# \*\* PUBLIC DISCLOSURE COPY \*\*

Department of the Treasury

Internal Revenue Service

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

6

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

Information about Form 990 and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>. It ax year beginning JUL 1, 2016 and ending JUN 30.

Open to Public Inspection

OMB No. 1545-0047

A	For the	2016 calendar year, or tax year beginning $$	JUN 30, 2017	
В	Check if applicable	C Name of organization	D Employer identific	cation number
	Addres	THE LIBRARY FOUNDATION OF LOS ANGELES		
Ē	Name change	Doing business as		368250
	return Final return/	Number and street (or P.O. box if mail is not delivered to street address)  630 W. FIFTH STREET	uite E Telephone numbe (213	)228-7500
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	16,244,972.
	Amendoreturn	LOS ANGELES, CA 900/1	H(a) Is this a group re	eturn
	Applica		for subordinates	? Yes X No
	pending	SAME AS C ABOVE	H(b) Are all subordinates in	ncluded? Yes No
			527 If "No," attach a	list. (see instructions)
		e: ▶ WWW.LFLA.ORG	H(c) Group exemptio	
			'ear of formation: $1992$	N State of legal domicile: CA
Pa		Summary		
Activities & Governance	1 5	Briefly describe the organization's mission or most significant activities: ${ t TO}$ ${ t SUPPO}$	RT THE LOS AN	GELES
rns	2	Check this box 🕨 🔲 if the organization discontinued its operations or disposed of r	nore than 25% of its net as	
ŏ	3 1	Number of voting members of the governing body (Part VI, line 1a)	3	50
ص ھ	4 1	Number of independent voting members of the governing body (Part VI, line 1b)		49
es		otal number of individuals employed in calendar year 2016 (Part V, line 2a)		61
Ĭ		otal number of volunteers (estimate if necessary)		10
Act		otal unrelated business revenue from Part VIII, column (C), line 12		0.
_	۱d	Net unrelated business taxable income from Form 990-T, line 34		0.
			Prior Year	Current Year
ne		Contributions and grants (Part VIII, line 1h)	6,990,277.	7,096,508.
Revenue		Program service revenue (Part VIII, line 2g)	50,296.	94,904.
Re		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	482,218. 5,128.	635,506. 236,815.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,527,919.	8,063,733.
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,527,919.	23,482.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	23,402.
		Renefits paid to or for members (Part IX, column (A), line 4)	4,125,004.	4,142,544.
Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
ben	loa r	Fotal fundraising expenses (Part IX, column (D), line 25)   869,571.	•	<b>.</b>
Ä	17 (	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,305,880.	2,639,167.
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,430,884.	6,805,193.
		Revenue less expenses. Subtract line 18 from line 12	1,097,035.	
Net Assets or Fund Balances	1 '		Beginning of Current Year	End of Year
sets	20 1	otal assets (Part X, line 16)	39,944,721.	45,445,188.
Ass	21 7	otal liabilities (Part X, line 26)	485,990.	625,016.
File	22 1	Net assets or fund balances. Subtract line 21 from line 20	39,458,731.	44,820,172.
Pa	art II	Signature Block		
		ties of perjury, I declare that I have examined this return, including accompanying schedules and sta		y knowledge and belief, it is
true	, correct	, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.	
		Circolina of officer	Data	
Sig		Signature of officer	Date	
Hei	re	KEN BRECHER, PRESIDENT Type or print name and title		
			Date	II PTIN
Da!		Print/Type preparer's name  Preparer's signature  Preparer's Signature	Ollook	
Pai	-	DONITA M. JOSEPH DONITA M. JOSEPH Firm's name WINDES, INC.	04/24/18 if self-employ	P00286656 95-3001179
		Firm's name WINDES, INC.  Firm's address P.O. BOX 87	Firm's EIN	37-200TT13
Jac	Unity	LONG BEACH, CA 90801-0087	Dhone no / 5	62)435-1191
Ma	v the ID	S discuss this return with the preparer shown above? (see instructions)	Filolie IIo. ( 5	X Yes No
ivid	, 111	- aloogoo allo lotalli vitti tilo proparoi ollovili abovo: (300 iliotiabilio)		100

Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission: THE FOUNDATION SUPPORTS AND ENRICHES THE CAPABILITIES, RESOURCES, AND	)
	SERVICES OF THE LOS ANGELES PUBLIC LIBRARY THROUGH FUNDRAISING,	
	ADVOCACY, AND INNOVATIVE PROGRAMS THAT BENEFIT THE DIVERSE COMMUNITY	
	AND PROMOTE GREATER AWARENESS OF THE LIBRARY'S VALUABLE RESOURCES.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
_	prior Form 990 or 990-EZ?	No.
	If "Yes," describe these new services on Schedule O.	_ 110
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes   X	
3	If "Yes," describe these changes on Schedule O.	
4		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	Manual Ma	
4-	revenue, if any, for each program service reported.  (Code:) (Expenses \$1, 864, 747 • including grants of \$) (Revenue \$)	
4a	(Code:) (Expenses \$	— <sup>)</sup>
	THE LOS ANGELES PUBLIC LIBRARY BUILDS LIFELONG LEARNING AMONG ANGELEN	<u> </u>
	THE LOS ANGELES PUBLIC LIBRARY BUILDS LIFELONG LEARNING AMONG ANGELEN THROUGH ALL 73 BRANCHES ACROSS COMMUNITIES IN LOS ANGELES. IN	05
	PARTNERSHIP WITH LOCAL SCHOOLS AND COMMUNITY ORGANIZATIONS, WE ARE	
	·	<del></del>
	HELPING INDIVIDUALS IN MULTIPLE AREAS OF LEARNING FROM OUR FULL STEAM	
	AHEAD PROGRAM THAT INTEGRATES SCIENCE, TECHNOLOGY, ENGINEERING, ART A	עע
	MATH THROUGH FUN AND ENGAGING EXPERIENTIAL LEARNING OPPORTUNITIES TO	
	CYBERNAUTS WHICH HELPS THOUSANDS OF LIBRARY PATRONS EVERY WEEK IN	
	LOW-INCOME COMMUNITIES LEARN HOW TO ACCESS THE LIBRARY'S DIGITAL	
	RESOURCES AND OPERATE TECHNOLOGY TO FURTHER THEIR PERSONAL GOALS. THE	1
	LIBRARY FOUNDATION SUPPORTS EVERY ANGELENO HAVING A HANDS-ON	
	OPPORTUNITY TO COMPREHEND THE EVER-CHANGING TECHNOLOGY LANDSCAPE.	
4b	(Code:) (Expenses \$2,082,698 • including grants of \$23,482 • ) (Revenue \$94,90	<u>4.</u> )
	ENGAGING THE IMAGINATION	
	THE LIBRARY HAS A HISTORY OF ENGAGING THE IMAGINATION AND WE CONTINUE	i
	THAT TRADITION BY BRINGING HUNDREDS OF ESTABLISHED AND EMERGING	
	AUTHORS, POETS, JOURNALISTS, ACADEMICS, AND ARTISTS FOR PUBLIC	
	CONVERSATIONS THROUGH OUR PUBLIC PROGRAMS INCLUDING THE ALOUD SERIES,	
	LOST & FOUND AT THE MOVIES, THE WRITER'S CUT, WRITING SEMINARS, AND	
	MORE. THIS YEAR, WE LAUNCHED THE NEW EXHIBITION VISUALIZING LANGUAGE:	
	OAXACA IN L.A. AT THE CENTRAL LIBRARY, WHICH GARNERED WIDE RANGING	
	MEDIA ATTENTION, THROUGH MAJOR FUNDING FROM THE GETTY FOUNDATION	
	THROUGH THEIR PACIFIC STANDARD TIME: LA/LA INITIATIVE. WE ALSO	
	COMPLETED THE NEW DIGITAL COMMONS IN THE LOWER LEVEL FLOOR OF THE	
	CENTRAL LIBRARY WHICH ALLOWS PATRONS TO PLUG-IN TO THE VARIOUS	
4c	(Code:) (Expenses \$1, 284, 658 • including grants of \$) (Revenue \$	)
	HELPING STUDENTS SUCCEED	
	HUNDREDS OF THOUSANDS OF STUDENTS USE THE LIBRARY TO COMPLETE SCHOOL	
	ASSIGNMENTS, PARTICIPATE IN ACTIVITIES, CONDUCT RESEARCH, USE LIBRARY	
	RESOURCES, AND SOCIALIZE. THROUGH PROGRAMS LIKE SUMMER AT THE LIBRARY	
	PATRONS ARE ENCOURAGED TO READ AND PARTICIPATE IN ENRICHMENT ACTIVITI	ES
	WHICH INCLUDE VISITS FROM RENOWNED CHILDREN'S AUTHORS AND READING	
	CHALLENGES TO HELP PREVENT SUMMER SLIDE AS WELL AS PROVIDING FREE LUN	CH
	TO CHILDREN AGE 5 TO 18 YEARS' OLD WHO MAY NOT OTHERWISE HAVE LUNCH	
	OPTIONS. LIVE HOMEWORK HELP AND STUDENT SMART ALSO PROVIDE STUDENTS	
	WITH ON-DEMAND TUTORING AND PREPARATION FOR COLLEGE.	
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses ► 5, 232, 103.	
	Form 990 (	(2016)

# Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i>	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			,
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	l	v	
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	_ ا		<b> </b> ₩
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	4.	Х	
4-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Λ	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			X
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	Х	
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	Λ	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		Х
	complete Schedule G, Part III	19		_ 22

Form **990** (2016)

# Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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
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			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
_54	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			T-
_0	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	1		
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
_,	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
_	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee; in res, complete schedule 2, rath with a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
C	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
20	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
29	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29	21	
30	, , , , , , , , , , , , , , , , , , ,	20		x
24	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?	24		х
20	If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	200		х
00	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	20		x
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		A
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			х
<b>6</b> -	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			37
	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			177
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		7.7	
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form **990** (2016)

# Form 990 (2016) THE LIBRARY FOUNDATION OF LOS ANGELES Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V									
			0.0	Yes	No					
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<del>                                     </del>	98							
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0							
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r		_	- V						
_	(gambling) winnings to prize winners?	I	1c	X						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		61							
	filed for the calendar year ending with or within the year covered by this return			x						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns the control of t			<u> </u>						
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions		_		Х					
3a				+	<del>  ^</del>					
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule		3b	+	+					
4a	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					
D	If "Yes," enter the name of the foreign country:	and (FDAD)	-							
E.	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial A		F-0		Х					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			1	X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			+	122					
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		30	+	+					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the any contributions that were not tay deductible as charitable contributions?		6a		x					
h	any contributions that were not tax deductible as charitable contributions?		<del>0</del> a		<del></del>					
b	were not tax deductible?	_	6b							
7	Organizations that may receive deductible contributions under section 170(c).		00							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	rvices provided to the pay	or? <b>7a</b>	х						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			Х						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w				$\vdash$					
	to file Form 8282?	•	7с		X					
d	If "Yes," indicate the number of Forms 8282 filed during the year	1 1								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contract?	7е		X					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri	ract?	7f		X					
g	If the organization received a contribution of qualified intellectual property, did the organization file February	orm 8899 as required?	7g	N/	A					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7 <b>h</b>	N/	A					
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained	by the N/A								
	sponsoring organization have excess business holdings at any time during the year?		8							
9	Sponsoring organizations maintaining donor advised funds.	27 / 2								
а		N/A	⊢							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? $\dots$	N/A	9b							
10	Section 501(c)(7) organizations. Enter:	11								
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a	_							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b								
11	Section 501(c)(12) organizations. Enter:	ا عدد ا								
а	Gross income from members or shareholders N/A	11a	_							
b	Gross income from other sources (Do not net amounts due or paid to other sources against	445								
40-	amounts due or received from them.)	11b								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year $\frac{N}{A}$	1041?   <b>12b</b>	12a							
		120	_							
13 a	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							
а	Note. See the instructions for additional information the organization must report on Schedule O.		104							
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	13b								
С	Enter the amount of reserves on hand	13c								
14a			14a		X					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul		···	_	<b>†</b>					
	,			m 990	/2016					

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 in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X								
Sec	tion A. Governing Body and Management											
			Yes	No								
1a	Enter the number of voting members of the governing body at the end of the tax year											
	If there are material differences in voting rights among members of the governing body, or if the governing											
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.											
b	Enter the number of voting members included in line 1a, above, who are independent 1b 49											
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1										
	officer, director, trustee, or key employee?	2		Х								
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision											
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х								
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х								
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х								
6												
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or											
	more members of the governing body?	7a		х								
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	<u> </u>										
~	persons other than the governing body?	7b		х								
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:											
а	The governing body?	8a	Х									
b	Each committee with authority to act on behalf of the governing body?	8b	X									
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the											
3	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х								
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)											
	Tell 21. Cited (This coolid) 2 requests information about pointies not required by the internal revenue code.		Yes	No								
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	X								
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	···u										
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b										
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?											
		12a	Х									
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х									
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe											
·	in Schedule O how this was done	12c	х									
13	Did the organization have a written whistleblower policy?	13	X									
14	Did the organization have a written document retention and destruction policy?	14	X									
15	Did the process for determining compensation of the following persons include a review and approval by independent	' <del>'</del>										
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?											
_	The organization's CEO, Executive Director, or top management official	15a	х									
a h	Other officers or key employees of the organization	15a	X									
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130										
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a											
ioa		16a		х								
h	taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	IUa										
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's											
		16b										
Sec	exempt status with respect to such arrangements?	100										
17	List the states with which a copy of this Form 990 is required to be filed ►CA											
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) is	vailah	.lo									
18	for public inspection. Indicate how you made these available. Check all that apply.	avalidD	ii C									
40												
19												
20	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 books and records: ► THERESA MORRISON, CFO - (213)228-7500											
	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 instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)  Name and Title	(B)			(C Pos	<b>C)</b>			(D)	(E)	(F)
Name and Title	Average hours per week	box,	not c unle	heck ss pe	more rson i	than is bot or/trus	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	hours for related or direction linstitutional trustee or direction linstitutional trustee or direction linstitutional trustee linstitutional trustee or direction linstitutional trustee or direction line)		Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations		
(1) CARLA CHRISTOFFERSON	2.00	, .		7.7					0	0
CHAIR	2 00	Х		Х				0.	0.	0.
(2) GWEN MILLER	2.00	х		х				0.	0.	0
VICE-CHAIR	2.00	Δ		^				0.	0.	0.
(3) CRAIG BURGER TREASURER	2.00	х		х				0.	0.	0.
(4) TOM GEISER	2.00									
SECRETARY		Х		x				0.	0.	0.
(5) NADIA ALLAUDIN	1.00									
DIRECTOR		Х						0.	0.	0.
(6) ROBERT ALVARADO	1.00									
DIRECTOR		Х						0.	0.	0.
(7) DEBI BISHTON	1.00									
DIRECTOR		Х						0.	0.	0.
(8) ANN BOYD	1.00									
DIRECTOR		Х						0.	0.	0.
(9) BRENDON CASSIDY	1.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(10) ERIC CHAVES	1.00								_	
DIRECTOR		Х						0.	0.	0.
(11) ROBERT CHICK	1.00									
DIRECTOR	1 00	Х						0.	0.	0.
(12) JOHN COOKE	1.00								•	•
DIRECTOR, EMERITUS	1 00	Х						0.	0.	0.
(13) THOMAS CRAHAN	1.00	<b>.</b> ,							0	0
DIRECTOR	1.00	Х						0.	0.	0.
(14) ROBERT DAWSON	1.00	х						0.	0.	0
DIRECTOR	1.00	Δ						0.	0.	0.
(15) MARK EASTON	1.00	Х						0.	0.	0.
OIRECTOR (16) MONA EHRENREICH	1.00	^				-		0.	0.	<u> </u>
DIRECTOR	1.00	Х						0.	0.	0.
(17) KATHRYN EIDMANN	1.00	-22			$\vdash$	$\vdash$		0.	0.	<b>-</b>
DIRECTOR	1.00	х						0.	0.	0.
632007 11-11-16					<u> </u>		<u> </u>		•	Form <b>990</b> (2016)

