Form	9	9	0
Departm	nent o	f the	Treasury

Return of Organization Exempt From Income Tax

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

▶ Do not enter Social Security numbers on this form as it may be made public.

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

OMB No. 1545-0047 Open to Public Inspection

Inter	nal Reve	enue Service	a	► In	formation	about Forn	n 990 and	l its i	nstructions	s is at w	ww.irs.g	gov/foi	rm990.		Ins	pection
A F	or th	ne 2022	calen	dar year, or tax y	year begii	nning				and e	ending					
_			Name	of organization								D	Employer i	dentifi	cation numb	er
Bc	heck if ap	pplicable:	LO	S ANGELES PA	RKS FO	UNDATIO	N									
	Addre		Doing	Business As									26	5-23	58338	
		e change	Numb	er and street (or P.O.	box if mail is	not delivered	to street ad	(dress)	Room/s	uite	E	Telephone	numbe	er	
	Initial	l return	26	50 N. COMMON	WEALTH	AVENUE							()	310)	472-199	90
	+							code					()			-
	Amer	nded	LO	S ANGELES . C	'A 9002	7						G	Gross rece	ipts \$	12.551	901
	Appli	cation F					BUDRO	VTC	н				a) Is this a g	roup retu		·
	_ penai	ing	26		WEALTH					CA 90	027	н			included?	
ī	Tax-ex	empt statu					•									
.I		•) (1011(4)(1)	01	021	— н				,
ĸ						Association	Othe	ar 🕨			ear of fo					icile: CA
_		-			Huot	10000101011						mation	. 2000 .		or rogar dom	
				e the organization's	e mission o	r most signi	ficant activ	/itios:		JHANC	F FY	DAND	י ספיט	7777		
ð	'			-		-										
anc																
ernä	2				anization d	liscontinue	tits opers		or dispose		re than '	25% of	its not asso			
Š							•		•					1 1		16
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	-	Number	r of ind	enendent voting me	ambers of	the governi	na body (E	/ Part V/	l line 1h)							15
ies	-															5
izit																10
Act	-	Total un	rolator	d husiness revenue	from Part V	(III column	(C) line 1'	•••								10
		Net unit	ciateu			1 0111 330-1	, 1110 04				<u> </u>			10	Curre	nt Year
	8	Contribu	utions	and grants (Part VIII	line 1h)			,			⊢		2 719 5	27		
nue																NON
Ineve	-								PUBLIC IN	NSPECT						55,467
Å															-	-27,744
																330,757
																NON
ses																461,291
JSe																
e G	b	Total fu	ndraisi	ng expenses (Part I	X. column (	D). line 25)	▶	20	04,903.		•••			-	11011	
ш													2,545,9	986.	2,1	156,313
	18	Total ex	pense	s. Add lines 13-17	(must equal	Part IX. col	umn (A). I	ine 2	5)		•• –					
	19															238,627
o se	-			,								eginnin				
sets lanc	20	Total as	sets (P	art X, line 16)									6,042,8	313.	5.6	514,340
Ass	21															316,811
Net	22												5,717,6	555.		297,529
		Sign	nature	Block												
2650 N. COMMONWEALTH AVENUE, LOS ANGELES, CA 90027       Http: Area standardinates included?       Yes         1 Tacexemptistatus:       X 501(c)(3)       501(c)(-)        (insert no.)       4947(a)(1) or       527       Http: Area standardinates included?       Yes         J Wobsite:       LAPARKSFOUNDATION.ORG       K       Form of organization:       X Corporation       Tusi       Association       Other       L Year of formation:       2008       M State of legal domicile:         PartI       Summary       1 Briefly describe the organization's mission or most significant activities:       TO       ENHANCE, EXPAND, PRESERVE AND PROMOT         PUBLIC RECREATION, PARES AND OPEN SPACE FOR THE DIVERSE PEOPLE OF       I.OS       ANGELES.       3         3 Number of voing members of the governing body (Part VI, line ta)       4       4         4 Number of individuals employed in calendar year 2022 (Part V, line 2a)       5       6         6 Total number of individuals employed in calendar year 2022 (Part V, line 2a)       5       6         7 Total number of volunteers (estimate if necessary)       6       7       7         9 Program service revenue (Part VIII, solumn (A), lines 3.4; and 70).       10       10       10       10       10       10       10       10       10       10       10       10       10       10			nd belief, it i													
true	e, corre	ect, and co	mplete.	Declaration of prepar	er (other thai	n officer) is bi	ased on all	inform	ation of whi	ich prepa	irer has a	ny knov	vledge.			
_		Si	ignature	e of officer									Date			
не	re	TONY	BUDF	ROVICH					EXEC I	DIREC	FOR					
		Ту	ype or p	rint name and title												
- ·		Print/Ty	/pe prep	parer's name		Preparer's	signature			Date	•		Check	if	PTIN	
		LINDA	<u>A</u> E (	G BALLESTER	OS								self-emplo	oyed	P003668	352
	•	Firm's n	ame	MAGINNIS H	NECHTE	L & MCI	NTYRE	LLF	>			Fi	rm's EIN 🕨	9	5-27461	.88
		Firm's a														3466
May	the I	RS discu	uss this	s return with the pre	parer show	n above? (s	ee instruc	tions)	<u></u> .				<u></u> .		X Yes	5 N
For	Pape	rwork Re	eductio	on Act Notice, see	the separa	te instructio	ons.								Form	<b>990</b> (2022

LOS	ANGELES	PARKS	FOUNDATION

For	m 990 (2022) Page
Pa	art III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO ENHANCE, EXPAND, PRESERVE AND PROMOTE PUBLIC RECREATION, PARKS AND
	OPEN SPACE FOR THE DIVERSE PEOPLE OF LOS ANGELES.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
2	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program
3	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured to
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 2,049,775. including grants of \$ 759,600. ) (Revenue \$ 8,720. )
	"SPECIAL PROJECTS PROGRAMS" SUPPORTING THE LOS ANGELES CITY PARKS
	INCLUDE THE FOLLOWING SIGNIFICANT PROJECTS: LOS ANGELES CLIPPERS
	BASKETBALL COURTS REFURBISHMENT; NIKE COACH AND REFEREE TRAINING
	FOR GIRLS YOUTH SPORTS; WERNER FAMILY FOUNDATION PLAYGROUND
	DONATION.
46	(Code: ) (Expenses \$ 410,030. including grants of \$ 18,907. ) (Revenue \$ 2,600. )
40	
	THE FRIENDS OF THE PARKS PROGRAM INVITES THE COMMUNITY TO CONTRIBUTE TO THEIR LOCAL PARK WITH FUNDS DIRECTED TOWARDS
	ACTIVITIES INCLUDING SPORTS COURT REFURBISHING; YOUTH ATHLETIC
	SCHOLARSHIPS, EQUIPMENT, AND UNIFORMS; HOLIDAY EVENTS AND SENIOR
	PROGRAMMING; AND NEW ADDITIONS TO PARKS LIKE FENCING, WATER
	FOUNTAINS, AND WALKING PATHS.
4c	(Code:) (Expenses \$224,084. including grants of \$NONE ) (Revenue \$NONE )
	THE ADOPT A PARK PROGRAM PARTNERS WITH LOCAL BUSINESSES, FAMILY
	FOUNDATIONS, SCHOOLS, AND CORPORATE BRANDS WHO INVEST \$25,000 OR
	MORE DURING A YEAR TO MEET IDENTIFIED NEEDS THAT CAN DIRECTLY
	BENEFIT A CITY PARK. PAST PROJECTS FUNDED BY PARK ADOPTIONS
	INCLUDE A BASKETBALL COURT AND BASEBALL DIAMOND RESURFACING,
	FUNDING FOR SPORTS EQUIPMENT AND YOUTH SCHOLARSHIPS, PROGRAM
	FUNDING FOR DANCE AND FITNESS CLASSES, PARK BENCHES, WATER
	FOUNTAINS, AND OTHER NEEDED IMPROVEMENTS.
4.1	
4d	Other program services (Describe on Schedule O.)       SEE       SCHEDULE O         (Expenses \$ 189,145.       including grants of \$ NONE ) (Revenue \$ NONE )
4.0	
JSA	Earn 990 (202
2E1	020 1.000 3520ME F040 11/09/2023 17:09:56 V22-7.4F

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Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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 IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
t	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If	4.01-		37
40	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		v
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		X
15	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		v
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	13		X
10	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
17	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	х	ĺ
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		~	
13	If "Yes," complete Schedule G, Part III	19		x
20 2	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		- 22
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	х	ĺ
				i

Form 990 (2022)

-	90 (2022)		F	-age <b>4</b>
Part	IV Checklist of Required Schedules (continued)		Y.	N -
22	Did the experimentation report more than \$5,000 of grants or other excitations to be for demontic individuals on		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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
25	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J.	23		x
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	· · · · · · · · · · · · · · · · · · ·	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,	21		
20	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			
u		28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
• •	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	24		37
25 0	or IV, and Part V, line 1. Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	33a		
, v	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		х
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		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>	
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 24			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
184	reportable gaming (gambling) winnings to prize winners?	1c	X	<u> </u>
JSA 2E1030	2.000	Form	990	(2022)

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### LOS ANGELES PARKS FOUNDATION

