸	20	Organizations that do not follow FASB ASC			37,001,317.	20	37,331,330
ᇤᅵ		and complete lines 29 through 33.	900, CHE	ck liefe			
<u>.</u>	29	Capital stock or trust principal, or current fund	c	ř		29	
ets	30	Paid-in or capital surplus, or land, building, or				30	
1SS	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			63,134,497.	32	59,652,621
Ž	33	Total liabilities and net assets/fund balances		·····	63,810,856.	33	59,949,612
	55	Total nabilities and het assets/fully baldifices			33,010,030	00	Form 990 (202)

Form **990** (2021)

Pai	T XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>,63</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u>,84</u>		
3	Revenue less expenses. Subtract line 2 from line 1	3		-21		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		,13		
5	Net unrealized gains (losses) on investments	5	<u>-3</u>	, 27:	1,7	00.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	<u>59</u>	<u>,65</u> 2	2,6	<u>21.</u>
Pai	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>	<u></u>		
					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 on 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	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit				
	Act and OMB Circular A-133?			За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
				Form	990	(2021)

132012 12-09-21

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public

THE LIBRARY FOUNDATION OF LOS ANGELES

Inspection **Employer identification number**

				UNDATION OF I					5-4368250	
Parl	: [Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	s.		
he or	gani	zation is not a private found								
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).)								
3 T	_	A scribol described in section 170(b)(1)(A)(iii). A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4	_	A medical research organization					-	(iii). Enter	the hospital's name.	
• -		city, and state:	anon operated in eer	njamosnom minim a moopman		5554.6	(2)(.)(, .)	(,.	and mospital o maine,	
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental ur	nit describe		
J		section 170(b)(1)(A)(iv). (C		logo or armyoromy ownion	or operati	ou by a go	vormiorital al	iii doconbi	5 4 III	
6	\neg	A federal, state, or local gov		ontal unit described in	coction 17	70(h)(1)(A)((w)			
7		An organization that norma	-					o gonoral i	aublia dagaribad in	
, _	21	•	•	itiai part of its support if	om a gove	iiiiiieiilai t	unit or nom th	e general i	public described in	
。 「	\neg	section 170(b)(1)(A)(vi). (C		dVAV.:) (Campulate Davi	\					
8 L	=	A community trust describe								
9 _		An agricultural research org				-		-	•	
		or university or a non-land-g	rant college of agrici	ulture (see instructions).	Enter the i	name, city,	, and state of	ine college	e or	
4 6 F	_	university:	. (4)		.,					
10 _		An organization that norma	•						•	
		activities related to its exem	•	•					-	
		income and unrelated busin		(less section 511 tax) fro	m busines	ses acquii	red by the org	anization a	after June 30, 1975.	
г	_	See section 509(a)(2). (Cor	•							
11 L	=	An organization organized a	•	•	•					
12 _		An organization organized a	•	- ·	-			-		
		more publicly supported org	-						check the box on	
		lines 12a through 12d that	* *					-		
а		Type I. A supporting orga	•	•		_				
		the supported organization			majority o	tne airec	tors or trustee	s of the su	apporting	
		organization. You must o						- (-)	4	
D		Type II. A supporting org	•				-	• • •	-	
		control or management o			ime perso	ns that cor	ntrol or manag	je tne supp	οοπεα	
		organization(s). You mus								
С		Type III functionally inte						y integrate	ed with,	
		its supported organization							-4:(-)	
d		Type III non-functionally						-		
		that is not functionally int	•	• ,	•		•	an attentiv	veness	
		requirement (see instructi	· ·	-				. 		
е		Check this box if the orga					Type I, Type I	i, Type iii		
		functionally integrated, or	* *	nally integrated supporting	ig organiz	ation.				
		r the number of supported o	•	d avaniation(a)						
9		ide the following information Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga		(v) Amount of	monetary	(vi) Amount of other	
	•	organization	. ,	(described on lines 1-10	in your governi Yes	No No	support (see in	structions)	support (see instructions)	
				above (see instructions))	100	140				

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	noted below, pied	oo oompioto i art i	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	, ,	, ,	, ,	, ,	, ,	
	membership fees received. (Do not						
	include any "unusual grants.")	6430066.	5902126.	6759235.	7070447.	6303320.	32465194.
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	6430066.	5902126.	6759235.	7070447.	6303320.	32465194.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						3629138.
	Public support. Subtract line 5 from line 4.						28836056.
Sec	ction B. Total Support				r	_	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	6430066.	5902126.	6759235.	7070447.	6303320.	32465194.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	656,206.	427,853.	227,586.	505,092.	569,503.	2386240.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on				91,650.		91,650.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	-8,595.	3,006.	-64,859.	<u>-127,714.</u>	<u>-226,985.</u>	-425,147.
11	Total support. Add lines 7 through 10						34517937.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	287,777.
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
_	organization, check this box and stor						
	ction C. Computation of Publi					Г I	02.54
	Public support percentage for 2021 (I					14	83.54 %
15	Public support percentage from 2020					15	79.62 %
16a	33 1/3% support test - 2021. If the o						. 37
	stop here. The organization qualifies		~				
b	33 1/3% support test - 2020. If the d						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact				•	VI how the organiz	zation
	meets the facts-and-circumstances te	-	•	• • •	-		
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets the				-		,
	organization meets the facts-and-circu						>
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	nd see instructions	s

