Department of the Treasury

PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 Open to Public

2023 A For the 2022 calendar year, or tax year beginning JUL 1, 2022 and ending JUN Check if applicable: C Name of organization 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 213-228-7500 12,365,167. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return 90071 LOS ANGELES, CA 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? Yes Tax-exempt status: X 501(c)(3) 527 501(c) ((insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.LFLA.ORG J Website: H(c) Group exemption number K Form of organization: X Corporation Trust Association Other 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. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 44 3 Number of voting members of the governing body (Part VI, line 1a) 44 Number of independent voting members of the governing body (Part VI, line 1b) 4 50 Total number of individuals employed in calendar year 2022 (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 0. 7h **Prior Year Current Year** 6,303,320. 7,658,505. 8 Contributions and grants (Part VIII, line 1h) Revenue 0. 0. 9 Program service revenue (Part VIII, line 2g) 1,557,903. 1,119,507. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) -226,985. -269,20111 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 7,634,238. 8,508,811 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 3,368,015. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 3,311,833. 15 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 4,476,399. 5,284,815. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 7,844,414. 8,596,648. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -210,176. -87,837.Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 59,949,612. 62,273,934. Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 296,991 430,885 652,621 843,049 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 AND CEO Here Type or print name and title Date PTIN Preparer's signature Print/Type preparer's name 05/13/24 P01654760 AARON PHILLIPS AARON PHILLIPS Paid self-employed WINDES, Firm's EIN 95-3001179Firm's name INC. 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

Form 990 (2022)

) (Revenue \$

including grants of \$

4,863,901.

Total program service expenses

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

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
·	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	۳		
'		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?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
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		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u></u>
.0		18	Х	
10	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10	-22	\vdash
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 (2022) THE LIBRARY FOUNDA Part IV Checklist of Required Schedules (continued)

	· · · · · · · · · · · · · · · · · · ·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
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			37
	Schedule K. If "No," go to line 25a	24a		_X_
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
Ч	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			_
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			37
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		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): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а		28a		х
h	"Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		_X_
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			7.7
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		_X_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34	Х	
35a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
	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?			
Da	Note: All Form 990 filers are required to complete Schedule O **T V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
Pai	Check if Schedule O contains a response or note to any line in this Part V			
	Oneon il Solieudie O contains a response di fiote to any ille in this Fart V		Yes	No
19	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		169	140
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
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| 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 50			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
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		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u> </u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u>X</u>
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		<u>X</u>
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	
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			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u>X</u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	3T /	<u>X</u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	-
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	A
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
^	sponsoring organization have excess business holdings at any time during the year? N/A	8		
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? N/A	0-		
a		9a 9b		
b 10		90		
	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	N/A			
	Gross income from members or snareholders			
	amounts due or received from them.)			
12a	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.			
	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	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		X
	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		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person 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.			

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	44			
	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	44			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	ny other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direct	supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or approximately appr	point o	one or			
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	tockho	ders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the	following:			
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	t 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 Re	venue	Code.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y befor	e filing the form?	11a	Х	<u> </u>
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 conf	licts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? $H = 1$	es," d	escribe			
	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 approva		dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
	The organization's CEO, Executive Director, or top management official			15a	X	<u> </u>
b	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent w	th a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nization	's			
_	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	T (section 501(c)(3):	s only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request Other (explain					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict c	f interest policy, and	d finan	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks and	l records			
	STACY LIEBERMAN, PRESIDENT AND CEO - 213-292-6255					
	630 W. FIFTH STREET, LOS ANGELES, CA 90071					

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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 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** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)	J. ya	∠a	((C)		Juli	(D)	(E)	(F)
Name and title	Average			Pos heck	more	than o		Reportable	Reportable	Estimated
	hours per week			ss per nd a d				compensation from	compensation from related	amount of other
	(list any	ctor						the	organizations	compensation
	hours for	trustee or director				ted		organization	(W-2/1099-MISC/	from the
	related	stee o	ruste		au au	pensa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al tru	onal t		ploye	com		1099-NEC)		and related
	below line)	Individual t	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MELANIE BURZYNSKI	60.00	_	=	0	~	工业	ш.			
SVP ADVANCEMENT				x				281,940.	0.	22,222.
(2) JULIE TUGEND	60.00									-
INTERIM CEO (THRU 06/2022)							Х	202,965.	0.	7,729.
(3) SHAWN RUBIN	60.00									
CHIEF FINANCIAL & OPERATING OFFICER				X				192,145.	0.	18,307.
(4) STACY LIEBERMAN	60.00									
PRESIDENT AND CEO				X				173,718.	0.	4,181.
(5) JESSICA STRAND	60.00								_	
DIRECTOR OF PUBLIC PROGRAMS						X		132,669.	0.	18,337.
(6) DEBRA ALBIN-RILEY	6.00									
CHAIR	1	Х		X				0.	0.	0.
(7) KAREN STEVENSON	4.00			l						
VICE-CHAIR	1 00	Х		X		_		0.	0.	0.
(8) DAVID ROSENBLUM	1.00	,,		,,					0	
TREASURER	2 00	Х		X				0.	0.	0.
(9) KIM SONNENBLICK	3.00	٠,		٦,					0	_
(10) ROBERT ALVARADO	1.00	Х		Х				0.	0.	0.
DIRECTOR	1.00	Х						0.	0.	0.
(11) BETSY APPLEBAUM	1.00	^						0.	0.	· ·
DIRECTOR	1.00	Х						0.	0.	0.
(12) DEBI BISHTON	1.00	22						•	0.	•
DIRECTOR	1100	х						0.	0.	0.
(13) JENNIFER CHU	1.00								0.1	
DIRECTOR		х						0.	0.	0.
(14) BICH NGOC CAO	1.00									
DIRECTOR		х						0.	0.	0.
(15) CARLA CHRISTOFFERSON	1.00									
DIRECTOR		Х						0.	0.	0.
(16) THOMAS CRAHAN	1.00									
DIRECTOR		Х						0.	0.	0.
(17) NANCY DEBRIER	1.00									
DIRECTOR		Х						0.	0.	0.
232007 12-13-22										Form 990 (2022)