Form	990 (2022)		F	Page 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 5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?.	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	120		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
a	Is the organization licensed to issue qualified health plans in more than one state?	154		
h	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
b	the organization is licensed to issue qualified health plans			
~	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

Form 9	90 (2022) LOS ANGELES PARKS FOUNDATION 26-2358	338	F	Page <b>6</b>
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 in	struc	tions.
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 16	4		
	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	-		
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	2		v
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4 5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6 7-	Did the organization have members or stockholders?			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7a		x
b	one or more members of the governing body?			
b	stockholders, or persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
Ū	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	40-	37	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	12b	Х	
	rise to conflicts?	120	Λ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	х	
40	describe on Schedule O how this was done	13	А	x
13	Did the organization have a written whistleblower policy?	14		X
14 15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by	<u> </u>		
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		х
a b	Other officers or key employees of the organization	15b		X
~	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filedCA,			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990- (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O)	Г (sec	tion 5	01(c)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	f inte	est r	olicy
	and financial statements available to the public during the tax year.			<i>c</i> ,
20	State the name, address, and telephone number of the person who possesses the organization's books and record C/O JONES & ASSOCIATES 6300 WILSHIRE BLVD., STE. 860 LOS ANGELES, CA 90048	S		
	323-782-9391	Form	990	(2022)
JSA 2E1042	1.000			

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Part VII	Compensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Co	ontra	actors								

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.

<b>(A)</b> Name and title	(B) Average hours per week (list any hours for	box, office	unles er and	Pos heck ss pe	erson direct	e than o is both tor/trust	an	(D) Reportable compensation from the organization (W-2/ 1099-MISC/	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/	<b>(F)</b> Estimated amount of other compensation from the organization and						
	related organizations below dotted line)	Individual trustee or director	Highest compensated employee Key employee Officer Officer		Officer Institutional trustee		Former Highest compensated employee Key employee Officer		ter est compensated loyee employee er		ter est compensated loyee employee er		ner	1099-NEC)	1099-NEC)	related organizations
(1) CAROLYN RAMSAY	35.00															
DIRECTOR, EXEC DIR, SECRETARY	NONE	X		х				146,907.	NONE	NONE						
(2) JUSTIN YOSHIMARU	40.00															
DEPUTY DIRECTOR	NONE					X		105,000.	NONE	NONE						
(3) DAVID GALAVIZ	1.00															
DIRECTOR	NONE	Х						NONE	NONE	NONE						
(4) DAVID MCGOWAN	1.00															
DIRECTOR, TREASURER	NONE	Х		Х				NONE	NONE	NONE						
(5) BARRY A. SANDERS	1.00	-														
DIRECTOR	NONE	Х						NONE	NONE	NONE						
(6) DENISE BOOTH	1.00															
DIRECTOR	NONE	Х						NONE	NONE	NONE						
(7) MICHAEL SHULL	1.00	-														
DIRECTOR	NONE	Х						NONE	NONE	NONE						
(8) JENNIFER RIVERA	1.00															
DIRECTOR	NONE	Х						NONE	NONE	NONE						
(9) THOMAS SAFRAN	1.00															
DIRECTOR	NONE	Х						NONE	NONE	NONE						
(10) CARMEL SELLA	1.00	-														
DIRECTOR	NONE	Х						NONE	NONE	NONE						
(11) CANDY SPELLING	1.00															
DIRECTOR	NONE	Х						NONE	NONE	NONE						
(12) JILL WERNER	1.00															
DIRECTOR	NONE	Х						NONE	NONE	NONE						
(13) DAVID NICKOLL	1.00															
BOARD CHAIR	NONE	Х		Х				NONE	NONE	NONE						
(14) DEBORA VRANA	1.00															
DIRECTOR	NONE	Х						NONE	NONE	NONE						

#### LOS ANGELES PARKS FOUNDATION

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	byee	es,	and H	lig	hest Compensat	ed Employee	s (contin	ued)	
(A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average hours per week (list any	hours per (do not check more than c ek (list any box, unless person is both					an	Reportable compensation from	Reportable compensation fr related		Estimated amount c other	
	hours for		eran		1	or/trust	r ć	the	organizations		mpensat	
	related organizations	Individual trustee or director	Institutional truste	Officer	Key employee	lighe mplc	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS	<u> </u>	from the rganizatio	
	below dotted	dual ecto	ution	4	mplo	est co byee	er 🛛	(W-2/1033-1000)			ind relate	
	line)	rus	altr		ууее	omp				or	ganizatio	ns
		tee	ustee			Highest compensated employee						
15) MIA LEHRER	1.00					<u> </u>						
DIRECTOR	NONE	X						NONE	NC	NE		NON
16) KEVIN PARKER	1.00											
DIRECTOR	NONE	X						NONE	NC	NE		NON
17) ANDREW SAUL	1.00	4										
DIRECTOR	NONE	X						NONE	NC	NE		NON
		-										
		-										
		-										
1b Sub-total	1							251,907.	NC	NE		NON
c Total from continuation sheets to Part VII, S	ection A							NONE	NC	NE		NON
d Total (add lines 1b and 1c)	-							251,907.	NC	NE		NON
2 Total number of individuals (including but not reportable compensation from the organizatio		hose	liste	ed al	bove	e) who 2	o re	ceived more than	\$100,000 of			
· · · · · · · · · · · · · · · · · · ·											Yes	No
3 Did the organization list any former offic												
employee on line 1a? If "Yes," complete Sched												X
4 For any individual listed on line 1a, is the organization and related organizations groups in the term of the second se	eater than	\$15	50,0	00?	If	"Yes	s,"	complete Schedu		1		
individual										4		X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y												X
Section B. Independent Contractors												
<ol> <li>Complete this table for your five highest com compensation from the organization. Report of year.</li> </ol>											x	
(A)								(B)		(0		
SEE SCHEDULE O Name and business add	dress						+	Description of se	ervices	Compe		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 1

(

### Form 990 (2022) Part VIII

### LOS ANGELES PARKS FOUNDATION Statement of Revenue

Γ

		Check if Schedule O contains a respor	nse or note to an	y line in this Part V	/		
				(A) Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts, ts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues					
	c	Fundraising events	148,680.				
	d	Related organizations					
ija	e	Government grants (contributions) 1e	62,400.				
Sin's,	f	All other contributions, gifts, grants,					
er		and similar amounts not included above <b>1</b>	2,970,931.				
J P	g	Noncash contributions included in					
	9	lines 1a-1f	\$				
aŭ	h	Total. Add lines 1a-1f		3,182,011.			
			Business Code	-,,			
e	0-						
ž	2a						
Sel	b						
E S	C .						
Program Service Revenue	d						
2	е						
	f	All other program service revenue		NONE			
	g	Total. Add lines 2a-2f		NONE			
	3	Investment income (including dividends,		46,975.			46,975
		other similar amounts)					40,975
	4	Income from investment of tax-exempt bond		NONE			
	5	Royalties	(ii) Personal	NONE			
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	c	Rental income or (loss) 6c NONE					
	d	Net rental income or (loss)		NONE			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory <b>7a</b> 9,309,130.					
Revenue	b	Less: cost or other basis					
ver		and sales expenses 7b 9,300,638.					
Re	С	Gain or (loss) 7c 8,492.					
er	d	Net gain or (loss)		8,492.			8,492
Other	8a	Gross income from fundraising					
U		events (not including \$148,680.					
		of contributions reported on line					
		1c). See Part IV, line 18	13,785.				
	b	Less: direct expenses	41,529.				
	c	Net income or (loss) from fundraising events	· · · · · · ·	-27,744.			-27,744
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	NONE				
	b	Less: direct expenses	NONE				
	с	Net income or (loss) from gaming activities.		NONE			
	10a	Gross sales of inventory, less					
		returns and allowances ••••••• 10a	NONE				
	b	Less: cost of goods sold	NONE				
	c	Net income or (loss) from sales of inventory.		NONE			
SL			Business Code				
eor	11a						
lan ent	b						
evel evel	с						
Miscellaneous Revenue	d	All other revenue					
2	е	Total. Add lines 11a-11d		NONE			
	12	Total revenue. See instructions		3,209,734.			27,723