Schedule A (Form 990) 2021

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	now, please comp	Diete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(-),	(2)	(3)====	(2,7=2=2	(3) = 3 = 3	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	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						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	(2) 20	12720.0	(4)20.0	(4), 2020	(0) = 0 = 1	(1)
k	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	 501(c)(3) organization	<u> </u> on,
							>
	ction C. Computation of Publi						
	Public support percentage for 2021 (li			column (f))		15	%
	Public support percentage from 2020					16	%
Se	ction D. Computation of Inves	tment Income	e Percentage				
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2021. If the	organization did r	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line 1	7 is not
k	more than 33 1/3%, check this box an 33 1/3% support tests - 2020. If the	-	-		• •		>
_	line 18 is not more than 33 1/3%, chec						
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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5с		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

132024 01-04-21

Sched	nedule A (Form 990) 2021 THE LIBRARY FOUND	ATION OF LOS ANGELES	95-436825	0 P	age 5
	art IV Supporting Organizations (continued)			- 10	age C
	1			Yes	No
11	Has the organization accepted a gift or contribution from any of the fo	ollowing persons?			
а	a A person who directly or indirectly controls, either alone or together w	rith persons described on lines 11b and			
	11c below, the governing body of a supported organization?		11a		
b	b A family member of a person described on line 11a above?		11b		
С	c A 35% controlled entity of a person described on line 11a or 11b about	/e? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.		11c		
Sect	ction B. Type I Supporting Organizations				
				Yes	No
	more supported organizations have the power to regularly appoint or directors, or trustees at all times during the tax year? If "No," describ				
	effectively operated, supervised, or controlled the organization's activi				
	organization, describe how the powers to appoint and/or remove offic				
	supported organizations and what conditions or restrictions, if any, ap		1		
	, , , , ,	• •			
	organization(s) that operated, supervised, or controlled the supporting	, ,			
	Part VI how providing such benefit carried out the purposes of the supporting argenting argenting.	oported organization(s) that operated,	2		
Sect	supervised, or controlled the supporting organization.				
	71 11 0 0			Yes	No
1	Were a majority of the organization's directors or trustees during the	ax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? /				
	or management of the supporting organization was vested in the same	,			
	the supported organization(s).	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1		
Sect	ction D. All Type III Supporting Organizations				
				Yes	No
1	Did the organization provide to each of its supported organizations, b	y the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and am	ount 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	• • • • • • • • • • • • • • • • • • • •	1		
	, , , , , , , , , , , , , , , , , , , ,				
	organization(s) or (ii) serving on the governing body of a supported or	ganization? If "No," explain in Part VI how	_		
	the organization maintained a close and continuous working relationsh		2		
3					
	significant voice in the organization's investment policies and in direct	*			
	income or assets at all times during the tax year? If "Yes," describe in	Part VI the role the organization's	3		
Sect	supported organizations played in this regard. ection E. Type III Functionally Integrated Supporting Organization	anizations			<u> </u>
1			structions).		
· a					
b					
С		•	ntity (see instruction	ns)	
2		non you cappointed a governmental c	(0000110010.	Yes	No
а	a 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 responsi				
	those supported organizations and explain how these activities din	•			
	how the organization was responsive to those supported organizations	• • • • • • • • • • • • • • • • • • • •			
	that these activities constituted substantially all of its activities.	-	2a		
b	b Did the activities described on line 2a, above, constitute activities that	t, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would har	e been engaged in? If "Yes." explain in			
		, - , - , - , - , - , - , - , - , - ,			

3 Parent of Supported Organizations. Answer lines 3a and 3b below.

these activities but for the organization's involvement.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990) 2021

За

Sche	edule A (Form 990) 2021 THE LIBRARY FOUNDATION (95-4366250 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	n Nov. 20, 1970 (<i>explain</i>	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must		•	
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		
	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		

Schedule A (Form 990) 2021

__ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

instructions)

Pai	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Sect	Section D - Distributions Current Year							
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1				
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported						
	organizations, in excess of income from activity			2				
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3				
_4	Amounts paid to acquire exempt-use assets			4				
_5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5				
_6	Other distributions (describe in Part VI). See instructions.			6				
7	Total annual distributions. Add lines 1 through 6.			7				
8	Distributions to attentive supported organizations to which the	ne organization is responsive						
	(provide details in Part VI). See instructions.			8				
9	Distributable amount for 2021 from Section C, line 6			9				
10	Line 8 amount divided by line 9 amount			10				
Sect	Section E - Distribution Allocations (see instructions) (i) Excess Distributions Underdistribution Pre-2021			ıs	(iii) Distributable Amount for 2021			
1	Distributable amount for 2021 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2021 (reason-							
	able cause required - explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2021							
a	From 2016							
b	From 2017							
c	From 2018							
d	From 2019							
е	From 2020							
f	Total of lines 3a through 3e							
g	Applied to underdistributions of prior years							
h	Applied to 2021 distributable amount							
i_	Carryover from 2016 not applied (see instructions)							
i_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2021 from Section D,							
	line 7: \$							
a	Applied to underdistributions of prior years							
h	Applied to 2021 distributable amount							

