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.

Form	990
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** PUBLIC DISCLOSURE COPY ** **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

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



B Checkets CName of organization D Employer identification number Advances CNICAGO PUBLIC LIBRARY FOUNDATION 36-3480353 Minimum Doing business as 32-201-9830 Figure COVENTS Bornsystem Bornsystem Advances COVENTS Bornsystem Bornsystem Advances COVENTS Bornsystem Bornsystem Advances COVENTS Bornsystem Bornsystem Advances Covent coventry, and ZPO or foreign postal code Covent coventry, and ZPO or foreign postal code Covent coventry, and ZPO or foreign postal code Chick Down states or province, country, and ZPO or foreign postal code Covent coventry, and ZPO or foreign postal code Covent coventry, and ZPO or foreign postal code Mice Down State Status: State AS Coventry, and ZPO or foreign postal code Covent coventry, and ZPO or foreign postal code Mice Down State Status: State AS Coventry, and ZPO or foreign postal code Covent coventry, and ZPO or foreign postal code Mice Down State Status: State AS Coventry, and ZPO or foreign postal code Hit Postal coventry, and ZPO or foreign postal code Mice Down State AS Coventry, and ZPO or foreign postal code Covent coventry, and ZPO or foreign coventry, and ZPO or foreign	A	For th	e 2023 calendar year, or tax year beginning and e	ending			
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Description Description Description Second Seco		Addre	CHICAGO PUBLIC LIBRARY FOUNDATION				
Weith Team Number and street (or P.0. box if mail is not delivered to street address) Room/suite E Telephone number 200 W. MADISON AVE., 3RD FL 312-201-9830 312-201-9830 City or tow, state or province, country, and IP or foreign postal code G Geseneeues 111, 614, 155. Chick Case F Name and address of principal officer: BRENDA LANGSTRAAT BUI For sub-ordinates : muchaeter Same AS C ABOVE F Name and address of principal officer: BRENDA LANGSTRAAT BUI For sub-ordinates : muchaeter Yes X J Webatte: WW. CPL OUNDATION.ORG H(0) /// eval abacchaeter include? Yes X Form of organization: X Corporation Trax Association Other L Year of formation: 1986 (M State of legal domicile: IL Fort of organization: X Corporation Trax Association Other L Year of formation: 1986 (M State of legal domicile: IL Fort of regeneration: X Subme or voting members of the governing body (Part VI, line 1a) 3 5 3 8 Number of individuals employed in calendar year 2023 (Part VI, line 1a) 5 13 3 5 9 Total number of voting members of the governing body (Part VI, line 1a) 4 533 13 <td></td> <td>Name</td> <td></td> <td>36-348035</td> <td>53</td>		Name		36-348035	53		
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			Signature Block		55,507,407.	50,450,470.	

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer	Date	
Here	BRENDA LANGSTRAAT BUI, PRESIDENT		
	Type or print name and title		
	Print/Type preparer's name Preparer's signature D	ate Check	PTIN
Paid	DAVID LOWENTHAL DAVID LOWENTHAL 0	9/09/24 self-employed	P00378651
Preparer	Firm's name PLANTE & MORAN, PLLC	Firm's EIN 38-	1357951
Use Only	Firm's address 10 S. RIVERSIDE PLAZA, 9TH FLOOR		
	CHICAGO, IL 60606	Phone no. (312) 207-1040
May the I	RS discuss this return with the preparer shown above? See instructions		X Yes No
LHA For	Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23		Form 990 (2023)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	n 990 (2023) CHICAGO PUBLIC LIBRARY FOUNDATION	36-3480353	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission: ESTABLISHED IN 1986, THE CHICAGO PUBLIC LIBRARY FOUNDATI	ON (CPLF) IS	
	AN INDEPENDENT NONPROFIT THAT EXISTS TO ACCELERATE THE P		
	OUR PUBLIC LIBRARY BY INVESTING IN RESOURCES THAT TRANSF		<u> </u>
		SEE SCH O)	
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	XNo
-	If "Yes," describe these new services on Schedule O.		v .
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	XNo
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses	
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe		d
	revenue, if any, for each program service reported.		-
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		AT LIMIT HOW	
	FAR THEY WILL GO IN LIFE. WHETHER THAT'S THE NEIGHBORHOO		
	THE SCHOOLS THEY HAVE ACCESS TO, THE RESOURCES THEIR PAR THE QUALITY OF THE AIR, OUR CITY HAS LONG BEEN DIVIDED T		
	OF NOT JUST INDIVIDUALS, BUT OF OUR COLLECTIVE PROSPERIT		5101
	CHICAGOANS. SUPPORT FROM DONORS ENSURES STUDENTS AND THE		CAN
	ACCESS FREE HOMEWORK HELP, TOOLS FOR SUPPORTING LANGUAGE		
	DEVELOPMENT, AND YEAR-ROUND STEM CONTENT THAT HELP ENSUR	E ALL OUR	
	CITY'S CHILDREN HAVE THE SUPPORT THEY NEED TO SUCCEED EA	RLY IN LIFE A	AND
	TO KEEP ON SUCCEEDING.		
4b	(Code:) (Expenses \$ 1,111,197. including grants of \$) (Rever	¢	<u> </u>
-10	CHICAGO'S WORLD-RENOWNED ARTS AND CULTURE SECTOR FUELS T		/
		BIG IDEAS AN	ND
	TOP TALENT IS OFTEN FAR OUT OF REACH FOR LOWER-INCOME ME		
	COMMUNITY. AS A RESULT, MANY CHICAGOANS ARE SHUT OUT FRC		
		HE ARTS. OUR	
	<u>CITY, IN TURN, MISSES OUT ON OPPORTUNITIES TO BE ELEVATE</u> BY THE INCLUSION OF DIVERSE NEW VOICES AND VIEWPOINTS. D		
	EVERYTHING FROM MAKER SPACES TO SPECIAL COLLECTIONS PROJ		
	DISCUSSIONS WITH THE MOST THOUGHT-PROVOKING AUTHORS OF C		SE
	OFFERINGS INVITE ALL CHICAGOANS TO EXPLORE NEW WAYS OF E		
	THEMSELVES AND IMAGINING NEW POSSIBILITIES NOT ONLY FOR	THEIR OWN	
	LIVES, BUT ALSO FOR OUR CITY AND THE WORLD.		
4c	(Code:) (Expenses \$ 564,228. including grants of \$) (Revenue of \$] (Revenue of \$] (Revenue of \$) (Revenue of \$] (Revenue of \$) (Revenue of \$] (R)
	HOUSEHOLDS DON'T HAVE HOME BROADBAND SERVICES OR A TRADI		
	COMPUTER. MANY OF THESE ADULTS AND OLDER ADULTS ALSO LAC		
	THEY NEED TO NAVIGATE OUR INCREASINGLY DIGITAL WORLD EFF		
	SAFELY. WITHOUT THIS CRUCIAL KNOW-HOW, THOUSANDS OF CHIC		
	BLOCKED FROM ONLINE OPPORTUNITIES TO APPLY FOR JOBS, FIN		AND
	HEALTH RESOURCES, PARTICIPATE IN CIVIC LIFE, AND CONNECT ONES. OUR DIGITAL LITERACY AND LEARNING PROGRAMS REMOVE		
	THROUGH CURATED RESOURCES, SKILLS-BUILDING SUPPORT, AND		7
	CHICAGO DIGITAL LEARNING MODULES ACCESSIBLE FROM ANY COM		L
	TOGETHER, WE TRANSFORM LIVES THROUGH TECHNOLOGY.		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ 554,861. including grants of \$) (Revenue \$)	
4e	Total program service expenses3,510,559.		90 (2023)
33200	12 12-21-23	Form 9	e (2023)

—	000	(0000)
⊢orm	990	(2023)