232007 12-13-22

	ARY FOUN	1DE	7.T. T	NO	l C) F.	ЦÜ	S ANGELES	95-4368	∠50 Page o
Part VII Section A. Officers, Directors, Trus	stees, Key Em	ploy	ees,	and	j Hi	ghes	t C	ompensated Employee	s (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do		Pos		າ than d	nne	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		cer an	ia a a	irecto	r/trus	tee)	from	from related	other
	(list any hours for	recto						the ·	organizations	compensation
	related	or di	99			sated		organization	(W-2/1099-MISC/	from the
	organizations	rustee	trust		99	npens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional	١.	yoldı	st con	_	1099-NEO)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(18) SUNITA DESHMUKH	1.00									
DIRECTOR		Х						0.	0.	0.
(19) SANDY DUNLEAVY	1.00									
DIRECTOR		Х						0.	0.	0.
(20) KATHRYN EIDMANN	1.00									
DIRECTOR		Х						0.	0.	0.
(21) AMANDA FAIREY	1.00									
DIRECTOR		Х						0.	0.	0.
(22) GINNIFER GOODWIN	1.00									
DIRECTOR		Х						0.	0.	0.
(23) SAMANTHA HANKS	1.00									
DIRECTOR		Х						0.	0.	0.
(24) DEAN HANSELL	1.00									
DIRECTOR		Х						0.	0.	0.
(25) THOMAS HECK	1.00									
DIRECTOR		Х						0.	0.	0.
(26) MICHAEL TM JONES	1.00									
DIRECTOR		Х						0.	0.	0.
1b Subtotal								983,437.	0.	70,776.
c Total from continuation sheets to Part V								0.	0.	0.
d Total (add lines 1b and 1c)								983,437.	0.	70,776.
2 Total number of individuals (including but a	not limited to th	000	lieta	d ah	OVE) wh	Λ rΔ	caived more than \$100	000 of reportable	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

			Yes	No
3	Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3	X	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization			
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	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 "Ves." complete Schedule, I for such person	5		<u> </u>

Section B. Independent Contractors

1 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 90010	SERVICES	612,932.
TUTOR.COM, INC	ONLINE TUTORING	
PO BOX 70403, PHILADELPHIA , PA 19176	SUBSCRIPTION AND SER	363,000.
IPROMOTEU.COM INC	PROMOTIONAL ITEMS	
DEPT LA 23232, PASADENA, CA 91185	FOR PUBLIC DISTRIBUT	297,850.
POWERMYLEARNING, INC, 228 PARK AVE SOUTH	ONLINE HOMEWORK HELP	
PMB 16373, NEW YORK, NY 10003	SERVICES	294,422.
BONHAMS & BUTTERFIELDS AUCTIONEERS		
580 MADISON AVE, NEW YORK, NY 10022	AUCTIONEERS	144,015.
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** (2022)

6

	ARY FOUN	אַעו	7.T. T	OM	U	F.	$\Gamma\Omega$	S ANGELES	95-436	8250
Part VII Section A. Officers, Directors, Tru	stees, Key Er	nplo	yee	s, ar	nd H	lighe	est (Compensated Employe	ees (continued)	
(A)	(B)			(C	C)			(D)	(E)	(F)
Name and title	Average			Posi				Reportable	Reportable	Estimated
	hours	(cl	neck	all t	hat	app	ly)	compensation	compensation	amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensatior from the organization and related organizations
(27) PATRICIA KAO	1.00									
DIRECTOR		Х						0.	0.	0
(28) MICHAEL KEEGAN	1.00									
DIRECTOR		Х						0.	0.	0
(29) HELEN KIM	1.00									
DIRECTOR		Х						0.	0.	0
(30) NANCY KOVEN	1.00									
DIRECTOR		Х						0.	0.	0
(31) SANDRA KULLI	1.00									
DIRECTOR		Х						0.	0.	0
(32) SARAH KATE LEVY	1.00									
DIRECTOR		Х						0.	0.	0
(33) COURTNEY LILLY	1.00									
DIRECTOR		Х						0.	0.	0
(34) SHAUN MALAVIA	1.00									
DIRECTOR		Х						0.	0.	0
(35) KEVIN MCKEON	1.00									
DIRECTOR		Х						0.	0.	0
(36) GWEN MILLER	1.00							_	_	_
DIRECTOR		Х						0.	0.	0
(37) BERNARD PARKER	1.00									
DIRECTOR		Х						0.	0.	0
(38) JOHN E. PEER	1.00									
DIRECTOR		Х						0.	0.	0
(39) KEVIN PHILIP	1.00									
DIRECTOR	1 00	Х						0.	0.	0
(40) CELIA RAMOS	1.00								•	
DIRECTOR	1 00	Х						0.	0.	0
(41) ELIZABETH RAPOSO	1.00	Х						_	0	0
DIRECTOR	1.00	Δ						0.	0.	0
(42) KATHERINE ROBERTS	1.00	Х						0.	0.	0
DIRECTOR (43) LISA RICHARDSON	1.00	Λ						U •	0.	0
DIRECTOR	1.00	Х						0.	0.	0
(44) LAURA ROSENWALD	1.00	Λ						· · ·	0.	0
DIRECTOR	1.00	Х						0.	0.	0
(45) ALLISON SAMEK	1.00	<u> </u>	\vdash	\vdash				· ·	0.	<u> </u>
DIRECTOR	1.00	Х						0.	0.	0
(46) LAURA SEIGLE	1.00			\vdash				U •	0.	- 0
DIRECTOR	1.00	Х						0.	0.	0