632007 11-11-16

Form **990** (2016)

Page 8

Part VII Section A. Officers, Directors, Tru	ıstees, Key Em	ploy	ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)	<u> </u>
(A)	(B)			((	C)			(D)	(E)	(F)
Name and title	Average hours per week	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)			than	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(18) AMANDA FAIREY	1.00								_	
DIRECTOR		Х						0.	0.	0.
(19) MARK HANDLER DIRECTOR	1.00	х						0.	0.	0.
(20) SAMANTHA HANKS	1.00									
DIRECTOR		Х						0.	0.	0.
(21) DEAN HANSELL	1.00									
DIRECTOR		Х						0.	0.	0.
(22) DUSTIN HEALEY DIRECTOR	1.00	х						0.	0.	0.
(23) MARK HUTCHINS DIRECTOR	1.00	х						0.	0.	0.
(24) CATHERINE HUTTO-GORDON DIRECTOR	1.00	х						0.	0.	0.
(25) DARREN JACKSON DIRECTOR	1.00	х						0.	0.	0.
(26) MICHAEL JONES	1.00									
DIRECTOR		Х						0.	0.	0.
1b Sub-total							<b></b>	0.	0.	0.
c Total from continuation sheets to Part							820,090.	0.	87,924.	
d Total (add lines 1b and 1c)								820,090.	0.	87,924.

Total number of individuals (including but not limited to those listed above) who received more than compensation from the organization

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

### **Section B. Independent Contractors**

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
TUTOR.COM	ONLINE TUTORING	
P.O. BOX 200599, PITTSBURGH, PA 15251	SERVICE	320,000.
MANAGED CAREER SOLUTIONS, INC., 3333	STAFFING FOR PROGRAM	
WILSHIRE BOULEVARD, SUITE 405, LOS	SERVICES	296,025.
CALASIA CONSTRUCTION, INC.		
3050 FLETCHER DRIVE, LOS ANGELES, CA 90065	REMODEL/RENOVATION	271,987.
POWERMYLEARNING, INC./CFY, 520 8TH AVENUE,	STAFFING FOR PROGRAM	
10TH FLOOR, NEW YORK, NY 10018	SERVICES	189,794.

SEE PART VII, SECTION A CONTINUATION SHEETS

Total number of independent contractors (including but not limited to those listed above) who received more than

Form **990** (2016)

\$100,000 of compensation from the organization

	RARY FOUI	ND	AT.	101	1 (	)F	L(	OS ANGELES	95-436	8250
Part VII Section A. Officers, Directors, T	rustees, Key E	mplo	oyee	s, a	nd F	ligh	est	Compensated Employ	rees (continued)	
(A)	(B)			((				(D)	(E)	(F)
Name and title	Average			Posi		1		Reportable	Reportable	Estimated
	hours	(cl	heck	all t	that	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				loyee		the	organizations	compensation
	(list any	· director				emp		organization	(W-2/1099-MISC)	from the
	hours for related	e or d	tee			sated		(W-2/1099-MISC)		organization and related
	organizations	Individual trustee or	Institutional trustee		yee	Highest compensated employee				organizations
	below	iduali	ution	15	Key employee	st co	ъ			5.ga <u>_</u> a
	line)	Indiv	Instit	Officer	Key e	High	Former			
(27) JUDITH KAMINS	1.00									
DIRECTOR		Х						0.	0.	0.
(28) PATRICIA KAO	1.00									
DIRECTOR		Х						0.	0.	0.
(29) MICHAEL KELLEY	1.00									
DIRECTOR		X						0.	0.	0.
(30) ALLEN KIRSCHENBAUM	1.00									
DIRECTOR		Х						0.	0.	0.
(31) MAI LASSITER	1.00									
DIRECTOR		Х						0.	0.	0.
(32) MIKE LINDSEY	1.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(33) ATTICA LOCKE	1.00	ļ								
DIRECTOR	1 00	Х						0.	0.	0.
(34) TERYL MURABAYASHI	1.00	۱								•
DIRECTOR	1 00	Х						0.	0.	0.
(35) NICOLE NEEMAN BRADY	1.00	١,,								•
DIRECTOR	1.00	Х						0.	0.	0.
(36) BERNARD PARKER	1.00	X						0.	0.	0.
DIRECTOR (37) JOHN PEER	1.00	^						0.	0.	0.
DIRECTOR	1.00	X						0.	0.	0.
(38) DAVID ROSENBLUM	1.00	^						0.	· ·	•
DIRECTOR	1.00	X						0.	0.	0.
(39) LORETTA SAVERY	1.00	122						•	•	•
DIRECTOR	1.00	x						0.	0.	0.
(40) AMRITA SEN	1.00	123							•	•
DIRECTOR		x						0.	0.	0.
(41) LOUISA SHIPNUCK	1.00	<del> </del>								
DIRECTOR		x						0.	0.	0.
(42) RACHEL SMALL	1.00							-	-	
DIRECTOR		X						0.	0.	0.
(43) KIM SONNENBLICK	1.00									
DIRECTOR		Х						0.	0.	0.
(44) LINDSEY SPINDLE	1.00									
DIRECTOR		Х	L_		L_	L_	L	0.	0.	0.
(45) KAREN STEVENSON	1.00									
DIRECTOR		Х	L		L	L	L	0.	0.	0.
(46) SHARON TOMKINS	1.00									
DIRECTOR		Х						0.	0.	0.
Total to Part VII, Section A, line 1c	<u></u>									

	ARY FOUL	<i>א</i> עוי	7.T. T	LOI	<u> </u>	ノド	77(	JS ANGELES	95-436	0430
Part VII   Section A. Officers, Directors, Tr	ustees, Key E	mplo	yee	s, a	nd l	ligh	est	Compensated Employ	rees (continued)	
(A)	(B)		_	((				(D)	(E)	(F)
Name and title	Average			Posi		ı		Reportable	Reportable	Estimated
	hours	(cl			that apply)		ly)	compensation	compensation	amount of
	per	È		10011 41114			ŕ	from	from related	other
	week					yee		the	organizations	compensation
	(list any	ector				old m		organization	(W-2/1099-MISC)	from the
	hours for	r dir				ted e		(W-2/1099-MISC)		organization
	related	stee (	ruste			eusa				and related
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				organizations
	below	ividu	titutio	Officer	/ emp	hest	Former			
	line)	pul	sul	₩0	Ke	Hig	For			
(47) JC WILEMAN	1.00									
DIRECTOR		Х						0.	0.	0
(48) MASAHIKO (MATT) YAMAGUCHI	1.00									
DIRECTOR		Х						0.	0.	0
(49) STEPHANIE YONEKURA	1.00									
DIRECTOR		х						0.	0.	0
(50) JOHN F. SZABO	2.00	Η						•		
CITY LIBRARIAN	2.00	x						0.	0.	0
(51) ERIC GARCETTI	1.00								•	
MAYOR OF LOS ANGELES	1.00	x						0.	0.	0
(52) KENNETH BRECHER	60.00	^						0.	0.	0
	00.00	X		х				440,000.	0.	<i>1</i> 7 502
PRESIDENT	60.00	Δ		Δ				440,000.	0.	47,582
(53) REBECCA SHEHEE	60.00			,,				227 (22	0	21 526
VICE PRESIDENT	60.00			Х				227,622.	0.	21,526
(54) THERESA MORRISON	60.00							150 460		10 016
CHIEF FINANCIAL OFFICER				Х				152,468.	0.	18,816.
		1								
		1								
		1								
		-								
		1								
		1								
					$\vdash$	$\vdash$				
		ł								
	l									
								000 000		07 004
Total to Part VII, Section A, line 1c								820,090.		87,924

