## **Public Disclosure Copy**

#### **Form 990**

### \*\*PLEASE SIGN THIS COPY AND RETAIN FOR YOUR RECORDS\*\*

#### **Public Inspection Requirement**

An exempt organization must make available for public inspection, upon request and without charge, a copy of its original and amended annual information returns. Each information return must be made available from the date it is required to be filed (determined without regard to any extensions), or is actually filed, whichever is later. An original return does not have to be made available if more than 3 years have passed from the date the return was required to be filed (including any extensions) or was filed, whichever is later. An amended return does not have to be made available if more than 3 years have passed from the date it was filed.

An annual information return includes an exact copy of the return (Form 990 or 990–EZ and amended return, if any) and all schedules, attachments, and supporting documents filed with the IRS. In the case of a tax-exempt organization other than a private foundation, the names and addresses of contributors to the organization need not be disclosed, and Schedule B has been redacted accordingly.

For returns filed by Section 501(c)(3) organizations after August 17, 2006, Form 990-T must also be made available for public inspection. However, only those schedules, statements, and attachments to Form 990-T that relate to the imposition of the unrelated business income tax must be made available for public inspection.

This copy of the return is provided only for Public Disclosure purposes. Any confidential information regarding donors, and schedules or attachments to Form 990-T that do not relate to the calculation of unrelated business income tax, have been removed.

# \*\* PUBLIC DISCLOSURE COPY \*\* Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	For the	2022 calendar year, or tax year beginning and	ending		
		C Name of organization	_	D Employer identific	cation number
	chang				
	chang	Doing business as		36-34803	53
	return	,	Room/suite		
	return				
				G Gross receipts \$	
	return Applic	CHICAGO, IL 00000	DITT	1	
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			01 021	1	
			L Year		
		Summary	1 =		
	1	Briefly describe the organization's mission or most significant activities: $ { m \underline{THE}} $ (	CHICAG	O PUBLIC LIE	BRARY
nce					
rna	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	
o ve	3				
CHICAGO PUBLIC LIBRARY FOUNDATION  Doing business as  Number and street (or P.O. box if mail is not delivered to street address)  Number and street (or P.O. box if mail is not delivered to street address)  Room/suite  36 - 34 80 35 3  Number and street (or P.O. box if mail is not delivered to street address)  Room/suite  312 - 201 - 99 310  G. cover scopes 5 8, 241, 1  City or town, state or province, country, and ZiP or foreign postal code  Hall is this a group return for subcordinates? Yes Law in the suite of subcondinates? Yes Law in the subcondinates in the subcondi					
es	Control of the programment of				
Ξ	6				
Act	7 a			·····	
_	l p	Net unrelated business taxable income from Form 990-1, Part I, line 11	·····		
	٥	Contributions and grants (Part VIII line 1b)			
ē	۵	-			
Ver	10				
Be	11				
	1				
		CHICAGO PUBLIC LIBRARY FOUNDATION  Doing business as  CHICAGO PUBLIC LIBRARY FOUNDATION  CHICAGO, IL 60606  City or town, state or province, country, and ZIP or foreign postal code  CHICAGO, IL 60606  Finame and address of principal officer BRENDA LANGSTRAAT BUI  The AS C ABDOVE  CHICAGO, IL 60606  Finame and address of principal officer BRENDA LANGSTRAAT BUI  Halls Ist has agroup return for subordinates?  WWW. CPLFOUNDATION.ORG  He) Area and address of principal officer BRENDA LANGSTRAAT BUI  Halls Ist has agroup return for subordinates?  WWW. CPLFOUNDATION.ORG  He) Area and address of principal officer BRENDA LANGSTRAAT BUI  Briefly describe the organization's mission or most significant activities:  THE CHICAGO PUBLIC LIBRARY  FOUNDATION ACCELERATES THE POTENTIAL OF OUR PUBLIC (SEE SCH O)  2 Check this box if the organization ordinated its operations or disposed of more than 25% of its net assets.  Number of voting members of the governing body (Part VI, line 1a)  1 Number of voting members of the governing body (Part VI, line 1a)  1 Number of voting members of the governing body (Part VI, line 1a)  1 Number of voting members of the governing body (Part VI, line 1a)  8 Contributions and grants (Part VIII, line 1th)  9 Prior Year  Current'  1 Summary  Contributions and grants (Part VIII, line 1th)  1 Other revenue (Part VIII, column (A), lines 3, 4, and 70)  10 Investment income (Part VIII, column (A), lines 3, 4, and 70)  10 Investment income (Part VIII, column (A), line 13)  10 Total inumber or more prior to provide the prior of prior prior year (Part VIII, column (A), line 13)  10 Total fundraising experies (Part X, column (A), line 13)  10 Total fundraising experies (Part X, column (A), line 14)  11 Signature of officer  12 Total investment income (Part VIII, column (A), line 14)  13 Grants and similar amounts paid (Part X, column (A), line 25)  14 Total fundraising experies (Part X, column (A), line 14)  15 Total fundraising experies (Part X, column (A), line 15)  16 Total fundraising experies (Part X, c			
	1				
v	45			1,178,047.	1,183,761.
Se	16a			0.	0.
i e	b	Total fundraising expenses (Part IX, column (D), line 25)1,095,52	20.		
û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			2,870,862.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			
_		Revenue less expenses. Subtract line 18 from line 12			
s or	9		Ве		
Ssets	20				
et Ag	21				
Ž.	22 2rt II			38,9/1,535.	33,307,487.
			and statem	ante and to the heat of my	knowledge and balief it is
	CHICAGO PUBLIC LIBRARY FOUNDATION  Doing Dustiness as Number and street (in P.O.) but if mail is not delivered to street address)  Number and street (in P.O.) but if mail is not delivered to street address)  OW M. MADISON AVE., SRD FL  City or town, state or province, country, and ZP or foreign postal code  OW M. MADISON AVE., SRD FL  City or town, state or province, country, and ZP or foreign postal code  F Name and address of principal officer BRENDA LANGSTRAAT BUL  Whole is the subconditionates? Wes [X] No MICLOSON STILLS (In Stills) (In				
Chicago Public Library Foundation   Chicago Public Library   Chica					
Sic	ın	Signature of officer		Date	
		·			_
		Print/Type preparer's name Preparer's signature	[	Date Check	PTIN
Pai	d		0	9/06/23 self-employe	P00378651
Pre	parer	Firm's name PLANTE & MORAN, PLLC			
Use	Only	Firm's address 10 S. RIVERSIDE PLAZA, 9TH FLOOR			
_		CHICAGO, IL 60606		Phone no. (3	
Ма	y the If	S discuss this return with the preparer shown above? See instructions			
222	001 10 1	222 IHA For Panerwork Reduction Act Notice see the senarate instruction	ne		Form <b>990</b> (2022)