Form 990 THE LIBRA	AKI FOON	בעו	<u> </u>	OTA		Г	ΤО	S ANGELES	95-436	0230
Part VII Section A. Officers, Directors, Tru	ustees, Key En	nplo	yee	s, ar	nd H	lighe	est (Compensated Employ	ees (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average			Reportable	Estimated					
	hours per week	(cl	neck	all t	that		ly)	compensation from the	compensation from related organizations	amount of other compensation
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
47) MICHAEL SPEAKER	1.00	х						0.	0.	0
48) BETSY WANNER	1.00	^						0.	0.	U
DIRECTOR	1.00	Х						0.	0.	0
49) STEPHANIE YONEKURA	1.00							•	· ·	J
DIRECTOR		х						0.	0.	0
								-		
		1	i l	ı	1	ı			i	

95-4368250

Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			X
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated	Revenue excluded from tax under
					iunction revenue	business revenue	sections 512 - 514
တ တ	1 :	Federated campaigns1a					
ant		Membership dues 1b	635,603.				
S S		Fundraising events 1c	2,209,635.				
fts,		Related organizations 1d					
ig ig		e Government grants (contributions) 1e	237,673.				
Sir			237,073.				
utio	T	All other contributions, gifts, grants, and	1 575 591				
ë		similar amounts not included above 1f	4,575,594.				
Contributions, Gifts, Grants and Other Similar Amounts		Noncash contributions included in lines 1a-1f	80,239.	7 650 505			
<u>0</u> <u>e</u>	r	Total. Add lines 1a-1f		7,658,505.			
			Business Code				
ce	2 a	·					
ē Ÿi	b						
Program Service Revenue	c	:					
ar	c	l					
og B	e						
<u> </u>	f	All other program service revenue					
	ç	Total. Add lines 2a-2f					
	3	Investment income (including dividends, inter	est, and				
		other similar amounts)		801,158.			801,158.
	4	Income from investment of tax-exempt bond					
	5	Royalties	-				
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
	1 6		` ′				
		, , , , , , , , , , , , , , , , , , ,	•				
40	L	Less: cost or other basis					
nu		and sales expenses 7b 2,975,044					
ther Revenue	c	Gain or (loss) 7c 318,349	•	210 240			210 240
Ğ.		Net gain or (loss)		318,349.			318,349.
the	8 a	Gross income from fundraising events (not					
Ö		including \$ 2,209,635. of					
		contributions reported on line 1c). See					
		Part IV, line 18					
		Less: direct expenses 8	270,025.				
	c	Net income or (loss) from fundraising events		-20,495.			-20,495.
	9 a	Gross income from gaming activities. See					
		Part IV, line 199a	а				
	b	Less: direct expenses 91	o				
	c	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances <u>10</u>	a 362,581.				
	b	Less: cost of goods sold	b 611,287.				
		Net income or (loss) from sales of inventory		-248,706.			-248,706.
		,	Business Code	·			
Miscellaneous Revenue	11 a	ı					
nec Tile	b						
əlla							
Sc	,	All other revenue					
Σ	_	• Total. Add lines 11a-11d					
	12	Total revenue. See instructions		8,508,811.	0.	0.	850,306.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising expenses (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 872,507. 155,266. 372,442. 344,799. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 622,399. 1,924,824. 689,198. 613,227. Other salaries and wages 7 Pension plan accruals and contributions (include 30,767. 17,949. 66,660. 17,944. section 401(k) and 403(b) employer contributions) <u>88,</u>982. 65,341. 222,446. 68,123. Other employee benefits 9 225,396. 84,526. 71,565. 69,305. 10 Payroll taxes Fees for services (nonemployees): Management 61,927. 56,280. 5,647. Legal 138,845. 138,845. Accounting Lobbying Professional fundraising services. See Part IV, line 17 118,643. 118,643. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 1,873,843. 2,067,506. 165,068. 28,595. column (A), amount, list line 11g expenses on Sch O.) 1,375. 153,153. 121,881. 29,897. Advertising and promotion 12 195,766. 113,185. 12,707. 69,874 Office expenses 13 Information technology 14 15 Royalties 3,239. 3,239. 16 Occupancy 99,754. 40,057. 38,360. 21,337. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 584. 584. Depreciation, depletion, and amortization 22 27,942. 357. 27,585. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 624,118. 210,416. 4,997. 408,705. **EVENTS** PROGRAM MATERIALS 519,418. 511,008. 8,410. 494,830. 467,524. 20,705. 6,601. DUES AND SUBSCRIPTION 278,549. 268,834. 1,698.8,017. OTHER 64,959. 500,541. 346,992. 88,590. e All other expenses 8,596,648. 4,863,901. 1,973,626. 1,759,121. Total functional expenses. Add lines 1 through 24e 25 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)