Schedule A (Form 990) 2021

c Remainder. Subtract lines 4a and 4b from line 4.
 5 Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2022. Add lines 3j

Part VI. See instructions.

and 4c.
 B Breakdown of line 7:
 a Excess from 2017
 b Excess from 2018
 c Excess from 2019
 d Excess from 2020
 e Excess from 2021

Schedule A (Form 990) 2021

Schedule B

Department of the Treasury Internal Revenue Service

(Form 990)

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Name of the organization

Employer identification number

THE LIBRARY FOUNDATION OF LOS ANGELES 95-4368250

Organization type (check one):

Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization						
	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						
• •	n is covered by the General Rule or a Special Rule. (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							
sections 509(a)(contributor, duri	ion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one ng 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; EZ, line 1. Complete Parts I and II.						
contributor, duri	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
year, contributio is checked, ente purpose. Don't o	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), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).							

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

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	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 200,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 498,912.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 580,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ 200,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 200,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ <u>1,500,000</u> .	Person X Payroll

Schedule B (Form 990) (2021)

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 addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$	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
			Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			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	Il if additional space is needed.	3 4300230
(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
		 \$	
3453 11-11	-21		Schedule B (Form 990) (202

Schedule B (Form 990) (2021) Name of organization **Employer identification number** THE LIBRARY FOUNDATION OF LOS ANGELES 95-4368250 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. 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 (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 B (Form 990) (2021) 123454 11-11-21

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

Inspection

Name of the organization

THE LIBRARY FOUNDATION OF LOS ANGELES

Employer identification number 95-4368250

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		s or Accounts. Complete if the
		(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 w	riting that the assets held in donor adv	ised funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ac		
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	e conferring
Pai	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990	, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recreat	ion 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 qualification	ed conservation contribution in the forr	n 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			a.
С	Number of conservation easements on a certified historic stru		
	Number of conservation easements included in (c) acquired at		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		
	year▶		
4	Number of states where property subject to conservation ease	ement is located	_
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, handling o	f
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing co	nservation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing conserv	ation easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footnote	ote to the organization's financial stater	nents that describes the
	organization's accounting for conservation easements.		
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in	furtherance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these ite	ms.
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue statement and	I balance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in fur	therance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
			. .
2	If the organization received or held works of art, historical trea		
	the following amounts required to be reported under FASB AS		
а	Revenue included on Form 990, Part VIII, line 1	_	
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2021

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Schedule D (Form 990) 2021

	FOUNDATION OF	LOS ANGELES	95-4366250 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other (A) FEDERAL MORTGAGE NOTES	152,438.	COST	
(B) HEDGE FUND STRATEGIES	5,130,792.	COST	
(C)	3,130,7320	0001	
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	5,283,230.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total (Col. (b) must equal Form 000, Part V. col. (P.) line 12.)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1d. See Form 990. Part X. line 15.	
	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 Part X Other Liabilities.	15.)		▶
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, I	ine 25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line			>
2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footnote to t	the organization's financial statem	
organization's liability for uncertain tax positions under l	FASB ASC 740. Check her	re if the text of the footnote has be	een provided in Part XIII X

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021

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

RELEVANT TAX AUTHORITY WOULD MORE LIKELY THAN NOT SUSTAIN THE POSITION

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

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

Employer identification number

THE LIB	RARY FOUNDATION OF	LOS	A1	NGELES	95-4368	250		
Part I Fundraising Activities.	Complete if the organization answer	red "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not		
required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations e Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.								
(i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Did fundraiser have custody or control of contributions? (iv) Gross receipts from activity (v) Amount paid to (or retained by) fundraiser listed in col. (i)								
		Yes	No					
Fotal								
3 List all states in which the organizatio or licensing.	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is exempt from re	gistration		

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

Schedule G (Form 990) 2021

Schedule G	(Form 990) 2021	THE	LIBKAKA	FOUNDATION	OF. L	OS ANGEL	<u>ES 95-4368250</u>	Page 2
Part II	Fundraising Events.	Comple	te if the organiz	ation answered "Yes"	on Form	990, Part IV, lin	e 18, or reported more than \$15	5,000
							with arose receipts areater than	