Part IV Checklist of Required Schedules

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, VII, VII, VII, VII, VII				Yes	No
2 Is the organization enguine function (and the complete Schedule () Schedule of Computing 7 See instructions 2 X 3 Did the organization enguine function control 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(r) election in effect of inform opposition complete Schedule C, Part II 4 X 5 Is the organization asset on 501(c)(4). 501(c)(5), or 501(c)(5) or 501(c	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
 3 Did the organization engage in direct or indirect patitical campaign activities on behalf of or in opposition to candidates for public offical" if "Yes," complete Schedule C, Part II 4 Social S01(Q) organizations. Did the organization engage in toobying activities, or have a section S01(h) dection in effect of the section section S01(h) dection S10(h) dection of investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts of the similar assets? (* Complete Schedule D, Part II 9 Did the organization metation decisions of works of art, historical trassures, or other similar assets? (* Yes, "complete Schedule D, Part IV 9 Did the organization report an amount for investments - ories (* the complete Schedule D, Part IV 10 Did the organization report an amount for investments - ories (* the complete Schedule D, Part V) 11 Did the organization report an amount for investments - ories (* the complete Schedule D, Part V) 12 Did the organization report an amount for investments - ories (* the complete Schedule D, Part V) 13 Did the organization report an amount for investments - ories (* the complete Schedule D, Part V) 14 Did the organ		If "Yes," complete Schedule A			<u> </u>
public official if "Yes," complete Schedule C, Part I 3 X 4 Section 50 (kg) organization. Did the organization engage in lobbying activities, or have a section 50 (kg) organization setting in the tax year? If 'Yes, ' complete Schedule C, Part I 4 X 5 the organization a section 501 (kg), 5	2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	<u> </u>
4 Section 50 (c)(3) organizations. Did the organization elocitying activities, or have a section 50 (c)(i) election in effect during the tax year? (I' 'Yes,' complete Schedule C, Part II 4 X 5 Is the organization a section 50 (c)(i)(i), 50 (c)(i)(i), or 50 (c)(i) organization that neoives membership dues, assessments, or similar amounts as defined in Rev. Proc. 89:197 (I' 'Yes,' complete Schedule C, Part II 5 X 6 Did the organization constraints much durinds or any similar indus or accounts for which donons have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donons have the right to provide advice on the distribution or investment of anounts in such funds or accounts row the serve open space, the environment, historic land areas, or historic at treasures, or other similar asset3? (I' 'Yes,' complete Schedule D, Part II 6 X 9 Did the organization and anount in Part X, ine 21, for scicow or custodial account lability serve as a custodian for environment, histori or trough a related organization, hold assets in donor-restricted endowments or in quasi-endowment? If 'Yes,' complete Schedule D, Part V 10 X 10 Did the organization anount for investments - other securities in Part X, line 120; H 'Yes,' complete Schedule D, Part V 10 X 11 If the organization anount for investments - other securities in Part X, line 120; H 'Yes,' complete Schedule D, Part X 10 X 12 Did the organization manount for investments	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
during the tax year? If Yes, * complete Schedule C, Part II 4 X 5 Is the organization a section S(10(4), 501(6)(3) for 501(6)) Software Schedule C, Part III 5 6 Did the organization markan any domra advised funds or any similar funds or accounts for which domons have the right to provide advised on the distribution or investment at manuter in such tands or accounts for which domons have the right to provide advised on the distribution or investment at manuter in such tands or accounts in such domons have the right to provide advised on the distribution or investment at manuter in such tands or accounts in the distribution of the organization markan and soft at historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part I 8 7 X 8 8 X 8 X 8 9 Did the organization in anotunt in Dart X, line 21, for secrow or custodial account liability: serve as a custodian for amounts not listed in Part X, ine Part X, ine restricted endowments 9 X 10 X 9 Did the organization indicid organization, hold asset in donor-restricted endowments 9 X 10 X 10 Did the organization orgon an amount for the looking questions is 'Yes,' then complete Schedule D, Part X 10 X 10 X 11 If the organization report an amount for threstheres prefine any to the		public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
5 Is the organization a sectors 501(c)(4), 501(c)(5), or 501(c)(6), organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 391:97. If Yes, "complete Schedule C, Part II 5 X Did the organization markina may down advised funds or any similar funds or accounts? If Yes, "complete Schedule D, Part II 6 X Did the organization neares marking the funds or accounts? If Yes, "complete Schedule D, Part II 7 X Did the organization neares of historic structures? If Yes, "complete Schedule D, Part II 7 X Schedule D, Part II 7 X Did the organization report an amount in Part X, line 21, for secrow or custodial account lability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, det margement, credit repart, or deth regionation services? If Yes, "complete Schedule D, Part IV 10 X Did the organization, directly through a related organization, hold assets in donorrestricted endowments or in quasi-andowments? If Yes, "complete Schedule D, Part VI 10 X Did the organization services? If Yes, "complete Schedule D, Part XI 10 X Did the organization report an amount for land, buildings, and equipment 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 VI 11a X Did the organization report an amount for investments	4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
 a milling amounts as defined in Rev. Proc. 99-192, <i>H</i> "Yes," complete Schedule Q, Part II Did the organization ranking and conservation easement, including assements to preserve open spacel, the environment, historical drease, or historic advancement, including assements to preserve open spacel, the environment, historical drease, or historical treasures, or other similar assets? <i>H</i> "Yes," complete Schedule D, Part II Did the organization ranking and the following questions, not clear state of the organization assement to preserve or custodial account liability, serve as a custodian for amounts in table in Part X, line 21, for serce or custodial account liability, serve as a custodian for amounts in table in Part X, or provide cardit consulting, det management, circled reparts, or deter megotiation services? Wes, "complete Schedule D, Part IV Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>H</i> "Yes," complete Schedule D, Part V Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>H</i> "Yes," complete Schedule D, Part V Did the organization report an amount for land, buildings, and equipment in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>H</i> "Yes," complete Schedule D, Part V Did the organization report an amount for land, buildings, and equipment in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>H</i> "Yes," complete Schedule D, Part V Did the organization report an amount for land, Sulfarg, Part VI Did the organization report an amount for land, Sulfarg, Part VI Did the organization report an amount for land, Sulfarg, Part VI Did the organization report an amount for lands statements for the tax year (Part Y) Did the organization necerities ARS (PART Y)", "ecomplete Schedule D, Part X Did the organization necerities ARS (PART		during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
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 II 6 X 7 Did the organization meetine to fold a conservation assement, including assements to pressive open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X 8 Did the organization meetine to fold a conservation assement, including easements in similar assets? If "Yes," complete Schedule D, Part II 7 X 9 Did the organization receive or the attent organization, and the Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization receive or mount in Part X, line 21, for secrow or custodia account liability: serve as a custodian for investments or in quasi-endowments? If "Yes," complete Schedule D, Part VI 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part X 11 X 12 Did the organization report an amount for investments - orbiter securities in Part X, line 10? If "Yes," complete Schedule D, Part X 11 X 13 Did the organization report an amount for investments - program related in Part X, line 10? If "Yes," complete Schedule D, Part X 111 X	5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
provide advice on the distribution or investment of amounts in such funds or accounts? <i>H</i> "Yes," complete Schedule D, Part I 6 X 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>H</i> "Yes," complete Schedule D, Part II 7 X 8 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? 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 disted in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization identity or through a related organization, hold assets in donor-restricted andowments 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>H</i> 'Yes,' complete Schedule D, Part VI 11 X 12 Did the organization report an amount for investments- organ metated in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>H</i> 'Yes,' complete Schedule D, Part XI 11 X 13 asster reported in Part X, line 16? <i>H</i> 'Yes,' complete Schedule D, Part X 11 <td></td> <td></td> <td>5</td> <td></td> <td><u> </u></td>			5		<u> </u>
7 Did the organization resolve 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 asset? If "Yes," complete Schedule D, Part II 8 X 9 Did the organization neuron 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? 9 X 10 Did the organization neuron any of the following questions is "Yes," then complete Schedule D, Part V 10 X 11 If the organization negotiation report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11 X 12 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 VI 11 X 13 Did the organization report an amount for investments - porgram related in Part X, line 27, If "Yes," complete Schedule D, Part X 11 X 14 W constraints on specifies Schedule D, Part VI 11 X 11 X 15 Did the organization organization report an amount for invest	6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
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8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? # 'Yes,' complete Schedule D, Pert III 8 X 9 Did the organization report an amount in Part X, line 21, for secrew 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? 9 X 10 Did the organization is answer to any of the following questions is "Yes," than complete Schedule D, Part V 9 X 11 If 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, ine 167. If 'Yes,' complete Schedule D, Part VI 10 X 12 Did the organization report an amount for investments - robgram related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 167. If 'Yes,' complete Schedule D, Part VI 11a X 13 Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 167. If 'Yes,' complete Schedule D, Part X 11e X 14 Did the organization submit on the faibilities in Part X, line 257. If 'Yes,' complete Schedule D, Part X 11d X 15 Did the organization submit on the faibilities in Part X, line 257. If 'Yes,' complete Schedule D, Part X 11d X 14 Did the	7				
Schedule D, Part III 8 X 9 Did the organization report an amount in Part X, line 21, for escrew or custodial account liability: serve as a custodian for amounts not listed in Part X, or provide credit conseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 10 X 111 X 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 V 11a X 112 X Did the organization report an amount for investments - other securities 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 V 11c X 113 X 114 X 116 X 114 X 116 X 118 X 115 116 117 X, line 16? 118 X 116 118 X 118 X 118 X			7		<u> </u>
9 Did the organization report an amount in Part X, line 21, for escrew 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? 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? 10 X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, VII, VII, VII, VII, VII	8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
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10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? // **es," 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, VII, VII, VII, VII, VII, VII,		amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
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, VII, IX, or X, as applicable. 11a X a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X b Did the organization report an amount for investments - other securities in Part X, line 12?, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b X c Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c X d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11d X 12a Did the organization is beparte or consolidated financial statements for the tax year? 11f X 13a X 11a X 11a X 14a Did the organization included in consolidated, independent audited financial statements for the tax year? 11f X 13a X 11a X 11a X 14		If "Yes," complete Schedule D, Part IV	9		X
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VII, IX, or X, as applicable. 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI 12 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 11a X 13 Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII 11c X 14 Did the organization report an amount for other assets in Part X, line 15% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part X 11d X 11d Did the organization report an amount for other assets in Part X, line 15% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part X 11d X 11d Did the organization separate or consolidated financial statements for the tax year complete Schedule D, Part X 11d X 12a Did the organization aspearate, independent audited financial statements for the tax year? 11f 'Yes,' complete Schedule D, Part X 11d X 12a Did the organization answered 'No' to line 12a, then completing Schedule D, Part X Al Al X Alis optional </td <td>10</td> <td></td> <td></td> <td></td> <td></td>	10				
as applicable. a) Id the organization report an amount for land, buildings, and equipment in Part X, line 10? /// "Yes," complete Schedule D, Part VI 11a X b) Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part VII 11b X c) Did the organization report an amount for investments - orgorar related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part X VII 11c X d) Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part X 11c X e) Did the organization report an amount for other liabilities in Part X, line 25? // "Yes," complete Schedule D, Part X 11e X f) Did the organization report an amount for other liabilities in Part X, line 25? // "Yes," complete Schedule D, Part X 11e X 12a Did the organization is ability for uncertain tax positions under FIN 48 (ASC 740? /// "Yes," complete Schedule D, Part X 11t X 12a Did the organization included in consolidated, independent audited financial statements for the tax year? 11t X 12a X Did the organization aschool described undependent audited financial statements for the tax year? 12b X			10	X	
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 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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part II</i> 19 Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> 19 Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> 20a 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? <i>If "Yes," complete Schedule I, Parts I and II</i> 21 X 	10		16		x
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18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // "Yes," 18 X 20a Did the organization operate one or more hospital facilities? // "Yes," complete Schedule H 19 X 20a Did the organization operate one or more hospital facilities? // "Yes," complete Schedule H 20a X 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? // "Yes," complete Schedule I. Parts I and II 21 X	.,		17		x
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," 19 X 20a 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 20b 21 Did the organization operate one or 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 20a X	18		<u> </u>		
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," omplete Schedule G, Part III 19 X 20a Did the organization operate one or more hospital facilities? <i>If</i> "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 20b 21 Did the organization operate on Part IX, column (A), line 1? <i>If</i> "Yes," complete Schedule I. Parts I and II 21 X	10		12	x	
complete Schedule G, Part III 19 X 20a 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 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	19				
20a 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 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	13		10		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	20-				
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					<u> </u>
domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II			200		
- 000 (21		x
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
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		
	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			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	20		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			v
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See 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			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
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		X
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		X
35a	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?	<u> </u>		
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u> .	
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 122			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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Form	990 (2023) CHICAGO PUBLIC LIBRARY FOUNDATION		36-3480	353	Р	age 5
Par	t 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 retur	ns?		2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο		3b		<u> </u>
4a	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	accoun	t)?	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					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			<u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		<u>x</u>
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			<u>5c</u>		├──
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	e orga	nization solicit			
	any contributions that were not tax deductible as charitable contributions?			<u>6a</u>		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons or	gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).				37	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor?	7a	X	├──
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X	├──
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	•				
	to file Form 8282?	1	 I	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	-			37
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		t?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		<u>x</u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Fc			7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	Э			
				8		
9	Sponsoring organizations maintaining donor advised funds.					
a				9a		<u> </u>
b				9b		
10	Section 501(c)(7) organizations. Enter:		I			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:		I			
a	Gross income from members or shareholders	<u>11a</u>				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
40-	amounts due or received from them.)	1041	<u> </u>	40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		r 	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.			120		
а	Is the organization licensed to issue qualified health plans in more than one state?			<u>13a</u>		
	Note: See the instructions for additional information the organization must report on Schedule O.					
D	Enter the amount of reserves the organization is required to maintain by the states in which the	106	l			
_	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c	I	14-		x
14a				14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune			45		x
	excess parachute payment(s) during the year?			15		
40	If "Yes," see the instructions and file Form 4720, Schedule N.	. i.e		40		x
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t incon	ne?	16		
<i></i>	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.			F -	000	(0000)
332005	12-21-23			Form	330	(2023)