Pa	rt X	Balance Sneet					
		Check if Schedule O contains a response or no	te to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			3,261,393.	1	5,415,653.
	2	Savings and temporary cash investments			14,054.	2	65,418.
	3	Pledges and grants receivable, net			1,376,036.	3	1,385,554.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs	stantial c	ontributor, or 35%			
		controlled entity or family member of any of the	se pers	ons		5	
	6	Loans and other receivables from other disqual	ified per	sons (as defined			
		under section 4958(f)(1)), and persons describe	d in sec	tion 4958(c)(3)(B)		6	
छ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			120,348.	8	131,817
ĕ	9	5			48,870.	9	139,804
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	526,292.			
	b	1		219,744.	328,087.		306,548
	11	Investments - publicly traded securities			49,076,040.	11	53,022,453
	12	Investments - other securities. See Part IV, line	11		5,283,230.	12	1,365,133
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			441,554.	15	441,554
	16	Total assets. Add lines 1 through 15 (must equ			59,949,612.	16	62,273,934
	17	Accounts payable and accrued expenses		266,991.	17	430,885	
	18	Grants payable	20 000	18	0		
	19	Deferred revenue	30,000.	19	0.		
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or form					
Ħ		trustee, key employee, creator or founder, subs					
Liabilities		controlled entity or family member of any of the	-			22	
	23	Secured mortgages and notes payable to unrel				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, parties, and other liabilities not included on line					
		parties, and other liabilities not included on line of Schedule D	S 17-24)	. Complete Part X		25	
	26	Total liabilities. Add lines 17 through 25			296,991.	25 26	430,885.
	20	Organizations that follow FASB ASC 958, ch	ook bor	e X	200,001.	20	±30,003
Se		and complete lines 27, 28, 32, and 33.	eck Her				
ĕ	27				22,301,085.	27	25,007,337.
sala	28	Net assets with donor restrictions	37,351,536.	28	36,835,712.		
둳	20	Organizations that do not follow FASB ASC 9	37,7332,73331	20	30,000,722		
Ξ		and complete lines 29 through 33.					
ō	29	Capital stock or trust principal, or current funds	:	F		29	
ets	30	Paid-in or capital surplus, or land, building, or e				30	
Ass	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			59,652,621.	32	61,843,049.
2	33	T			59,949,612.	33	62,273,934.

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	8,50	8,8	<u>11.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,59		
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>37.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	59,65		
5	Net unrealized gains (losses) on investments	5	2,27	8,2	<u>65.</u>
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	61,84	3,0	49.
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
	•			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain 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	Х	
	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	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		. 3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2022)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE LIBRARY FOUNDATION OF LOS ANGELES

Employer identification number 95-4368250

Pa	art I	Reason for Public (Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instructions.				
The	organ	nization is not a private found									
1	\sqcap	A church, convention of ch					I)(A)(i).				
2	一	A school described in sect					-NN-1-				
3	Ħ	A hospital or a cooperative		•)(b)(1)(A)(ii	ii).				
4	Ħ	A medical research organiz					-	the hospital's name.			
7	ш	city, and state:	anon operated in con	njanotion with a noopital	GCCCTIDCG	000110	170(B)(1)(A)(III). E.IIIO	the freepital o flame,			
5		An organization operated for	or the benefit of a col	llege or university owner	l or operat	ed by a go	vernmental unit describe	ad in			
3		section 170(b)(1)(A)(iv). (C		inege of university owner	or operat	ca by a go	Wellineritäi unit desembi	5 4 III			
6				antal wait described in	aaalian 17	70/6\/4\/A\	6.4				
6	V	A federal, state, or local gov	_					and the first of the second second second			
7	X	An organization that norma	-	ntial part of its support fi	om a gove	ernmentai	unit or from the general	oublic described in			
_		section 170(b)(1)(A)(vi). (C	•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
8	\vdash	A community trust describe									
9		An agricultural research org				=	-	-			
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the college	e or			
		university:									
10		An organization that norma									
		activities related to its exem	npt functions, subjec	t to certain exceptions;	and (2) no	more than	33 1/3% of its support f	rom gross investment			
		income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.									
		See section 509(a)(2). (Complete Part III.)									
11	Ш	An organization organized a	and operated exclusi	vely to test for public sa	fety.See	section 50	09(a)(4).				
12		An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or									
	more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on										
		lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.									
á	ı 🗆	Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving									
		the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting									
		organization. You must complete Part IV, Sections A and B.									
k	, [Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	ed organization(s), by hav	ving			
		Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported									
	organization(s). You must complete Part IV, Sections A and C.										
	; [Type III functionally inte			in connect	tion with, a	and functionally integrate	ed with,			
		its supported organization	-				• •	,			
	· 🗆	☐ Type III non-functionally		·				ration(s)			
		that is not functionally int	= ::				• • • • • •				
		requirement (see instructi	-		•			1011000			
•		Check this box if the orga	•								
١	<i>,</i> _	functionally integrated, or					Type i, Type ii, Type iii				
1	: Enta	er the number of supported o	* *	nany integrated supporting	ig organiz	ation.					
,		vide the following information	•	nd organization(s)							
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed ing document?	(v) Amount of monetary	(vi) Amount of other			
		organization		(described on lines 1-10	Yes	No	support (see instructions)	support (see instructions)			
				above (see instructions))							
_											
<u>Tot</u>	al										