### LOS ANGELES PARKS FOUNDATION Part IX Statement of Functional Expenses

Che	ck if Schedule O contains a resp		in this Part IX		
Do not include an 8b, 9b, and 10b c	mounts reported on lines 6b, 7b, of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
	er assistance to domestic organizations	830,757.	830,757.		
2 Grants and	other assistance to domestic	NONE			
	e Part IV, line 22	NONE			
organizations,					
foreign individ	luals. See Part IV, lines 15 and 16	NONE			
4 Benefits paid	to or for members	NONE			
5 Compensation	n of current officers, directors,				
trustees, and k	key employees	146,907.	54,979.	32,849.	59,079
6 Compensation	not included above to disqualified				
persons (as de	efined under section 4958(f)(1)) and				
persons describe	ed in section 4958(c)(3)(B)	NONE			
7 Other salaries	and wages	264,422.	98,957.	59,127.	106,338
8 Pension plan a	accruals and contributions (include	NONE			
section 401(k)	and 403(b) employer contributions)				
9 Other employe	ee benefits	19,419.	7,535.	3,732.	8,152
10 Payroll taxes .		30,543.	11,852.	5,870.	12,821
11 Fees for servic	ces (nonemployees):				
a Management		NONE			
<b>b</b> Legal		NONE			
c Accounting		73,552.	160.	73,392.	
d Lobbying		NONE			
	draising services. See Part IV, line 17	NONE			
	anagement fees	NONE			
	1g amount exceeds 10% of line 25, column	SEE SCHE O	1 014 107	5 0 6 0	15 040
	e 11g expenses on Schedule O.)	1,035,305.	1,014,197.	5,268.	15,840
	nd promotion	54,289.	18,648.	35,641.	
	98	40,965. NONE	2,645.	38,320.	
	echnology	NONE			
		2,873.	2,141.	542.	190
		Z,873. NONE	2,141.	542.	190
		INOINE			
•	travel or entertainment expenses al, state, or local public officials	NONE			
-		16,856.	9.	16,847.	
	conventions, and meetings	54.		54.	
	affiliates	NONE			
	depletion, and amortization	14,393.		14,393.	
•		24,968.		24,968.	
	s. Itemize expenses not covered				
	scellaneous expenses on line 24e. If				
	nt exceeds 10% of line 25, column				
(A), amount, lis	t line 24e expenses on Schedule O.)				
a CAPITAL (	CONSTRUCTION PROJECT	640,140.	640,140.		
	/EQUIPMENT	145,571.	136,763.	8,754.	54
c BANK CHAI		14,572.		14,572.	
	& MAINTENANCE	9,837.	5,489.	4,348.	
e All other expe		82,938.	48,762.	31,747.	2,429
•	Il expenses. Add lines 1 through 24e	3,448,361.	2,873,034.	370,424.	204,903
26 Joint costs. organization r from a comb	Complete this line only if the eported in column (B) joint costs ined educational campaign and			· · · · ·	
0	licitation. Check here if 98-2 (ASC 958-720)				

following SOP 98-2 (ASC 958-720)

Form 990 (2022)

Page **11** 

	Check if Schedule O contains a response or note to any line in this Pa	(A)		(B)
		Beginning of year		End of year
1	Cash - non-interest-bearing	NONE	1	NON
2	Savings and temporary cash investments.	1,271,256.	2	838,707
3	Pledges and grants receivable, net	NONE	3	NOI
4	Accounts receivable, net	NONE	4	NO
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	NONE	5	NO
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	NONE	6	NO
7	Notes and loans receivable, net	NONE	7	NO
7 8	Inventories for sale or use	3,736.	8	3,55
9	Prepaid expenses and deferred charges SEE SCHEDULE .O	15,331.	9	3,94
10 a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 237, 456.			
b	Less: accumulated depreciation	64,569.	10c	55,42
11	Investments - publicly traded securities	4,687,921.	11	4,705,40
12	Investments - other securities. See Part IV, line 11	NONE	12	NC
13	Investments - program-related. See Part IV, line 11	NONE	13	NC
14	Intangible assets	NONE	14	NC
15	Other assets. See Part IV, line 11	NONE	15	7,30
16	Total assets. Add lines 1 through 15 (must equal line 33)	6,042,813.	16	5,614,34
17	Accounts payable and accrued expenses	303,615.	17	309,50
18	Grants payable	NONE	18	NC
19	Deferred revenue	NONE	19	NC
20	Tax-exempt bond liabilities	NONE		NC
21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE		NC
	Loans and other payables to any current or former officer, director,			
22	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	NONE	22	NC
23	Secured mortgages and notes payable to unrelated third parties	NONE		NC
24	Unsecured notes and loans payable to unrelated third parties	21,543.	24	NC
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	NONE	25	7,30
26	Total liabilities. Add lines 17 through 25	325,158.		316,81
	Organizations that follow FASB ASC 958, check here X and complete lines 27, 28, 32, and 33.			· · · · · ·
27	Net assets without donor restrictions	2,180,480.	27	1,707,47
28	Net assets with donor restrictions.	3,537,175.	28	3,590,05
27 28 29 30 31 32	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	5,717,655.	32	5,297,52
33	Total liabilities and net assets/fund balances	6,042,813.	33	5,614,34

Form 990 (2022)

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	LOS ANGELES PARKS FOUNDATION 26-2358338					
Form 99	0 (2022)				Pa	ge <b>12</b>
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					. X
1	Total revenue (must equal Part VIII, column (A), line 12)		1	3,2	09,	<u>734</u> .
2	Total expenses (must equal Part IX, column (A), line 25)		2	3,4	48,	<u>361</u> .
3	Revenue less expenses. Subtract line 2 from line 1		3	-2	38,	<u>627</u> .
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) .		4	5,7	17,	<u>655</u> .
5	Net unrealized gains (losses) on investments		5	-1	81,	<u>499</u> .
6	Donated services and use of facilities		6			
7	Investment expenses		7			
8	Prior period adjustments		8			
9	Other changes in net assets or fund balances (explain on Schedule O)		9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part	X, line				
	32, column (B))		10	5,2	97,	<u>529</u> .
Part						
	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 "O	Other," ex	plain on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent acco			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year v	were com	piled or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis	oasis				
b	Were the organization's financial statements audited by an independent accountant?			2b	X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year w	vere audit	ed on a			
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis	asis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibil	ity for ove	rsight of			
	the audit, review, or compilation of its financial statements and selection of an independent			2c	X	
	If the organization changed either its oversight process or selection process during the ta	x year, ex	plain on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits					
	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					
	required audit or audits, explain why on Schedule O and describe any steps taken to underg	o such au	idits	3b		<u> </u>

Form **990** (2022)

SCHEDULE A (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. Department of the Treasury

OMB No. 1545-0047

Open to Public

Inspection

Internal	Revenue	Service
-		

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

Name	e of the organization					Employer identifi	cation number
LOS	S ANGELES PARKS FOUNDAT						358338
Pa	rt I Reason for Public Cha	arity Status. (All	organizations must	comple	ete this p	art.) See instructior	IS.
The	organization is not a private four	ndation because it	is: (For lines 1 throu	gh 12, ch	eck only	one box.)	
1	A church, convention of chu	irches, or associa	tion of churches desc	ribed in <b>s</b>	ection 17	70(b)(1)(A)(i).	
2	A school described in section	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90).)		
3	A hospital or a cooperative			-		(1)(A)(iii).	
4	A medical research organiz	•	•				(iii). Enter the
	hospital's name, city, and sta		,				( )
5	An organization operated f		a college or universi	ty owned	d or ope	rated by a governme	ental unit described in
	section 170(b)(1)(Å)(iv). (C		0	,	•	, ,	
6	A federal, state, or local go		rnmental unit describe	d in <b>sect</b>	ion 170(l	o)(1)(A)(v).	
7	$\mathbf{x}$ An organization that normal	0			•		om the general public
•	described in section 170(b)	-	-	apport in	onn a goi		sin the general public
8	A community trust describe		-	Part II)			
9	An agricultural research org					in conjunction with a	land-grant college
3	or university or a non-land-g						
	university:	grant conege of ag				and state o	
10	An organization that normal	ly receives (1) mo	ore than 331/2% of its	support	from con	tributions membersh	in fees and gross
10	receipts from activities relat	ed to its exempt f	unctions, subject to c	ertain ex	ceptions	; and (2) no more thar	n 331/3 % of its
	support from gross investm acquired by the organization	ent income and ui	nrelated business tax	able inco (a)(2) ((	ome (less	Section 511 tax) from	businesses
11	An organization organized a				•		
12	An organization organized a		•				rv out the purposes of
	one or more publicly suppor	•				•	, , ,
	the box on lines 12a through	-					
а	<b>Type I.</b> A supporting orga						-
u	the supported organizatio	•	•			•	
	supporting organization. Y	• •	• • • •		ajonty of		
b	Type II. A supporting orga	-			with ite	supported organizati	on(s) by baying
D	control or management o	•				•	
	organization(s). You must		-	the sam	e person		age the supported
•	Type III functionally integ			atod in a	oppositor	with and functional	lly intograted with
C							ny integrated with,
h	its supported organization						tod organization(a)
d	Type III non-functionally i						
	that is not functionally inte	• •	• •				an attentiveness
-	requirement (see instruction	,	•				L T
е	Check this box if the orga						і, туре ш
f	functionally integrated, or				organizati	on.	
ť	Enter the number of supported Provide the following information						•••••
g	(i) Name of supported organization			(ha) have the			(hi) Amount of
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
			above (see instructions))		ment?	instructions)	instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(U) 							
(E)							
Tota	al						