Form 99	0 (2023)
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CHICAGO PUBLIC LIBRARY FOUNDATION

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

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

		1		Yes	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	53		
	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	53		
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	_	X
3	Did the organization delegate control over management duties customarily performed by or under the	direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?				X
4	Did the organization make any significant changes to its governing documents since the prior Form 99	0 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ets?			X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or app more members of the governing body?	point one or		x	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto				
	persons other than the governing body?		7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				
	The governing body?		8a	x	
	Each committee with authority to act on behalf of the governing body?			X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reac				
9			9		x
Sec	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				1 22
	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	enue Code.)		Vee	
40-	Did the exercit of the local charters been charters or effiliates (40.	Yes	No X
	Did the organization have local chapters, branches, or affiliates?		<u>10a</u>		
D	If "Yes," did the organization have written policies and procedures governing the activities of such cha	• • •			
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before filing the for	rm? 11 a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			37	
	Did the organization have a written conflict of interest policy? If "No," go to line 13				
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise t		12 b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye	,			
	on Schedule O how this was done				<u> </u>
13	Did the organization have a written whistleblower policy?				
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		<u>15a</u>	Х	
b	Other officers or key employees of the organization		15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ent 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				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organize	zation's			
	exempt status with respect to such arrangements?		16b		
Sect	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed $_ t IL$				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	d 990-T (section 50)1(c)(3)s only	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.	,	.,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, cor		icv and fina	ncial	
	statements available to the public during the tax year.		_ , inidi		
20	State the name, address, and telephone number of the person who possesses the organization's book	ks and records			
20	BETH DAVIS - 312-201-9830				
	200 W MADISON ST 3RD FL. CHICAGO IL 60602				
	200 W MADISON ST 3RD FL, CHICAGO, IL 60602		Ear	m 990	(200)

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.

• 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.

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

index	mated bunt of ther ensation m the hization related izations
hours per weekbox, unless person is both an officer and a director/trustee)compensationcompensationand(list anybbbfromfrom relatedo(list anybbbtheorganizationscomp	ther ensation m the nization related
(list any $\frac{3}{2}$ the organizations comp	ensation m the nization related
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lorganizations 걸 불 응 한 한 1099-NEC) and	
organizations stations and seven by the seve	
below line) line line line line line line line line	
(1) BRENDA LANGSTRAAT BUI 40.00	
PRESIDENT & CEO 0.00 X 212,180. 0. 41	,051.
(2) ELIZABETH ZACHARA DAVIS 40.00	
CHIEF OPERATING OFFICER 0.00 X 128,500. 0.23	,959.
(3) KATHERINE NARDIN 40.00	
	,881.
(4) AUDREY PEIPER 40.00	
	<u>,211.</u>
(5) ROBERT WISLOW 5.00	
CHAIRMAN 0.00 X X 0. 0.	0.
(6) DAVID CASPER 2.00	
VICE CHAIR 0.00 X X 0. 0.	0.
(7) ARCHANA KUMAR 2.00	
TREASURER 0.00 X X 0. 0.	0.
(8) BRUCE SAGAN 2.00	
SECRETARY 0.00 X X 0. 0.	0.
(9) CINDY PRITZKER 1.00	
CHAIRMAN EMERITUS 0.00 X X 0. 0.	0.
(10) HEATHER ALGER 1.00	
DIRECTOR 0.00 X 0. 0.	0.
(11) ALENA ANTIGUA <u>1.00</u>	
DIRECTOR 0.00 X 0. 0.	0.
(12) MARGARET BACZKOWSKI 1.00	
DIRECTOR 0.00 X 0. 0.	0.
(13) WENDY BERGER 1.00	
DIRECTOR 0.00 X 0. 0.	0.
(14) JODI BLOCK <u>1.00</u>	
DIRECTOR 0.00 X 0. 0.	0.
(15) KATHLEEN BOEGE 1.00	
DIRECTOR 0.00 X 0. 0.	0.
(16) MATTHEW BREWER 1.00	
DIRECTOR 0.00 X 0. 0.	0.
(17) MARCY CARLIN <u>1.00</u>	-
	0.

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Form 990 (2023)

Part VII Section A. Officers, Directors, True Bee, Key Employees, and Highest Compensated Employees; continued. Name and this Average Hours per Vestor PostBor Hours per Vestor PostBor PostBor Hours per Vestor PostBor Hours per Vestor P	Form 990 (2023) CHICAGO	PUBLIC I	JIE	BRA	ARY	F	טט	NE	DATION	36-3480	353 р	age 8
Name and title Average hours for week (fit at my bours for bound for metal and title Average hours for metal	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
Name and title Average hours for week (fit at my bours for bound for metal and title Average hours for metal										· /	(F)	
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(13) EXPUSE CROV 1.00 x 0.00 0.00 (13) MONIQUE DEMORY 1.00 x 0.00 0.00 (13) MONIQUE DEMORY 1.00 x 0.00 0.00 DIRECTOR 0.00 x 0.00 0.00 C(2) MICHARL FASENACIT 1.00 0.00 0.00 0.00 DIRECTOR 0.00 x 0.00 0.00 0.00 C(2) MICHARL FASENATIO 1.00 0.00		(list any	ctor						the	organizations	compensa	ation
(13) EXPUSE CROV 1.00 x 0.00 0.00 (13) MONIQUE DEMORY 1.00 x 0.00 0.00 (13) MONIQUE DEMORY 1.00 x 0.00 0.00 DIRECTOR 0.00 x 0.00 0.00 C(2) MICHARL FASENACIT 1.00 0.00 0.00 0.00 DIRECTOR 0.00 x 0.00 0.00 0.00 C(2) MICHARL FASENATIO 1.00 0.00		hours for	r dire				eq		organization	(W-2/1099-MISC/	from th	е
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(25) MARK GARTLAND 1.00 x 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	(24) JENNIFER FRIEDES											
DIERECTOR 0.00 X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	DIRECTOR		Х						0.	0.		0.
(26) GRAHAM C. GRADY 1.00 0.00 <td< td=""><td>(25) MARK GARTLAND</td><td>1.00</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	(25) MARK GARTLAND	1.00										
(26) GRAHAM C. GRADY 1.00 X 0.00 0.	DIRECTOR	0.00	Х						0.	0.		Ο.
DIRECTOR 0.00 X 0.00 X 0.00 0.00 1b Subtotal 562,264.00.98,102. c Total from continuation sheets to Part VII, Section A 0.00.00.00.00 1 Total (add lines th and tc) 562,264.00.98,102. 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 4 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? if "Yes," complete Schedule J for such individual 3 X 4 For any individual listed on line 1a, is the sum of reportable compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization J. If "Yes," complete Schedule J for such person 4 X 5 Did any person listed on line 1a receive or accrue compensated independent contractors that received more than \$100,000 of compensation from the organization J. If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors (C) (C) Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization of services Compensation (C) 1 Comp	(26) GRAHAM C. GRADY											
1b Subtotal 562,264. 0. 98,102. c Total from continuation sheets to Part VII, Section A 0.<	DIRECTOR		x						0.	0.		0.
c Total from continuation sheets to Part VII, Section A 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	4. 0.1.1.1										98 1	
d Total (add lines 1b and 1c) 562,264. 0. 98,102. 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 4 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 X 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 X 5 Did any person listed on line 1a receive or accrue compensation from my unrelated organization or individual for services 5 X 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. (C) (A) (B) (C) Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation 1											, ,,,	
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compensation from the organization 4 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3											<u> </u>	02.
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 X 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization greater than \$150,000? If "Yes," complete Schedule J for such individual 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization? If "Yes," complete Schedule J for such person 4 X 6 Compensation? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 5 X 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the calendar year ending with or within the organization's tax year. (C) (A) (B) (C) Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0		ot limited to th	ose	liste	ed ab	ove) wh	o re	eceived more than \$100,	000 of reportable		٨
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 X 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 X 5 Did any person listed on line 1a, is the sum of reportable compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 4 X 5 Did any person listed on your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization? If "Yes," complete Schedule J for such person 5 X 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? CO (A) Description of services Complete Schedule J for such person Setion B. Independent Contractors (A) (B) (C) (A) (B) (C) (A) (B) (C) (B) (C) (C) (C) (C) (C) <td>compensation from the organization</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>V.</td> <td></td>	compensation from the organization										V.	
line 1a? If "Yes," complete Schedule J for such individual 3 X 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X 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. (C) (A) (B) (C) Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 4 X											Yes	NO
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and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	line 1a? If "Yes," complete Schedule J for s	uch individual									3	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services 5 X 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. 6 (C) (A) (B) (C) Compensation Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0												
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Compensation Image: Complete the independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation Image: Compensation 1 Contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization Image: Compensation	and related organizations greater than \$150),000? If "Yes,	" со	mpl	ete S	Sche	dule	Jf	or such individual		4 X	
rendered to the organization? If "Yes," complete Schedule J for such person 5 X 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) (C) Name and business address NONE Description of services Compensation Image: Complete the organization of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization Image: Compensation												
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services 0 0 Compensation		-				-			•		5	X
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Compensation 0 0 0 0 0 0 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0 0		piete oonedan		0/ 01		2010	011 .					
the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Compensation Image: Compensation of services Image: Compensation of services Compensation Image: Compensation of services Image: Compensation of services Compensation Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of the organization of the organi		mpensated inc	lene	nde	nt co	ontra	actor	rs th	nat received more than \$	100 000 of compense	tion from	
(A) Name and business address (B) NONE (C) Description of services Image: Compensation Image: Compensation		-	-									
Name and business address NONE Description of services Compensation		the calendar ye	Jare	nui	ig w						(0)	
Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization		address	NTO	וזאר						ervices (n
\$100,000 of compensation from the organization 0		dddrooo	INC		<u>.</u>			_	Description of a			
\$100,000 of compensation from the organization 0												
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\$100,000 of compensation from the organization 0												
\$100,000 of compensation from the organization 0												
\$100,000 of compensation from the organization 0												
\$100,000 of compensation from the organization 0	2 Total number of independent contractors (in	ncluding but no	ot lir	nite	d to t	thos	se lis	ted	above) who received mo	ore than		
		•										
			IN	UA	TI	ON	S	HE	ETS		Form 990 (2023)