Part VIII Statement of Revenue

		Check if Schedule O conta	ains a response	or note to any lin	e in this Part VIII			X
					(A)	(B)	(C)	(D)
					Total revenue	Related or	Unrelated	Revenuè éxcluded from tax under
						exempt function revenue	business revenue	sections 512 - 514
इ छ।	1 a	Federated campaigns	1a					012 011
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues		809,672.				
اغٌ ج		Fundraising events		460,943.				
ifts				400,545.				
اةِ' <u>ج</u>		Related organizations		20 000				
Sin		Government grants (contributions	· · ·	20,000.				
īğ j	T	All other contributions, gifts, grant		5 005 003				
gi H		similar amounts not included abov		5,805,893.				
no n	_	Noncash contributions included in lines		97,981.				
<u>a</u> C	h	Total. Add lines 1a-1f			7,096,508.			
				Business Code				
Se	2 a	READING ALOUD PROGRAM		900099	94,904.	94,904.		
e ⊈	b							
S c	С	:						
ev.	d	l						
Program Service Revenue	е	•	_					
ᇫ	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f			94,904.			
	3	Investment income (including						
		other similar amounts)			555,293.			555,293.
	4	Income from investment of tax			,			,,,
	5	Royalties		1				
	•	noyanio	(i) Real	(ii) Personal				
	6 2	Gross rents	(i) ricai	(ii) i cisoriai				
		Less: rental expenses						
		Rental income or (loss)						
		· ·						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	7,474,679.	15,000.				
	b	Less: cost or other basis		5 066				
		and sales expenses		5,266.				
		Gain or (loss)						
		Net gain or (loss)			80,213.			80,213.
e l	8 a	Gross income from fundraising	•					
en			<u>,943.</u> of					
Other Reven		contributions reported on line	,					
e		Part IV, line 18						
<b>₽</b>		Less: direct expenses		216,167.				
	С	Net income or (loss) from fund	Iraising events	<b></b>	266,856.			266,856.
	9 a	Gross income from gaming ac	tivities. See					
		Part IV, line 19	a					
	b	Less: direct expenses	b					
	С	Net income or (loss) from gam	ing activities					
	10 a	Gross sales of inventory, less	returns					
		and allowances	а	525,565.				
	b	Less: cost of goods sold						
		Net income or (loss) from sale			-30,041.			-30,041.
İ		Miscellaneous Revenu		Business Code				
ţ	11 a							
	b							
	c							
		All other revenue						
		• Total. Add lines 11a-11d						
	12	Total revenue. See instructions.			8,063,733.	94,904.	0.	872,321.
					, ,	,		,

# Part IX | Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	ner organizations must co	omplete column (A).	
	Check if Schedule O contains a respon				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	23,482.	23,482.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	831,891.	313,512.	82,433.	435,946.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,854,655.	2,391,138.	230,971.	232,546.
8	Pension plan accruals and contributions (include		40.00	4.5.4.	48 000
	section 401(k) and 403(b) employer contributions)	77,363.		17,061.	17,306.
9	Other employee benefits	191,596.	106,483.	42,254.	42,859.
10	Payroll taxes	187,039.	103,950.	41,249.	41,840.
11	Fees for services (non-employees):				
а	Management				
b	Legal	25 224		25 224	
	• • • • • • • • • • • • • • • • • • • •	35,804.		35,804.	
	Lobbying				
е	, , , , , , , , , , , , , , , , , , ,	05 050		05 050	
f	Investment management fees	95,052.		95,052.	
g	,	22 100		22 100	
	column (A) amount, list line 11g expenses on Sch O.)	23,188.	265 021	23,188.	
12	Advertising and promotion	278,815.	265,831.	12,984.	00 074
13	Office expenses	187,031. 13,941.	25,100. 9,399.	62,857.	99,074.
14	Information technology	13,941.	9,399.	4,542.	
15	Royalties				
16	Occupancy	50,730.	29,082.	21,648.	
17	Travel	30,730.	29,002•	21,040.	
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Payments to affiliates				
21 22	Depreciation, depletion, and amortization	28,360.		28,360.	
23	Insurance	3,631.		3,631.	
24	Other expenses. Itemize expenses not covered	-,0020		-,	
- '	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	SEMINARS, EXHIBITS, AND	1,117,932.	1,117,932.		
b	EVENTS	395,928.	395,928.		
С	LIBRARY BOOKS	143,963.	143,963.		
d	COMPUTER EQUIPMENT	135,350.	133,865.	1,485.	
е	All other expenses	129,442.	129,442.		
25	Total functional expenses. Add lines 1 through 24e	6,805,193.	5,232,103.	703,519.	869,571.
26	<b>Joint costs.</b> 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)				
					Earm <b>990</b> (2016)

#### Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 325,393. 236,180. Cash - non-interest-bearing 1 225,052. 51,001. 2 Savings and temporary cash investments 1,891,975. 1,554,192. 3 Pledges and grants receivable, net 4 4 Accounts receivable, net **5** Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L Assets 6 Notes and loans receivable, net 7 123,167. 136,625. 8 Inventories for sale or use Prepaid expenses and deferred charges **10a** Land, buildings, and equipment: cost or other 742,999. basis. Complete Part VI of Schedule D \_\_\_\_\_ 10a 536,396. 206,603. 584,680. b Less: accumulated depreciation 10b 10c 35,286,567. 41,333,372. Investments - publicly traded securities 11 11 1,089,505. 988,384. 12 Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 507<u>,595</u>. 519,825. 15 Other assets. See Part IV, line 11 15 39,944,721. 45,445,188. 16 Total assets. Add lines 1 through 15 (must equal line 34) .... 16 97,159. 17 98,249. 17 Accounts payable and accrued expenses 18 18 Grants payable 388,831. 526,767. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, \_iabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 25 Schedule D 485,990. 625,016. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. **Net Assets or Fund Balances** 16,868,700. 9,131,318. 19,677,430. 27 Unrestricted net assets 27 10,164,029. 28 Temporarily restricted net assets 13,458,713. 14,978,713. 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 39,458,731. 44,820,172. Total net assets or fund balances 33 33 39,944,721. 45,445,188. Total liabilities and net assets/fund balances\_\_\_\_\_\_

Form **990** (2016)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
			_			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,06		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,80		
3	Revenue less expenses. Subtract line 2 from line 1	3	1	, 25	8,5	40.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		, 45		
5	Net unrealized gains (losses) on investments	5	4	,07	6,9	01.
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 in Schedule O)	9		2	6,0	00.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	44	,82	0,1	72.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat					
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	.,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule (	<b>D</b> .			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	ıdit			
	Act and OMB Circular A-133?			За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	ıdit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		<u></u> .	3b		

Form **990** (2016)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE LIBRARY FOUNDATION OF LOS ANGELES

**Employer identification number** 95-4368250

Pa	rt I	Reason for Public (	Charity Status (/	All organizations must co	mplete th	is part.) Se	ee instructions.	
Γhe	organ	ization is not a private found	lation because it is: (	For lines 1 through 12, o	heck only	one box.)		
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2		A school described in secti	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Forn	n 990 or 99	90-EZ).)		
3		A hospital or a cooperative	hospital service orga	anization described in <b>se</b>	ection 170	(b)(1)(A)(ii	ii).	
4		A medical research organiz					-	the hospital's name,
		city, and state:	•					,
5		An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental unit describ	ped in
		section 170(b)(1)(A)(iv). (C		,	•	, 3		
6		A federal, state, or local gov	•	nental unit described in s	section 17	70(b)(1)(A)	(v).	
	X	An organization that norma	-					public described in
		section 170(b)(1)(A)(vi). (C	•		· - · · · · · · · · · · · · · · · · · ·		<b>3-</b>	
8		A community trust describe		(1)(A)(vi). (Complete Par	t II.)			
9		An agricultural research org				ed in coniu	inction with a land-grant	college
-		or university or a non-land-g				_	-	-
		university:	, and conege of agric				,, a state s. ine seneg	,
10		An organization that norma	Ilv receives: (1) more	than 33 1/3% of its sur	port from	contribution	ons, membership fees, a	and gross receipts from
		activities related to its exen						
		income and unrelated busin	-	·				-
		See section 509(a)(2). (Cor		(iooo oooiion o i i iani) iii				
11		An organization organized a	'	ively to test for public sa	fetv. See	section 50	)9(a)(4).	
12		An organization organized a	•	•	-			e purposes of one or
		more publicly supported or	•	•	-		•	
		lines 12a through 12d that	•					
а		Type I. A supporting orga	* *			-		aivina ,
		the supported organization	· · · · · · · · · · · · · · · · · · ·		•			
		organization. You must o			, ,			11 3
b		Type II. A supporting org			tion with it	s support	ed organization(s), by ha	iving
		control or management o	•					•
		organization(s). You mus			•			•
С		Type III functionally inte	-		in connec	tion with, a	and functionally integrate	ed with,
		its supported organization	n(s) (see instructions	s). You must complete i	Part IV, Se	ections A,	D, and E.	
d		Type III non-functionally	/ integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organi	zation(s)
		that is not functionally int	egrated. The organiz	zation generally must sat	tisfy a dist	ribution re	quirement and an attent	iveness
		requirement (see instruct	ions). <b>You must con</b>	nplete Part IV, Sections	A and D,	and Part	V.	
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	a Type I, Type II, Type III	
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organi:	zation.		
f	Ente	er the number of supported o	organizations					
g		ride the following information		` ` '				
	(	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of monetary	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
Γota	al							