Schedule A (Form 990) 2022

Page 2

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	<b>(d)</b> 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	12,015,944.	2,283,236.	2,235,075.	2,719,527.	3,182,011.	22,435,793.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4	Total. Add lines 1 through 3	12,015,944.	2,283,236.	2,235,075.	2,719,527.	3,182,011.	22,435,793.
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	-					11 001 500
6	shown on line 11, column (f) SEE SUPP PAG <b>Public support.</b> Subtract line 5 from line 4	5					11,991,532.
	tion B. Total Support						10,444,261.
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
_	Amounts from line 4	12,015,944.	2,283,236.	2,235,075.	2,719,527.	3,182,011.	22,435,793.
7 8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	77,087.	105,570.	73,211.	29,156.	46,975.	331,999.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						NONE
11	Total support. Add lines 7 through 10						22,767,792.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	
13	First 5 years. If the Form 990 is for organization, check this box and stop here			l, third, fourth,	or fifth tax yea	ar as a section	501(c)(3)
Sec	tion C. Computation of Public Sup		•				
14	Public support percentage for 2022 (li					14	45.87 <b>%</b>
15	Public support percentage from 2021	Schedule A, Pa	art II, line 14			15	50.68 <b>%</b>
16a	331/3% support test - 2022. If the org						
	box and <b>stop here.</b> The organization q			•			
b	331/3% support test - 2021. If the org						
	this box and <b>stop here.</b> The organization			-			
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization						-
	Part VI how the organization meets			•			
	organization						
b	10%-facts-and-circumstances test - 2						
	15 is 10% or more, and if the organiz					-	-
	in Part VI how the organization meets			•	•		
40	organization						
18	Private foundation. If the organization						
	instructions						<u></u>

Schedule A (Form 990) 2022

Schedule	А	(Form	990)	2022

# Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	endar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(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 performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disgualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from						
<u></u>	line 6.)						
	tion B. Total Support	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	endar year (or fiscal year beginning in)	(a) 2010	(b) 2019	(0) 2020	(u) 2021	(e) 2022	(1) 10(2)
9 10 a	Amounts from line 6 Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar						
h	sources . Unrelated business taxable income (less						
b	section 511 taxes) from businesses						
	acquired after June 30, 1975						
<u>د</u>	Add lines 10a and 10b						
11	Net income from unrelated business						
••	activities not included on line 10b, whether						
	or not the business is regularly carried on.						
40							
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for	the organizati	on's first. secon	d. third. fourth.	or fifth tax ve	ar as a section	501(c)(3)
	organization, check this box and stop here	-			•		
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2022 (line 8	, column (f), divid	ed by line 13, colu	ımn (f))		15	%
16	Public support percentage from 2021 Sche	dule A, Part III, lir	ne 15			16	%
Sec	tion D. Computation of Investmen	t Income Perc	centage				
17	Investment income percentage for 2022 (lin	ne 10c, column (	f), divided by line	13, column (f))		17	%
18	Investment income percentage from 2021					18	%
19 a	331/3% support tests - 2022. If the or	ganization did r	not check the bo	ox on line 14, a	nd line 15 is mo	ore than 331/3%	, and line
	17 is not more than 331/3%, check this	-	-				
b	331/3% support tests - 2021. If the organization						
	line 18 is not more than 331/3 %, check		•	•			
20	Private foundation. If the organization	did not check a	a box on line '	14, 19a, or 19b	, check this bo		
JSA 2E122	21 1.000					Schedule	A (Form 990) 2022
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(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.*
- **10 a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

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Schedule A (	Form 990) 2022		
Part IV	Supporting Organizations	continued)	

- Supporting Organizations (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons?
- 11 a 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?
  - **b** A family member of a person described on line 11a above?
  - c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.

### Section B. Type I Supporting Organizations

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No." describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- Did the organization operate for the benefit of any supported organization other than the supported 2 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.

### Section C. Type II Supporting Organizations

Yes No 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1

### Section 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 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported 2 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	1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).						
а	The organization satisfied the Activities Test. Complete line 2 below.						
b	The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.						
С	c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruction						
		Yes	No				
	Activities Test Answer lines 2a and 2b below						

2	Activities Test. Answer mes za and zb below.			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> 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? <i>If</i> "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> 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? <i>If "Yes" or "No," provide details in Part VI.</i>	20		
		<u>3a</u>		
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 <b>Part VI</b> the role played by the organization in this regard.	0.		
	or its supported organizations? If res, describe in <b>Fait vi</b> the fole played by the organization in this regard.	3b		

Yes No

11a 11b

11c

1

2

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#### Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Part V Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See 1 instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 1 2 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 Add lines 1 through 3. 4 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of 6 property held for production of income (see instructions) 7 Other expenses (see instructions) 8 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 4 see instructions). 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 6 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 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 Minimum asset amount for prior year (from Section B, line 8, column A) 3 4 Enter greater of line 2 or line 3. 4 5 5 Income tax imposed in prior year

6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).

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

6

Schedule A (Form 990) 2022

Schedu	le A (Form 990) 2022				Page <b>7</b>
Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)		
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p		5		
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		1	10	
	•		(ii)	-	(iii)
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2022	5	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
_	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
b	Excess from 2019				
С	Excess from 2020				
d	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

Part VI Suppl

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II - EXCESS CONTRIBUTIONS			EXCESS
	TOTAL	LESS 2% OF	CONTRIBUTION
CONTRIBUTOR NAME	CONTRIBUTION	LINE 11(F)	AMOUNT
LOS ANGELES CLIPPERS FOUNDATION	11015000.	455,356.	10559644.
MARATHON OIL	1,142,600.	455,356.	687,244.
TM23 FOUNDATION	1,200,000.	455,356.	744,644.
TOTALS	13,357,600.		11,991,532.

### Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

### **Schedule of Contributors**

Attach to Form 990 or Form 990-PF. Go to *www.irs.gov/Form990* for the latest information. OMB No. 1545-0047

2022

Employer identification number

LOS ANGELES PARKS FOUNDATION 26-2							
Organization type (check one):	Drganization type (check one):						
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization						
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private four	ndation					
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation	ion					
	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**

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

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

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

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

	8 (Form 990) (2022)		Page 2
Name of a	organization LOS ANGELES PARKS FOUNDATION		Employer identification number 26-2358338
Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	N/A	\$1,142,600.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	<u>N/A</u>	\$236,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	N/A	\$160,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	<u>N/A</u>	\$145,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	N/A	\$110,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	<u>N/A</u>	\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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	3 (Form 990) (2022)		Page 2
Name of c	organization LOS ANGELES PARKS FOUNDATION		Employer identification number 26-2358338
Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<u>N/A</u>	\$85,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	N/A	\$75,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9_	N/A	\$65,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	<u>N/A</u>	\$65,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	N/A	\$65,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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	ganization		lentification number
	LOS ANGELES PARKS FOUNDATION	26-	-2358338
art II	Noncash Property (see instructions). Use duplicate copies	of Part II if additional space is ne	eded.
(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
		\$	

JSA 2E1254 1.000

	(Form 990) (2022)			Page 4
Name of or	•			Employer identification number
Part III	LOS ANGELES PARKS FOU Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for the Use duplicate copies of Part III if addit	, contributions to o the year from any ions completing Par e year. (Enter this in	one contributor. C t III, enter the total of formation once. Se	Complete columns (a) through (e) and of exclusively religious, charitable, etc.,
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transf and ZIP + 4	-	hip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transf and ZIP + 4	-	hip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transf and ZIP + 4	-	hip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transf and ZIP + 4	-	hip of transferor to transferee