Check if Schedule O contains a response or note to any line in this Part III  Briefly describe the organization's mission:  THE CHICAGO PUBLIC LIBRARY FOUNDATION WAS ESTABLISHED IN 1986 AS AN INDEPENDENT NONPROFIT DEDICATED TO CONNECTING PRIVATE INVESTMENT WITH INNOVATIVE AND COMMUNITY-RESPONSIVE PROGRAMMING THAT LEVERAGES OUR LIBRARY'S CITY-WIDE FOOTPRINT AND COMMITMENT TO LIFELONG (SEE SCH O)  Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X  If "Yes," describe these changes on Schedule O.	No
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3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?	)
If "Yes," describe these changes on Schedule O.	)
·	<u> </u>
4 Describe the organization's program service accombiniments for each of its three largest program services, as measured by expenses	<u> </u>
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	<u> </u>
revenue, if any, for each program service reported.	<u> </u>
4a (Code: ) (Expenses \$ 506,844 • including grants of \$ ) (Revenue \$	<u> </u>
TOO MANY CHICAGO CHILDREN ARE BORN INTO CIRCUMSTANCES THAT LIMIT HOW	<u> </u>
FAR THEY WILL GO IN LIFE. WHETHER THAT'S THE NEIGHBORHOOD THEY GROW IN	<u> </u>
THE SCHOOLS THEY HAVE ACCESS TO, THE RESOURCES THEIR PARENTS HAVE, EVEN	!
THE QUALITY OF THE AIR, OUR CITY HAS LONG BEEN DIVIDED TO THE DETRIMENT	
OF NOT JUST INDIVIDUALS, BUT OF OUR COLLECTIVE PROSPERITY AS	<u> </u>
CHICAGOANS. SUPPORT FROM DONORS ENSURES STUDENTS AND THEIR FAMILIES CAN	
ACCESS FREE HOMEWORK HELP, TOOLS FOR SUPPORTING LANGUAGE AND LITERACY	
DEVELOPMENT, AND YEAR-ROUND STEM CONTENT THAT HELP ENSURE ALL OUR	
CITY'S CHILDREN HAVE THE SUPPORT THEY NEED TO SUCCEED EARLY IN LIFE ANI	<u> </u>
TO KEEP ON SUCCEEDING.	
4b (Code:) (Expenses \$1,017,825. including grants of \$) (Revenue \$)	)
CHICAGO'S WORLD-RENOWNED ARTS AND CULTURE SECTOR FUELS TREMENDOUS	
CREATIVE, ECONOMIC, AND INNOVATIVE GROWTH. BUT ACCESS TO BIG IDEAS AND TOP TALENT IS OFTEN FAR OUT OF REACH FOR LOWER-INCOME MEMBERS OF OUR	
COMMUNITY. AS A RESULT, MANY CHICAGOANS ARE SHUT OUT FROM THE	
MARKETPLACE OF CREATIVITY AND THE HOLISTIC BENEFITS OF THE ARTS. OUR	
CITY, IN TURN, MISSES OUT ON OPPORTUNITIES TO BE ELEVATED AND ENRICHED	
BY THE INCLUSION OF DIVERSE NEW VOICES AND VIEWPOINTS. DONORS ACTIVATE	
EVERYTHING FROM MAKER SPACES TO SPECIAL COLLECTIONS PROJECTS TO	
DISCUSSIONS WITH THE MOST THOUGHT-PROVOKING AUTHORS OF OUR TIME. THESE	
OFFERINGS INVITE ALL CHICAGOANS TO EXPLORE NEW WAYS OF EXPRESSING	
THEMSELVES AND IMAGINING NEW POSSIBILITIES NOT ONLY FOR THEIR OWN	
LIVES, BUT ALSO FOR OUR CITY AND THE WORLD.	
4c (Code:) (Expenses \$ 761,879 • including grants of \$) (Revenue \$	
ACCORDING TO THE PEW RESEARCH CENTER, MORE THAN 40% OF LOWER-INCOME	— ′
HOUSEHOLDS DON'T HAVE HOME BROADBAND SERVICES OR A TRADITIONAL	
COMPUTER. MANY OF THESE ADULTS AND OLDER ADULTS ALSO LACK THE SKILLS	
THEY NEED TO NAVIGATE OUR INCREASINGLY DIGITAL WORLD EFFECTIVELY AND	
SAFELY. WITHOUT THIS CRUCIAL KNOW-HOW, THOUSANDS OF CHICAGOANS ARE	
BLOCKED FROM ONLINE OPPORTUNITIES TO APPLY FOR JOBS, FIND EDUCATION ANI	)
HEALTH RESOURCES, PARTICIPATE IN CIVIC LIFE, AND CONNECT WITH LOVED	
ONES. OUR DIGITAL LITERACY AND LEARNING PROGRAMS REMOVE BARRIERS	
THROUGH CURATED RESOURCES, SKILLS-BUILDING SUPPORT, AND USER-FRIENDLY	
CHICAGO DIGITAL LEARNING MODULES ACCESSIBLE FROM ANY COMPUTER.	
TOGETHER, WE TRANSFORM LIVES THROUGH TECHNOLOGY.	
4d Other program services (Describe on Schedule O.)	
(Expenses \$ including grants of \$ ) (Revenue \$ )  4e Total program service expenses 2,286,548.	
4e Total program service expenses 2, 286, 548.	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> X</u>
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	X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9_		<u> X</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			.,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
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		<u> </u>
a	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			x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	- 72	
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		х
19a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	ı.zu		
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
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		х
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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

Form 990 (2022) CHICAGO PUBLIC LIBRARY FOUNDATION
Part IV Checklist of Required Schedules (continued)

	, and the state of		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	140
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_X_
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		<u> X</u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			l
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		_X_
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			v
	"Yes," complete Schedule L, Part IV	28a		<u>X</u>
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	28c		х
20	"Yes," complete Schedule L, Part IV	29	Х	
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29	21	
30	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<del>- 0.</del>		
<b>U</b> L	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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?			
	If "Yes," complete Schedule R, Part V, line 2	36		_X_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		_X_
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Da	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 76	-		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		X	
00000	(gambling) winnings to prize winners?	1c		(2022)
232002	¥ 12-13-22	Louin		(2202

Form 990 (2022) CHICAGO PUBLIC LIBRARY FOUNDATION

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	13			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	•	2b	Х	
	5.11			3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accou	nt)?	4a		X
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoui	nts (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction	·	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e org	anization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons c	r gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	rvices	provided to the payor?	7a	X	
				7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as rec	juired			
	to file Form 8282?	1	1	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				7.7
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		ct?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7f		X
9	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained	•				
•				8		
9	Sponsoring organizations maintaining donor advised funds.			9a		
a b				9a 9b		
10	Section 501(c)(7) organizations. Enter:			อม		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	J			
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:					
	Gross income from members or shareholders	11a	.1			
	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	104	?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	130	:			
14a				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					
	excess parachute payment(s) during the year?			15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t inco	me?	16		X
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 49			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 68			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
Ū	of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
	and the second s	6		X
6	Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	0		- 22
7a		7-	Х	
	more members of the governing body?	7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			Х
_	persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	_	37	
a	The governing body?	8a	X	
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	_		37
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	77	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	_X_	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply			
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	BETH DAVIS - 312-201-9830			
	200 W MADISON ST 3RD FL, CHICAGO, IL 60602			

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

(A)  Name and title	(B) Average	(do	not cl	(C Pos	<b>C)</b> ition			(D)  Reportable	<b>(E)</b> Reportable	(F) Estimated
	hours per	box,	unles cer an	ss per	son is	s both	an	compensation	compensation	amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer 0		Highest compensated 5		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) BRENDA LANGSTRAAT BUI	40.00	77		37				216 200	•	22 624
PRESIDENT & CEO (2) ELIZABETH DAVIS	40.00	Х		X				216,300.	0.	33,634.
(2) ELIZABETH DAVIS CHIEF OPERATING OFFICER	0.00			х				117,833.	0.	23,355.
(3) KATHERINE NARDIN	40.00							111,033.	0.	23,333.
CHIEF DEVELOPMENT OFFICER	0.00			х				108,150.	0.	22,204.
(4) ROBERT WISLOW	5.00									
CHAIRMAN	0.00	Х		Х				0.	0.	0.
(5) DAVID CASPER	2.00									
VICE CHAIR	0.00	Х		Х				0.	0.	0.
(6) ARCHANA KUMAR	2.00									
TREASURER	0.00	Х		Х				0.	0.	0.
(7) BRUCE SAGAN	2.00									
SECRETARY	0.00	X		X				0.	0.	0.
(8) CINDY PRITZKER	1.00									
CHAIRMAN EMERITUS	0.00	Х		X				0.	0.	0.
(9) HEATHER ALGER	1.00							_	_	_
DIRECTOR	0.00	Х						0.	0.	0.
(10) MARGARET BACZKOWSKI	1.00							_	_	_
DIRECTOR	0.00	Х						0.	0.	0.
(11) WENDY BERGER	1.00							_	_	
DIRECTOR	0.00	Х						0.	0.	0.
(12) JODI BLOCK	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(13) KATHLEEN BOEGE	1.00								•	•
DIRECTOR	0.00	Х						0.	0.	0.
(14) MARCY CARLIN	1.00								•	
DIRECTOR	0.00	Х						0.	0.	0.
(15) ESTHER CHOY	1.00	.,							0	•
DIRECTOR	0.00	X						0.	0.	0.
(16) MONIQUE DEMORY	1.00	37							_	^
DIRECTOR	0.00	Х						0.	0.	0.
(17) ELIZABETH DONNELLY DIRECTOR	1.00	v						0.	0.	0.
DINECTOR	1 0.00	X				l		1 0.	U • I	Garm <b>990</b> (2022)