Schedule A (Form 990 or 990-EZ) 2016 THE LIBRARY FOUNDATION OF LOS ANGELES 95-4368250 Page 2

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	7,276,399.	5,186,308.	5,922,813.	6,990,277.	7,096,508.	32,472,305.
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	7,276,399.	5,186,308.	5,922,813.	6,990,277.	7,096,508.	32,472,305.
	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)						5,885,410.
6	Public support. Subtract line 5 from line 4.						26,586,895.
_	etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4	7,276,399.	5,186,308.	5,922,813.	6,990,277.	7,096,508.	32,472,305.
	Gross income from interest,	7=337333	, , = , , , , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7 7 2 2 7 7 2 2 2	7 / 2 / 7 / 2 / 2	
Ŭ	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	765.856	945,678.	664.315.	559.665.	555,293.	3,490,807.
9	Net income from unrelated business	,	7 20 7 0 7 0 7	001,0101		333,233	-,,
•	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						35,963,112.
12	Gross receipts from related activities,	etc (see instruction	ns)			12 2	,736,737.
	'	•	,			· · · · · · · · · · · · · · · · · · ·	7.007.0.0
.0	organization, check this box and <b>stor</b>	-			•		
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2016 (			olumn (f))		14	73.93 %
15	Public support percentage from 2015					15	77.59 %
	33 1/3% support test - 2016. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2015. If the o						
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	· ·					Ť
	meets the "facts-and-circumstances"					-	
h	10% -facts-and-circumstances tes						
-	more, and if the organization meets the	-					
	organization meets the "facts-and-cire		•				
18	Private foundation. If the organization						
<u> </u>		oncon u		., ,	,		··········

Schedule A (Form 990 or 990-EZ) 2016

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

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

Se	ction A. Public Support	, 1	,				
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6					, ,	
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First five years. If the Form 990 is for	r the organization'	s first, second, thi	rd, fourth, or fifth t	ax vear as a section	on 501(c)(3) organi:	zation.
		-			•		
Se	ction C. Computation of Publ						
	Public support percentage for 2016 (			column (f))		15	%
	Public support percentage from 2015					16	%
	ction D. Computation of Inves						,,
	Investment income percentage for 20					17	%
	Investment income percentage from					18	<del>//</del>
	a 33 1/3% support tests - 2016. If the						
	more than 33 1/3%, check this box a						
ŀ	33 1/3% support tests - 2015. If the						
•	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

# Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

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

Pa	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 in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	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,			
	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 in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		,	
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions		N
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	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		
D	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	O.L.		
•	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	0-		
l <sub>a</sub>	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
D	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 <b>Part VI</b> the role played by the organization in this regard.	3b		
	or its supported organizations: it res, describe in rait vi the role played by the organization in this regald.	SD		

Schedule A (Form 990 or 990-EZ) 2016 THE LIBRARY FOUNDATION OF LOS ANGELES 95-4368250 Page 6

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	g Orga	anizations	J
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov. 20, 1970 (explain in	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete s	Sections A through E.	
Sect	ion A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount	•	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functiona	lly integra	ated Type III supporting org	ganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2016

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	he organization is responsive	e	
	(provide details in <b>Part VI</b> ). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount		<u></u>	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
С	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			

Schedule A (Form 990 or 990-EZ) 2016

8 Breakdown of line 7:

b Excess from 2013c Excess from 2014d Excess from 2015e Excess from 2016

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

Department of the Treasury Internal Revenue Service **Schedule of Contributors** 

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Name of the organization

**Employer identification number** 

THE LIBRARY FOUNDATION OF LOS ANGELES

95-4368250

<b>Organization type</b> (check o	ne):
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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
Note: Only a section 501(c)  General Rule  For an organization	s covered by the <b>General Rule</b> or a <b>Special Rule</b> .  (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.  In filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rules	
sections 509(a)(1) any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from or, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1. Complete Parts I and II.
year, total contribu	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the itions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for cruelty to children or animals. Complete Parts I, II, and III.
year, contributions is checked, enter h purpose. Don't cor	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., mplete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year \ \rightarrow \$
but it <b>must</b> answer "No" on	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 he filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization Employer identification number

# THE LIBRARY FOUNDATION OF LOS ANGELES

95-4368250

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$320,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>1,626,200</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>150,000</u> .	Person X Payroll
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>1,538,970</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)

# THE LIBRARY FOUNDATION OF LOS ANGELES

95-4368250

Part II	Noncash Property (See instructions). Use duplicate copies of Par	t 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
		<u> </u>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		_	
		<u> </u>	
(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
Turti		_	
		<u> </u>	
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		_	
		_ _	
23453 10-18-	40	Schedule B (Form	990, 990-EZ, or 990-PF) (201

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

## **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

THE LIBRARY FOUNDATION OF LOS ANGELES

**Employer identification number** 95-4368250

Pai	t I Organizations Maintaining Donor Advise		or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		•
	, ,	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a histor	rically important land area
	Protection of natural habitat	Preservation of a certif	ied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form o	f a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic structu	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel		
	year ▶		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, $\\$	handling of violations, and enforcing conse	ervation easements during the year
	<b></b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservati	on easements during the year
	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) above	*	
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	· · · · · · · · · · · · · · · · · · ·	
	include, if applicable, the text of the footnote to the organizat	tion's financial statements that describes t	ne organization's accounting for
Pai	conservation easements.  t III   Organizations Maintaining Collections or	f Art Historical Treasures or Ot	hor Similar Assats
Fai	Complete if the organization answered "Yes" on Form		nei Siiniai Assets.
			ant and balance about works of art
ıa	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh	•	ce of public service, provide, in Part XIII,
h	the text of the footnote to its financial statements that descri		and balance about works of art bistorical
D	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pub	ild service, provide the following amounts
	relating to these items:		▶ Φ
	(i) Revenue included on Form 990, Part VIII, line 1		
2	(ii) Assets included in Form 990, Part X		
~	the following amounts required to be reported under SFAS 1	·	gain, provide
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	Assets included in Form 990, Part X		
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Schedule D (Form 990) 2016