4a Was a correction made?       ves       ves <t< th=""><th>vide a description of t inition of "political campa itical campaign activity e unteer hours for political <b>Complete if the</b> er the amount of any ex- er the amount of any ex- ne organization incurred s a correction made? Yes," describe in Part IV. <b>Complete if the</b> er the amount directly evities er the amount of the filir r exempt function activit</th><th>he organization's direct and i aign activities." expenditures. See instructions campaign activities. See instruc- organization is exempt under cise tax incurred by the organiza- cise tax incurred by organization a section 4955 tax, did it file Fo organization is exempt und expended by the filing organizat</th><th>ndirect political can ctions er section 501(c)(3) ation under section 49 managers under se rm 4720 for this year er section 501(c),</th><th>activities in Part         \$        </th><th>IV. See instructions for</th></t<>	vide a description of t inition of "political campa itical campaign activity e unteer hours for political <b>Complete if the</b> er the amount of any ex- er the amount of any ex- ne organization incurred s a correction made? Yes," describe in Part IV. <b>Complete if the</b> er the amount directly evities er the amount of the filir r exempt function activit	he organization's direct and i aign activities." expenditures. See instructions campaign activities. See instruc- organization is exempt under cise tax incurred by the organiza- cise tax incurred by organization a section 4955 tax, did it file Fo organization is exempt und expended by the filing organizat	ndirect political can ctions er section 501(c)(3) ation under section 49 managers under se rm 4720 for this year er section 501(c),	activities in Part         \$	IV. See instructions for
definition of "political campaign activities."       \$	inition of "political campa itical campaign activity e unteer hours for political <b>Complete if the</b> er the amount of any ex- er the amount of any ex- er organization incurred s a correction made? Yes," describe in Part IV. <b>Complete if the</b> er the amount directly ev- vities er the amount of the filin 7 exempt function activit	aign activities." expenditures. See instructions <u>campaign activities. See instruc</u> organization is exempt under cise tax incurred by the organization a section 4955 tax, did it file Fo organization is exempt und expended by the filing organizat	ctions er section 501(c)(3) ation under section 49 n managers under se rm 4720 for this year er section 501(c),	\$  955 \$ ction 4955 \$ ?	Yes . No
2       Political campaign activity expenditures. See instructions       \$	itical campaign activity e unteer hours for political <b>Complete if the</b> er the amount of any ex- er the amount of any ex- ne organization incurred s a correction made? Yes," describe in Part IV. <b>Complete if the</b> er the amount directly ev- vities er the amount of the filin r exempt function activit	expenditures. See instructions campaign activities. See instruc- organization is exempt under cise tax incurred by the organiza- cise tax incurred by organization a section 4955 tax, did it file Fo organization is exempt und expended by the filing organizat	ctions er section 501(c)(3) ation under section 48 managers under se rm 4720 for this year er section 501(c),	). 955\$ ction 4955\$ ?	Yes . No
3 Volunteer hours for political campaign activities. See instructions	unteer hours for political <b>Complete if the</b> er the amount of any ex- er the amount of any ex- the organization incurred s a correction made? Yes," describe in Part IV. <b>Complete if the</b> er the amount directly er- vities er the amount of the filir Yexempt function activit	campaign activities. See instruct organization is exempt under cise tax incurred by the organization a section 4955 tax, did it file Fo organization is exempt und expended by the filing organizat	ctions er section 501(c)(3) ation under section 48 managers under se rm 4720 for this year er section 501(c),	). 955\$ ction 4955\$ ?	Yes . No
Part I-B       Complete if the organization is exempt under section 501(c)(3).         1       Enter the amount of any excise tax incurred by organization managers under section 4955\$         2       Enter the amount of any excise tax incurred by organization managers under section 4955\$         3       If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	Complete if the of er the amount of any ex- er the amount of any ex- ne organization incurred s a correction made? Yes," describe in Part IV. Complete if the of er the amount directly ev- vities er the amount of the filin 7 exempt function activit	organization is exempt under cise tax incurred by the organiza- cise tax incurred by organization a section 4955 tax, did it file Fo organization is exempt und expended by the filing organizat	er section 501(c)(3) ation under section 49 in managers under se rm 4720 for this year er section 501(c),	). 955\$ ction 4955\$ ?	Yes No
1       Enter the amount of any excise tax incurred by organization managers under section 4955\$         2       Enter the amount of any excise tax incurred by organization managers under section 4955\$         4       Was a correction made?         4       Was a correction made?         b       If 'Yes," describe in Part IV.         Part I-C       Complete if the organization is exempt under section 501(c), except section 501(c)(3).         1       Enter the amount directly expended by the filing organization for section 527 exempt function activities.         2       Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities.         3       Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 170.         4       Did the filing organization file Form 1120-POL for this year?         5       Enter the names, addresses and employer identification number (EN) of all section 527 political organization's towhich the filing organization is to each organization listed, enter the amount paid from the filing organization is exceived that were promptly and directly delivered to a separate political contributions received that were promptly and directly delivered to a separate political organization is the each organization's funds. If none, enter -0.         (a) Name       (b) Address       (c) EIN       (d) Amount paid from filing organization's funds except activities in the each organization's funds if none, enter -0.         3)	er the amount of any ex er the amount of any ex ne organization incurred s a correction made? Yes," describe in Part IV. Complete if the er the amount directly e vities er the amount of the filir r exempt function activit	cise tax incurred by the organization cise tax incurred by organization a section 4955 tax, did it file Fo organization is exempt und expended by the filing organizat	ation under section 49 n managers under se rm 4720 for this year er section 501(c),	955\$ ction 4955\$ ?	YesNo
2       Enter the amount of any excise tax incurred by organization managers under section 4955 \$ <pre></pre>	er the amount of any ex the organization incurred s a correction made? Yes," describe in Part IV. Complete if the er the amount directly evities er the amount of the filin r exempt function activit	cise tax incurred by organizatior a section 4955 tax, did it file Fo organization is exempt und expended by the filing organizat	n managers under se rm 4720 for this year er section 501(c),	ction 4955 \$	YesNo
3       If the organization incurred a section 4955 tax, did it file Form 4720 for this year?       Yes       I         4a       Was a correction made?       Yes       I         b       ft "Yes," describe in Part IV.         Part I-C       Complete if the organization is exempt under section 501(c), except section 501(c)(3).         1       Enter the amount directly expended by the filing organization for section 527 exempt function activities.         2       Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities.         3       Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b.         In organization file Form 1120-POL for this year?       Yes         4       Did the filing organization file Form 1120-POL for this year?         5       Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the fili organization made payments. For each organization is the endount paid from the filing organization, stud. Also ere the amount of political contributions received that were promptly and directly delivered to a separate political organization.         (a) Name       (b) Address       (c) EIN       (d) Amount paid from the filing organization's funds. If none, enter -0.         (a)       (a)       (b) Address       (c) EIN       (d) Amount paid from the filing organization's funds organization's funds. If none, enter -0.	e organization incurred s a correction made? Yes," describe in Part IV. Complete if the er the amount directly e vities er the amount of the filin y exempt function activit	a section 4955 tax, did it file Fo organization is exempt und expended by the filing organizat	rm 4720 for this year er section 501(c),	?	Yes No
4a Was a correction made?       yes       yes       yes         b If "Yes," describe in Part IV.       Part I-C       Complete if the organization is exempt under section 501(c), except section 501(c)(3).         1 Enter the amount directly expended by the filing organization for section 527 exempt function activities.       \$	s a correction made? Yes," describe in Part IV. Complete if the or er the amount directly evities er the amount of the filin y exempt function activit	organization is exempt und expended by the filing organizat	er section 501(c),		
b If "Yes," describe in Part IV.         Part IC       Complete if the organization is exempt under section 501(c), except section 501(c)(3).         1 Enter the amount directly expended by the filing organization for section 527 exempt function activities         2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities         3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b.         9 Did the filing organization file Form 1120-POL for this year?         15 Enter the amount of political contributions received that were promptly and directly delivered to a separate political organizations funds. Also en the amount of political contributions received that were promptly and directly delivered to a separate political organizations funds. Also en the amount of political contributions received that were promptly and directly delivered to a separate political organization.         (a) Name       (b) Address       (c) EIN       (d) Amount paid from filing organization's funds. If none, enter -0.         (1)       (a) Name       (b) Address       (c) EIN       (d) Amount paid from filing organization. If none, enter -0.         (1)       (a) Name       (b) Address       (c) EIN       (d) Amount paid from filing organization.         (a)       (b) Address       (c) EIN       (d) Amount paid from folitical organization.       (f) none, enter -0.         (1)       (a)       (b) Address       (c) EIN       (d) Am	Yes," describe in Part IV. Complete if the of er the amount directly e vities er the amount of the filir Yexempt function activit	organization is exempt und expended by the filing organizat	er section 501(c),		Yes No
Complete if the organization is exempt under section 501(c), except section 501(c)(3).         1       Enter the amount directly expended by the filing organization for section 527 exempt function activities.       \$	Complete if the of er the amount directly e vities er the amount of the filin r exempt function activit	expended by the filing organizat			
1       Enter the amount directly expended by the filing organization for section 527 exempt function activities.       \$	er the amount directly e vities er the amount of the filir ' exempt function activit	expended by the filing organizat		excent section 501/c)/3	3
activities       \$	vities er the amount of the filir 7 exempt function activit				·)·
2       Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	er the amount of the filir vexempt function activit				
527 exempt function activities       \$	exempt function activit	na organization's funda contribut			
3       Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b					
line 17b       \$	al exempt function exp				
4       Did the filing organization file Form 1120-POL for this year?					
5       Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the fil organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization in Part IV.         (a) Name       (b) Address       (c) EIN       (d) Amount paid from filing organization's funds. If none, enter -0       (e) Amount of political organization. If none, enter -0         (1)       (a) Name       (b) Address       (c) EIN       (d) Amount paid from filing organization. If none, enter -0       (e) Amount of political organization. If none, enter -0         (1)       (a) Name       (b) Address       (c) EIN       (c) EIN       (c) Amount paid from filing organization. If none, enter -0       (f) Amount of political organization. If none, enter -0         (1)       (a) Name       (b) Address       (c) EIN       (c) EIN       (c) Amount of political organization.         (3)       (b) Address       (c) EIN       (c) EIN<	the filing organization fil	le Form 1120-POL for this year?			Yes No
the amount of political contributions received that were promptly and directly delivered to a separate political organization, su as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.          (a) Name       (b) Address       (c) EIN       (d) Amount paid from filing organization's funds. If none, enter -0       (e) Amount of political organization. If none, enter -0         (1)	er the names, addresses	s and employer identification nu	mber (EIN) of all sec	tion 527 political organization	ations to which the filing
as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.         (a) Name       (b) Address       (c) EIN       (d) Amount paid from filing organization's funds. If none, enter -0.       (e) Amount of political contributions received a promptly and directly delivered to a separate organization. If none, enter -0.         (1)					
(a) Name       (b) Address       (c) EIN       (d) Amount paid from filing organization's funds. If none, enter -0       (e) Amount of politica contributions received a separate political organization. If none, enter -0         (1)					
1       1       filing organization's funds. If none, enter -0       contributions received a promptly and directly delivered to a separate political organization. If none, enter -0         1)       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1 <td< td=""><td></td><td></td><td></td><td>· · · · · · · · · · · · · · · · · · ·</td><td></td></td<>				· · · · · · · · · · · · · · · · · · ·	
funds. If none, enter -0     promptly and directly delivered to a separate political organization. If none, enter -0       1)	(a) Name	(b) Address	(C) EIN		
political organization.       1)					promptly and directly
Image: state of the state o					delivered to a separate
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$					
2)					
3)					
3)					
4)					
4)					
5)					
5)					
6)					
6)					
	work Reduction Act Notic	e, see the Instructions for Form 99	U or 990-EZ.		Schedule C (Form 990) 202
or Paper					

### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

Internal Revenue Service If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.