232007 12-13-22

Form 990 (2022) CHICAGO	PUBLIC I	ΊE	BRA	RY	F	'OU	ND	ATION	36-3480	353 Page <b>8</b>
Part VII   Section A. Officers, Directors, Trus	stees, Key Em	ploy	ees,	and	l Hig	ghes	t Co	ompensated Employee	s (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos			nne	Reportable	Reportable	Estimated
	hours per	box	, unle: cer ar	ss pe	rson i	s both	an	compensation	compensation	amount of
	week		Cer ar	ia a a	recto	r/trus	iee)	from	from related	other
	(list any hours for	irecto						the	organizations	compensation
	related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	l trus		ee (ee	mpen		1099-NEC)	1099-1120)	and related
	below	ndividual trustee or director	nstitutional trustee	<u></u>	Key employee	st co	er			organizations
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former			
(18) DEIRDRE DRAKE	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(19) MICHAEL FASSNACHT	1.00								_	_
DIRECTOR	0.00	Х						0.	0.	0.
(20) LINDA FILLER	1.00								_	
DIRECTOR	0.00	Х						0.	0.	0.
(21) JENNIFER FRIEDES	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(22) MARK GARTLAND	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(23) GRAHAM C. GRADY	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(24) JACQUELINE GRIESDORN	1.00	l								
DIRECTOR	0.00	Х						0.	0.	0.
(25) SUREN GUPTA	1.00	l								
DIRECTOR	0.00	Х						0.	0.	0.
(26) FRANCIA HARRINGTON	1.00	.,								
DIRECTOR	0.00	X						0.	0.	0.
1b Subtotal								442,283.	0.	79,193.
c Total from continuation sheets to Part V								442,283.	0.	79,193.
d Total (add lines 1b and 1c)								· · · · · · · · · · · · · · · · · · ·		19,193.
2 Total number of individuals (including but i	not limited to th	iose	ııste	d ab	ove	) wh	o re	ceived more than \$100,	uuu of reportable	3
compensation from the organization										Yes No
3 Did the organization list any former officer	director truct	ا مو	(A) (	mnl	0,404	a or	hial	heet compensated omn	lovee on	100 100
Did the organization list any lottile officer	, un color, ilust	ਹਦ, r	vey c	ואוויי	Uy C	c, Oi	ıııyı	nost compensated emp	ioyoo ori	

Probability Probab

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

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

	<b>(A)</b> Name and business address	NONE	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but n	ot limited to those listed	I above) who received more than	

\$100,000 of compensation from the organization 0
SEE PART VII, SECTION A CONTINUATION SHEETS

rendered to the organization? If "Yes." complete Schedule J for such person

Part VII   Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Is (A)		36-348	0353
Name and title	Employe	ees (continued)	
Nours   Per   Week (list any hours for related organizations)   Per   Week (list any hours for related organizations)   Per   Per		(E)	(F)
Per   Week   (list any hours for related organizations below line)   1	ole	Reportable	Estimated
Week (list any by the list of related organizations below line)   Week (list any hours for related organizations below line)   Week (list any hours for related organizations below line)   Week (list any hours for related organizations below line)   Week (list any hours for related organizations below line)   Week (list any hours for related organizations below line)   Week (list any hours for related organizations below line)   Week (list any hours for related organizations below line)   Week (list any hours for related organizations below line)   Week (list any hours for related organizations below line)   Week (list any hours for related organizations below line)   Week (list any hours for list any hours for related organizations below line)   Week (list any hours for list any hours for list any hours for related organizations below line)   Week (list any hours for list	tion	compensation	amount of
1.00   DIRECTOR		from related	other
1.00   DIRECTOR		organizations	compensation
1.00   DIRECTOR		(W-2/1099-MISC)	from the
1.00   DIRECTOR	/IISC)		organization and related
1.00   DIRECTOR			organizations
1.00   DIRECTOR			organizations
DIRECTOR			
1.00			
1.00	0.	0.	0.
DIRECTOR			
1.00   Name	0.	0.	0.
DIRECTOR   0.00   X			
(30) ANDREW LADD	0.	0.	0.
DIRECTOR			
(31) DONNA LAPIETRA	0.	0.	0.
DIRECTOR			
(32) ROGER LIEW	0.	0.	0.
DIRECTOR			
1.00   1.00   X	0.	0.	0.
DIRECTOR		•	
(34) DANE MATTHEWS	0.	0.	0.
DIRECTOR		•	
1.00   X	0.	0.	0.
DIRECTOR		•	"
1.00   DIRECTOR	0.	0.	0.
DIRECTOR		•	
1.00   1.00   X	0.	0.	0.
DIRECTOR		•	
1.00   DIRECTOR   1.00   X	0.	0.	0.
Director	•	•	
1.00   DIRECTOR	0.	0.	0.
DIRECTOR	- •	•	· ·
1.00   DIRECTOR   1.00   X	0.	0.	0.
DIRECTOR	•	•	
(41) TRISHA ROONEY       1.00         DIRECTOR       0.00 X         (42) MARIANNA RUIZ       1.00         DIRECTOR       0.00 X         (43) PRIYA SADARANGANI       1.00         DIRECTOR       0.00 X         (44) ANDREA SAENZ       1.00         DIRECTOR       0.00 X         (45) RODD SCHREIBER       1.00         DIRECTOR       0.00 X         (46) MARK SPROUT       1.00	0.	0.	0.
DIRECTOR	•	•	
(42) MARIANNA RUIZ       1.00         DIRECTOR       0.00 X         (43) PRIYA SADARANGANI       1.00         DIRECTOR       0.00 X         (44) ANDREA SAENZ       1.00         DIRECTOR       0.00 X         (45) RODD SCHREIBER       1.00         DIRECTOR       0.00 X         (46) MARK SPROUT       1.00	0.	0.	0.
DIRECTOR	•	•	
(43) PRIYA SADARANGANI       1.00         DIRECTOR       0.00         (44) ANDREA SAENZ       1.00         DIRECTOR       0.00         (45) RODD SCHREIBER       1.00         DIRECTOR       0.00         (46) MARK SPROUT       1.00	0.	0.	0.
DIRECTOR		· ·	†
(44) ANDREA SAENZ       1.00         DIRECTOR       0.00         (45) RODD SCHREIBER       1.00         DIRECTOR       0.00         (46) MARK SPROUT       1.00	0.	0.	0.
DIRECTOR         0.00 X           (45) RODD SCHREIBER         1.00 X           DIRECTOR         0.00 X           (46) MARK SPROUT         1.00		· ·	†
(45) RODD SCHREIBER         1.00           DIRECTOR         0.00           (46) MARK SPROUT         1.00	0.	0.	0.
DIRECTOR         0.00 X           (46) MARK SPROUT         1.00		J •	
(46) MARK SPROUT 1.00	0.	0.	0.
	· ·	J •	<del>                                     </del>
DIRECTOR 0.00   X	0.	0.	0.
U.UU   A	0.	0.	
Total to Part VII, Section A, line 1c			