		of fundraising event contributions and gro	oss income on Form 990-	EZ, lines 1 and 6b. List e	events with gross receipt	ts greater than \$5,000.
				(b) Event #2 STAY HOME	(c) Other events NONE	(d) Total events (add col. (a) through
			LITERATI TOA			col. (c))
ē			(event type)	(event type)	(total number)	. "
Revenue	1	Gross receipts	203,053.	177,922.		380,975.
	2	Less: Contributions	87,437.	161,733.		249,170.
	3	Gross income (line 1 minus line 2)	115,616.	16,189.		131,805.
	4	Cash prizes				
"	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Jirect E	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses		16,189.		131,805.
	10	Direct expense summary. Add lines 4 through	9 in column (d)		>	131,805.
_		Net income summary. Subtract line 10 from li)	0.
Pa	ırt I		answered "Yes" on Form	990, Part IV, line 19, or r	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	T	I		1
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Вè		Grace revenue				
_	Ė	Gross revenue				
ses	2	Cash prizes				
Expen	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	_	1	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
_	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<u> </u>	
•	En	ter the state(s) in which the organization condu	uoto gamina activitios:			
		the organization licensed to conduct gaming ac				Yes No
		No," explain:				1e3 NO
	_					
		ere any of the organization's gaming licenses re			/ear?	Yes No
b	lf "	Yes," explain:				
	_					

Schedule G (Form 990) 2021 132082 10-21-21

Sch	edule G (Form 990) 2021 THE LIBRARY FOUNDATION OF LOS ANGELES 95-4	<u>:36825</u>	0 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:		
	The organization's facility	13a	%
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	100	70
17	Title the flame and address of the person who prepares the organization's gaming/special events books and records.		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party \$\bigs\\$		
С	If "Yes," enter name and address of the third party:		
	Name		
	Address >		
16	Gaming manager information:		
	Name		
	Coming manager companyation		
	Gaming manager compensation \$		
	Description of convices provided		
	Description of services provided		
	-		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	└── No
b	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	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Par	t III, lines 9	, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
			_
			_

Schedule G	(Form 990)	THE	LIBRARY	FOUNDATION	OF	LOS	ANGELES	95-4368250	Page 4
Part IV	(Form 990) Supplemental Inform	mation	(continued)						
			(continued)						
-									
-									
-									
									

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.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

Department of the Treasury

Employer identification number THE LIBRARY FOUNDATION OF LOS ANGELES 95-4368250 Part I Questions Regarding Compensation

			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	Х	
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			
	X Independent compensation consultant X Compensation survey or study			
	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		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X X 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
	Any related organization?	5b		Х
	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) 2021

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-MISC and/or 1099-NEC compensation	2 and/or 1099-MISC compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) KENNETH BRECHER PRESIDENT THRI 8/2021	(i)	236,024.	185,000.	0	8,089.	23,771.	452,884.	0
(2) MELANIE BURZYNSKI	E	258,750.	35,000.	0	9,473.	10,351.	313,574.	0
SVP ADVANCEMENT SERVICES	(ii)	•	0	0.	0	0	•	• 0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	Ξ							
	(ii)							
							Schedu	Schedule J (Form 990) 2021

Schedule J (Form 990) 2021

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

▶ 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.

Inspection Employer identification number

	THE LIBRARY	FOUNDA'	TION OF LO	OS ANGELES		95-43	682	250	
Pai	t I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) lethod of dete ash contributio		_	3
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications	Х		5,100.	FMV				
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	X	8	59,198.	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 (<u> </u>		<u> </u>					
29	Number of Forms 8283 received by the organization was labeled from 8283	_	•						
	for which the organization completed Form 82	83, Part V, D	onee Acknowleag	ement 29				V	N ₂
20-	Diving the year did the examination receive by	, contribution	n any nyanasty yan	orted in Dort Librar 1 through	sh OO that	:.		Yes	No
30a	During the year, did the organization receive by must hold for at least three years from the date	•	,, , , ,	,	, ,	"			
	•		,	•		-	200		X
h	exempt purposes for the entire holding period? If "Yes," describe the arrangement in Part II.						80a		$\stackrel{\Lambda}{=}$
	Does the organization have a gift acceptance p	oolicy that re	acuires the review	of any nonetandard contribu	tione?	<u> </u>	24	Х	
31	Does the organization have a gift acceptance plane by Does the organization hire or use third parties	•	•	•			31	77	
SZd	contributions?		•	• •		3	32a		Х
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in c	olumn (c) foi	a type of property	for which column (a) is che	cked,				
	describe in Part II.								
LHA	For Paperwork Reduction Act Notice, see	the Instruct	tions for Form 990).	:	Schedule M (Form	1 990)	2021

Schedule M (Form 990) 2021

Schedule M (Form 990) 2021

132142 11-17-21

SCHEDULE 0 (Form 990)

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 Form 990-EZ. ► Go to www.irs.gov/Form990 for 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