· Section 527 organizations: Complete Part I-A only.

SCHEDULE C

Department of the Treasury

Name of organization

(Form 990)

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

• Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.

Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

Section 501(c)(4), (5), or (6) organizations: Complete Part III.

OMB No. 1545-0047



Employer identification number

2E1264 1.000 3520ME F040 11/09/2023 17:09:56 V22-7.4F

Schedule C (Form 990) 2022 LOS AN	GELES PARKS FOUNDATION	26-	-2358338 Page <b>2</b>
Part II-A Complete if the organization section 501(h)).	on is exempt under section 501(c)(3) and	filed Form 5768 (elec	tion under
	longs to an affiliated group (and list in Part IV e of excess lobbying expenditures).	ach affiliated group meml	per's name, address,
B Check if the filing organization che	ecked box A and "limited control" provisions app	oly.	
	ying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
<ul> <li>b Total lobbying expenditures to influence</li> <li>c Total lobbying expenditures (add lines 1</li> <li>d Other exempt purpose expenditures</li> <li>e Total exempt purpose expenditures (add</li> </ul>	public opinion (grassroots lobbying) a legislative body (direct lobbying) a and 1b) d lines 1c and 1d) e amount from the following table in both		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
h Subtract line 1g from line 1a. If zero or le	5% of line 1f)		
j If there is an amount other than zero	on either line 1h or line 1i, did the organiza		Yes No
	I-Year Averaging Period Under Section 501(h)		

### (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

	Lobbying Expenditures During 4-Year Averaging Period					
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	<b>(d)</b> 2022	<b>(e)</b> Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column (e))					
с	Total lobbying expenditures					
d	Grassroots nontaxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

Schedule C (Form 990) 2022

JSA

Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768
	(election under section 501(h)).

For	and "Van" rannana an linea 1a through 1i balaw provide in Part IV a datailad	(8	a)	(b)
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed cription of the lobbying activity.	Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a b c	Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?. Media advertisements?			
d e	Mailings to members, legislators, or the public? Publications, or published or broadcast statements?			
f g	Grants to other organizations for lobbying purposes?	X		50,250.
h i	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?			
j 2a	Total. Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			50,250.
b C d	If "Yes," enter the amount of any tax incurred under section 4912			

Part III-A	Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section
	501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3		

Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 3
 Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."
 Dues assessments and similar amounts from members

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of		
	political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
	Carryover from last year.		
	Total		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the		
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying		
	and political expenditures next year?	4	
5	Taxable amount of lobbying and political expenditures. See instructions.	5	

### Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SEE PAGE 4

PART II-B LINE 1F

A \$50,000 DONATION WAS MADE TO THE TRUST FOR PUBLIC LAND IN SUPPORT OF MEASURE SP, A CITY PARK BOND ON THE NOVEMBER 2022 BALLOT.

A \$250 DONATION WAS MADE TO THE LOS ANGELES LEAGUE OF CONSERVATION VOTERS, A POLITICAL ACTION COMMITTEE THAT SUPPORTS ENVIRONMENTAL INITIATIVES IN LOS ANGELES COUNTY.

SCHEE	DULE D
(Form	990)

Department of the Treasury

## 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. -

Open to Public

2

OMB No. 1545-0047

	rtment of the Treasury al Revenue Service	Go to www.irs.aov/l	Form990 for instructions and	the latest informa	tion.	Inspection
	of the organization				Employer identifica	
	ANGELES PARK	S FOUNDATION			26-23583	338
Pa		tions Maintaining Donor Adv	ised Funds or Other Sim	nilar Funds or		
		e if the organization answered				
		<u>_</u>	(a) Donor advised fu	nds	(b) Funds and	other accounts
1	Total number at e	nd of year				
2		of contributions to (during year)				
3		of grants from (during year)				
4		at end of year				
5		ion inform all donors and donor		ne assets held i	n donor advised	
	funds are the orga	anization's property, subject to the	e organization's exclusive le	gal control?		Yes No
6	Did the organizati	on inform all grantees, donors, a	and donor advisors in writir	ng that grant fu	nds can be used	
	only for charitable	e purposes and not for the bene	fit of the donor or donor a	dvisor, or for an	ny other purpose	
		nissible private benefit?	<u> </u>		<u>.</u>	Yes No
Pa		tion Easements.				
		e if the organization answered				
1		servation easements held by the				
		n of land for public use (for example	, recreation or education)		of a historically im	-
		of natural habitat		Preservation of	of a certified histo	ric structure
		n of open space				
2		through 2d if the organization he	eld a qualified conservation	Contribution in		End of the Tax Year
		last day of the tax year.		-		
a L		onservation easements			2a	
b	-	tricted by conservation easements			2b 2c	
c d		vation easements on a certified vation easements included in (c)			20	
u		e listed in the National Register			2d	
3		rvation easements modified, tra				anization during the
5	tax year		norenea, releasea, eximga		area by the org	anization during the
4	•	where property subject to conse	rvation easement is located			
5		ation have a written policy reg				
-	-	orcement of the conservation ea			-	
6		hours devoted to monitoring, insp				
			0, 0	, <b>j</b>		0,
7	Amount of expense	es incurred in monitoring, inspec	ting, handling of violations, a	and enforcing co	nservation easem	nents during the year
8	Does each conser	vation easement reported on line 2	2(d) above satisfy the require	ements of sectic	on 170(h)(4)(B)(i)	
	and section 170(h	)(4)(B)(ii)?				Yes No
9		cribe how the organization re				nse statement and
		nd include, if applicable, the text		ganization's fina	ancial statements	s that describes the
		ounting for conservation easeme				
Pa		tions Maintaining Collections			Similar Assets	•
	•	e if the organization answered				
1a	If the organization of art, historical service, provide in	n elected, as permitted under FA treasures, or other similar asse Part XIII the text of the footnote	ASB ASC 958, not to report ts held for public exhibition to its financial statements th	rt in its revenue on, education, hat describes th	statement and to or research in fu ese items.	palance sheet works artherance of public
b	art, historical trea provide the follow	n elected, as permitted under Fa sures, or other similar assets he ing amounts relating to these iter	ld for public exhibition, ed ms:	ucation, or rese	earch in furtheran	ce of public service
	(i) Revenue inclu	ded on Form 990, Part VIII, line 1			\$	
	(ii) Assets include	d in Form 990, Part X			\$	
2		n received or held works of a				
	-	s required to be reported under F	_			
а	Revenue included	on Form 990, Part VIII, line 1.			\$	
b	Assets included in	Form 990, Part X			\$	

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

Schedule	D	(Form	990	2022

		ANGELES PARKS			<u> </u>	26-2358338	
-	rt III Organizations Maintaini	-					,
3	Using the organization's acquisitio collection items (check all that appl			-	-	nake significant u	se of its
a	Public exhibition			n or exchange	program		
b	Scholarly research		e Oth	er			
с 4	Preservation for future gener Provide a description of the organ		and explain how	w they further	the organization'	s exempt purpose	in Part
-	XIII.		and explain not		the organization.		
5	During the year, did the organization	on solicit or receive of	lonations of art, h	istorical treasu	ires, or other simila	ar	
_	assets to be sold to raise funds rath		ained as part of th	e organization	's collection?	Yes	No
Pa	rt IV Escrow and Custodial A Complete if the organiza 990, Part X, line 21.		es" on Form 990	, Part IV, line	9, or reported a	n amount on Foi	m
4.							
1a	Is the organization an agent, trust						
h	included on Form 990, Part X? If "Yes," explain the arrangement in	o Dort VIII and comr	lata tha fallowing	tabla:	• • • • • • • • • •	Yes	No
b	in res, explain the arrangement in	i Fait Alli allu colli	siete the following			Amount	
с	Beginning balance			10		Amount	
	Additions during the year						
e	Distributions during the year						
f	Ending balance						
-	Did the organization include an am				l Istodial account lia	bility? Yes	No
	If "Yes," explain the arrangement in						
	rt V Endowment Funds.						•
- u	Complete if the organiza	tion answered "Ye	es" on Form 990	). Part IV. line	10.		
		(a) Current year	(b) Prior year	(c) Two yea		ears back (e) Four y	ears back
10	Beginning of year balance	1,031,730.	913,176.	855,3			92,134.
1a h	Contributions	,,					60,000.
b							
С	Net investment earnings, gains, and losses	-129,719.	118,554.	57.	784. 12	28,324	25,066.
Ь	Grants or scholarships						
	Other expenditures for facilities						
c	and programs						
f	Administrative expenses						
g	End of year balance	902,011.	1,031,730.	913,3	176. 85	55,392. 6	27,068.
2	Provide the estimated percentage	of the current year	end halance (line :	1 a column (a))	held as:	I	
a	Board designated or guasi-endowm			rg, oolann (u))			
b	Permanent endowment	%					
с	Term endowment %						
	The percentages on lines 2a, 2b, a	ind 2c should equal '	100%.				
3a	Are there endowment funds not in	the possession of th	ne organization th	at are held an	d administered for	the _	
	organization by:					Y	es No
	(i) Unrelated organizations					3a(i)	Х
	(ii) Related organizations					3a(ii)	Х
b	If "Yes" on line 3a(ii), are the relate	ed organizations liste	d as required on S	Schedule R?		3b	
4	Describe in Part XIII the intended u		tion's endowment	funds.			
Ра	rt VI Land, Buildings, and Equ Complete if the organization	uipment. ation answered "Ye	es" on Form 990	). Part IV. line	e 11a. See Form	990. Part X. line	10.
	Description of property	(a) Cost or	other basis (b) Co	ost or other basis	(c) Accumulated	(d) Book valu	
4 -	Land	(inves	tment)	(other)	depreciation		
1a	Land						
b	Buildings			152.050	100 100		100
C	Leasehold improvements			153,278.	103,102.	50	),176.
d	Equipment			33,128.	33,128.		NONE
e	Other			51,050.	45,800.		5,250.
l ota	I. Add lines 1a through 1e. (Column	(d) must equal Forr	n 990, Part X, coli	ımn (B), line 10	)c.)	55	5,426.