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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	` ,	`,	,	• •	` '	
	membership fees received. (Do not						
	include any "unusual grants.")	5902126.	6759235.	7070447.	6303320.	7658505.	33693633.
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	5902126.	6759235.	7070447.	6303320.	7658505.	33693633.
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)						5225871.
6	Public support. Subtract line 5 from line 4.						28467762.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	5902126.	6759235.	7070447.	6303320.	7658505.	33693633.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	427,853.	227,586.	505,092.	569,503.	801,158.	2531192.
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.)	3,006.	-64,859.	-127,714.	-226,985.	-248,706.	-665,258.
11	Total support. Add lines 7 through 10						35651217.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	195,797.
13	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)	
	organization, check this box and stop						
Sec	tion C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2022 (li					14	79.85 %
	Public support percentage from 2021					15	83.54 %
16a	33 1/3% support test - 2022. If the o						
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2021. If the o	•		•		•	
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the facts			=		VI how the organiz	zation
	meets the facts-and-circumstances te	•					
b	10% -facts-and-circumstances test	ū				•	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 b	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar		(Form 990) 2022

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

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

Sec	etion A. Public Support	alow, please comp	Diete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(1) = 1 : 1	(2)	(3)====	(4,7===	(-)	(7 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or 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						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	, ,	, ,				,
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	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 the	le organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organization	<u> </u> on,
	check this box and stop here	-					
Sec	ction C. Computation of Publi	c Support Per	rcentage				
	Public support percentage for 2022 (•	column (f))		15	%
	Public support percentage from 2021					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage			T T	
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2022. If the						7 is not
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the						ınd
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization						

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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		
3c		
4a		
4b		L,
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

	dule A (Form 990) 2022 THE LIBRARY FOUNDATION OF LOS ANGELES 95-43	6825	0 Pa	age 5
Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
_	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
	71		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		163	NO
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	_		
_	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
0	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	L		
a	The organization satisfied the Activities Test. Complete line 2 below.	-		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	ic)	
2	Activities Test. Answer lines 2a and 2b below.	Struction	Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		103	140
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	0.		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			

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Schedule A (Form 990) 2022

За

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.

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		·	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	ad Type III supporting orga	nization (see

Schedule A (Form 990) 2022

instructions).

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _{(continu}	ıed)	
Secti	on 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				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	3	3		
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pro		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 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution	ıs	Distributable
			Pre-2022		Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				

Schedule A (Form 990) 2022

b Excess from 2019
 c Excess from 2020
 d Excess from 2021
 e Excess from 2022

Schedule B

Schedule of Contributors

(Form 990)

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. Department of the Treasury Internal Revenue Service

OMB No. 1545-0047

Name of the organization

Employer identification number

THE LIBRARY FOUNDATION OF LOS ANGELES 95-4368250 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Page 2 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		\$ <u>213,602.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>1,450,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 251,500.	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	* 300,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>1,250,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 282,550.	Person X Payroll

Name of organization Employer identification number

THE LIBRARY FOUNDATION OF LOS ANGELES

95-4368250

Part II Non	cash Property (see instructions). Use duplicate copies of Pa	rt II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(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	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule B (Form 990) (2022) Page **4**

Name of organization **Employer identification number** THE LIBRARY FOUNDATION OF LOS ANGELES 95-4368250 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 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	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		r Si	milar Funds (or Ac	coun	nts. Complete if the
		(a) Donor ad	vised	d funds	(b) Fun	ds 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	vriting that the asset	s hel	d in donor advise	ed fund	ls	
	are the organization's property, subject to the organization's e	-					Yes No
6	Did the organization inform all grantees, donors, and donor ad						
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or fo	r any	other purpose c	onferri	ng	
	impermissible private benefit?						Yes No
Par	t II Conservation Easements. Complete if the org	ganization answered	"Yes	" on Form 990, P	art IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that app	oly).				
	Preservation of land for public use (for example, recreat	tion or education)		Preservation of	a histo	rically	important land area
	Protection of natural habitat			Preservation of	a certif	fied his	storic structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation cor	tribu	tion in the form o	f a cor	nserva	
	day of the tax year.						Held at the End of the Tax Year
а	Total number of conservation easements					2a	
b	Total acreage restricted by conservation easements					2b	
С	Number of conservation easements on a certified historic stru	ucture included in (a)				2c	
d	Number of conservation easements included in (c) acquired a						
	historic structure listed in the National Register					2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished,	or te	rminated by the	organiz	zation	during the tax
	year						
4	Number of states where property subject to conservation eas						
5	Does the organization have a written policy regarding the peri						
	violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	handling of violations	s, and	d enforcing conse	ervatio	n ease	ements during the year
7	Amount of expenses incurred in monitoring, inspecting, handl	ling of violations, and	d anf	orcina conservati	on eas	eamant	ts during the year
•	Amount of expenses incurred in monitoring, inspecting, narion	iiig oi violations, and	J CITI	ording conservati	on cas	SCITICITI	is during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requiren	nents	of section 170(h)(4)(B)((i)	
	and section 170(h)(4)(B)(ii)?	•		•			Yes No
9	In Part XIII, describe how the organization reports conservation						d
	balance sheet, and include, if applicable, the text of the footne						
	organization's accounting for conservation easements.						
Par	t III Organizations Maintaining Collections of		Γrea	sures, or Oth	ner Si	imila	r Assets.
	Complete if the organization answered "Yes" on Form						
1a	If the organization elected, as permitted under FASB ASC 958	, ,					
	of art, historical treasures, or other similar assets held for pub	•				ice of p	oublic
	service, provide in Part XIII the text of the footnote to its finan						
b	If the organization elected, as permitted under FASB ASC 958						
	art, historical treasures, or other similar assets held for public	exhibition, educatio	n, or	research in furthe	erance	of pub	olic 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				gain, p	provide)
	the following amounts required to be reported under FASB AS						•
а	Revenue included on Form 990, Part VIII, line 1						\$
b	Assets included in Form 990, Part X						\$