SEE PART VII, SECTION A CONTINUATION SHEETS 332008 12-21-23

Part VII Section A. Officers, Directors,	Trustees, Key Er	nplo	yee	s, ar	nd H	lighe	est (Compensated Employe	es (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average		Position		Reportable	Reportable	Estimated			
	hours	(C	heck	all t	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week (list any	or				loyee		the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	direct				d em p		(W-2/1099-MISC)	(00-2/1099-00130)	organization
	related	e or c	stee			Isateo		(00-2/1033-10100)		and related
	organizations	truste	al tru:		yee	im per				organizations
	below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	er			0
	line)	Indiv	Insti	Officer	Key	High	Former			
27) JACQUELINE GRIESDORN	1.00									
DIRECTOR	0.00	Х						0.	0.	0
28) SUREN GUPTA	1.00	77						0	0	0
DIRECTOR 29) FRANCIA HARRINGTON	0.00	Х						0.	0.	0
DIRECTOR	0.00	x						0.	0.	0
30) ADAM HECKTMAN	1.00	Δ	-					0.	0.	0
DIRECTOR	0.00	х						0.	0.	0
31) STEVE HENDRY	1.00									
DIRECTOR	0.00	х						0.	0.	0
32) DAVID HEROY	1.00									
DIRECTOR	0.00	х						0.	0.	0
33) ADAM L. HOEFLICH	1.00									
DIRECTOR	0.00	Х						0.	0.	0
34) CARL JONES	1.00	77						0	0	0
JIRECTOR 35) ANDREW LADD	0.00	Х						0.	0.	0
JIRECTOR	0.00	x						0.	0.	0
36) DONNA LAPIETRA	1.00	Δ						0.	0.	0
DIRECTOR	0.00	х						0.	0.	0
37) ROGER LIEW	1.00									
DIRECTOR	0.00	х						0.	0.	0
38) BRYAN LOGAN	1.00									
DIRECTOR	0.00	х						0.	0.	0
39) CHERYL MAYBERRY MCKISSACK	1.00									
DIRECTOR	0.00	Х						0.	0.	0
40) AMANDA MORRIS	1.00									-
DIRECTOR	0.00	Х						0.	0.	0
41) TRISHA L. MOWBRAY	1.00							0	0	0
DIRECTOR	0.00	Х						0.	0.	0
42) AVANI NARANG DIRECTOR	1.00	x						0.	0.	0
43) ANDRES ORDONEZ	1.00	^						U•	0.	0
DIRECTOR	0.00	х						0.	0.	0
44) SHEILA OWENS	1.00							``•	<u>.</u>	•
DIRECTOR	0.00	х						0.	0.	0
45) JANE PARK	1.00									-
DIRECTOR	0.00	х						0.	0.	0
46) LINDA JOHNSON RICE	1.00									
DIRECTOR	0.00	х	1					0.	0.	0

Part VII Section A. Officers, Directors, 1		nnic	IVAA	5. 21	nd H	liah	est (Compensated Employe	es (continued)	
(A)	(B)		,yee	<u>s, a</u> ((ngin	551 (Compensated Employe (D)	(E)	(F)
Name and title	Average				it ion			Reportable	Reportable	Estimated
	hours	(c	heck				ly)	compensation	compensation	amount of
	per						-	from	from related	other
	week	-				oyee		the	organizations	compensation
	(list any hours for	irecto				emp		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	related	e or d	stee			sated		(00-2/1099-00150)		organization and related
	organizations	truste	al trus		yee	om per				organizations
	below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	ıer			0
	line)	Indiv	Insti	Officer	Key	High	Former			
(47) TRISHA ROONEY	1.00	-								
DIRECTOR	0.00	х						0.	0.	0.
(48) MARIANNA RUIZ	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(49) PRIYA SADARANGANI	1.00									•
DIRECTOR	0.00	Х						0.	0.	0.
(50) ANDREA SAENZ	1.00							0	0	0
DIRECTOR (51) MARK SPROUT	0.00	Х						0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(52) LAURENCE SZUMSKI	1.00	~						0.	0.	0.
DIRECTOR	0.00	x						0.	0.	0.
(53) CHERRYL THOMAS	1.00	21							••	
DIRECTOR	0.00	х						0.	0.	0.
(54) WADE THOMSON	1.00								•••	
DIRECTOR	0.00	х						0.	Ο.	0.
(55) ELIZABETH TULACH	1.00									
DIRECTOR	0.00	х						0.	Ο.	0.
(56) MICHAEL WILSON	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(57) SUZANNE YOON	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
			-							
		1								

332201 04-01-23

Pa	rt VI	II Statement of Revenue					
		Check if Schedule O contains a response	or note to any line				
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
t t	1 a	Federated campaigns 1a					
ran	b						
Contributions, Gifts, Grants and Other Similar Amounts	с	Fundraising events 1c	1,019,631.				
ar /	d	Related organizations 1d					
js, o	е	Government grants (contributions)					
er S	f	All other contributions, gifts, grants, and					
- E E E		similar amounts not included above 1f	5,223,557.				
ont	g		89,396.	6,243,188.			
0 0	h	Total. Add lines 1a-1f	Business Code	0,243,100.			
•	2 a						
vice	b						
Ser	c						
am	d						
Program Service Revenue	е						
Å	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
	3	Investment income (including dividends, inter	rest, and				
	-	other similar amounts)		626,265.			626,265.
	4	Income from investment of tax-exempt bond	· F				
	5	Royalties(i) Real	(ii) Personal				
	6 a						
	b						
	c						
	d						
	7 a	Gross amount from sales of (i) Securities					
		assets other than inventory 7a 4,603,288					
	b	Less: cost or other basis					
anı		and sales expenses					
Revenue		Gain or (loss)		440.041			440.041
<u>ب</u>	d	I Net gain or (loss)	<u> </u>	448,941.			448,941.
Othe	8 a	Gross income from fundraising events (not including \$1,019,631. of					
0		including \$ 1,019,631. of contributions reported on line 1c). See					
		Part IV, line 18	a 120,000.				
	b						
	c			-375,739.			-375,739.
	9 a	Gross income from gaming activities. See					
		Part IV, line 19	a				
	b	D Less: direct expenses9	b				
	С						
	10 a	Gross sales of inventory, less returns					
		and allowances 10					
		Less: cost of goods sold					
	c	Net income or (loss) from sales of inventory	Business Code				
snu	11 a	MISCELLANEOUS INCOME	900099	21,414.			21,414.
neo	b	·		,			,
ella sver	c						
Miscellaneous Revenue	d	All other revenue					
2	е	• Total. Add lines 11a-11d		21,414.			
	12	Total revenue. See instructions		6,964,069.	0.	0.	720,881.
33200	9 12-2	1-23					Form 990 (2023

CHICAGO PUBLIC LIBRARY FOUNDATION

Form 990 (2023)

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 Form 990 (2023)
 CHICAGO PUBLIC LIBRARY FOUNDATION