Name and title		GO PUBLIC I	ΙE	RA	RY	F	OU	ND	ATION	36-348	0353
Name and title	Part VII   Section A. Officers, Director	rs, Trustees, Key En	nplo	yee	s, ar	nd H	lighe	est (	Compensated Employe	es (continued)	
Check all that apply    Compensation   Compensati	(A)	(B)			(C	<b>;</b> )			(D)	(E)	(F)
Por   Week   (list any)   hours for related organization   hours for related organizations   hours for rel	Name and title	Average			Posi	tion			Reportable	Reportable	Estimated
week   (list ary   bounts for related   companizations   compensation   companizations		hours	(cl	heck	all t	hat	appl	y)	compensation	compensation	amount of
(list arry   1											
1.00			_				loyee			_	
1.00		1 '	irecto				emp		_	(W-2/1099-MISC)	
1.00			e or d	tee			sated		(W-2/1099-MISC)		
1.00			ruste	al trus		yee	m pen				1
1.00		"	dual	ution	7.	old m:	est co	-e			
DIRECTOR		line)	Indiv	Instit	Office	Кеуе	Highe	Form			
1.00	(47) LAURENCE SZUMSKI	1.00									
DIRECTOR	DIRECTOR	0.00	Х						0.	0.	0.
DIRECTOR	(48) CHERRYL THOMAS										
(49) MADE THOMSON	DIRECTOR		Х						0.	0.	0.
DIRECTOR	(49) WADE THOMSON										
SO   ELIZABETH TULACH	DIRECTOR		х						0.	0.	0.
DIRECTOR	(50) ELIZABETH TULACH										
S1   MICHAEL WILSON	DIRECTOR		х						0.	0.	0.
DIRECTOR	(51) MICHAEL WILSON										
1.00	DIRECTOR		Х						0.	0.	0.
DIRECTOR	(52) SUZANNE YOON										
1.00   X	DIRECTOR		Х						0.	0.	0.
LIFE DIRECTOR	(53) MICHELLE L COLLINS										
S4   ROCCO DEGRASSE   1.00	LIFE DIRECTOR		Х						0.	0.	0.
SET   PAUL H DYKSTRA	(54) ROCCO DEGRASSE	1.00									
LIFE DIRECTOR   0.00   X   0.00   0	LIFE DIRECTOR	0.00	Х						0.	0.	0.
1.00	(55) PAUL H DYKSTRA										
LIFE DIRECTOR	LIFE DIRECTOR	0.00	Х						0.	0.	0.
1.00	(56) SONDRA EPSTEIN	1.00									
1.00	LIFE DIRECTOR	0.00	Х						0.	0.	0.
Section   Sect	(57) JAMES F FELDSTEIN	1.00									
LIFE DIRECTOR	LIFE DIRECTOR	0.00	Х						0.	0.	0.
LIFE DIRECTOR	(58) MARSHALL FIELD										
LIFE DIRECTOR	LIFE DIRECTOR		Х						0.	0.	0.
1.00	(59) LESLIE S HINDMAN	1.00									
1.00	LIFE DIRECTOR	0.00	Х						0.	0.	0.
1.00	(60) JAMES LOWRY										
Life Director	LIFE DIRECTOR	0.00	Х						0.	0.	0.
1.00	(61) JOSE MARTINEZ	1.00									
LIFE DIRECTOR	LIFE DIRECTOR	0.00	Х						0.	0.	0.
1.00	(62) CARLETTE MCMULLAN	1.00									
1.00	LIFE DIRECTOR		Х						0.	0.	0.
Life Director	(63) JOHN RAU										
1.00	LIFE DIRECTOR		Х			_			0.	0.	0.
(65) MARY LEE SCHNEIDER         1.00           LIFE DIRECTOR         0.00           (66) CHARLIE A SCHROCK         1.00           LIFE DIRECTOR         0.00             X         0.00	(64) FRANK A ROSSI	1.00									
(65) MARY LEE SCHNEIDER         1.00           LIFE DIRECTOR         0.00           (66) CHARLIE A SCHROCK         1.00           LIFE DIRECTOR         0.00             X         0.00	LIFE DIRECTOR	0.00	Х						0.	0.	0.
LIFE DIRECTOR 0.00 X 0. 0. 0. (66) CHARLIE A SCHROCK 1.00	(65) MARY LEE SCHNEIDER	1.00									
(66) CHARLIE A SCHROCK LIFE DIRECTOR  1.00 X  0.00 X  0.00	LIFE DIRECTOR		Х						0.	0.	0.
LIFE DIRECTOR 0.00 X 0. 0.	(66) CHARLIE A SCHROCK							_			
	LIFE DIRECTOR		Х						0.	0.	0.
Total to Part VII, Section A, line 1c		•									
	Total to Part VII, Section A, line 1c										

Dord VIII							_,_	ATION	36-348	0000
Part VII Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee	s, aı	nd H	lighe	est (	Compensated Employ	ees (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(cl	neck	all t	that	app	ly)	compensation	compensation	amount of
	per week (list any hours for related organizations below	Individual trustee or director	Institutional trustee	Ser	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
	line)	Indi	Inst	Officer	Key	ijH	Forr			
(67) MAUREEN DWYER SMITH	1.00									
LIFE DIRECTOR	0.00	Х						0.	0.	0.
(68) LINDA J STEPHANS	1.00									
LIFE DIRECTOR	0.00	Х						0.	0.	0
(69) ELLA D STRUBEL	1.00	.,								0
LIFE DIRECTOR	0.00	Х						0.	0.	0 .
(70) AUDREY BABLES TUGGLE LIFE DIRECTOR	1.00	Х						0.	0.	0 .
(71) DIA S WEIL	1.00	Λ						0.	0.	U .
LIFE DIRECTOR	0.00	Х						0.	0.	0 .
THE DINDERON	1 0.00	22						•	•	<u>_</u>
	1									
	1									
		-								
	+									
	1									
		1	l				l	I		

Part VIII Statement of Revenue

		Check if Schedule O contains a response of	r note to any lin	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
(0, (0	4.	Fodovated compaigns					
nts Ints		Federated campaigns 1a					
Gra		Membership dues 1b	1 070 040				
Contributions, Gifts, Grants and Other Similar Amounts		Fundraising events 1c	1,879,040.				
	C	Related organizations 1d					
i, imi	e	Government grants (contributions)					
ion	f	All other contributions, gifts, grants, and					
the the		similar amounts not included above 1f	2,160,682.				
Öţ	ç	Noncash contributions included in lines 1a-1f 1g \$	56,638.				
Sor	ŀ	Total. Add lines 1a-1f		4,039,722.			
			Business Code				
Φ.	2 a	·					
Š	Z t						
er, ue							
n S	•						
an Be	(						
Program Service Revenue	•						
۵		All other program service revenue					
	Ç	Total. Add lines 2a-2f					
	3	Investment income (including dividends, interes	st, and				
		other similar amounts)		684,213.			684,213.
	4	Income from investment of tax-exempt bond pr	oceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 :	Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		. ,					
		Net rental income or (loss) Gross amount from sales of (i) Securities	(ii) Other				
	7 8		(II) Other				
		assets other than inventory <b>7a</b> 3,462,339.					
	k	Less: cost or other basis					
ne		and sales expenses <b>7b</b> 3,368,450.					
Ver	(	Gain or (loss) 7c 93,889.					
ther Revenue	C	Net gain or (loss)		93,889.			93,889.
Jer	8 8	Gross income from fundraising events (not					
₹		including \$1,879,040. of					
		contributions reported on line 1c). See					
		Part IV, line 188a	51,150.				
	k	Less: direct expenses 8b	471,706.				
				-420,556.			-420,556.
		Gross income from gaming activities. See					
		Part IV, line 19 9a					
	ŀ	Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
	10 8	Gross sales of inventory, less returns					
		and allowances 10a					
		Less: cost of goods sold 10b					
_		Net income or (loss) from sales of inventory	<b>B</b> • • •				
S			Business Code				
on e	11 a	MISCELLANEOUS INCOME	900099	3,725.			3,725.
ane	k						
Miscellaneous Revenue	c	;					
Alisc B	c	All other revenue					
_		Total. Add lines 11a-11d		3,725.			
	12	Total revenue. See instructions		4,400,993.	0.	0.	361,271.

# Form 990 (2022) CHICAGO PUBLIC LIBRARY FOUNDATION 36-3480353 Page 10 Part IX Statement of Functional Expenses

Section FO1(a)/2) and FO1(a)/4) arganizations must complete all columns. All other arganizations must complete column (A)										
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).										
Check if Schedule O contains a response or note to any line in this Part IX										
	(A)	(R)	(C)	/[						