232051 09-01-22

Schedule D (Form 990) 2022

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

Schedule D (Form 990) 2022

LIBRARY FOUNDATION OF	POS	ANGELES	95-4368250	Page 3

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (b) Book value (c) Method of valuation: Cost or end-of-year mark				
Financial derivatives	(S) Doon raide	(c) memora en randament es	or or or a or your marries raises	
Closely held equity interests				
Other				
A)				
B)				
C)				
(D)				
<u>(E)</u>				
(F)				
(G)				
(H)				
I. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
art VIII Investments - Program Related.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 1	3.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Co	st or end-of-year market value	
1)				
(2)				
(3)				
5) 4)				
5)				
(6)				
(7)				
(8)				
(9)				
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
art IX Other Assets.				
-				
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 1		
-	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 1	5. (b) Book value	
(a)		11d. See Form 990, Part X, line 1		
(a)		11d. See Form 990, Part X, line 1		
(a) (1) (2)		11d. See Form 990, Part X, line 1		
(a) (1) (2) (3)		11d. See Form 990, Part X, line 1		
(a) (1) (2) (3) (4)		11d. See Form 990, Part X, line 1		
(a) (1) (2) (3) (4) (5)		11d. See Form 990, Part X, line 1		
(a) (1) (2) (3) (4) (5)		11d. See Form 990, Part X, line 1		
(a) (1) (2) (3) (4) (5) (6) (7)		11d. See Form 990, Part X, line 1		
(a) (1) (2) (3) (4) (5) (6) (7)		11d. See Form 990, Part X, line 1		
(a) (1) (2) (3) (4) (5) (6) (7) (8)	Description			
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line	Description			
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.	Description		(b) Book value	
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes"	Description		(b) Book value	
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.	Description		(b) Book value	
(a) 1) 2) 3) 4) 5) 6) 7) 8) 9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description		(b) Book value	
(a) (b) (c) (c) (d) (e) (e) (e) (e) (f) (e) (f) (e) (f) (e) (f) (f	Description		(b) Book value	
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) (al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2)	Description		(b) Book value	
(a) (b) (c) (c) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	Description		(b) Book value	
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4)	Description		(b) Book value	
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4)	Description		(b) Book value	
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	Description		(b) Book value	
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description		(b) Book value	
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description		(b) Book value	
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description		(b) Book value	

Schedule D (Form 990) 2022

THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAXES AND CALIFORNIA FRANCHISE TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND CORRESPONDING CALIFORNIA REVENUE AND TAXATION CODE SECTIONS. FOUNDATION RECOGNIZES THE FINANCIAL STATEMENT BENEFIT OF A TAX POSITION, SUCH AS ITS FILING STATUS AS TAX-EXEMPT, ONLY AFTER DETERMINING THAT THE RELEVANT TAX AUTHORITY WOULD MORE LIKELY THAN NOT SUSTAIN THE POSITION

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

2022

Open to Public Inspection

Name of the organization

Employer identification number

THE LIB	RARY FOUNDATION OF	LOS	3 A1	NGELES	95-4368	250		
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not								
required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations 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?		have custody		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No					
-otal								
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.								

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

Schedule G (Form 990) 2022

THE LIBRARY FOUNDATION OF LOS ANGELES 95-4368250 Page 2 Schedule G (Form 990) 2022 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through LIT FEAST LIT AWARDS col. (c)) (event type) (event type) (total number) 1,487,509 615,139. 356,517. 2,459,165. Gross receipts 1,454,140 242,135. 2,209,635. 2 Less: Contributions 513,360. 33,369 101,779. 114,382. 249,530. Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 2,685. 2,328. 18,500. 23,513. 6 Rent/facility costs 71,569. 1,401. 39,298. 30,870. 7 Food and beverages 6,189. 6,189 8 Entertainment 29,283. 60, 79,318. 168,754. Other direct expenses 270,025. 10 Direct expense summary. Add lines 4 through 9 in column (d) -20,495Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Expenses Noncash prizes Direct Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

Schedule G (Form 990) 2022

b If "Yes," explain:

232082 10-27-22

Schedule G (Form 990) 2022 THE LIBRARY FOUNDATION OF LOS ANGELES 9	5-4368250 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a %
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
THE Effect 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 amou	int
of gaming revenue retained by the third party \$	
c If "Yes," enter name and address of the third party:	
on 163, Critici hame and address of the time party.	
Name	
Address	
16 Gaming manager information:	
Name	
Gaming manager compensation \$	
Description of comings arranded	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
	Yes No
retain the state gaming license?	
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in t	ne
organization's own exempt activities during the tax year \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	nd Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	

Schedule G	G (Form 990)	\mathtt{THE}	LIBRARY	FOUNDATION	OF	LOS	ANGELES	95-4368250	Page 4
Part IV	G (Form 990) Supplemental	Information	(continued)						• • • • • • • • • • • • • • • • • • • •
			(continued)						
									
1									
í									
1									
i									
-									

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.

2022

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

THE LIBRARY FOUNDATION OF LOS ANGELES

Employer identification number 95-4368250

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	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			
	Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		_X_
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		_X_
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958.6(c)?	۱۹		

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

Schedule J (Form 990) 2022

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)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MELANIE BURZYNSKI	(i)	269,940.	12,000.	0	11,278.	10,944.	304,162.	0
SVP ADVANCEMENT (2) IIII.TE TIIGEND	(€	202 965	000		0 7 7	1 130	210 694	
14	€	-	0	0	-	1	٠	0
(3) SHAWN RUBIN	Ξ	174,345.	17,800.	0	7,436.	10,871.	210,452.	0
CHIEF FINANCIAL & OPERATING OFFICER	(ii)		0	0				0.
(4) STACY LIEBERMAN	(i)	173,718.	0	• 0	3,050.	1,131.	177,899.	0
PRESIDENT AND CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JESSICA STRAND	(i)	130,669.	2,000.	• 0	4,108.	14,229.	151,006.	0.
DIRECTOR OF PUBLIC PROGRAMS	(ii)	0	• 0	• 0	• 0	• 0	• 0	0.
	(i)							
	(ii)							
	(j)							
	(II)							
	(j)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	Ξ							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	Ξ							
	(ii)							
							Schedu	Schedule J (Form 990) 2022

Schedule J (Form 990) 2022

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990.