Schedule D (Form 990) 2022

	Complete if the organization answere	ed "Yes" on Form 990	0, Part IV, line 11b. See Form 990	, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mark	
(1) Financi	al derivatives			
(2) Closely	held equity interests			
(3) Other _				
(A)				
(B)				
(C)				
(D) (E)				
(E) (F)				
(G)				
(U) (H)				
,	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related. Complete if the organization answere		0, Part IV, line 11c. See Form 990	, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valua Cost or end-of-year mar	tion:
(1)				
(2)				
(3)				
(4)				
<u>(5)</u>				
(6) (7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. Complete if the organization answere (a) [	ed "Yes" on Form 990 Description	0, Part IV, line 11d. See Form 990	, Part X, line 15. (b) Book value
<u>(1)</u>				
(2) (3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Coll Part X	umn (b) must equal Form 990, Part X, col. (B, Other Liabilities. Complete if the organization answere	· · · ·		/ m 990, Part X,
	line 25.			
1.		iption of liability		(b) Book value
	ral income taxes			
	LIABILITIES			7,303.
(3)				
(4)				
(5)				
(6) (7)				
(7) (8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 25	i.)		7,303.
	or uncertain tax positions. In Part XIII, provide th			
	's liability for uncertain tax positions under FASE			

Schedu	Ie D (Form 990) 2022 LOS ANGELES PARKS FOUNDATION	26-	2358338 Page <b>4</b>
Part		า.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	3,119,889.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	-131,374.
3	Subtract line 2e from line 1	3	3,251,263.
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		
b	Other (Describe in Part XIII.)		
с	Add lines 4a and 4b	4c	-41,529.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,209,734.
Part		rn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	3,540,015.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	91,654.
3	Subtract line 2e from line 1	3	3,448,361.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,448,361.
Part	XIII Supplemental Information.		

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

SEE SUPPLEMENTAL PAGE

PART XI, LINE 4B & PART XII, LINE 2D

\$41,529 OF DIRECT FUNDRAISING EXPENSES WERE REPORTED AS EXPENSES IN THE FINANCIAL STATEMENTS BUT ARE REPORTED ON FORM 990, PART VIII, LINE 8B AS PART OF TOTAL REVENUE.

PART X LINE 2

#### FIN 48 FOOTNOTE

THE LOS ANGELES PARKS FOUNDATION IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND CLASSIFIED BY THE INTERNAL REVENUE SERVICE AS OTHER THAN A PRIVATE FOUNDATION. THE FOUNDATION IS ALSO EXEMPT FROM STATE FRANCHISE AND INCOME TAXES UNDER SECTION 23701(D) OF THE CALIFORNIA REVENUE AND TAXATION CODE. UNITED STATES FEDERAL AND STATE JURISDICTIONS IN WHICH THE FOUNDATION FILES TAX RETURNS HAVE STATUTES OF LIMITATIONS THAT GENERALLY RANGE FROM THREE TO FOUR YEARS. NO OPEN TAX RETURNS ARE CURRENTLY UNDER EXAMINATION IN THE U.S. FEDERAL OR STATE JURISDICTIONS.

SCHEDULE G       Supplemental Information Regarding Fundraising or Gaming Activities         Form 990)       Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.						OMB No. 1545-0047 എ <b>റ്ററ</b>		
			-		or Form 990		ZULL	
Department of the Trea Internal Revenue Service		Go	to www.irs.gov/Form9					Open to Public Inspection
Name of the organizati							Employer identificati	
Ū		S FOUNDATION					26-23583	
		g Activities. Comp	lete if the organi	ization ar	nswered "	Yes" on Form 99		
		EZ filers are not re	-				, ,	
1 Indicate wh	ether	the organization rais	sed funds through	any of the	following	activities. Check a	all that apply.	
a 🗌 Mail so	olicitat	ions	e	Solid	citation of	non-government g	rants	
b Interne	et and	email solicitations	f			government grant		
c Phone	solicit	tations	g	Spe	cial fundra	ising events		
d 🔄 In-pers	son so	licitations						
or key emp <b>b</b> If "Yes," list	loyee: t the 1	ion have a written o s listed in Form 990 I0 highest paid indi east \$5,000 by the	, Part VII) or entity viduals or entities	in connec	ction with p	professional fundra	ising services?	Yes No
• • • • • • • • • • • • • • • • • • • •		ess of individual ndraiser)	<b>(ii)</b> Activity	custody o	ndraiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
				Yes	No			
1								
2								
3								
4								
5								
5								
6								
7								
8								
9								
10								
Total			<u> <u></u> .</u>	<u></u> .	<u></u> .			
		which the organiza	tion is registered o	or licensed	d to solicit	contributions or	has been notified	t it is exempt from
registration	or lice	ensing.						

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.

	gioss receipts greater than \$5,000	J.			
		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		ROSE AWARD 2022	G <u>P HALF MARATH</u> O	1	(add col. (a) through
-		(event type)	(event type)	(total number)	col. <b>(c)</b> )
ne					
/eC	1 Gross receipts	136,950.	17,915.	7,600.	162,465.
Revenue					
-	2 Less: Contributions	123,165.	17,915.	7,600.	148,680.
	3 Gross income (line 1 minus				
	line 2)	13,785.			13,785.
	,				
	4 Cash prizes	NONE	NONE	NONE	NONE
	5 Noncash prizes	NONE	NONE	NONE	NONE
Ś					
<b>Direct Expenses</b>	6 Rent/facility costs	14,685.	NONE	NONE	14,685.
en	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,			,
Ц. Ц.	7 Food and beverages	13,785.	NONE	NONE	13,785.
ы	5 111111				
ïē.	8 Entertainment	NONE	NONE	NONE	NONE
	9 Other direct expenses	6,845.	1,840.	4,374.	13,059.
		.,	,	,	
	10 Direct expense summary. Add lin	41,529.			
	11 Net income summary. Subtract I	-27,744.			
Pa	rt III Gaming. Complete if the orga \$15,000 on Form 990-EZ, lin	anization answered "			
Ð			(b) Pull tabs/instant	(a) Other comission	(d) Total gaming (add
onc		(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)

Revenue	-	<b>(a)</b> Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))		
Rev	1 Gross revenue						
ses	2 Cash prizes						
xpen	3 Noncash prizes						
Direct Expenses	4 Rent/facility costs						
	5 Other direct expenses						
	6 Volunteer labor	└── Yes % └── No	Yes%	Yes%			
	7 Direct expense summary. Add lin	ies 2 through 5 in colu	umn (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)						
_							

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?
 Yes
 Yes
 No

Sched	lule G (Form 990 or 990-EZ) 2022 LOS ANGELES PARKS FOUNDATION 2	6-2358338	Page <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity		
	formed to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility13a		%
b	An outside facility 13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	i	
	Name		
	Address ►		
15 a	Does the organization have a contract with a third party from whom the organization receives gami	ng	
	revenue?	Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ and t	he	
	amount of gaming revenue retained by the third party ► \$		
С			
	Name ►		
	Address ►		
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation ► \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceed	ls to	
	retain the state gaming license?		No
b	Enter the amount of distributions required under state law to be distributed to other exempt organization		
D	or spent in the organization's own exempt activities during the tax year <b>s</b>		
Par	<b>t IV</b> Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) a Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional in (see instructions).		