Bb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
Grants and other assistance to domestic individuals. See Part IV, line 22				
Benefits paid to or for members				
	504 456		25- 422	0=6 0=6
	521,476.		265,420.	256,056
persons (as defined under section 4958(f)(1)) and				
	482,219.		84,672.	397,547
	,		, -	, -
section 401(k) and 403(b) employer contributions)	46,508.		8,142.	38,366
Other employee benefits	66,202.		15,636.	50,566
Payroll taxes	67,356.		24,227.	43,129
Fees for services (nonemployees):				
	1 000		1 000	
	1,006.		1,006.	
	59,168.		59,168.	
	7 677		7 677	
	7,077•		7,077•	
	314 109.	203 150.	108 604	2 355
			200,0010	2,355
	147,703.		6,883.	19,900
	116,732.	54,777.	21,537.	40,418
		-		
			37,179.	65,525
Travel	62,031.	32,325.	4,987.	24,719
Payments of travel or entertainment expenses				
for any federal, state, or local public officials				
Conferences, conventions, and meetings	7,980.	1,291.	1,842.	4,847
Interest				
In a common of	11 076		7 901	3,185
	11,070.		1,031.	3,103
above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
	707,102.	707,102.		
	576,978.	576,978.		
		335,574.		
			15 604	352
				44,721
Total functional expenses. Add lines 1 through 24e	4,054,623.	2,286,548.	672,555.	1,095,520
, , ,				
. , , ,				
	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16  Benefits paid to or for members  Compensation of current officers, directors, trustees, and key employees  Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)  Other salaries and wages  Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  Other employee benefits  Payroll taxes  Fees for services (nonemployees):  Management  Legal  Accounting  Lobbying  Professional fundraising services. See Part IV, line 17  Investment management fees  Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)  Advertising and promotion  Office expenses  Information technology  Royalties  Occupancy  Travel  Payments of travel or entertainment expenses for any federal, state, or local public officials  Conferences, conventions, and meetings  Interest  Payments to affiliates  Depreciation, depletion, and amortization  Insurance  Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)  PROGRAM MATERIALS  GRANT FUNDED POSITIONS  HONORARIA  BOOKS, SUBSCRIPTIONS AN  All other expenses	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(8) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 66, 202. Payroll taxes 67, 356. Fees for services (nonemployees): Management Legal 1,006. Accounting 59,168. Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) Advertising and promotion 159,361. Office expenses Information technology Royalties Occupancy 102,704. Travel 62,031. Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments of affiliates Depreciation, depletion, and amortization Insurance 0ther expenses. Itemize expenses on Schedule 0.) PROGRAM MATERIALS GRANT FUNDED POSITIONS HONORARIA BOOKS, SUBSCRIPTIONS AN All other expenses  482,219.  521,476.  521,476.  521,476.  521,476.  521,476.  521,476.  521,476.  521,476.  521,476.  521,476.  521,476.  521,476.  521,476.	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16  Benefits paid to or for members  Compensation of current officers, directors, trustees, and key employees  Compensation of included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(3)(B)  Other salaries and wages  Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  Other employee benefits  Peyroll taxes  Fees for services (nonemployees):  Management  Legal  1,006.  Accounting  Lobbying  Professional fundraising services. See Part IV, line 17 investment management fees  Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)  Advertising and promotion  Other expenses  Occupancy  Travel  Payments of travel or entertainment expenses for any federal, state, or local public officials  Conferences, conventions, and meetings interest  Payments to affiliates  Depreciation, depletion, and amortization Insurance  Other expenses. Itemize expenses not covered above. (List miscellaneous expenses not line 24e. If line 24e arount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)  PROGRAM MATERIALS  GRANT FUNDED POSITIONS  HONGRARIA  BOOKS, SUBSCRIPTIONS AN  All other expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation in included above to disqualified persons (as defined under section 4958(0/11) and persons (as defined under section 4958(0/11) and persons (as defined under section 4958(c)(3)(8)  Other salaries and wages  Persision plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  Other employee benefits  Payroll taxes  Cher employee benefits  Payroll taxes  Cher es services (nonemployees):  Management  Legal  1,006, 1,006, 24,227.  Fees for services (nonemployees):  Management  Legal  1,006, 59,168.  Cobying  Professional fundraising services. See Part IV, line 17 investment management fees  Other. (if line 11g amount exceeds 10% of line 25, column (l/k), amount, list line 11g expenses on Sch 0).  Advertising and promotion  159, 361, 55,527.  Office expenses  147,703, 120,920, 6,883, 116,732, 54,777, 21,537, Royatities  Occupancy  102,704, 37,179.  Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings interest  Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings interest  Payments of affiliates  Depreciation, depletion, and amortization Insurance  11,076, 77,102, 77,102, 77,102, 77,102, 77,102, 77,102, 77,102, 77,102, 77,102, 77,102, 77,103, 77,104,

Part	· X	Balance Sheet					
		Check if Schedule O contains a response or no	te to an	y line in this Part X			X
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			5,150,449.	1	4,238,711.
	2	Savings and temporary cash investments			93,024.	2	155,358.
	3	Pledges and grants receivable, net	444,070.	3	980,395.		
	4	Accounts receivable, net			130,283.	4	144,960.
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs	stantial o	contributor, or 35%			
		controlled entity or family member of any of the	ese pers	ons		5	
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describe	ed in sec	tion 4958(c)(3)(B)		6	
छ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
۴	9	Donatal company and defended also are			37,890.	9	57,399.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a				
	b	Less: accumulated depreciation	10b	50,148.	0.	10c	0.
	11	Investments - publicly traded securities	33,305,372.	11	27,963,817.		
	12	Investments - other securities. See Part IV, line	685.	12	0.		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	0.	15	206,922		
	16	Total assets. Add lines 1 through 15 (must equal to the control of			39,161,773.	16	33,747,562.
	17	Accounts payable and accrued expenses			190,238.	17	230,140.
	18 Grants payable					18	
	19	Deferred revenue		19			
:	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
Se	22	Loans and other payables to any current or for					
≝		trustee, key employee, creator or founder, subs					
Liabilities		controlled entity or family member of any of the				22	
<b>-</b>   :	23	Secured mortgages and notes payable to unre		· · · · · · · · -		23	
	24	Unsecured notes and loans payable to unrelate				24	
- 1:	25	Other liabilities (including federal income tax, p	,				
		parties, and other liabilities not included on line	s 17-24)	. Complete Part X	0		200 025
		of Schedule D			0.		209,935.
- 1	26	Total liabilities. Add lines 17 through 25			190,238.	26	440,075.
ς l		Organizations that follow FASB ASC 958, ch	eck her	e X			
၁၉		and complete lines 27, 28, 32, and 33.			22 550 722		10 271 641
alai	27	Net assets without donor restrictions			22,559,722. 16,411,813.	27	19,371,641.
i ä	28	Net assets with donor restrictions			10,411,813.	28	13,935,846.
<u> </u>		Organizations that do not follow FASB ASC	958, che	eck here			
느		and complete lines 29 through 33.					
\$	29	Capital stock or trust principal, or current funds				29	
SSe	30	Paid-in or capital surplus, or land, building, or e				30	
,	31	Retained earnings, endowment, accumulated in			20 071 525	31	22 207 407
	32	Total net assets or fund balances			38,971,535.	32	33,307,487.
:	33	Total liabilities and net assets/fund balances			39,161,773.	33	33,747,562. Form <b>990</b> (2022

Pa	T XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>,40</u>			
2	Total expenses (must equal Part IX, column (A), line 25)	2	4	,05			
3	Revenue less expenses. Subtract line 2 from line 1	3			6,3		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	38	,97	1,5	<u>35.</u>	
5	Net unrealized gains (losses) on investments	5	-6	,01	0,4	18.	
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	33	,30	7,4	87.	
Part XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII						
					Yes	No	
1	1 Accounting method used to prepare the Form 990:						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.						
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	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?			2b	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За		Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u> </u>	<u> </u>	3b			
	<del>-</del>			Form	990	(2022)	

232012 12-13-22

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

CHICAGO PUBLIC LIBRARY FOUNDATION

Employer identification number

		CHIC	AGO PUBLIC	LIBRARY FOUN	NDATIO	N		3	6-3480353		
Pa	rt I	Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.			
The	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, cl	neck only	one box.)					
1		A church, convention of ch	urches, or associatio	n of churches described	in <b>sectio</b>	n 170(b)(1	I)(A)(i).				
2		A school described in secti	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Form	n 990).)						
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).				
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in <b>sectio</b>	n 170(b)(1)(A	(iii). Enter	the hospital's name,		
		city, and state:									
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
		section 170(b)(1)(A)(iv). (C	Complete Part II.)								
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).				
7	X	An organization that norma	lly receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from th	ie general į	public described in		
		section 170(b)(1)(A)(vi). (C	omplete Part II.)								
8		A community trust describe	ed in section 170(b)(	1)(A)(vi). (Complete Part	t II.)						
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(i	ix) operate	ed in conju	ınction with a	land-grant	college		
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	e or		
		university:									
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, an	d gross receipts from		
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support f	rom gross investment		
		income and unrelated busing		(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	after June 30, 1975.		
		See <b>section 509(a)(2).</b> (Cor									
11	Н	An organization organized a							_		
12		An organization organized a	•	· · ·	-			•	•		
		more publicly supported org	~						Check the box on		
		lines 12a through 12d that	* *					-			
а			· · · · · · · · · · · · · · · · · · ·	•	•	-					
		the supported organization		• • • •	majority o	tne airec	tors or trustee	es of the su	apporting		
		organization. You must o			:			-(-) le de le eu			
b		☐ Type II. A supporting org	•				-		-		
		control or management o organization(s). You mus			arrie perso	iis iiiai co	TILIOI OF ITIATIA(	ge trie supp	Jorted		
С		Type III functionally inte			in connect	ion with	and functional	ly integrate	ad with		
·		its supported organization	-					iy iiilegiale	ou with,		
d		Type III non-functionally		·				ted organi:	zation(s)		
-		that is not functionally int						-			
		requirement (see instructi	-	* .	-		•	u.,			
е		Check this box if the orga	·	-				II. Type III			
		functionally integrated, or					, , ,	, ,,			
f	Ente	er the number of supported o	vaanizationa								
g	Prov	vide the following information	about the supporte	d organization(s).							
	(	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	inization listed ng document?	(v) Amount of	,	(vi) Amount of other		
		organization		above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)		
<del>_</del> -											
Tota	II						L		I		