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

Employer identification number

	THE LIBRARY	FOUNDA'	TION OF LO	OS ANGELES		95-4	<u> 1368</u>	<u> 250</u>			
Pai	rt 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 1	n g	(d) Method of de oncash contribe	etermin	_	3		
1	Art - Works of art										
2	Art - Historical treasures										
3	Art - Fractional interests										
4	Books and publications										
5	Clothing and household goods										
6	Cars and other vehicles										
7	Boats and planes										
8	Intellectual property										
9	Securities - Publicly traded	Х	8	80,239	. 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	6 Real estate - Commercial										
17	7 Real estate - Other										
18											
19	8 Collectibles										
20	Drugs and medical supplies										
21	Taxidermy										
22	Historical artifacts										
23	Scientific specimens										
24	Archeological artifacts										
25	Other ()										
26	Other ()										
27	Other ()										
28	Other ()										
29	Number of Forms 8283 received by the organia	zation during	the tax year for co	ontributions							
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29							
								Yes	No		
30a	During the year, did the organization receive b	y contributio	n any property rep	orted in Part I, lines 1 thro	ugh 28, t	hat it					
	must hold for at least 3 years from the date of	the initial co	ntribution, and whi	ch isn't required to be use	d for						
	exempt purposes for the entire holding period						30a		X		
b	If "Yes," describe the arrangement in Part II.										
31	Does the organization have a gift acceptance	oolicy that re	equires the review of	of any nonstandard contrib	utions?		31	Х			
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncas	h						
	contributions?		•				32a		X		
b	If "Yes," describe in Part II.										
33	If the organization didn't report an amount in c	olumn (c) foi	r a type of property	for which column (a) is ch	ecked,						
	describe in Part II.			• •	•						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

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SCHEDULE O (Form 990)

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.

2022
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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 PUBLIC LIBRARY'S ROLE AS A SAFE SPACE OF CONNECTION FOR ALL. IN 2022-2023, THE FOUNDATION AND LAPL LAUNCHED CREATORS IN RESIDENCE. THE FELLOWSHIP PROGRAM ENGAGED TWO CREATIVE KWASI BOYD-BOULDING (A PHOTOGRAPHER), PRACTITIONERS, AND RIVER GARZA MIXED-MEDIA VISUAL ARTIST), WHO PRODUCED UNIQUE NEW WORK INFORMED BY LAPL'S COLLECTION AND SERVICES. THE NEXT COHORT OF THE CITY OF L. A.'S RESIDENTS BEGAN THEIR PROJECTS IN NOVEMBER 2023. THE FOUNDATION ALSO SUPPORTS DIGITIZATION PROJECTS AT LAPL THAT ARCHIVE AND PRESERVE COLLECTIONS OF PHOTOS, EPHEMERA, MAPS, AND OTHER ITEMS SO THAT THEY CAN BE ACCESSED ONLINE BY RESEARCHERS, STUDENTS, AND ANY OTHER CURIOUS MINDS. FINALLY, THE FOUNDATION HELPS LAPL DEVELOP NEW SPACES TO HELP THE CITY OF L.A.'S 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.

Schedule O (Form 990) 2022 Page 2

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

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 AND OPERATING OFFICER (CFOO). IT WAS REVIEWED FOR
ACCURACY AND COMPLETENESS BY THE CFOO 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.

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

COMMUNITIES.

<u>Schedule O (Form 990) 2022</u> Page **2**

Name of the organization THE LIBRARY FOUNDATION OF LOS ANGELES

Employer identification number 95-4368250

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.

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

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

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

COMPENSATION FOR THE PRESIDENT AND CEO. THE COMMITTEE ENGAGES A

COMPENSATION CONSULTANT WHO 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:

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

REQUEST AT THE MAIN OFFICE OF THE ORGANIZATION.

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.

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<u>Schedule O (Form 990) 2022</u> Page **2**

THE LIBRARY FOUNDATION OF LOS ANGELES

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

PART VIII:

LIBRARY STORE:

AND ARE CHARGED ACCORDINGLY.