 Part IX
 Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		·		·
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	F46 401		270 171	267 220
	trustees, and key employees	546,401.		279,171.	267,230
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)	541,128.		106,413.	434,715
7 0	Other salaries and wages	541,120.		100,413.	454,715
8	Pension plan accruals and contributions (include	52,237.		9,305.	12 932
9	section 401(k) and 403(b) employer contributions)	70,722.		14,464.	<u>42,932</u> 56,258
_	Other employee benefits	72,769.		45,395.	27,374
0 1	Payroll taxes	72,705.		<u> </u>	21,314
1					
a b	Management	3,607.		3,607.	
	Legal Accounting	40,686.		40,686.	
	Lobbying	10,000.			
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	7,527.		7,527.	
	Other. (If line 11g amount exceeds 10% of line 25,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		.,	
9	column (A), amount, list line 11g expenses on Sch O.)	639,607.	560,045.	42,860.	36,702
2	Advertising and promotion	439,295.	302,871.	,	<u> </u>
3	Office expenses	130,019.	109,060.	3,428.	17,531
4	Information technology	134,631.	49,891.	34,323.	50,417
5	Royalties	•		,	•
6	Occupancy	104,739.		37,806.	66,933
7	Travel	209,605.	128,179.	8,559.	72,867
8	Payments of travel or entertainment expenses			-	-
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	9,120.	65.	199.	8,856
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization				
3	Insurance	11,190.		6,031.	5,159
4	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.)				
а	GRANT FUNDED POSITIONS	906,775.	906,775.		
b	PROGRAM MATERIALS	823,240.	823,240.		
с	HONORARIA	465,577.	465,577.		
d	BOOKS, SUBSCRIPTIONS AN	164,716.	164,356.		360
е	All other expenses	126,499.	500.	15,441.	110,558
5	Total functional expenses. Add lines 1 through 24e	5,500,090.	3,510,559.	655,215.	1,334,316
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (202

13410919 147228 138452

	990 (2	2023) CHICAGO PUBLIC LIBRARY FOUNDATI Balance Sheet	ON	36-	3480353 Page 11
Fai		Check if Schedule O contains a response or note to any line in this Part X			
			(A)	<u> </u>	(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	4,238,711.	1	4,043,363.
	2	Savings and temporary cash investments	155,358.	2	206,073.
	3	Pledges and grants receivable, net	980,395.	3	1,763,778.
	4	Accounts receivable, net	144,960.	4	103,462.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined		-	
	ľ	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ass	9	Prepaid expenses and deferred charges	57,399.	9	79,624.
		Land, buildings, and equipment: cost or other		Ŭ	
	100	basis. Complete Part VI of Schedule D			
	Ь	Less: accumulated depreciation 10b 50,148.	0.	10c	0.
	11	Investments - publicly traded securities	27,963,817.	11	32,701,289.
	12	Investments - other securities. See Part IV, line 11	,	12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	206,922.	15	112,007.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	33,747,562.	16	39,009,596.
	17	Accounts payable and accrued expenses	230,140.	17	443,897.
	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	
6	22	Loans and other payables to any current or former officer, director,			
tie		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
Ľ	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	209,935.	25	115,223.
	26	Total liabilities. Add lines 17 through 25	440,075.	26	559,120.
		Organizations that follow FASB ASC 958, check here			
ses		and complete lines 27, 28, 32, and 33.			
anc	27	Net assets without donor restrictions	19,371,641.	27	21,693,459.
Bal	28	Net assets with donor restrictions	13,935,846.	28	16,757,017.
pd		Organizations that do not follow FASB ASC 958, check here			
Ľ.		and complete lines 29 through 33.			
° or	29	Capital stock or trust principal, or current funds		29	
sets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	33,307,487.	32	38,450,476.
~	33	Total liabilities and net assets/fund balances	33,747,562.	33	39,009,596.

Form 990 (2023)

	990 (2023) CHICAGO PUBLIC LIBRARY FOUNDATION	36-3	480353	Pag	_{ge} 12
Pa	rt 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	6,964		
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,500	<u> </u>	
3	Revenue less expenses. Subtract line 2 from line 1	3	1,463		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	33,307		
5	Net unrealized gains (losses) on investments	5	3,679	0,01	10.
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	38,450),47	76.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e 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	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				
			4		

Form **990** (2023)

Department of the Treasury Internal Revenue Service

(Form 990)

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
	2023
	Open to Public Inspection
Employer	identification number

Name of the organization

		CHIC	AGO PUBLIC	LIBRARY FOUL	NDATIC	N		3	6-3480353
Pa	art I	Reason for Public C					ee instructions		
The	e organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)								
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)							
3		A hospital or a cooperative	hospital service orga	nization 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 sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	lege or university owned	l or operat	ed by a go	overnmental un	it describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	ental unit described in	section 17	′0(b)(1)(A)	(v).		
7	X	An organization that normal	Ily receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from the	e general j	oublic described in
		section 170(b)(1)(A)(vi). (C							
8		A community trust describe			-				
9		An agricultural research org	-			-		-	-
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of t	he college	or
		university:							
10		An organization that normal							
		activities related to its exem		•	. ,			• •	•
		income and unrelated busin		(less section 511 tax) fro	m busines	ses acqui	red by the orga	anization a	Inter June 30, 1975.
11		See section 509(a)(2). (Cor An organization organized a		volu to tost for public os	foty Soo	nantian E(O(a)(4)		
12	\square	An organization organized a	-	•	•			av out the	nurnoses of one or
12		more publicly supported or	-	-	-			•	
		lines 12a through 12d that	•						
a		Type I. A supporting orga						-	aivina
	•	the supported organization		-	•	-			
		organization. You must c							
b	,	Type II. A supporting orga	-		ion with its	s supporte	d organization	(s), by hav	ving
		control or management o	-				•		-
		organization(s). You mus	t complete Part IV,	Sections A and C.			-		
c	:	Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functionally	/ integrate	d with,
		its supported organizatior	n(s) (see instructions)	. You must complete I	Part IV, Se	ctions A,	D, and E.		
c	I 🗌	Type III non-functionally	/ integrated. A supp	orting organization oper	ated in cor	nnection w	vith its support	ed organiz	zation(s)
		that is not functionally inte	egrated. The organiz	ation generally must sat	isfy a distri	ibution rec	quirement and	an attentiv	/eness
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	v .		
e	,	Check this box if the orga	anization received a v	vritten determination from	m the IRS	that it is a	Type I, Type II	, Type III	
		functionally integrated, or		nally integrated supporting	ng organiz	ation.			
f		er the number of supported o	•						
<u></u>		vide the following informatior i) Name of supported	n about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the ora	inization listed	(v) Amount of	monoton	(vi) Amount of other
	,	organization		(described on lines 1-10	in your governi	ng document?	support (see ins	-	support (see instructions)
				above (see instructions))	Yes	No		,	
Tota	al								

Schedule A (Form 990) 2023 Part II Support Sch

CHICAGO PUBLIC LIBRARY FOUNDATION

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3972827.	3391840.	3668975.	4039722.	6243188.	21316552.
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 \dots						
4	Total. Add lines 1 through 3	3972827.	3391840.	3668975.	4039722.	6243188.	21316552.
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)						3168253.
6	Public support. Subtract line 5 from line 4.						18148299.
Sec	ction B. Total Support	•					
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	3972827.	3391840.	3668975.	4039722.	6243188.	21316552.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	548,309.	387,008.	605,314.	684,213.	626,265.	2851109.
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.)	153,770.	272,251.	72,481.	54,875.		694,791.
11	Total support. Add lines 7 through 10						24862452.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fir	st, second, third, f	ourth, or fifth tax y	vear as a section 5	01(c)(3)	
_	organization, check this box and stop						
Sec	ction C. Computation of Publi	c Support Per	centage			<u>г г</u>	BO 00
	Public support percentage for 2023 (I		•	())		14	72.99 %
	Public support percentage from 2022					15	77.93 %
16a	33 1/3% support test - 2023. If the o						37
	stop here. The organization qualifies	. ,	•		line 15 in 00 1/00/		
b	33 1/3% support test - 2022. If the conductor have The exception much	-					
<i>.</i> -	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			-		-	
1-	meets the facts-and-circumstances te	•	•	,	•	Za and line 15 is	
a	10% -facts-and-circumstances test	-					
	more, and if the organization meets the						
18	organization meets the facts-and-circu Private foundation. If the organization		•				
10	Trivate roundation. In the organizatio			a, 100, 17a, 01 170	, oneon this box al		(Form 990) 2023
						Seriedale A	

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					FOUNDATION	36	
Part III Support Schedule for Organizations Described in Section 509(a)(2)							
	Complete only if you check	od the box on li	ing 10 of Part I	or if the organiz	ration failed to qualify up	dor Dart II. If the	

(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.)
Section A. Public Support

Sec	Suon A. Fublic Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4							
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						
5	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disgualified 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.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	6 (f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	he organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) orgar	nization,
	check this box and stop here					-	
Sec	ction C. Computation of Publ	ic Support Per	centage				
15	Public support percentage for 2023 (line 8, column (f), d	livided by line 13, o	column (f))		15	%
16	Public support percentage from 2022	2 Schedule A, Part	III, line 15			16	%
	ction D. Computation of Inves						
	Investment income percentage for 20			ine 13, column (f))		17	%
18	Investment income percentage from	2022 Schedule A,	Part III, line 17			18	%
	33 1/3% support tests - 2023. If the					3 1/3%, and I	ine 17 is not
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2022. If the	-	•				3%, and
	line 18 is not more than 33 1/3%, che	-					
20	Private foundation. If the organization		•	-		-	
	23 12-21-23			, , ,			lule A (Form 990) 2023
_ ,			18				, -

1

2

3a

Yes No

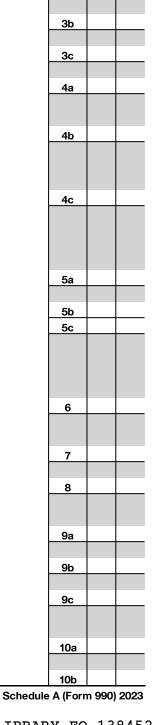
Part IV Supporting Organizations

(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.)