#### 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	71	1	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	, ,	` ,	` ,	, ,	, ,	
	membership fees received. (Do not						
	include any "unusual grants.")	4885764.	3972827.	3391840.	3668975.	4039722.	19959128.
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	4885764.	3972827.	3391840.	3668975.	4039722.	19959128.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1724076.
6	Public support. Subtract line 5 from line 4.						18235052.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	4885764.	3972827.	3391840.	3668975.	4039722.	19959128.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	500,559.	548,309.	387,008.	605,314.	684,213.	2725403.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	160,214.	153,770.	272,251.	72,481.	54,875.	713,591.
11	<b>Total support.</b> Add lines 7 through 10						23398122.
12	Gross receipts from related activities,	etc. (see instruction	ns)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f	fourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	77 <b>.</b> 93 %
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	78 <b>.4</b> 3 %
16a	33 1/3% support test - 2022. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	x and
	<b>stop here.</b> The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2021. If the						
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ation			
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	re. Explain in Part	VI how the organia	zation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	ne facts-and-circum	stances test, ched	ck this box and st	op here. Explain ir	n Part VI how the	
	organization meets the facts-and-circu						
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instruction	s
					<del></del>	Schedule A	(Form 990) 2022

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

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

Sed	ction A. Public Support	slow, picase comp	oicte i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	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						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(a) 2010	(6) 2019	(6) 2020	(4) 2021	(6) 2022	(i) iotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	J		,	•	( ) ( )	· —
	check this box and stop here						
	ction C. Computation of Publi					<del> </del>	
	Public support percentage for 2022 (li	, ,,,	•	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves			. 10 1 (0)		14-1	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	% 7 in
198	33 1/3% support tests - 2022. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	<b>top here.</b> The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

232023 12-09-22

#### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

  If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
20		
3a		
3b		
Зс		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
Ja		
9b		
9c		
10a		
10b		L

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

232025 12-09-22 Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

instructions).

Schedule A (Form 990) 2022

e Excess from 2022

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

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

CHICAGO PUBLIC LIBRARY FOUNDATION

**Employer identification number** 36-3480353

Pai	TI Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		ilar Funds or Ad	counts. Complete if the	
		(a) Donor advised fu	ınds	(b) Funds and other accounts	S
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in w				
	are the organization's property, subject to the organization's e				No
6	Did the organization inform all grantees, donors, and donor ac			•	
	for charitable purposes and not for the benefit of the donor or	,			
Do	impermissible private benefit?			Yes	No
Pai			n Form 990, Part IV	, line 7.	
1	Purpose(s) of conservation easements held by the organizatio	`			
	Preservation of land for public use (for example, recreat			orically important land area	
	Protection of natural habitat	Pi	reservation of a cert	ified historic structure	
_	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualific	ed conservation contribution	n in the form of a co	Held at the End of the 1	
	day of the tax year.				I AX I CAI
_	Total number of conservation easements			2a	
b		atoms to all of the Cal		2b	
	Number of conservation easements on a certified historic stru			2c	
a	Number of conservation easements included in (c) acquired at				
2	historic structure listed in the National Register  Number of conservation easements modified, transferred, rele			2d	
3		aseu, extinguished, or term	inated by the organ	zation during the tax	
4	year Number of states where property subject to conservation ease	ement is located			
5	Does the organization have a written policy regarding the period		handling of		
J	violations, and enforcement of the conservation easements it		Tianding of	Yes	No No
6	Staff and volunteer hours devoted to monitoring, inspecting, h				
Ŭ	etan ana velanteen neure aevetea te mentening, mepeeting, r	iarraming or violationio, and o	moreling concervation	on oddomonio danng the your	
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforc	ing conservation ea	sements during the year	
	3, 1 3,	3	3	3	
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of	section 170(h)(4)(B)	(i)	
	and section 170(h)(4)(B)(ii)?			· — -	No
9	In Part XIII, describe how the organization reports conservatio				
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's fina	ancial statements th	at describes the	
	organization's accounting for conservation easements.	-			
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasu	ıres, or Other S	Similar Assets.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue	e statement and bal	ance sheet works	
	of art, historical treasures, or other similar assets held for publ	lic exhibition, education, or	research in furthera	nce of public	
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describ	es these items.		
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue sta	atement and balance	e sheet works of	
	art, historical treasures, or other similar assets held for public	exhibition, education, or res	search in furtherance	e of public service,	
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1			\$	1.
					1.
2	If the organization received or held works of art, historical trea	sures, or other similar asset	ts for financial gain,		
	the following amounts required to be reported under FASB AS	SC 958 relating to these item	ns:		
а	Revenue included on Form 990, Part VIII, line 1			\$	1.
b	Assets included in Form 990, Part X				1.

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

Schedule D (Form 990) 2022

	t III Organizations Maintaining C	ollections of Art			r Othe	r Simil		S (contin		age 🚄
	•							(CONTIL	<u>iuea)</u>	
3	Using the organization's acquisition, accession	on, and other records	s, check any or the	ollowing that	. make s	ignilican	use of its			
	collection items (check all that apply):		▼							
a	X Public exhibition	d	=	nange progra	am					
b	X Scholarly research	е	Other							
С	Preservation for future generations				_					
4	Provide a description of the organization's co						ose in Part	XIII.		
5	During the year, did the organization solicit o							_		7
ъ.	to be sold to raise funds rather than to be ma							Yes		No
Pai	t IV Escrow and Custodial Arrang		ete if the organization	n answered	"Yes" on	Form 99	90, Part IV,	line 9, or		
	reported an amount on Form 990, Pa	•								
1a	Is the organization an agent, trustee, custodi							<b>¬</b>		٦
	on Form 990, Part X?						L	_ Yes		」No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	lowing table:				1			
								Amoun	<u>t</u>	
	Beginning balance									
	Additions during the year									
е	Distributions during the year					<u>1e</u>				
f	Ending balance					. <u>1f</u>		_		
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for escrow or cu	ustodial acco	unt liabil	ity?	L	_ Yes		_ No
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete i		swered "Yes" on Fo	rm 990, Part	IV, line					
		(a) Current year	(b) Prior year	(c) Two yea	rs back	(d) Three	years back	(e) Four	years	back
1a	Beginning of year balance	15,229,960.	14,033,670.	12,640	),175.	10,	897,222.	12	,280,	464.
	Contributions									
	Net investment earnings, gains, and losses	-2,389,434.	1,757,153.	1,91	6,917.	2,	232,654.	-	-886,	186.
d	Grants or scholarships									
	Other expenditures for facilities									
	and programs	594,488.	560,863.	52	3,422.		489,701.		497,	056.
f	Administrative expenses	·	•		,					
g g	End of year balance	12,246,038.	15,229,960.	14,033	3.670.	12.	640,175.	10	,897,	222.
2	Provide the estimated percentage of the curr				, -	,				
	Board designated or quasi-endowment	29.4312	%	n ricia ao.						
	Permanent endowment 70.5688	%								
	Term endowment .0000									
·	The percentages on lines 2a, 2b, and 2c short									
20	Are there endowment funds not in the posse	•	tion that are hold or	ad administa	ad for th					
Sa	·	SSION OF THE Organiza	tion that are neid ar	iu auriiriistei	eu ioi ii	ie		1	Yes	No
	organization by:							0-(:)	103	X
	(i) Unrelated organizations							3a(i)		X
	(ii) Related organizations							3a(ii)	$\rightarrow$	
b	If "Yes" on line 3a(ii), are the related organiza							3b		
Dai	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm	organization's endou	vment funds.							
ı aı	Complete if the organization answere		Part IV line 11a S	00 Form 000	Dort V	lino 10				
			1					/ N D		
	Description of property	(a) Cost or of basis (investment)	` '	or other (other)		ccumula preciatio	I	<b>(d)</b> Boo	k value	е
	Land	,	Dasis	(Ott ICI)	ue	PIECIALIO	11			
	Land									
	Buildings									
	Leasehold improvements			0,148.		50,1	1/0			0.
	Equipment			U,140.		٠, ١	140.			<u> </u>
	Other									_
Tota	. Add lines 1a through 1e. (Column (d) must e	gual Form 990. Part 2	X. column (B). line 1	0c.)						0.