THE FOUNDATION HAS OPERATED A GIFT SHOP LOCATED IN THE HISTORIC CENTRAL LIBRARY (THE STORE) SINCE 1993; STORE SALES SUPPORT THE FOUNDATION. THE STORE WAS REMODELED IN 2016, AFTER 18 YEARS, TO REFRESH ITS APPEARANCE AND BRING IT INTO FULL ADA COMPLIANCE. HISTORICALLY, THE STORE IS PATRONIZED BY DOWNTOWN BUSINESSPEOPLE, TOURISTS, AND REGULAR LIBRARY VISITORS AND STAFF. FOOT TRAFFIC IN THE STORE CONTINUES TO BE IMPACTED BY REDUCED OFFICE OCCUPANCY LOCALLY IN THE POST-COVID CLIMATE. IN RESPONSE, THE STORE WORKS ACTIVELY TO MITIGATE THE DECLINE IN FOOT TRAFFIC BY BUILDING ITS CUSTOMER MARKETING LIST, GROWING ITS ONLINE PRESENCE, SENDING WEEKLY EMAILS, AND MAINTAINING A REGULAR PRESENCE ON SOCIAL MEDIA. A SIGN HAS BEEN ERECTED IN THE LOBBY OF THE LOS ANGELES CENTRAL LIBRARY TO DRAW ATTENTION TO THE STORE; ADDITIONAL SIGNAGE TO BE POSITIONED THROUGHOUT THE LIBRARY IS PLANNED FOR EARLY 2024. THE STORE HAS ENGAGED THE SERVICES OF A FIRM TO EVALUATE ITS ECOMMERCE PLATFORMS AND PROVIDE RECOMMENDATIONS FOR OPTIMIZING THE USER EXPERIENCE; A NUMBER OF THE RECOMMENDATIONS HAVE ALREADY BEEN IMPLEMENTED, WITH THE ULTIMATE GOAL OF GENERATING INCREASED ONLINE REVENUES. THE STORE WORKS WITH THE LIBRARY'S PR DEPARTMENT TO HEIGHTEN

<u>Schedule O (Form 990) 2022</u> Page **2**

Name of the organization **Employer identification number** THE LIBRARY FOUNDATION OF LOS ANGELES 95-4368250 VISIBILITY AMONG LAPL CONSTITUENTS VIA THE LAPL WEBSITE AND SOCIAL MEDIA PLATFORMS. THE STORE WORKS WITH THE LIBRARY TO PROMOTE SHOPPING TO ALL OF THE CITY OF L.A.'S EMPLOYEES TWICE YEARLY. IN ADDITION TO IN STORE AND ONLINE SALES, THE STORE PROCURES AND SELLS BOOKS FOR THE FOUNDATION AND LAPL PROGRAMMING. THE STORE HAS EXPANDED 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 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 1,873,843. MANAGEMENT AND GENERAL EXPENSES 165,068. FUNDRAISING EXPENSES 28,595. 2,067,506. TOTAL EXPENSES TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 2,067,506. 990, PART IX, LINE 12: MARKETING AND PROMOTIONAL COSTS OF \$153,153 INCLUDE ADVERTISING AND COLLATERAL MATERIALS FOR PROGRAMS OFFERED TO THE PUBLIC SUCH AS SIGNAGE, POSTERS, FLYERS, BOOKMARKS, BROCHURES, BOOK BAGS, AND GAME BOARDS, DISTRIBUTED THROUGH SCHOOLS, COMMUNITY ORGANIZATIONS, AND BRANCH LIBRARIES.

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

Attach to Form 990.

Open to Public Inspection

Employer identification number 95-4368250

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

2022

OMB No. 1545-0047

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

(a) Name address and FIN (if anniicable)	(b) Primary activity	(c) I egal domicile (state or	(d) Total income	(e) Fnd-of-vear assets	(f) Direct controlling
of disregarded entity	(1) The state of t	foreign country)			entity
Part II dentification of Related Tax-Exempt Organizations. Complete organizations during the tax year.	tions. Complete if the organization ans	if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt	t IV, line 34, becaus	e it had one or more r	elated tax-exempt

	(g)	512(b)(13) trolled	ıtity?	No						
	· doi:	con	er	Yes						
	(f)	Direct controlling	entity							
	(e)	Public charity	status (if section	501(c)(3))						
	(p)	Exempt Code	section							
	(၁)	Legal domicile (state or	foreign country)							
	(q)	Primary activity								
organizations during the tax year.	(a)	Name, address, and EIN	of related organization							

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

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Schedule R (Form 990) 2022

95-4368250

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

(j) (k) General or Percentage managing partner? Yes No		
(j) General or managing partner?		
Code V.UBI Ge amount in box ma 20 of Schedule P.K.1 (Form 1065) V.		
(h) Disproportionate allocations?		
(g) Share of end-of-year assets		
(f) Share of total income		
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)		
(d) Direct controlling entity		
(c) Legal domicile (state or foreign country)		
(b) 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)	(0)	(p)	(e)	(£)	(a)	(h)		
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct	Type of entity (C corp, S corp,	Share of total income	Share of end-of-year	g b	Section 512(b)(13) controlled entity?	n (53) (94)
		country)		OI tidat)		assets		Yes	No
CHARITABLE REMAINDER UNITRUSTS (1)		CA		TRUST					×

Schedule R (Form 990) 2022

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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 II, III, or IV of this schedule.				Υ.	Yes No
1 During the tax year, did the organization engage in any of the following transactions	s with one or more rel	transactions with one or more related organizations listed in Parts II-IV?	in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	Α			1 a	×
b Gift, grant, or capital contribution to related organization(s)				1b	X
c Gift, grant, or capital contribution from related organization(s)				10	×
d Loans or loan quarantees to or for related organization(s)				19	X
Loans or loan quarantees by related organization(s)				- Je	×
f Dividends from related organization(s)				=	×
(9				5	×
Purchase of assets from related organization(s)				. t	×
				÷	×
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)	ınization(s)			=	×
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			1m	X
	ion(s)			1n	X
o Sharing of paid employees with related organization(s)	:			10	X
p Reimbursement paid to related organization(s) for expenses				1p	X
				19	×
r Other transfer of cash or property to related organization(s)				1	×
s Other transfer of cash or property from related organization(s)				18	X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	/ho must complete thi	s line, including covered	relationships and transaction thresholds.		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	ıvolved	
(1)					
(2)					
(3)					
(4)					
(5)					
282168 09-14-22			Schedule	Schedule B (Form 990) 2022	202 (06)

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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.

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