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: PATRONS USE COMPUTERS TO FIND INFORMATION AND COMPLETE TASKS. THE FOUNDATION SUPPORTS LAPL'S EFFORTS TO ADDRESS DIGITAL EQUITY CITYWIDE BY CIRCULATING HIGH-SPEED MOBILE HOTSPOTS AND LAPTOPS AT NO COST TO THOSE WHO NEED DIGITAL ACCESS. ALSO, LAPL'S FULL STEAM AHEAD INITIATIVE PROMOTES SCIENCE LITERACY BY OFFERING CHILDREN, ADULTS AND FAMILIES WITH ACTIVITIES TO INSPIRE THEIR CREATIVITY, EXPLORE NEIGHBORHOOD SCIENCE, AND PROBLEM SOLVE.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: COMMUNITY GROUPS, THIS EXHIBITION EXAMINED THE THINGS THAT BRING PEOPLE TOGETHER AND CELEBRATED THE ROLE OF THE PUBLIC LIBRARY AS A SAFE SPACE THE FOUNDATION ALSO SUPPORTS DIGITIZATION OF CONNECTION FOR ALL. PROJECTS AT LAPL THAT ARCHIVE AND PRESERVE COLLECTIONS OF PHOTOS. AND OTHER ITEMS SO THAT THEY CAN BE ACCESSED ONLINE BY MAPS, EPHEMERA, RESEARCHERS, STUDENTS, AND ANY OTHER CURIOUS MINDS. FINALLY, THEFOUNDATION HELPS LAPL DEVELOP NEW SPACES TO HELP L.A. RESIDENTS MAKE AND CREATE USING STATE-OF-THE-ART MODELING AND FABRICATION TOOLS AND AUDIO/VISUAL RECORDING EQUIPMENT IN AREAS LIKE THE OCTAVIA LAB AT THE DOWNTOWN CENTRAL LIBRARY.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: INFORMATION AND RESOURCES TO NEW AND EXPECTANT PARENTS ON THE IMPORTANCE OF LITERACY FROM BIRTH. THE FOUNDATION SUPPORTS SCHOOL-AGE YOUTH IN MULTIPLE WAYS, INCLUDING HELPING LAPL DELIVER EXPERT ONLINE PRIVATE TUTORING TO ALL K-12 YOUTH WITH A LIBRARY CARD BETWEEN 11 AM

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page **2**

THE LIBRARY FOUNDATION OF LOS ANGELES

THE LIBRARY FOUNDATION OF LOS ANGELES

AND 11 PM, DAILY, STUDENT ZONES THAT PROVIDE DEDICATED AND DIRECT

ACCESS TO COMPUTERS AND IN-PERSON HOMEWORK AT 38 LOCAL LIBRARIES IN

LOW-INCOME COMMUNITIES, AND COLLEGE-PREP SERVICES TO HELP YOUTH AND

FAMILIES PREPARE FOR COLLEGE. THE TEENS LEADING CHANGE PROGRAM

PROVIDES LFLA-FUNDED MINI-GRANTS TO GROUPS OF YOUTH AND LIBRARIANS TO

RESEARCH AND PILOT STRATEGIES TO ADDRESS SOCIAL ISSUES IN THEIR

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

COMMUNITIES.

DESCRIBE THE PROCESS THE ORGANIZATION USES TO REVIEW FORM 990.

THE FORM 990 IS PREPARED BY AN EXTERNAL ACCOUNTING FIRM UNDER THE GUIDANCE
FROM THE CHIEF FINANCIAL OFFICER (CFO). IT WAS REVIEWED FOR ACCURACY AND
COMPLETENESS BY THE CFO AND BOARD MEMBERS, DELEGATE. A COMPLETE COPY OF THE
FORM 990 IS PROVIDED TO ALL THE BOARD MEMBERS OF THE GOVERNING BODY PRIOR
TO FILING WITH THE INTERNAL REVENUE SERVICE.

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

DESCRIBE HOW THE ORGANIZATION MONITORS AND ENFORCES COMPLIANCE WITH ITS
CONFLICT OF INTEREST POLICY.

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 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 2021.

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page 2

Name of the organization Employer identification number

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

DESCRIBE THE PROCESS USED TO DETERMINE COMPENSATION OF THE ORGANIZATION'S OFFICERS AND EMPLOYEES.

THE LIBRARY FOUNDATION OF LOS ANGELES

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.

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

REQUEST AT THE MAIN OFFICE OF THE ORGANIZATION.

DESCRIBE HOW THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC.

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

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 STATEMENT

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

Schedule O (Form 990) 2021

95-4368250

Schedule O (Form 990) 2021

Employer identification number Name of the organization THE LIBRARY FOUNDATION OF LOS ANGELES 95-4368250

AND ARE CHARGED ACCORDINGLY.

FORM 990, PART I, LINE 8; PART VIII, LINE 1F; PART X, LINE 3:

2022 ADDITIONAL ENDOWED GIFTS:

DURING THE YEAR ENDED JUNE 30, 2022, THE LIBRARY FOUNDATION OF LOS ANGELES RECEIVED A PAYMENT, FULFILLING A PLEDGE, OF \$1,000,000 FOR THE LIBRARY FELLOWSHIP PROGRAM ENDOWMENT FOR A TOTAL OF \$2,000,000. THIS ENDOWED FUND WAS ESTABLISHED FOR THE PURPOSE OF SUPPORTING CREATOR IN RESIDENCE PROGRAM AT THE LAPL.