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

Pa	rt III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or Ot	her Sim	nilar Asse	<b>ts</b> (continu	ued)		
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that are a	significa	nt use of its	collection	items		
	(check all that apply):									
а	Public exhibition	d	Loan or exc	hange programs						
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.									
5	During the year, did the organization solicit o						7			
D-	to be sold to raise funds rather than to be ma						Yes	└── No		
Ра	rt IV Escrow and Custodial Arran reported an amount on Form 990, Par		ete if the organizatio	n answered "Yes"	on Form 9	990, Part IV,	line 9, or			
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for contribution	s or other assets n	ot include	ed				
	on Form 990, Part X?						Yes	☐ No		
b	If "Yes," explain the arrangement in Part XIII									
							Amount			
С	Beginning balance				10	;				
	Additions during the year					ı				
	Distributions during the year									
f						•				
2a	Did the organization include an amount on Fe					L	Yes	No		
<u>b</u>	If "Yes," explain the arrangement in Part XIII.									
Pa	rt V Endowment Funds. Complete i	f the organization an	swered "Yes" on Fo	orm 990, Part IV, lin	e 10.					
		(a) Current year	(b) Prior year	(c) Two years back	(d) Thre	e years back	(e) Four	years back		
1a	Beginning of year balance	34,487,342.	34,651,259.	34,451,439	. 29	,865,748.	24,	641,986.		
b	Contributions	1,529,100.	2,012,250.	995,870		600,000.	2,	850,000.		
С	Net investment earnings, gains, and losses	4,581,389.	-1,017,491.	242,130	. 4	,947,605.	3,	214,095.		
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	1,256,755.	1,158,676.	1,038,180		961,914.		840,333.		
f	Administrative expenses									
g	End of year balance	39,341,076.	34,487,342.	34,651,259	. 34	,451,439.	29,	865,748.		
2	Provide the estimated percentage of the curr		e (line 1g, column (a	a)) held as:						
а	Board designated or quasi-endowment	44.00	_%							
	Permanent endowment ► 38.00	%								
С	Temporarily restricted endowment ▶ 1	8.00 %								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3а	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administered fo	r the orga	ınization	_			
	by:							Yes No		
	(i) unrelated organizations							X		
	(ii) related organizations							X		
b	If "Yes" on line 3a(ii), are the related organiza						3b			
4	Describe in Part XIII the intended uses of the		wment funds.							
Ра	rt VI Land, Buildings, and Equipm									
	Complete if the organization answere	1	· · · · · · · · · · · · · · · · · · ·	i						
	Description of property	(a) Cost or of basis (investn		, ,	Accumul lepreciati		(d) Book	value		
1a	Land									
	Buildings									
С	Leasehold improvements									
d	Equipment		74	2,999.	206,	603.	536	396.		
	Other									
<u>Tota</u>	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line 1	0c.)		▶	536	,396.		

Schedule D (Form 990) 2016

Part VII Investments - Other Securities.	. roundatioi	N OF LOS ANGE	LES 95-4368250 Pag
Complete if the organization answered "Yes"	on Form 990 Part IV	line 11h See Form 990	Part X line 12
(a) Description of security or category (including name of security)	(b) Book value		aluation: Cost or end-of-year market value
(1) Financial derivatives	'		· · · · · · · · · · · · · · · · · · ·
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV	, line 11c. See Form 990,	Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of v	aluation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		, line 11d. See Form 990,	
(a)	Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 15.)		<b>&gt;</b>
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV		n 990, Part X, line 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			

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

<sup>2.</sup> Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2016

Dart VI	Doggono	iliation	of Dovo	ALIA BAR A	uditad [	inancial C	tatam	onte V	With Dovo	alla na
schedule D	(Form 990)	2016	11111	TIDIAN	1 100	MDWITON	1 01	ДОО	Миспп	טו

Pai	Reconciliation of Revenue per Audited Financial State	ments wit	n Revenue per R	eturi	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total revenue, gains, and other support per audited financial statements			1	12,789,322.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	4,076,901.		
b	Donated services and use of facilities	2b	162,134.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)		26,000.		
е	Add lines 2a through 2d			2e	4,265,035.
3	Subtract line 2e from line 1			3	8,524,287.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	95,052.		
b	Other (Describe in Part XIII.)	4b	-555,606.		
С	Add lines 4a and 4b			4c	-460,554.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	8,063,733.
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ements Wi	th Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total expenses and losses per audited financial statements			1	7,427,881.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	162,134.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	555,606.		
е	Add lines 2a through 2d			2e	717,740.
3	Subtract line 2e from line 1			3	6,710,141.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	95,052.		
b	Other (Describe in Part XIII.)	4b			
_	Add lines 4a and 4h			4c	95.052.

#### Part XIII Supplemental Information.

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

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

### PART V, LINE 4:

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

#### PART X, LINE 2:

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

Schedule D (Form 990) 2016

6,805,193.

# SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

**Statement of Activities Outside the United States** 

 $\blacktriangleright$  Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

2016
Open to Public Inspection

Name of the organization

Employer identification number

Name of the organization					Employer identi	ncation number
THE LIBRARY FOU	NDATION	OF LOS A	ANGELES		95-43682	50
		ctivities Ou	tside the United States. Comple	ete if the organ	ization answered "	'Yes" on
Form 990, Part IV		maintain rocar	ds to substantiate the amount of its gr	ants and other	assistance	
<del>-</del>	-		the selection criteria used to award the			Yes No
and granners anglesma, i	g	,		J		
2 For grantmakers. Desc	ribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and o	ther assistance ou	tside the
United States.						
	T -		an be duplicated if additional space is	· ·	الم الم منا الم الماء	(6) Takal
(a) Region	(b) Number of offices	employees,	(d) Activities conducted in the region (by type) (such as, fundraising, pro-		vity listed in (d) gram service,	(f) Total expenditures
	in the region	employees, agents, and independent	gram services, investments, grants to	describe	specific type	for and investments
		contractors in the region	recipients located in the region)	of service	(s) in the region	in the region
NODELL AMEDICA		0	GRANTS TO RECIPIENTS	CID A NIMMA IZ TAYO	1	17 750
NORTH AMERICA	0	0	LOCATED IN REGION	GRANTMAKING	i	17,750.
EUROPE (INCLUDING			GRANTS TO RECIPIENTS			
ICELAND & GREENLAND)	0	0	LOCATED IN REGION	GRANTMAKING	<b>;</b>	5,732.
						1
3 a Sub-total	0	0				23,482.
b Total from continuation						25,402.
sheets to Part I	0	0				0.
c Totals (add lines 3a						
and 3b)	0	0				23,482.

632071 09-21-16

Schedule F (Form 990) 2016

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

Part II Grants and Oth	er Assistance to Org	ganizations or Entities	Outside the United States.	Complete if the o	rganization answere	d "Yes" on Form	990, Part IV, line 15, fo	or any
recipient who rec	ceived more than \$5,	000. Part II can be dupli	cated if additional space is ne	eeded.				
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			recognized as charities by the					
			n 501(c)(3) equivalency letter					

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (g) Description of (e) Manner of (f) Amount of (a) Type of grant or assistance (b) Region recipients cash disbursement noncash assistance cash grant noncash assistance TRAVEL STIPENDS AND PROGRAM EXPENSES FOR VARIOUS OAXACAN CHECK AND/OR 17,750. INTERNATIONAL WIRE ARTISTS NORTH AMERICA 0. 4 EUROPE (INCLUDING ICELAND & SCHOLARSHIPS AND TRAVEL STIPENDS GREENLAND) 5,732.CHECK 0.

# Part IV | Foreign Forms 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes." the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization 2 may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990) \_\_\_\_\_ Yes 🗓 Yes 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471) 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," 5 the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865) Did the organization have any operations in or related to any boycotting countries during the tax year? If 6 "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see

Instructions for Form 5713; do not file with Form 990)

Schedule F (Form 990) 2016

## Schedule F (Form 990) 2016 Part V | Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART	Т	$_{ m LINE}$	2	٠
LUILI	т,	1111111	4	•

LIBRARY FOUNDATION OF LOS ANGELES (LFLA) STAFF MONITORS AND PROVIDES
FISCAL MANAGEMENT FOR ALL LFLA-SUPPORTED PROJECTS. IN INSTANCES WHEN AN
LFLA-SUPPORTED PROGRAM USES A VENDOR OUTSIDE OF THE U.S., LFLA STAFF
DETERMINES COMPLIANCE WITH ALL REPORTING AND TAX LAWS. LFLA PAYS VENDORS
OUTSIDE OF THE U.S. VIA CHECK OR INTERNATIONAL WIRE TRANSFER USING THE
SAME CASH DISBURSEMENT AND INVOICE PROCESSING POLICIES AS DESCRIBED IN
THE INTERNAL CONTROL NARRATIVE. ALL ORIGINAL RECEIPTS ARE SENT BY THE
VENDOR TO LFLA WITH THE REQUEST FOR PAYMENT. QUARTERLY, LFLA PERSONNEL
REVIEW PROGRAM OR PROJECT EXPENDITURES COMPARED TO THE APPROVED BUDGET
ASSOCIATED WITH THE GRANT AWARD. LFLA STAFF, INCLUDING A REPRESENTATIVE
FROM THE ACCOUNTING DEPARTMENT, REVIEW FINANCIAL REPORTS AND DISCUSS
VARIANCES MORE THAN 10% WITH THE VP OF ADVANCEMENT; THEY ALSO DOCUMENT
AND EXPLAIN SUCH DIFFERENCES IN THE FINAL FINANCIAL REPORT TO THE AUDIT
AND EXECUTIVE COMMITTEES AND THE BOARD. LFLA STAFF ALSO SUBMITS A
NARRATIVE REPORT DETAILING PROJECT ACTIVITIES AND ACCOMPLISHMENT UPON
PROJECT COMPLETION.