Schedule D (Form 990) 2022

	LIC LIBRARY F	OUNDATION 36	-3480353 Page 3
Part VII Investments - Other Securities.	5 000 B + 11/1	111 0 5 000 5 1 1 1 1 1 1 1	
Complete if the organization answered "Yes"  (a) Description of security or category (including name of security)	on Form 990, Part IV, line (b) Book value	(c) Method of valuation: Cost or end	l of year market value
(4) Etalandal darbattura	(b) BOOK value	(c) Method of Valuation. Cost of end	-or-year market value
(1) Financial derivatives			
(2) Closely held equity interests (3) Other			
(A)		<u> </u>	
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
<b>Total</b> . (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) LEASE - OPERATING			209,935.
(3)			
(4)			
(5)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Schedule D (Form 990) 2022

209,935.

(6) (7) (8)

Part XI	Recond	ciliation	of Revenue	per Au	udited I	Financial	<b>Statements</b>	With	Revenue	per	Return

Pa	rt XI Reconciliation of Revenue per Audited Financial Sta								
	Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 12a.							
1	Total revenue, gains, and other support per audited financial statements					1	-1,4	<u>448,</u>	<u>979.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:								
а	Net unrealized gains (losses) on investments	2a			418.				
b	Donated services and use of facilities	2b		<u>168,</u>	123.				
С	Recoveries of prior year grants	2c							
d	Other (Describe in Part XIII.)	2d							
е	Add lines 2a through 2d					2e	-5,8	8 <b>42</b> ,	<u> 295.</u>
3	Subtract line 2e from line 1					3	4,3	<u>393,</u>	316.
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		7,	677.				
b	Other (Describe in Part XIII.)	4b							
_	c Add lines 4a and 4b							7,	<u>677.</u>
C						4c			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12	2.)				5		400,	993.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12 rt XII Reconciliation of Expenses per Audited Financial St	2.)				5		<u>400,</u>	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 rt XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, I	<sub>2.)</sub> tatements W				5	n.		993.
5	rt XII Reconciliation of Expenses per Audited Financial St	2) <b>tatements W</b> ine 12a.	ith Ex	pense	s per F	5	n.		
5 Pa	rt XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, I	2) <b>tatements W</b> ine 12a.	ith Ex	pense	s per F	5 Retur	n.		993.
5 Pa	Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	2.) tatements W ine 12a.	ith Ex	pense	s per F	5 Retur	n.		993.
5 Pa 1 2	Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	tatements Wine 12a.	ith Ex	pense	s per F	5 Retur	n.		993.
5 Pa 1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	tatements Wine 12a.	ith Ex	pense	s per F	5 Retur	n.		993.
5 Pa 1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2) tatements W ine 12a.  2a 2b 2c	ith Ex	pense	s per F	5 Retur	n.	215,	069.
5 Pa 1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2) tatements W ine 12a.  2a 2b 2c 2d	ith Exp	pense	123.	5 Retur	n. 4,2	215,	993. 069.
Pa  1 2 a b c d	Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2) tatements W ine 12a.  2a 2b 2c 2d	ith Exp	pense	123.	5 Return	n. 4,2	215,	069.
Pa 1 2 a b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2) tatements W ine 12a.  2a 2b 2c 2d	ith Exp	168,	123.	5 Return	n. 4,2	215,	993. 069.
1 2 a b c d e 3	Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2) tatements W ine 12a.  2a 2b 2c 2d	ith Exp	168,	123.	5 Return	n. 4,2	215,	993. 069.
5 Pa 1 2 a b c d e 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2) tatements W ine 12a.  2a 2b 2c 2d	ith Exp	168,	123.	5 Return	n. 4,2	215, 168, 046,	993. 069. 123. 946.
1 2 a b c d e 3 4 a b	Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2) tatements W ine 12a.  2a 2b 2c 2d	ith Exp	168, 7,	123.	5 Return	1. 4,2	215, 168, 046,	993. 069.

| Part XIII| Supplemental Information.

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

#### PART III, LINE 4:

THE FOUNDATION HAS ADOPTED A POLICY OF CAPITALIZING COLLECTIONS AT A NOMINAL VALUE IN ITS FINANCIAL STATEMENTS. ALTHOUGH THE FINANCIAL STATEMENTS DO NOT DISCLOSE THE CUMULATIVE VALUE OF COLLECTIONS, CERTAIN ARTWORK RECEIVED IN 1991 AS AN UNRESTRICTED DONATION HAS BEEN CATALOGED AND PRESERVED. SINCE 2003 THE ARTWORK HAS BEEN DISPLAYED, ON A PERMANENT LOAN, IN THE JOAN W. AND IRVING B. HARRIS THEATER FOR MUSIC AND DANCE. THE THEATER CARRIES A \$2 MILLION INSURANCE POLICY ON THIS ARTWORK.

#### PART V, LINE 4:

THE FOUNDATION HAS AN ENDOWMENT DISTRIBUTION POLICY THAT DETERMINES A MAXIMUM SPENDING RATE OF 4.5 PERCENT APPLIED TO A ROLLING FOUR-YEAR

## SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization						Employer identification number 36-3480353		
CHICAGO PUBLIC LIBRARY FOUNDATION								
Part I Fundraising Activities. required to complete this part	Complete if the organization answett.	red "Y	es" or	ı Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not	
<ul> <li>1 Indicate whether the organization rais</li> <li>a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written of key employees listed in Form 990, P</li> <li>b If "Yes," list the 10 highest paid individual</li> </ul>	e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with p	tion of tion of fundra (includ	non-g gover aising of ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes		
compensated at least \$5,000 by the	organization.							
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization	
		Yes	No					
Total		•	•					
List all states in which the organizatio or licensing.			utions	or has been notified	it is e	exempt from re	gistration	

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

Schedule G (Form 990) 2022

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro				ts greater than \$5,000.
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events
			L		NONE	(add col. (a) through
			LFA DINNER	, , , ,		col. <b>(c)</b> )
ē			(event type)	(event type)	(total number)	, , ,
Revenue			1 000 100			1 000 100
Rev	1	Gross receipts	1,930,190.			1,930,190.
			1 070 040			1 070 040
	2	Less: Contributions	1,879,040.			1,879,040.
	3	Gross income (line 1 minus line 2)	51,150.			51,150.
	3	Gross income (line 1 milius line 2)	31,130.			31,130.
	4	Cash prizes				
	5	Noncash prizes				
es						
ens	6	Rent/facility costs				
Direct Expenses						
ect	7	Food and beverages	130,736.			130,736.
ä						
	8	Entertainment	240 070			240 070
	9	Other direct expenses	340,970.			340,970. 471,706.
	10					-420,556.
Pa	11   11	<b>III Gaming.</b> Complete if the organization a		990 Part IV line 19 or		120,330.
		\$15,000 on Form 990-EZ, line 6a.	anowordd 100 on 10m	000, 1 4, 11, 11, 11, 10, 01	roportod moro triair	
		,	( ) 5:	(b) Pull tabs/instant		(d) Total gaming (add
nue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
	1	Gross revenue				
S	2	Cash prizes				
ense						
Direct Expenses	3	Noncash prizes				
š	١,	Dont/facility costs				
Öİ	4	Rent/facility costs				
	5	Other direct expenses				
	۲		Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
	_					
		ter the state(s) in which the organization condu				
		the organization licensed to conduct gaming ac				Yes No
I.	) IT "	No," explain:				
	_					
10a	We	ere any of the organization's gaming licenses re	voked, suspended, or te	rminated during the tax v	/ear?	Yes No
		Yes," explain:		-		
	_					

Schedule G (Form 990) 2022

232082 10-27-22

Sch	edule G (Form 990) 2022 CHICAGO PUBLIC LIBRARY FOUNDATION 36-3	4003	<u> </u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Ye	es	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?	Ye	es	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:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	<b></b> Ye	es	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$			
С	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	Ye	es	☐ 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 Pa	rt III, lines	9, 9	b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	,		
	· · · · · · · · · · · · · · · · · · ·			

Schedule G	G (Form 990)	CHICAGO	PUBLIC	LIBRARY	FOUNDATION	36-3480353	Page 4
Part IV	G (Form 990)  Supplemental Infor	mation (conti	inued)				
		(COIII	nueu)				
					<u> </u>		
i———							
i-							
-							

#### SCHEDULE J (Form 990)

**Compensation Information** 

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

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

Attach to Form 990.