DURING THE YEAR ENDED JUNE 30, 2022, THE LIBRARY FOUNDATION OF LOS ANGELES RECEIVED AN ADDITIONAL GIFT OF \$12,200 FOR THE LYNN STRASBURG MILLER ENDOWED FUND FOR A TOTAL OF \$126,200. THIS ENDOWMENT WAS ESTABLISHED FOR THE PURPOSE OF SUPPORTING THE LOS ANGELES PUBLIC LIBRARY'S STUDENT ZONES PROGRAM.

DURING THE YEAR ENDED JUNE 30, 2022, THE LIBRARY FOUNDATION OF LOS ANGELES RECEIVED A PAYMENT, FOR A PLEDGE, OF \$5,000 FOR THE ROSALIND AND LAMAR SEPULVEDA ENDOWMENT FOR A TOTAL OF \$10,130.76. THIS ENDOWMENT WAS ESTABLISHED FOR THE PURPOSE OF SUPPORTING LAPL'S ADULT LITERACY AND LIFELONG LEARNING PROGRAMS.

DURING THE YEAR ENDED JUNE 30, 2022, THE LIBRARY FOUNDATION OF LOS ANGELES RECEIVED A PAYMENT, FOR A PLEDGE, OF \$25,000 FOR THE GAJIN AND ANGELA FUJITA ENDOWMENT FOR A TOTAL OF \$30,000. THIS ENDOWMENT WAS ESTABLISHED FOR THE PURPOSE OF SUPPORTING LAPL'S FULL STEAM AHEAD PROGRAMS ALL OF THESE GIFTS ARE PERMANENTLY RESTRICTED AND ONLY EARNINGS FROM THESE FUNDS ARE DESIGNATED TO SUPPORT THESE PROGRAMS.

Schedule O (Form 990) 2021 Page 2

Name of the organization
THE LIBRARY FOUNDATION OF LOS ANGELES

Employer identification number
95-4368250

2022 ADDITIONAL BOARD DESIGNATED ENDOWED GIFTS:

DURING THE YEAR ENDED JUNE 30, 2022, THE LIBRARY FOUNDATION OF LOS

ANGELES RECEIVED AN ADDITIONAL GIFT OF \$18,199.47 FROM THE ESTATE OF

LAUREN BRYANT TO THE BOARD DESIGNATED COUNCIL OF THE LIBRARY FOUNDATION

FOR CHILDREN'S COLLECTIONS FUND. THIS ENDOWMENT WAS ESTABLISHED FOR THE

PURPOSE OF PURCHASING CHILDREN'S CONTENT IN ALL FORMATS.

2022 NEW ENDOWED BEQUESTS:

DURING THE YEAR ENDED JUNE 30, 2022, THE LIBRARY FOUNDATION OF LOS

ANGELES RECEIVED A BEQUEST OF \$1,500,000 TO ESTABLISH THREE NEW QUASI

ENDOWMENTS FROM JACK G. WALDRON. THE FUNDS ARE SPLIT INTO THREE

SEPARATE ENDOWMENTS. THE JON DAVID WALDRON FUND TOTALING \$750,000 TO

BENEFIT THE VENICE BRANCH OF THE LAPL THROUGH THE PURCHASE OF

PUBLICATIONS OR PROGRAMMING. THE JACK G. WALDRON FUND TOTALING \$375,000

FOR THE PURPOSE OF ESTABLISHING YOUTH AND YOUNG ADULT OUTREACH PROGAMS

OR TO ACQUIRE PUBLICATIONS. A SECOND JACK G. WALDRON FUND TOTALING

\$375,000 WHICH IS FULLY UNRESTRICTED AND IS TO BE USED FOR GENERAL

EXPENDITURES FOR THE LFLA.

THE FIRST TWO FUNDS ARE QUASI ENDWOMENTS. AS SUCH THE FUNDS ARE

TEMPORARILY RESTRICTED AND AFTER A PERIOD OF THREE YEARS CAN BE FULLY

SPENT DOWN.

ADDITIONAL 2022 BEQUESTS:

DURING THE YEAR ENDED JUNE 30, 2022, THE LIBRARY FOUNDATION OF LOS

ANGELES RECEIVED A PAYMENT FULFILLING A PLEDGED BEQUEST, FOR \$375,000,

FROM THE ESTATE OF BARBARA TOOHEY FOR THE PURPOSE OF SUPPORTING THE

<u>Schedule O (Form 990) 2021</u> Page **2**

Name of the organization
THE LIBRARY FOUNDATION OF LOS ANGELES

Employer identification number
95-4368250

ORGANIZATION.

DURING THE YEAR ENDED JUNE 30, 2022, THE LIBRARY FOUNDATION OF LOS

ANGELES RECEIVED A PLEDGED BEQUEST, FOR \$10,000, FROM THE ESTATE OF

GABRIELLE DAVIS. THE GIFT IS FOR THE PURPOSE OF SUPPORTING THE

ORGANIZATION.