#### **SCHEDULE G**

(Form 990 or 990-EZ)

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.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

THE LIB	RARY FOUNDATION OF	, ГО	S A	NGELES	95-4368	250
Part I Fundraising Activities. required to complete this part	Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV,	line 17. Form 990-E2	filers are not
<ul> <li>Indicate whether the organization rais a Mail solicitations</li> <li>Internet and email solicitations</li> <li>Phone solicitations</li> <li>In-person solicitations</li> <li>Did the organization have a written of key employees listed in Form 990, Pab If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the</li> </ul>	e Solicita f Solicita g Special  or oral agreement with any individual art VII) or entity in connection with p	tion of tion of fundra I (include profess	non-g gover lising o ding o ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees, or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Гotal			<b>•</b>			
3 List all states in which the organization or licensing.	n is registered or licensed to solicit	contrib	utions	s or has been notified	d it is exempt from re	egistration

632081 09-12-16

Schedule G (Form 990 or 990-EZ) 2016

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

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.

		of fundraising event contributions and gr	oss income on Form 990	)-EZ, lines 1 and 6b. List	events with gross receip	ots greater than \$5,000.		
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events		
			LITERARY	YOUNG		(add col. (a) through		
			CELEBRATION	LITERATI TOA	2	col. <b>(c)</b> )		
ø)			(event type)	(event type)	(total number)	COI. (C))		
Revenue								
eve	1	Gross receipts	624,780.	189,748.	129,438.	943,966.		
Œ								
	2	Less: Contributions	315,065.	145,878.		460,943.		
	3	Gross income (line 1 minus line 2)	309,715.	43,870.	129,438.	483,023.		
	4	Cash prizes						
	5	Noncash prizes						
ses			10 505	26 106		40 702		
per	6	Rent/facility costs	12,597.	36,186.		48,783.		
Direct Expenses			20 507	26 200		75 005		
rec	7	Food and beverages	39,507.	36,398.		75,905.		
՝			16,637.	1 970		18,507.		
	8	Entertainment	34,027.	1,870. 2,346.	36,599.	72,972.		
	9	Other direct expenses				216,167.		
	10	· · · · · · · · · · · · · · · ·				266,856.		
11 Net income summary. Subtract line 10 from line 3, column (d)   Part III   Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than								
		\$15,000 on Form 990-EZ, line 6a.		. 555,	roportou moro unam			
_		,	( ) 5:	(b) Pull tabs/instant		(d) Total gaming (add		
nue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)		
Revenue								
Ω	1	Gross revenue						
δ	2	Cash prizes						
nse								
Expenses	3	Noncash prizes						
t E								
Direct	4	Rent/facility costs						
_								
	5	Other direct expenses						
			Yes %	Yes %	Yes %			
	6	Volunteer labor	∟ No	∟ No	└── No			
	_	Direct conservation Add lines Others and	la E la california (al)		_			
	7	Direct expense summary. Add lines 2 through	n 5 in column (a)		<b>&gt;</b>			
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)					
		Net garning income summary. Subtract line 7	nominic i, column (a)					
9	En	ter the state(s) in which the organization condi	ucts gaming activities:					
		the organization licensed to conduct gaming a	· · · · -	states?		Yes No		
		No," explain:				. —		
		•						
	_							
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or to	erminated during the tax	year?	Yes No		
b	lf "	Yes," explain:						

632082 09-12-16

Schedule G (Form 990 or 990-EZ) 2016

Sch	edule G (Form 990 or 990-EZ) 2016 THE LIBRARY FOUNDATION OF LOS ANGELES 95-4	1368250	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	<u> </u>	
	Name ▶		
	Address ►		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	olf "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party > \$		
c	If "Yes," enter name and address of the third party:		
	Name		
	Address >		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ▶ \$		
	- Calling Hallager compensation		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year > \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, I	ines 9, 9b, 10	0b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions		, ,
	· · · · · · · · · · · · · · · · · · ·		
		,	

Schedule G	(Form 990 or 990-EZ)	THE LIBRARY	FOUNDATION	OF LOS	ANGELES	95-4368250	Page 4
Part IV	(Form 990 or 990-EZ)  Supplemental Info	rmation (continued)					
		· · · · · · · · · · · · · · · · · · ·					
-							

Schedule G (Form 990 or 990-EZ)

# **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.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

THE LIBRARY FOUNDATION OF LOS ANGELES

Employer identification number 95-4368250

	·		Yes	No
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	X	
3	Indicate which, if any, of the following the filing 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 Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	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		Х
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	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		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2016

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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred benefits	(E) Total of columns	(F) Compensation in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	reported as deferred on prior Form 990
(1) KENNETH BRECHER	(i)	280,000.	160,000.	0.	12,850.	34,732.	487,582.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.		0.
(2) REBECCA SHEHEE	(i)	152,622.	75,000.	0.	7,106.	14,420.	249,148.	0.
VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.		0.
(3) THERESA MORRISON	(i)	132,468.	20,000.	0.	5,691.	13,125.		0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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

## **SCHEDULE M** (Form 990)

Department of the Treasury

Internal Revenue Service

# **Noncash Contributions**

OMB No. 1545-0047

Open To Public Inspection

Name of the organization

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

THE LIBRARY FOUNDATION OF LOS ANGELES

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

**Employer identification number** 95-4368250

(a) (b) (c) (d) Check if applicable applicable terms contributed Form 990, Part VIII, line 1g  1 Art - Works of art (d) Method of determ noncash contribution amounts reported on terms contributed form 990, Part VIII, line 1g	_	ts
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 X 11 97,201.FMV		
10 Securities - Closely held stock		
11 Securities - Partnership, LLC, or trust interests		
12 Securities - Miscellaneous		
13 Qualified conservation contribution - Historic structures		
14 Qualified conservation contribution - Other		
15 Real estate · Residential		
16 Real estate - Commercial		
17 Real estate - Other		
18 Collectibles		
19 Food inventory		
20 Drugs and medical supplies		
21 Taxidermy		
22 Historical artifacts		
23 Scientific specimens		
24 Archeological artifacts		
25 Other ► (TRAVEL MILES ) X 1 780.FMV		
26 Other ( )		
27 Other ( )		
28 Other ( )		
29 Number of Forms 8283 received by the organization during the tax year for contributions		
for which the organization completed Form 8283, Part IV, Donee Acknowledgement		
	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it		
must hold for at least three years from the date of the initial contribution, and which isn't required to be used for		
exempt purposes for the entire holding period?		X
<b>b</b> If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?31	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash		
contributions?		X
<b>b</b> If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,		
describe in Part II.		

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

Schedule M (Form 990) (2016)

632142 08-23-16

Schedule M (Form 990) (2016)

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

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

16 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

THE LIBRARY FOUNDATION OF LOS ANGELES

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. **Employer identification number** 95-4368250

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

ELECTRONIC RESOURCES THE LIBRARY HAS TO OFFER.