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

ZUZZ

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

CHICAGO PUBLIC LIBRARY FOUNDATION

Employer identification number 36-3480353

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	X	
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant  Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year did any nersen listed on Form 000 Part VIII Coation A line 1s with respect to the filing			
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:			
•		4a		х
a h	Receive a severance payment or change-of-control payment?  Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
C	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
Ĭ	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	10		
	The state of the s			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		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	_X_	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			37
_	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) 2022

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

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

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

(A) Name and Title		<b>(B)</b> Breakdown of W	/-2 and/or 1099-MIS/ compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) BRENDA LANGSTRAAT BUI	(i)	206,000.	10,300.	0.	20,600.	13,034.	249,934.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A:

THE BOARD APPROVED PAYMENT OF SOHO CLUB MEMBERSHIP FOR THE FOUNDATION'S

PRESIDENT & CEO, BRENDA LANGSTRAAT. SINCE THE MAJORITY OF CLUB USE IS FOR

BUSINESS PURPOSES, MONTHLY MEMBERSHIP AND RELATED ASSESSMENTS WILL BE PAID

IN FULL BY THE FOUNDATION AND ARE NOT TREATED AS TAXABLE COMPENSATION.

BRENDA IS RESPONSIBLE FOR PAYING ALL NON-BUSINESS RELATED FOOD AND OTHER

PART I, LINE 7:

CHARGES.

THE CPLF BOARD OF DIRECTORS, AT THE RECOMMENDATION OF THE FINANCE

COMMITTEE, APPROVES THE ANNUAL BUDGET, INCLUDING SALARY AND BENEFITS. THE

SALARY OF THE PRESIDENT & CEO IS DETERMINED BY THE BOARD EXECUTIVE

COMMITTEE. BONUS CONSIDERATION IS EXECUTIVE COMMITTEE DRIVEN, WITH INPUT

FROM THE CEO AND COO. BONUSES MAY BE CONSIDERED DUE TO EXTRAORDINARY STAFF

TEAM PERFORMANCE AND/OR CIRCUMSTANCES WHEN THE TEAM HAS ADVANCED THE

ORGANIZATION DURING A CHALLENGING TIME.

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

### **Noncash Contributions**

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Inspection Employer identification number

CHICAGO PUBLIC LIBRARY FOUNDATION 36-3480353								
Par	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d Method of d noncash contrib	letermin		S
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications	X		56,638.	FAIR MARKET	r va	<u>LUE</u>	
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other (							
29	Number of Forms 8283 received by the organization			I I				
	for which the organization completed Form 82	83, Part V, D	Oonee Acknowledg	ement <b>29</b>				
							Yes	No
30a	During the year, did the organization receive by	•		· · · · · · · · · · · · · · · · · · ·				
	must hold for at least 3 years from the date of							
	exempt purposes for the entire holding period	?				30a		X
	b If "Yes," describe the arrangement in Part II.							
31								X
32a	2a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash							37
	contributions?					32a		X
	If "Yes," describe in Part II.		<u>.                                      </u>					
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	tor which column (a) is chec	cked,			
	describe in Part II.			<u> </u>	<u> </u>	NA /F		0000
LHA	For Paperwork Reduction Act Notice, see	the Instruct	tions for Form 990	J.	Schedule	IVI (Forr	n 990)	2022

232141 09-09-22

232142 09-09-22

# SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2022 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

CHICAGO PUBLIC LIBRARY FOUNDATION

Employer identification number 36-3480353

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

LIBRARY BY INVESTING IN RESOURCES THAT TRANSFORM LIVES AND COMMUNITIES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

LEARNING. IN TRUE PUBLIC-PRIVATE PARTNERSHIP, THIS INFUSION OF

PHILANTHROPIC RESOURCES HAS HELPED TO LAUNCH AND SUSTAIN PROGRAMS

ACROSS CHICAGO PUBLIC LIBRARY'S 81 BRANCHES. TOGETHER WITH OUR DONORS

AND PARTNERS, WE INVEST IN PROGRAMS THAT GO ABOVE WHAT IS POSSIBLE WITH

TAXPAYER DOLLARS IN ORDER TO BRIDGE DIVIDES, RESPOND TO CHANGING

COMMUNITY NEEDS, AND INNOVATE WITHIN THE FIELD. INVESTMENTS ARE MADE IN

THREE FUNDING PRIORITY AREAS: CLOSE THE ACADEMIC OPPORTUNITY GAP;

ACTIVATE CREATIVITY & CONNECTION FOR ALL; AND BRIDGE THE DIGITAL

DIVIDE.

FORM 990, PART VI, SECTION A, LINE 7A:

CANDIDATES FOR MEMBERS AND TO FILL VACANCIES ON THE BOARD OF DIRECTORS

SHALL BE NOMINATED BY THE GOVERNANCE COMMITTEE. ADDITIONAL NOMINATIONS MAY

BE MADE BY ANY MEMBER OF THE BOARD OF DIRECTORS.

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

THE BOARD RETAINS THE SERVICES OF AN INDEPENDENT CPA FIRM TO PREPARE THE FOUNDATION'S FORM 990. MANAGEMENT REVIEWS THE COMPLETED FORM 990 AND A FULL COPY IS DISTRIBUTED TO ALL VOTING MEMBERS OF THE GOVERNING BODY PRIOR TO FILING. THE GOVERNING BODY IS PROVIDED A REASONABLE AMOUNT OF TIME TO REVIEW THE RETURN AND ASK ANY QUESTIONS DIRECTLY TO FOUNDATION MANAGEMENT OR THE CONTACT AT THE INDEPENDENT CPA FIRM PRIOR TO FILING.

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page **2** 

Name of the organization
CHICAGO PUBLIC LIBRARY FOUNDATION

Employer identification number 36-3480353

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

THE FOUNDATION REQUIRES DIRECTORS AND KEY EMPLOYEES TO FILL OUT AN ANNUAL QUESTIONNAIRE TO ENSURE THERE ARE NO CONFLICTS OF INTEREST.

ADDITIONALLY, AT THE COMMENCEMENT OF EACH BOARD MEETING, THE PRESIDENT (OR

THE APPOINTED REPRESENTATIVE), PROVIDES THE OPPORTUNITY FOR DIRECTORS TO

DISCLOSE ANY CONFLICT OR PERCEIVED CONFLICT. SHOULD AN INSTANCE EXIST WHERE

THE DIRECTOR IS NOT INDEPENDENT, THEY WILL NOT VOTE ON THE RELATED MATTER.

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

EXECUTIVE AND OFFICER COMPENSATION IS DETERMINED BY THE EXECUTIVE

COMMITTEE. THE COMMITTEE USES COMPARABILITY DATA AND MARKET COMPARISONS,

INCLUDING COMPENSATION SURVEYS AND FORM 990 INFORMATION FROM OTHER

ORGANIZATIONS, AS PART OF THE COMPENSATION DETERMINATION PROCESS. THE

COMPENSATION DETERMINED IS SUBSEQUENTLY APPROVED BY THE BOARD OF DIRECTORS.

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

GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS WILL BE PROVIDED UPON REQUEST.

PRIOR PERIOD ADJUSTMENT:

DURING THE 2022 YEAR END AUDIT, IT WAS DETERMINED THAT INVESTMENT

ACTIVITY WAS OVER ALLOCATED TO ENDOWMENTS IN COMPARISON TO THE TOTAL

INVESTMENT PORTFOLIO. THE PRESENTATION ON SCHEDULE D, PART V, HAS BEEN

UPDATED IN ACCORDANCE WITH THIS CHANGE.

ADDITIONALLY, THE AUDITED FINANCIAL STATEMENTS FOR 2021 HAVE BEEN
RESTATED TO PROPERLY PRESENT ACCUMULATED INVESTMENT EARNINGS BETWEEN

Schedule O (Form 990) 2022	Page 2
Name of the organization CHICAGO PUBLIC LIBRARY FOUNDATION	Employer identification number 36-3480353
RESTRICTED AND UNRESTRICTED. THE PRESENTATION ON FORM 990,	PART X,
LINES 27 AND 28 HAVE BEEN UPDATED IN ACCORDANCE WITH THIS	CHANGE.

232212 10-28-22