332024 12-21-23



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2023.04020 CHICAGO PUBLIC LIBRARY FO 138452_1

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Schedule A (Form 990) 2023 CHICAGO PUBLIC LIBRARY FOUNDATION

Pa	t IV Supporting Organizations (continued)		
		Yes	s 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?	1a	
b	A family member of a person described on line 11a above?	1b	
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
		1c	
Sec	tion B. Type I Supporting Organizations		
		Yes	s 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? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>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.</i>	1	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		
	supervised, or controlled the supporting organization.	2	
Sec	tion C. Type II Supporting Organizations		
		Yes	s No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		
	or management of the supporting organization was vested in the same persons that controlled or managed		
	the supported organization(s).	1	
Sec	tion D. All Type III Supporting Organizations		

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section 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).
	oneon the box next to the method that the organization ased to satisfy the integral rart rest during the year	(,

a ____ The organization satisfied the Activities Test. Complete line 2 below.

b		The organization	is the parent o	f each of its sup	oported organizations	6. Complete line 3 below.
---	--	------------------	-----------------	-------------------	-----------------------	---------------------------

с		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	
---	--	---	---	--

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was 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.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

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

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 332025 12-21-23

3b | | Schedule A (Form 990) 2023

2a

2b

3a

Yes No

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20

ect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ect	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

CHICAGO PUBLIC LIBRARY FOUNDATION

(B) Current Year (optional) instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 4 see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by 0.035. 6 6 7 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, column A) 1 2 Enter 0.85 of line 1. 2 3 3 Minimum asset amount for prior year (from Section B, line 8, column A) Enter greater of line 2 or line 3. 4 4 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to 6

emergency temporary reduction (see instructions) Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7

instructions).

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

332026 12-21-23

CHICAGO	PUBLIC	LIBRARY	FOUNDATION
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		C LIBRARY FOUNI	P		6-3480353	Page 7
Par		a)(s) Supporting Orga	nizations (continu	ied)		
Secti	on D - Distributions				Current Yea	ır
1	Amounts paid to supported organizations to accomplish exer			1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3		
_4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7	<u> </u>	
8	Distributions to attentive supported organizations to which the	e organization is responsive		-		
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2023 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount	<i>w</i>	(11)	10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	IS	(iii) Distributabl Amount for 20	
1	Distributable amount for 2023 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2023 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2023					
а	From 2018					
b	From 2019					
с	From 2020					
d	From 2021					
е	From 2022					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2023 distributable amount					
i	Carryover from 2018 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2023 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2023 distributable amount					
с	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2023, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2023. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2024. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
	Excess from 2022					
	Excess from 2023					

Schedule A (Form 990) 2023

332027 12-21-23

Schedule A	(Form 990) 2023	CHICAGO	PUBLIC	LIBRARY	FOUNDAT	ION	36-3480353	Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D, Section D, lines 5, 6, and	mation. Provid , 2, 3b, 3c, 4b, 4d lines 2 and 3; Pa	de the explanat c, 5a, 6, 9a, 9b rt IV, Section E	tions required b , 9c, 11a, 11b, , lines 1c, 2a, 2	y Part II, line 10; and 11c; Part IV, b, 3a, and 3b; P	Part II, line 17a or , Section B, lines 1 art V, line 1; Part V	⁻ 17b; Part III, line 12; and 2; Part IV, Section /, Section B, line 1e; Pa	C,
	(See instructions.)	o, and r art v, oc		., 0, and 0. Also				
332028 12-21-2	3			23			Schedule A (Form 9	90) 2023

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. 2023

Employer identification number

36-3480353

-				
	CHICAGO	PUBLIC	LIBRARY	FOUNDATION
Organization type (ch	eck one):			

organization type (check of	
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set in the set of the parts unless to the set of the year for an *exclusively* set in the set of the parts unless to the set of the year for the y

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023) Name of organization

CHICAGO PUBLIC LIBRARY FOUNDATION Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 Person Payroll 2,000,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 Person Payroll 250,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 Person Payroll 200,000. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 Person Payroll 200,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 Person Payroll 200,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 6 Person Payroll 200,000. Noncash \$ (Complete Part II for

Employer identification number

36-3480353

Page 2

X

X

X

X

X

X

noncash contributions.)

Schedule B (Form 990) (2023)

323452 12-26-23

13410919 147228 138452

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
323453 12-26-23		\$	Schedule B (Form 990) (2023)

CHICAGO PUBLIC LIBRARY FOUNDATION

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Name of organization

Employer identification number

36-3480353

Schedule	B (Form 990) (2023)			Page 4
	organization		Employ	er identification number
CHICA	GO PUBLIC LIBRARY FOUND	ΣΨΤΩΝ	36-	-3480353
Part III	Exclusively religious, charitable, etc., contributi	ions to organizations described in see	tion 501(c)(7), (8), or (10) that total mo	
	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,) through (e) and the following line entr charitable, etc., contributions of \$1,000 or lo	 For organizations ss for the year. (Enter this info. once.) 	
(a) No.	Use duplicate copies of Part III if additional	space is needed.		
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of	f how gift is held
Part I				
		(a) Transfor of gift		
		(e) Transfer of gift		
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to	o transferee
		[
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of	f how gift is held
Part I				
		(a) Transfor of sife		
		(e) Transfer of gift		
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to	o transferee
		[
		[
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of	f how gift is held
Part I				
		e) Transfer of gifl		
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to	o transferee
		[
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of	f how gift is held
Part I				
		e) Transfer of gifl		
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to	o transferee
		[
323454 12-26	6-23		;	Schedule B (Form 990) (2023)

SCHEDULE	D
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(Form	990)	
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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.

3 **Open to Public** Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

CHICAGO PUBLIC LIBRARY FOUNDATION

Employer identification number 36-3480353

Par			or Ac	counts. C	omplete if th	е
	organization answered "Yes" on Form 990, Part IV, lin					
		(a) Donor advised funds	(b) Funds and	other accour	nts
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	-		_		—
_	are the organization's property, subject to the organization's				Yes	No
6	Did the organization inform all grantees, donors, and donor a					
	for charitable purposes and not for the benefit of the donor o			τ Γ		—
Par					Yes	No
	•		Part IV,	line 7.		
1	Purpose(s) of conservation easements held by the organization					
	Preservation of land for public use (for example, recrea					
	Protection of natural habitat	Preservation of	r a certi	tied historic st	ructure	
•	Preservation of open space		- f			
2	Complete lines 2a through 2d if the organization held a qualit day of the tax year.	led conservation contribution in the form	of a col		the End of th	
_						
				2a		
	Total acreage restricted by conservation easements Number of conservation easements on a certified historic stri	ucture included on line 2e		2b 2c		
	Number of conservation easements included on line 2c acqu			20		
d	on a historic structure listed in the National Register	-		2d		
3	Number of conservation easements modified, transferred, rel			·	bo tax	
3	year	eased, extinguished, or terminated by the	organi	zation during t	ITE LAX	
4	Number of states where property subject to conservation eas	sement is located				
5	Does the organization have a written policy regarding the per					
Ŭ	violations, and enforcement of the conservation easements it			Γ	Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting,					
•						
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion eas	sements during	g the year	
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 170(h)(4)(B)(i))		
		· · · ·		Г	Yes	No
9	In Part XIII, describe how the organization reports conservation					
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statem	ents tha	at describes th	e	
	organization's accounting for conservation easements.					
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Ot	her S	imilar Asse	ets.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement a	nd bala	ance sheet wo	rks	
	of art, historical treasures, or other similar assets held for put	blic exhibition, education, or research in fu	irtheran	nce of public		
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that describes these item	IS.			
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and I	balance	sheet works o	of	
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	nerance	of public serv	rice,	
	provide the following amounts relating to these items.					
	(i) Revenue included on Form 990, Part VIII, line 1					<u> </u>
						1.
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financia	l gain, p	orovide		
	the following amounts required to be reported under FASB A	-				-
	Revenue included on Form 990, Part VIII, line 1					<u> </u>
	Assets included in Form 990, Part X		<u></u>			1.
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.		Schedu	ule D (Form	990) 2023
332051	09-28-23					

Sche		PUBLIC LIE					36-34	8035	3 р	age 2
Pa	t III Organizations Maintaining C	ollections of Art	t, Historical Tr	easures, or	^r Other	[.] Simila	r Assets	(contin	nued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the	following that	make sig	gnificant (use of its			
	collection items (check all that apply).									
а	X Public exhibition	d	X Loan or ex	change progra	ım					
b	X Scholarly research	е	Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	how they further t	he organizatio	n's exen	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit or	r receive donations o	of art, historical trea	asures, or othe	r similar	assets		_		_
	to be sold to raise funds rather than to be ma							Yes	X	No
Pa	rt IV Escrow and Custodial Arrang reported an amount on Form 990, Par		te if the organizatio	on answered "	res" on F	orm 990	, Part IV, li	ne 9, or		
1a	Is the organization an agent, trustee, custodia	an, or other intermed	liary for contributic	ns or other as	sets not	included				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	lowing table:							
								Amoun	t	
с	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					. 1e				
f	Ending balance							_		
	Did the organization include an amount on Fo		•			ty?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.						<u></u>	<u></u>		
Fa	rt V Endowment Funds Complete if						vaara baak	(-) [haali
		(a) Current year	(b) Prior year	(c) Two year			years back			
1a	Beginning of year balance	12,246,038.	15,229,960	. 14,033	,670.	12,6	40,175.	10	,897,	,222.
b	Contributions	200,000. 2,069,557.	2 200 424	1 757	1 5 2	1 0	16 017	2	222	,654.
C	Net investment earnings, gains, and losses	2,009,557.	-2,389,434	• • • • • •	,153.	1,9	16,917.	2	, 232	,054.
	Grants or scholarships			_						
е	Other expenditures for facilities	588,896.	594,488	560	,863.	5	23,422.		189	,701.
	and programs	500,050.	554,400		,,005.		23,422.		405	, /01.
	Administrative expenses	13,926,699.	12,246,038	. 15,229	960	14 0	33,670.	12	640	,175.
g 2	End of year balance [Provide the estimated percentage of the curr				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,-		,	, • - • ,	
2	Board designated or quasi-endowment	9.0000	%							
h	Permanent endowment 63.0000	%								
c c	00.000	%								
Ŭ	The percentages on lines 2a, 2b, and 2c shou									
3a	Are there endowment funds not in the posses		tion that are held a	and administer	ed for the	e				
	organization by:	5							Yes	No
	(i) Unrelated organizations?							3a(i)		X
								3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organization							3b		
4	Describe in Part XIII the intended uses of the									
Pa	rt VI Land, Buildings, and Equipm	ent								
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a.	See Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or of basis (investm		st or other s (other)	• •	ccumulate preciation		(d) Boo	k valu	le
4	Land				uet	Sicciation				
-	Land									
b	Buildings									
C لہ	Leasehold improvements			50,148.		50,1	48.			0.
	Equipment					50,1				••
	Other		V line 10							0.
1018	In Aug intes ha through he. (Column (a) MUSI e	<u> yuai Forni 990, Part</u> /	<u>, iirie ruc, coiumi</u>	((כו)			Schedule	D (Forn	n 990	