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

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

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

THE CONFLICT OF INTEREST POLICY APPLIES TO: 1) VOTING MEMBERS OF THE BOARD OF DIRECTORS, 2) OFFICERS AS DEFINED IN THE FOUNDATION'S BYLAWS; OR 3) AN EMPLOYEE OF THE FOUNDATION WITH A SIGNIFICANT DECISION-MAKING ROLE IN THE AFFAIRS OF THE OPERATIONS OF THE FOUNDATION, ON AN ANNUAL BASIS. THE DIRECTORS, OFFICERS OR EMPLOYEES ARE REQUIRED TO DISCLOSE ANY RELATIONSHIPS THAT MAY LEAD TO CONFLICTS OF INTEREST AND MUST SIGN AND RETURN THE POLICY EVERY YEAR. THIS LAST CONPREHENSIVE REVIEW AND UPDATE TO THIS POLICY WAS COMPLETED IN 2015.

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

AN AD HOC COMMITTEE OF THE BOARD'S EXECUTIVE COMMITTEE DETERMINES THE COMPENSATION FOR THE PRESIDENT. THE COMMITTEE SURVEYS MANY OTHER COMPARABLE ORGANIZATIONS AS WELL AS CONSULTS INDEPENDENT FIRMS TO DETERMINE A FAIR LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2016)

632211 08-25-16

Name of the organization
THE LIBRARY FOUNDATION OF LOS ANGELES

Employer identification number 95-4368250

COMPENSATION. THE AMOUNTS DETERMINED ARE THEN TAKEN TO THE 12 MEMBER

EXECUTIVE COMMITTEE FOR APPROVAL.

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

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

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

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

THE "ABOUT" SECTION, UNDER "NEWSROOM/DOCUMENTS" SECTION OF THE WEBSITE AND

LOOK FOR "AUDITED FINANCIAL STATEMENTS" 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 I, LINE 8; PART VIII, LINE 1F; PART X, LINE 3
2017 ADDITIONAL ENDOWED GIFTS

DURING THE YEAR ENDED JUNE 30, 2017, THE LIBRARY FOUNDATION OF LOS

ANGELES RECEIVED AN ADDITIONAL GIFT OF \$1,500,000 FOR THE FUTURE

LEADERS ENDOWMENT FOR A TOTAL OF \$2,500,000. THIS ENDOWMENT WAS

ESTABLISED FOR THE PURPOSE OF ENHANCING THE LOS ANGELES PUBLIC

LIBRARY'S (LAPL) CHILDREN AND TEEN SUMMER READING PROGRAM BY BRINGING

Name of the organization

THE LIBRARY FOUNDATION OF LOS ANGELES

Employer identification number 95-4368250

NOTED AUTHORS TO BRANCHES AS WELL AS CREATING A CIVICS ENGAGEMENT PROGRAM THAT WILL ENHANCE LAPL'S 45 TEEN COUNCILS.

DURING THE YEAR ENDED JUNE 30, 2017, THE LIBRARY FOUNDATION OF LOS

ANGELES RECEIVED TWO ADDITIONAL GIFTS OF \$117,250 AND \$9,100 FOR THE

VICTORIA E. FOOTE ENDOWMENT FOR A TOTAL OF \$3,101,350. THIS ENDOWMENT

WAS ESTABLISHED FOR THE AREA OF GREATEST NEED WITHIN THE CONSTELLATION

OF PROGRAMS THAT HELP STUDENTS SUCCEED IN THEIR EDUCATIONAL PURSUITS.

DURING THE YEAR ENDED JUNE 30, 2017, THE LIBRARY FOUNDATION OF LOS

ANGELES RECEIVED AN ADDITIONAL GIFT OF \$25,000 FOR THE CLARE PATTERSON

HUTOO ENDOWMENT FOR A TOTAL OF \$150,000. THIS ENDOWMENT WAS ESTABLISHED

FOR THE PURPOSE OF SUPPORTING THE LOS ANGELES PUBLIC LIBRARY'S LIVE

HOMEWORK PROGRAM.

DURING THE YEAR ENDED JUNE 30, 2017, THE LIBRARY FOUNDATION OF LOS

ANGELES RECEIVED AN ADDITIONAL GIFT OF \$10,000 FOR THE LYNN STRASBURG

MILLER ENDOWMENT FOR A TOTAL OF \$70,000. THIS ENDOWMENT WAS ESTABLISHED

FOR THE PURPOSE OF SUPPORTING THE LOS ANGELES PUBLIC LIBRARY'S STUDENT

ZONES PROGRAM.

DURING THE YEAR ENDED JUNE 30, 2017, THE LIBRARY FOUNDATION OF LOS

ANGELES RECEIVED AN ADDITIONAL GIFT OF \$10,000 FOR THE DEAN HANSELL

ENDOWMENT FOR A TOTAL OF \$30,000. THIS ENDOWMENT WAS ESTABLISHED FOR

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

LITERACY PROGRAM.

## 2016 ENDOWMENTS ESTABLISHED

Name of the organization
THE LIBRARY FOUNDATION OF LOS ANGELES

Employer identification number 95-4368250

DURING THE YEAR ENDED JUNE 30, 2016, THE LIBRARY FOUNDATION OF LOS

ANGELES RECEIVED A GIFT OF \$1,000,000 TO ESTABLISH THE EDYTHE BROAD

TECHNOLOGY FUND FOR STUDENTS IN HONOR OF EDYTHE'S 80TH BIRTHDAY. THE

PURPOSE OF THIS ENDOWMENT IS TO ENSURE STATE-OF-THE-ART COMPUTERS,

LAPTOPS, TABLETS AND PRINTERS ARE AVAILABLE TO YOUNG PEOPLE AT THE 38

STUDENT ZONES OF THE LOS ANGELES PUBLIC LIBRARY.

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

## 2017 BEQUEST

DURING THE YEAR ENDED JUNE 30, 2017, THE LIBRARY FOUNDATION OF LOS

ANGELES RECEIVED AN UNRESTRICTED BEQUEST, FROM THE ESTATE OF RUTH

RALPH, TOTALING \$1,538,970 FOR GENERAL, UNRESTRICTED SUPPORT.

### 2017 BEQUEST

DURING THE YEAR ENDED JUNE 30, 2017, THE LIBRARY FOUNDATION OF LOS ANGELES RECEIVED AN UNRESTRICTED BEQUEST, FROM THE ESTATE OF NINA BYERS, TOTALING \$77,343 FOR GENERAL, UNRESTRICTED SUPPORT.

#### 2017 BEQUEST

DURING THE YEAR ENDED JUNE 30, 2017, THE LIBRARY FOUNDATION OF LOS

ANGELES RECEIVED A RESTRICTED BEQUEST, FROM THE ESTATE OF BARBARA

TOOHEY, TOTALING \$110,000 FOR THE PURPOSE OF SUPPORTING THE

ORGANIZATION.

## PART VIII

Name of the organization **Employer identification number** THE LIBRARY FOUNDATION OF LOS ANGELES 95-4368250 THE FOUNDATION OPERATES A GIFT STORE LOCATED IN THE HISTORIC LOS ANGELES CENTRAL LIBRARY. THE LIBRARY STORE WAS REMODELED IN 2016, AFTER 18 YEARS, IN ORDER TO REFRESH THE APPEARANCE AND BRING IT INTO FULL ADA COMPLIANCE. THE LIBRARY STORE SALES SUPPORT THE LOS ANGELES PUBLIC LIBRARY. FORM 990, PART VIII, LINE 10B COST OF GOODS SOLD INCLUDES ALL COSTS OF OPERATING THE LIBRARY STORE. FORM 990, PART IX, LINE 7 OTHER SALARIES AND WAGES ALSO INCLUDE ADULT LITERACY COORDINATORS, COMPUTER AIDES, AND ALL STAFF NECESSARY TO CARRY OUT PROGRAM SERVICES WITHIN THE 72 BRANCHES OF THE LOS ANGELES PUBLIC LIBRARY SYSTEM. 990, PART IX, LINE 12 MARKETING AND PROMOTIONAL COSTS OF \$278,815 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. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: CHANGES IN VALUE OF CHARITABLE REMAINDER TRUSTS 26,000.