SCHEDULE I (Form 990)				Assistance t ndividuals in	•	•	-	OMB No. 1545-0047
	Comp	olete if the or	ganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.		ZULL
Department of the Treasury			At	tach to Form 990.				Open to Public
Internal Revenue Service		Go te	o www.irs.gov/	Form990 for the la	test information.			Inspection
Name of the organization							Employer identificat	ion number
LOS ANGELES PAR	RKS FOUNDATION						26-2358338	
Part I General I	nformation on Grants and	d Assistance	9					
1 Does the organi	zation maintain records to su	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	' eligibility for the grants	s or assistance, and	
the selection crit	teria used to award the grant	s or assistanc	e?					X Yes No
2 Describe in Part	IV the organization's procee	lures for mor	itoring the use	of grant funds in the	e United States.			
Part II Grants a	nd Other Assistance to D	omestic Or	ganizations ar	nd Domestic Gov	vernments. Com	plete if the organization	ation answered "Y	es" on Form 990,
	ne 21, for any recipient th		-					
<b>1 (a)</b> Name an	d address of organization government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CITY OF LOS ANGEL	S DEPT OF RECREATION & PA							
211 N FIGUEROA ST LOS		95-6000735	509(A)(1)	370,000.				DONOR-FUNDED STAFF P
(2) SMG, DBA THE GREE	K THEATRE							
2700 N. VERMONT AVE.	LOS ANGELES, CA 90027	23-2511871		389,600.				TO FUND IMPROVEMENTS
(3) THE TRUST FOR PUB	BLIC LAND							
570 WEST AVENUE 26 LO	S ANGELES, CA 90065	23-7222333	501(C)(3)	50,000.				SUPPORT OF A CITY PA
_(4)		_						
(5)								
(6)		_						
(7)		_						
(8)		_						
(9)								
(10)								
(11)								
(12)		-						
	per of section 501(c)(3) and							2
3 Enter total numb	per of other organizations list	ed in the line	1 table			<u></u>		11

### LOS ANGELES PARKS FOUNDATION

26-2358338

### Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
L					
5					
6					
7					

GRANT FUNDS MONITORING

PART I, LINE 2

THE ORGANIZATION MONITORS AND REVIEWS 100% OF THE GRANTS TO ENSURE THAT

THE FUNDS ARE BEING USED IN ACCORDANCE WITH THE GRANT'S PURPOSE.

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

Department of the Treasury

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.



Internal Revenue Service Name of the organization

### 990 PART VI LINE 11

FORM 990 REVIEW

LOS ANGELES PARKS FOUNDATION

THE INITIAL DRAFT FORM 990 IS PREPARED BY THE TAX ACCOUNTANT AND FORWARDED TO THE EXECUTIVE DIRECTOR. THE DRAFT FORM 990 IS PRESENTED, REVIEWED AND DISCUSSED AT A REGULARLY SCHEDULED MEETING OF THE AUDIT AND FINANCE COMMITTEE. AFTER MAKING ANY NECESSARY MODIFICATIONS, THE FINAL VERSION FORM 990 AS FILED IS DISTRIBUTED TO EACH VOTING MEMBER OF THE BOARD AT A REGULARLY SCHEDULED BOARD MEETING.

#### 990 PART VI LINE 12

CONFLICT OF INTEREST POLICY

ALL INTERESTED PERSONS ARE SUBJECT TO THE ORGANIZATION'S CONFLICT OF INTEREST POLICY AND MUST DISCLOSE ACTUAL OR POSSIBLE CONFLICTS AND/OR THE EXISTENCE OF A FINANCIAL INTEREST RELATING TO A PROPOSED TRANSACTION OR ARRANGEMENT. DETERMINATION OF WHETHER A CONFLICT EXISTS ARE MADE BY THE BOARD OR COMMITTEE WITH THE INTERESTED PERSON NOT PRESENT. IN THE EVENT THAT THE BOARD OR COMMITTEE DETERMINES THAT A PROPOSED TRANSACTION OR ARRANGEMENT PRESENTS A CONFLICT OF INTEREST, THE FOLLOWING ACTIONS ARE TAKEN:

(A) THE INTERESTED PERSON MAY MAKE A PRESENTATION TO THE BOARD OR
COMMITTEE, BUT AFTER THE PRESENTATION, SHALL LEAVE THE MEETING DURING ANY
DISCUSSION OF, AND VOTING ON, THE PROPOSED TRANSACTION OR ARRANGEMENT.
(B) THE CHAIRPERSON OF THE BOARD OR COMMITTEE SHALL, IF APPROPRIATE
AND AT HIS OR HER OWN DISCRETION, APPOINT AN INDIVIDUAL, WHO IS NOT AN
INTERESTED PERSON, OR COMMITTEE, COMPRISED OF INDIVIDUALS WHO ARE NOT
INTERESTED PERSONS, TO INVESTIGATE ALTERNATIVES TO THE PROPOSED

Department of the Treasury

### Supplemental Information to Form 990 or 990-EZ

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



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

 Name of the organization
 Employer ide

LOS ANGELES PARKS FOUNDATION

TRANSACTION OR ARRANGEMENT.

(C) AFTER EXERCISING DUE DILIGENCE, THE BOARD OR COMMITTEE SHALL DETERMINE WHETHER THE ORGANIZATION CAN OBTAIN WITH REASONABLE EFFORTS A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST.

(D) IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT
 REASONABLY POSSIBLE UNDER THE CIRCUMSTANCES NOT PRODUCING A CONFLICT OF
 INTEREST, THE BOARD SHALL DETERMINE BY A MAJORITY VOTE OF THE DIRECTORS,
 WITHOUT COUNTING THE VOTE OF ANY INTERESTED PERSON, WHETHER THE
 TRANSACTION OR ARRANGEMENT IS IN THE ORGANIZATION'S BEST INTEREST, FOR
 ITS OWN BENEFIT, AND WHETHER IT IS FAIR AND REASONABLE.

NO CONFLICTS WERE DISCOVERED DURING THE CALENDAR YEAR COVERED BY THIS RETURN.

### 990 PART VI LINE 19

DOCUMENTS AVAILABLE TO THE PUBLIC GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST. COPIES ARE PROVIDED WITH OR WITHOUT CHARGE AS DETERMINED ON A CASE BY CASE BASIS AND SENT VIA U.S. MAIL.

### 990 PART XI LINE 6

DONATED USE OF FACILITIES DONATED RENT INCOME \$48,000 DONATED RENT EXPENSES (\$48,000)

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

### Supplemental Information to Form 990 or 990-EZ

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



Department of the Treasury Internal Revenue Service Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.ir		s.gov/form990. Inspection
Name of the organization		Employer identification number
LOS ANGELES PARKS	FOUNDATION	26-2358338

DONATED SERVICES

DONATED SERVICE INCOME \$2,125

DONATED SERVICE EXPENSES (\$2,125)

#### 990 PART III LINE 4D

OTHER PROGRAMS INCLUDE LA PARK FOREST, DONATE-A-BENCH, PARK SPECIAL

EVENTS, AND SMALLER PROJECTS. THESE PROJECTS PROVIDE FOR INDIVIDUALS AND

COMMUNITY GROUPS TO RAISE PRIVATE FUNDS FOR SPECIFIC PARKS FOR SMALL

SCALE IMPROVEMENTS AND ENHANCEMENTS.

Schedule O (Form 990 or 990-EZ) 2022			Page <b>2</b>
Name of the organization			tification number
LOS ANGELES PARKS FOUNDATION	LOS ANGELES PARKS FOUNDATION		8338
FORM 990, PART III, LINE 4D - OTHER PROGRAM S	ERVICES		
DESCRIPTION	GRANTS	EXPENSES	REVENUE
OTHER PROGRAMS - SEE SCHEDULE O DESCRIPT	NONE	189,145.	NONE
TOTALS	NONE	189,145.	NONE
			================

Schedule O (Form 990 or 990-EZ) 2022 Name of the organization	Employer ide	Page 2
LOS ANGELES PARKS FOUNDATION	26-235	8338
FORM 990, PART VII-COMPENSATION OF THE 5 HIGH	HEST PAID IND. CONTRACTORS	
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
EVERGREEN ENVIRONMENT INC		
8609 MISSION BLVD RIVERSIDE, CA 92509	CONSTRUCTION	102,938.

Schedule O (Form 990 or 990-EZ) 2022 Name of the organization	Employer identification	Page 2 Employer identification number		
LOS ANGELES PARKS FOUL	26-2358338			
FORM 990, PART IX - OTHER FE	ES			
	==			
	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM	MANAGEMENT	FUNDRAISING
DESCRIPTION	FEES	SERVICE EXP.	AND GENERAL	EXPENSES
CONTRACT SERVICES	1,035,305.	1,014,197.	5,268.	15,840.
TOTALS				
	1,035,305.	1,014,197.	5,268.	15,840.
	==============	==============	==============	================

Schedule O (Form 990 or 990-EZ) 2022			Page <b>2</b>
Name of the organization		Employer identification number	
LOS ANGELES PARKS FOUNDATION		26-2358338	
FORM 990, PART X - PREPAID EXPENSES AND DEFER	RED CHARGS		
	BEGINNING	ENDING	
DESCRIPTION	BOOK VALUE	BOOK VALUE	
PREPAID EXPENSE	15,331.	3,946.	

TOTALS	

3,946.	15,331.
	================

Schedule O (Form 990 or 990-EZ) 2022				Page <b>2</b>
Name of the organization	En	ployer identification number		
LOS ANGELES PARKS FOUNDATION		2	6-2358338	
FORM 990, PART X - INVESTMENTS - PUBLI	CLY TRADED SECURITIE	S =		
DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUH	COST OR FMV	
MERRILL LYNCH INVESTMENTS	4,687,921.	4,705,40	)7. FMV	
TOTALS	· ·			
	4,687,921.	4,705,40	)7.	
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