(a) Descri			e 11b. See Form 990, Part X, line 12.	
	otion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year ma	rket value
	al derivatives			
	held equity interests			
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
otal. (Col.	b) must equal Form 990, Part X, line 12, col. (B))			
Part VII	Investments - Program Related.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line		
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year ma	rket value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
	(b) must equal Form 990, Part X, line 13, col. (B))			
Fotal. (Col.	Other Assets Complete if the organization answered "Yes"	on Form 990, Part IV, line Description		ook value
Total. (Col. Part IX	Other Assets Complete if the organization answered "Yes"			ook value
Total. (Col.) Part IX (1)	Other Assets Complete if the organization answered "Yes"			ook value
(1) (Col. (Part IX (1) (2)	Other Assets Complete if the organization answered "Yes"			ook value
(1) (3) (1) (3)	Other Assets Complete if the organization answered "Yes"			ook value
(1) (2) (3) (4)	Other Assets Complete if the organization answered "Yes"			ook value
(1) (2) (3) (4) (5)	Other Assets Complete if the organization answered "Yes"			ook value
(1) (2) (3) (4) (5) (6)	Other Assets Complete if the organization answered "Yes"			ook value
Total. (Col. Part IX (1) (2) (3) (4) (5) (6) (7)	Other Assets Complete if the organization answered "Yes"			ook value
Total. (Col. · Part IX (1) (2) (3) (4) (5) (6) (7) (8)	Other Assets Complete if the organization answered "Yes"			ook value
Total. (Col.) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colu	Other Assets Complete if the organization answered "Yes"	Description	(b) Bo	ook value
Total. (Col. Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Cold	Other Assets Complete if the organization answered "Yes" (a)	Description	(b) Bo	ook value
Total. (Col. Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colt Part X	Other Assets Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, line 15, con Other Liabilities	Description	(b) Bo	ook value
Total. (Col. ' Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Coll Part X 1. (1) (1)	Other Assets Complete if the organization answered "Yes" (a) (a) (a) (a) (b) must equal Form 990, Part X, line 15, con Other Liabilities Complete if the organization answered "Yes" (a) Description of liability deral income taxes	Description	(b) Bo	pok value
Total. (Col. ' Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Coll Part X 1. (1) (1)	Other Assets Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, line 15, con Other Liabilities Complete if the organization answered "Yes" (a) Description of liability	Description	(b) Bo	
Total. (Col. 1 Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Color Part X I. (1) Fee	Other Assets Complete if the organization answered "Yes" (a) (a) (a) (a) (b) must equal Form 990, Part X, line 15, con Other Liabilities Complete if the organization answered "Yes" (a) Description of liability deral income taxes	Description	(b) Bo	pok value
Total. (Col. Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Coll Part X 1. (1) (2) LI (2)	Other Assets Complete if the organization answered "Yes" (a) (a) (a) (a) (b) must equal Form 990, Part X, line 15, con Other Liabilities Complete if the organization answered "Yes" (a) Description of liability deral income taxes	Description	(b) Bo	pok value
Total. (Col. 1 Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Cold Part X 1. (1) Feet (2) LI (3) (4)	Other Assets Complete if the organization answered "Yes" (a) (a) (a) (a) (b) must equal Form 990, Part X, line 15, con Other Liabilities Complete if the organization answered "Yes" (a) Description of liability deral income taxes	Description	(b) Bo	pok value
Total. (Col. (Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Cold (7) (8) (9) Fotal. (Cold (1) (2) (3) (4) (3) (4) (5) (4) (5)	Other Assets Complete if the organization answered "Yes" (a) (a) (a) (a) (b) must equal Form 990, Part X, line 15, con Other Liabilities Complete if the organization answered "Yes" (a) Description of liability deral income taxes	Description	(b) Bo	pok value
Total. (Col. 1 Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colt (9) Total. (Colt (1) (2) Li (3) (4) (3) (4) (5) (6) (5) (6) (6) (7) (6) (7) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (9) (1) (2) (1) (2) (3) (4) (2) (3) (4) (2) (3) (4) (5) (6) (7) (6) (7) (6) (7) (7) (8) (9) (7) (7) (8) (9) (7) (6) (7) (6) (7) (6) (7) (7) (8) (9) (7) (6) (7) (6) (7) (7) (6) (7) (6) (7) (7) (6) (7) (7) (7) (7) (7) (8) (7) (7) (7) (7) (7) (7) (7) (7	Other Assets Complete if the organization answered "Yes" (a) (a) (a) (a) (b) must equal Form 990, Part X, line 15, con Other Liabilities Complete if the organization answered "Yes" (a) Description of liability deral income taxes	Description	(b) Bo	pok value
Total. (Col. Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Coll (7) (8) (9) Total. (Coll (7) (8) (9) Total. (Coll (6) (7) (6) (3) (4) (5) (6) (5) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9	Other Assets Complete if the organization answered "Yes" (a) (a) (a) (a) (b) must equal Form 990, Part X, line 15, con Other Liabilities Complete if the organization answered "Yes" (a) Description of liability deral income taxes	Description	(b) Bo	pok value
Total. (Col. ' Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Coll Part X (1) Fea (1) Fea (2) L B (3) (4) (5) (6) (4) (5) (6) (6)	Other Assets Complete if the organization answered "Yes" (a) (a) (a) (a) (b) must equal Form 990, Part X, line 15, con Other Liabilities Complete if the organization answered "Yes" (a) Description of liability deral income taxes	Description	(b) Bo	pok value

CHICAGO PUBLIC LIBRARY FOUNDATION

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Schedule D (Form 990) 2023

	edule D (Form 990) 2023 CHICAGO PUBLIC LIBRARY FOU		-		3480353	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statem	ents With	Revenue per	Return		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	la.				
1	Total revenue, gains, and other support per audited financial statements			1	10,635,	552.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	3,679,01	0.		
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants					
d						
е	Add lines 2a through 2d			2e	3,679,	
3	Subtract line 2e from line 1			3	6,956,	542.
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	7,52	7.		
b	Other (Describe in Part XIII.)	4b				
	Add lines 4a and 4b			4c	,7 ,6,964	527.
с 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	6,964,	069.
с 5					<u>6,964</u> , n	069.
с 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	nents With			n	
с 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 Staten	nents With ^{2a.}	Expenses p	er Retur	6,964, n 5,492,	
c 5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) t XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12	nents With ^{2a.}	Expenses p	er Retur	n	
с 5 Ра 1	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements	nents With	Expenses p	er Retur	n	
c 5 Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	nents With ^{/a.}	Expenses p	er Retur	n	
c 5 Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) t XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12 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	nents With a2a 2b	Expenses p	er Retur	n	
c 5 Pa 1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Complete if the organization answered "Yes" on Form 990, Part IV, line 12 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	nents With 2a 2b 2c	Expenses p	er Retur	n	
c 5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12 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.)	2a 2b 2c 2d	Expenses p	er Retur	n 5,492,	<u>563.</u> 0.
c 5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12 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	2a 2b 2c 2d	Expenses p	er Retur	n	<u>563.</u> 0.
c 5 Pa 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12 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.)	2a 2b 2c 2d	Expenses p	er Retur	n 5,492,	<u>563.</u> 0.
c 5 Pa 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Complete if the organization answered "Yes" on Form 990, Part IV, line 12 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:	2a 2b 2c 2d	Expenses p	er Retur	n 5,492,	<u>563.</u> 0.
c 5 Pa 1 2 a b c d e 3 4 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12 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:	2a 2b 2c 2d	Expenses p	er Retur	n 5,492,	<u>563.</u> 0.
c 5 Pa 1 2 a b c d e 3 4 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12 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	2a 2b 2c 2d 2d	Expenses p	er Retur	n 5,492, 5,492,	<u>563.</u> 0.
c 5 Pa 1 2 a b c d e 3 4 a b c 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 Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12 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 Other (Describe in Part XIII.)	2a 2b 2c 2d 2d	Expenses p	er Retur	n 5,492, 5,492,	<u>563.</u> 0. 563.

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 AN ENDOWMENT DISTRIBUTION POLICY THAT DETERMINES A

MAXIMUM SPENDING RATE OF 4.5 PERCENT APPLIED TO A ROLLING FOUR-YEAR

32

332054 09-28-23

Schedule D (Form 990) 2023

 $13410919 \ 147228 \ 138452$

Part XIII Supplemental Information (continued)

AVERAGE OF THE FAIR VALUE OF ENDOWMENT INVESTMENTS. FUNDS ARE USE TO

SUPPORT PROGRAM, FUNDRAISING AND MANAGEMENT AND GENERAL EXPENSES.