DURING THE YEAR ENDED JUNE 30, 2022, THE LIBRARY FOUNDATION OF LOS

ANGELES RECEIVED A PLEDGED BEQUEST, FOR \$100,000, FROM THE ESTATE OF

JOHN L. APOSTOLOU. THE GIFT IS FOR THE PURPOSE OF SUPPORTING THE

LIBRARY COLLECTIONS.

DURING THE YEAR ENDED JUNE 30, 2022, THE LIBRARY FOUNDATION OF LOS

ANGELES RECEIVED A BEQUEST TOTALING \$1,000 FROM THE ESTATE OF MARY

LOUISE GURLEY.

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. STORE SALES SUPPORT THE FOUNDATION. FOOT TRAFFIC IN THE

STORE HAS BEEN IMPACTED BY OFFICE CLOSURES IN THE SURROUNDING AREA AND

CONTINUES TO IMPACT SALES. THE STORE IS WORKING ON A VARIETY OF

RESPONSES TO MITIGATE THE DECLINE IN FOOT TRAFFIC INCLUDING BUILDING

ITS CUSTOMER MARKETING LIST, BUILDING UP ITS ONLINE PRESENCE, SENDING

WEEKLY EMAILS AND MAINTAINING A REGULAR PRESENCE ON SOCIAL MEDIA. THE

STORE WORKS WITH THE LIBRARY'S PR DEPARTMENT TO HEIGHTEN VISIBILITY

Schedule O (Form 990) 2021

<u>Schedule O (Form 990) 2021</u> Page **2**

Name of the organization

THE LIBRARY FOUNDATION OF LOS ANGELES

Employer identification number 95-4368250

AMONG LAPL CONSTITUENTS VIA THE LAPL WEBSITE AND SOCIAL MEDIA

PLATFORMS. ADDITIONALLY, THE STORE WORKS WITH THE LIBRARY TO PROMOTE

SHOPPING TO ALL L.A. CITY EMPLOYEES TWICE YEARLY. IN ADDITION TO IN

FOUNDATION AND LAPL PROGRAMMING. IN DECEMBER 2022, THE STORE PARTNERED

WITH SILVERSTEIN PROPERTIES TO CREATE A "GALLERY" SPACE WITH

STORE AND ONLINE SALES, THE STORE PROCURES AND SELLS BOOKS FOR

MERCHANDISE PROVIDED BY THE STORE FOR PURCHASING ONLINE. THE LIBRARY

STORE IS WORKING TO EXPAND THE PRODUCTION OF BRANDED CUSTOM MERCHANDISE

AND CONTINUES TO OFFER MERCHANDISE RELATED TO LAPL, LOS ANGELES AND

READING AND WRITING.

FORM 990, PART VIII, LINE 1E - PPP LOAN FORGIVENESS AND ERC INCOME:

PPP LOAN FORGIVENESS:

IN JANUARY 2021, THE SBA ANNOUNCED A SECOND DRAW OF PPP LOANS FOR

ELIGIBLE ENTITIES. IN APRIL 2021, THE FOUNDATION WAS APPROVED TO

RECEIVE \$498,912 OF PPP FUNDS. 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 NONPAYROLL COSTS (PROVIDED ANY

NONPAYROLL 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 COMPLIED WITH THE ABOVE TERMS TO

QUALIFY FOR FULL LOAN FORGIVENESS. IN APRIL 2022, THE LIBRARY RECEIVED

NOTIFICATION THE LOAN WAS FORGIVEN AND RECOGNIZED PPP LOAN FORGIVENESS

INCOME OF \$498,912 ON THE ACCOMPANYING STATEMENT OF ACTIVITIES FOR THE

ERC:

THE EMPLOYEE RETENTION CREDIT (ERC) WAS ENACTED IN MARCH 2020 BY THE

YEAR ENDED JUNE 30, 2022.

<u>Schedule O (Form 990) 2021</u> Page **2**

Name of the organization **Employer identification number** THE LIBRARY FOUNDATION OF LOS ANGELES 95-4368250 CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY ACT (CARES ACT) AND AMENDED IN DECEMBER 2020, BY THE TAXPAYER CERTAINTY AND DISASTER TAX RELIEF ACT (TCDTR ACT). THE ERC IS A REFUNDABLE TAX CREDIT AGAINST CERTAIN EMPLOYMENT TAXES EQUAL TO 50% OF THE QUALIFIED WAGES AN ELIGIBLE EMPLOYER PAID TO EMPLOYEES IN CALENDAR YEAR 2020 (BETWEEN MARCH 2020 AND BEFORE JANUARY 2021) AND 70% OF THE QUALIFIED WAGES IN CALENDAR YEAR 2021. DURING THE YEAR ENDED JUNE 30, 2022, THE FOUNDATION RECOGNIZED \$580,000 OF REFUNDABLE EMPLOYEE RETENTION CREDITS CLAIMED UNDER PROVISIONS OF THE CARES ACT AND TCDTR ACT ON THE ACCOMPANYING STATEMENT OF ACTIVITIES. AS OF JUNE 30, 2022, THE ORGANIZATION HAS COLLECTED \$145,865 AND HAS RECOGNIZED A RECEIVABLE OF \$434,135 ON THE ACCOMPANYING STATEMENT OF FINANCIAL POSITION. FORM 990, PART VIII, LINE 10B: COST OF GOODS SOLD INCLUDES ALL COSTS OF OPERATING THE LIBRARY STORE. FORM 990, PART IX, LINE 11G, OTHER FEES: OTHER MANAGEMENT FEES: PROGRAM SERVICE EXPENSES 1,299,249. MANAGEMENT AND GENERAL EXPENSES 421,503. FUNDRAISING EXPENSES 12,000. 1,732,752. TOTAL EXPENSES TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 1,732,752. 990, PART IX, LINE 12: MARKETING AND PROMOTIONAL COSTS OF \$ 67,701 INCLUDE ADVERTISING AND