Schedule D (Form 990) 2023

332055 09-28-23

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctiv	ities	DMB No. 1545-0047
(Form 990)	Complete if the	^{9, or if the} 2023						
Department of the Treasury	C	organization entered more than \$15 Attach to Form 990 o						Open to Public
Internal Revenue Service		o www.irs.gov/Form990 for instruc	tions	and t	ne latest informatior	า.		Inspection
Name of the organization			-	. m t /				ntification number
Part I Fundrais		PUBLIC LIBRARY FOU Complete if the organization answe				no 1.	<u>36-3480</u>	
	complete this part			es or	1 Form 990, Part IV, I	ine i	7. FOITH 990-E2	. mers are not
 a Mail solicitat b Internet and c Phone solici d In-person so 	tions email solicitations tations licitations	f Solicitat g Special	ion of ion of fundra	non-g gover iising	overnment grants nment grants events			
key employees list	ed in Form 990, Pa highest paid indiv	or oral agreement with any individual art VII) or entity in connection with pr viduals or entities (fundraisers) pursua organization.	ofessi	onal fi	undraising services?		Yes	
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	tò (o	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
	ich the organizatio	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is e	exempt from re	gistration
or licensing.								

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

Schedule G (Form 990) 2023

LHA 332081 09-13-23

CHICAGO PUBLIC LIBRARY FOUNDATION

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	oss income on Form 990-	EZ, lines 1 and 6b. List e		s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
2 3 4 5 6 10 11 10 11 9 10 10 11 9 10 10 10 10 10 10 10 10 10 10 10 10 10			LFA DINNER			col. (c)
			(event type)	(event type)	(total number)	
Revenu	1	Gross receipts	1,139,631.			1,139,631.
	2	Less: Contributions	1,019,631.			1,019,631.
	3	Gross income (line 1 minus line 2)	120,000.			120,000.
	4	Cash prizes				
ő	5	Noncash prizes				
lirect Expense	6	Rent/facility costs				
irect E)	7	Food and beverages	166,332.			166,332.
ā	8	Entertainment				
	9	Other direct expenses	329,407.			329,407.
	10	Direct expense summary. Add lines 4 through				495,739.
		Net income summary. Subtract line 10 from lin	.,			-375,739.
Pa						
		\$15,000 on Form 990-EZ, line 6a.				
/enue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re∕	4	Gross revenue				
Be	-					
ses	2	Cash prizes				
Expen	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No	No	
	7	Direct expense summary. Add lines 2 through	15 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		<u> </u>				
9	En	ter the state(s) in which the organization condu	cts gaming activities:			
а	ls t	he organization licensed to conduct gaming ac	tivities in each of these s	states?		Yes No
b	lf "	No," explain:				
	We	ere any of the organization's gaming licenses re				Yes No
~	lf "	Yes," explain:				
~	lf "	Yes," explain:				
		Yes," explain:				dule G (Form 990) 2023

Schedule G (Form 990) 2023	CHICAGO	PUBLIC	LIBRARY	FOUNDATIO	N 36-3	3480353	Page 3
11 Does the organization conduct g	gaming activities w	ith nonmembe	ers?			Yes	No No
12 Is the organization a grantor, be							
to administer charitable gaming						Yes	No
13 Indicate the percentage of gamin							0/
a The organization's facility b An outside facility						13a 13b	<u>%</u>
14 Enter the name and address of t						100	/0
			3				
Name							
Address							
15a Does the organization have a co	ontract with a third	party from wh	om the organiz	ation receives gamin	g revenue?	Ves	No No
b If "Yes," enter the amount of ga	ming revenue rece	ived by the or	ganization	\$	and the amount		
of gaming revenue retained by t							
c If "Yes," enter name and addres	s of the third party	/:					
Name							
Address							
Address							
16 Gaming manager information:							
Name							
	•						
Gaming manager compensation	ו \$						
Description of services provided	ł						
	· · · · · · · · · · · · · · · · · · ·						
	_	F	_				
Director/officer	Employee	L	Independer	t contractor			
17 Mandatory distributions:							
a Is the organization required under	er state law to mal	ke charitable d	listributions fror	n the gaming procee	eds to		
retain the state gaming license?						Yes	🗌 No
b Enter the amount of distribution	s required under s	tate law to be	distributed to o	ther exempt organiza	ations or spent in the		
organization's own exempt activ							
Part IV Supplemental Info						rt III, lines 9,	9b, 10b,
15b, 15c, 16, and 17b, a	as applicable. Also	provide any a	Idditional Inform	lation. See instructio	ns.		
332083 09-13-23					Sched	lule G (Form	990) 2023
			36				

	a (Form 990)
Dout IV	0

Part IV	Supplemental Information (continued)
332084 04-01-	Schedule G (Form 990)

13410919 147228 138452

SC	HEDULE J	Compensation Information		OMB No. 1	1545-00	47
(Fo	rm 990)	- For certain Officers, Directors, Trustees, Key Employees, and Highest		20	22	
		Compensated Employees		20	ZJ)
Dene	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nam	e of the organization					mber
			36-3	348035	3	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropri	ate 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 c	harter travel Housing allowance or residence for person	onal use			
	Travel for com					
	Discretionary s	spending account Personal services (such as maid, chauffe	ur, chef)			
b	,					
-				<u>1b</u>	Х	
2	-				v	
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2	Х	
2	la dia ata udai ala lifan		-			
3	,					
	·					
	·					
	·		committee			
			Johnmittee			
4	During the year, did	any person listed on Form 990. Part VII. Section A, line 1a, with respect to the filing				
•						
а	•			4a		X
b						X
с	Participate in or rec	eive payment from an equity-based compensation arrangement?		4c		X
	organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on			
	•					
а	The organization?			<u>5</u> a		X
b	Any related organiz	ation?		<u>5</u> b		X
6	-		on			
	•					
						X
b				<u>6b</u>		X
_			_			
7				_	х	
~				7	Λ	├
8		Instruction Go to www.irs.gov/Form990 for instructions and the latest information. Employer ide 36 - 34 of the organization Employer ide 36 - 34 I Questions Regarding Compensation 36 - 34 I Questions Regarding Compensation provided any of the following to or for a person listed on Form 990, art VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: 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 Payments for business use of personal residence Tax indemnification and gross-up payments Image: Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or imbursement or provision of all of the expenses described above? If "No," complete Part III to explain id the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, ustees, and officers, including the OEO/Executive Director, regarding the items checked on line 1a? dicate which, if any, of the following the organization used to establish the compensation of the organization to stablish compensation committee Written employment contract Compensation committee Compensation survey or study				x
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9						
For					n 000	
ror	raperwork Reduct	on Act Nouce, see the instructions for Form 990.	Schee	uule J (Forn	11 990	12023

LHA 332111 11-06-23

Schedule J (Form 990) 2023

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) BRENDA LANGSTRAAT BUI	(i)	206,000.	6,180.	0.	28,100.	12,951.	253,231.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ELIZABETH ZACHARA DAVIS	(i)	123,500.	5,000.	0.	12,350.	11,609.	152,459.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
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	(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

CHARGES.

PART I, LINE 7:

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 J (Form 990) 2023

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2023

Open to Public

Inspection

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

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

Name of the organization

CHICAGO PUBLIC LIBRARY FOUNDATION

Employer identification number 36-3480353

Pa	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1	Method of noncash contri		•	s
1	Art - Works of art				-			
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications	Х		89,396	.FAIR MARKE	T VA	LUE	
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 organiz	ation during	g the tax year for c	ontributions				
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement				
							Yes	No
30a	During the year, did the organization receive by	/ contributio	n any property rep	orted in Part I, lines 1 thro	ugh 28, that it			
	must hold for at least 3 years from the date of t	the initial co	ntribution, and whi	ich isn't required to be use	d for			
	exempt purposes for the entire holding period?	•				30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	olicy that re	equires the review of	of any nonstandard contrib	utions?	31		X
32a	Does the organization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell noncas	h			1 -
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of property	/ for which column (a) is ch	ecked,			
	describe in Part II.		-					

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

Schedule M (Form 990) 2023

LHA 332141 09-11-23

Schedule M	(Form 990) 2023				FOUNDATION			3480353	Page 2
Part II	Supplemental	Information	 Provide the e number of c 	information req	uired by Part I, lines e number of items re	30b, 32b, and 33, ar	nd whe	ther the organizat	tion
332142 09-11-2	3						So	chedule M (Form	990) 2023
				Λ	2				

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SCHEDULE O (Form 990)

Department of the Treasury

Name of the organization

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.



CHICAGO PUBLIC LIBRARY FOUNDATION

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:

INDIVIDUALS, CORPORATIONS, NEIGHBORHOOD ORGANIZATIONS, AND CITY

AGENCIES COMMITTED TO BUILDING A STRONGER AND MORE EQUITABLE CHICAGO.

TOGETHER, WE MAKE PATHWAYS TO LEARNING, CREATIVITY, AND CIVIC

ENGAGEMENT ACCESSIBLE TO CHICAGOANS OF ALL AGES THROUGH INVESTMENT

ACROSS THREE FUNDING PRIORITY AREAS: CLOSING THE ACADEMIC OPPORTUNITY

GAP; SPARKING CREATIVITY & CONNECTION FOR ALL; AND BRIDGING THE DIGITAL

DIVIDE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER PROGRAMMATIC EXPENDITURES INCLUDE BRANCH PROGRAMS AND OTHER

LIBRARY PROGRAMS THAT ARE HELD THROUGHOUT THE YEAR.

EXPENSES \$ 554,861. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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:

A COPY OF FORM 990 IS DISTRIBUTED TO EACH MEMBER OF THE BOARD OF DIRECTORS

ELECTRONICALLY BEFORE IT IS FILED. BOARD MEMBERS REVIEW AND COMMENT ON THE

RETURN. THE RETURN IS FILED AFTER REVIEW FROM THE BOARD OF DIRECTORS.

 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2023

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CHICAGO PUBLIC LIBRARY FOUNDATION

560,045.

42,860.

36,702.

639,607.

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.

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

EXECUTIVE COMPENSATION IS DETERMINED BY A COMPENSATION COMMITTEE AND

APPROVED BY THE BOARD OF DIRECTORS USING COMPARABILITY DATA.

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

GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS WILL BE PROVIDED UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

OTHER PROFESSIONAL SERVICES:

PROGRAM SERVICE EXPENSES

MANAGEMENT AND GENERAL EXPENSES

FUNDRAISING EXPENSES

TOTAL EXPENSES

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 639,607.

332212 11-14-23