Schedule O (Form 990) 2021	Page 2
Name of the organization THE LIBRARY FOUNDATION OF LOS ANGELES	Employer identification number 95-4368250
COLLATERAL MATERIALS FOR PROGRAMS OFFERED TO THE PUBLIC SU	CH AS
SIGNAGE, POSTERS, FLYERS, BOOKMARKS, BROCHURES, BOOK BAGS,	AND GAME
BOARDS, DISTRIBUTED THROUGH SCHOOLS, COMMUNITY ORGANIZATIO	NS, AND
BRANCH LIBRARIES.	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Part I

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

2021

OMB No. 1545-0047

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

▶ Attach to Form 990.

Open to Public Inspection

Employer identification number 95-4368250

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. THE LIBRARY FOUNDATION OF LOS ANGELES Name of the organization

Direct controlling Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. End-of-year assets Total income € Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Part II

	Section 512(b)(13) controlled	ty?	No						
6)	Section 5 contro	enti	Yes						
(L)	Direct controlling	entity							
(e)	Public charity	status (if section	501(c)(3))						
(p)	(I)	section							
(၁)	Legal domicile (state or	foreign country)							
(q)	Primary activity								
(a)	Name, address, and EIN	of related organization							

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

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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. Part III

(k)	General or Percentage managing ownership partner?									
(!)	seneral or nanaging partner?	Yes No								
(i)	Code V-UBI Gamount in box m	K-1 (Form 1065)								
(h)	Disproportionate allocations?	No								
)	Disprop alloca	Yes								
(6)	Share of end-of-year	doodlo								
(f)	Share of total income									
(e)	Predominant income (related, unrelated, excluded from tax under	sections 512-514)								
(p)	Direct controlling entity									
(c)	Legal domicile (state or	roreign country)								
(q)	Primary activity									
(a)	Name, address, and EIN of related organization									

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. Part IV

(a)	(q)	(၁)	(p)	(e)	(t)	(6)	(F)	Ξ	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Δ <u>ο</u>	Share	Share of end-of-year	ge	Section 512(b)(13) controlled entity?	<u>-</u> Θ₽.
		country)		or trusty		dssets		Yes	οN
CHARITABLE REMAINDER UNITRUSTS (2)		CA		TRUST				^	×

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

Note: Complete line 1 if any entity is listed in Parts or \/ of this schadule				× × ×	Q.
Note: Complete line 1 if any entity is based in 1 a to it, iii, or it or it is sortedue. 1 During the tax year, did the organization engage in any of the following transactions	s with one or more re	e. transactions with one or more related organizations listed in Parts II-IV?	in Parts II-IV?	D	
				1a	×
b Gift, grant, or capital contribution to related organization(s)				9	×
				2	×
				7	×
				2 4	×
				שַ	1
f Dividends from related organization(s)				=	×
a Sale of assets to related organization(s)				10	×
Purchase of assets from related organization(s)				£	×
				÷	×
i Lease of facilities, equipment, or other assets to related organization(s)				=	×
k Lease of facilities, equipment, or other assets from related organization(s)				¥	×
l Performance of services or membership or fundraising solicitations for related organization(s)	nization(s)			=	×
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			±	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			두	×
o Sharing of paid employees with related organization(s)				9	×
p Reimbursement paid to related organization(s) for expenses				1p	×
				19	×
r Other transfer of cash or property to related organization(s)				11	×
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 w	ho must complete th	is line, including covered r	nation on who must complete this line, including covered relationships and transaction thresholds.		
(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount involved	volved	
	type (a-s)				
(1)					
6					
(3)					
(4)					
(5)					
ופי					
132163 11-17-21			Schedule	Schedule R (Form 990) 2021	30) 2021

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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.

(k) Percentage ownership					Schedule R (Form 990) 2021
(j) neral or naging irtner?					Form
Gene Gene part	3				B (F
(h)					Scheduk
(h) Disproportionate allocations?	2				
(g) Share of end-of-year assets					
(f) Share of total income					
(e) Are all partners sec. 501(c)(3) orgs.? Yes No					
(d) Predominant income prelated, unrelated, excluded from tax undersections 512-514)					
(c) Legal domicile (state or foreign country)					
(b) Primary activity					
(a) Name, address, and EIN of entity					