Form 990

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

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

OMB No. 1545-0047 2022 Dpen to Public

	-		Do not enter social security numbers on this form a			
Depa Interr	Open to Public Inspection					
AF	or th	e 2022 calenda	ar year, or tax year beginning and	ending		
B c	Check if pplicab	le: C Name of	organization		D Employer identifica	tion number
	Addre	colu	MBUS METROPOLITAN LIBRARY FOUNDATI	ON		
	Name	pe Doing bu	isiness as		31-169275	5
	Initial returr	Number	and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final returr	y 96 S	. GRANT AVE		614-849-1	
	termii ated	City or to	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,832,369.
	Amer		MBUS, OH 43215		H(a) Is this a group retu	ım
	Appli tion	F Name a	nd address of principal officer: CHARLIE FRAAS		for subordinates?	Yes X No
	pendi	SAME .	AS C ABOVE		H(b) Are all subordinates inclu	uded? Yes No
<u> </u>]	Tax-ex	empt status:		or 527	If "No," attach a lis	st. See instructions
	Nebsi		COLUMBUSLIBRARYFOUNDATION.ORG		H(c) Group exemption	
		f organization:	X Corporation Trust Association Other	L Year	of formation: 1999 M	State of legal domicile: OH
Pa	art I	Summary				
Ð	1		e the organization's mission or most significant activities:			
anc.			OF ADVANCING THE MISSION OF COLUM			
erné	2	Check this bo			than 25% of its net asset	
Governance		Number of vot	<u> </u>			
	4	Number of ind	-			
Activities &	5		of individuals employed in calendar year 2022 (Part V, line 2a)			0 20
ti	6		of volunteers (estimate if necessary)			0.
Act			business revenue from Part VIII, column (C), line 12			0.
		Net unrelated	business taxable income from Form 990-T, Part I, line 11		Prior Year	Current Year
	8	Contributions	and grants (Part VIII, line 1h)		3,260,302.	2,752,707.
IUe	9		and grants (Part VIII, line 1h)		0.	0.
Revenue	-		come (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
Å			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-185,705.	-229,033.
	12		add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,074,597.	2,523,674.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		2,212,358.	2,065,034.
	14		o or for members (Part IX, column (A), line 4)		0.	0.
s	15		compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
lse	16a		Indraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	Ь		ng expenses (Part IX, column (D), line 25) 281,9	37.		
ű	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)		403,865.	463,112.
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,616,223.	2,528,146.
			expenses. Subtract line 18 from line 12		458,374.	-4,472.

End of Year **Beginning of Current Year** Pš 14,459,758. 16,369,672. 20 Total assets (Part X, line 16) 2,200,347 Š, 2,496,247. **21** Total liabilities (Part X, line 26) Part II Signature Block Net 13,873,425. 12, 259,411

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

Sign	Signature of off	icer				Date					
	CHARLIE	FRAAS,	PRESIDENT								
	Type or print na	ame and title									
	Print/Type prep	arer's name		Preparer's signature	Date	Check	PTIN				
Paid	NATOSHA	CARR		NATOSHA CARR	05/03	/23 self-employed	P01225377				
Preparer	Firm's name	CLARK,	SCHAEFER,	HACKETT & CO.		Firm's EIN 31-	0800053				
Use Only	Firm's address	4449 E	ASTON WAY,	SUITE 400							
		COLUMB	US, OH 4321	9		Phone no.614-	885-2208				
May the IF	May the IRS discuss this return with the preparer shown above? See instructions										
232001 12-1	3-22 LHA F	or Paperwork	Reduction Act Noti	ce, see the separate instructions.			Form 990 (2022)				

	990 (2022) COLUMBUS METROPOLITAN LIBRARY FOUNDATION 31-1692755 Page 2 t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
	Briefly describe the organization's mission:
	BUILDING RESOURCES FOR THE SOLE PURPOSE OF ADVANCING THE MISSION OF
	THE COLUMBUS METROPOLITAN LIBRARY FOR GENERATIONS TO COME.
	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? Yes X No
	If "Yes," describe these new services on Schedule O.
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
a	(Code:) (Expenses \$2,095,634. including grants of \$2,065,034.) (Revenue \$0.
a	THE COLUMBUS METROPOLITAN LIBRARY FOUNDATION PROVIDES FINANCIAL SUPPORT
	FOR THE LIBRARY'S GREATEST NEEDS AND HIGHEST PRIORITIES THROUGH
	GENEROUS GIFTS. EVERY DAY COLUMBUS METROPOLITAN LIBRARY PROVIDES VITAL
	SERVICES TO THE CENTRAL OHIO COMMUNITY, LIKE HOMEWORK HELP FOR
	STUDENTS, EARLY LITERACY SKILL TRAINING FOR CHILDREN AND RESUME
	SERVICES FOR JOBSEEKERS. THE NEED FOR THE LIBRARY HAS NEVER BEEN
	GREATER AND GIFTS TO THE FOUNDATION ENSURE THAT OUR PROGRAMS AND
	SERVICES WILL CONTINUE TO BE AVAILABLE FOR FREE TO ALL WHO WALK INTO
	EACH OF OUR 23 LOCATIONS. ONE OF THE TOP PRIORITIES HAS AND CONTINUES
	TO BE A COMPREHENSIVE CAMPAIGN TO SUPPORT THE COLUMBUS METROPOLITAN
	LIBRARY'S GREATEST NEEDS INCLUDING THE PHASE II BUILDING PROJECTS.
	DIDRAKI 5 GREATEST WEEDS INCLODING THE FIRSE II DOIDDING FRODECIS.
C	(Code:) (Expenses \$ including grants of \$) (Revenue \$
	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
d	Other program services (Describe on Schedule O.)
d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 2,095,634.

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Form 990 (2022) COLUMBUS MET
Part IV Checklist of Required Schedules COLUMBUS METROPOLITAN LIBRARY FOUNDATION

1 It is organization described in section 501(k)(3) or 4947(a)(1) (other than a private foundation)? I X 2 Its the organization required to complete Schedule 8, Schedule of Contributors? See Instructions I X 3 Did the organization required to complete Schedule 9, Part II. X X 4 Section 501(k)(3) organizations. Did the organization magge in lobbying activities, or have a section 501(h) election in effect during the twelf // Yrss, complete Schedule 0, Part II. X 5 Is the organization as offend IR provide Schedule 0, Part II. X 6 Did the organization markins and fund IR provide Schedule 0, Part II. X 7 X Did the organization markins and fund IR part II. X 8 Did the organization markins and fund IR part II. X 9 Did the organization markins and fund IR part II. X 10 Did the organization markins and fund IR part II. X 7 X Did the organization markins and fund IR part X: Inc 21, to resorve or custodial account lability, sense as a fusion gifts for amangement, oredit reparts, orophete Schedule D, Part II. X 9 Did the organization markins and buildings. and equipment in Part X, Inc 27, if "Yes," complete Schedule D, Part VI. X 10 Did the organizati				Yes	No
If Yes, "complete Schedule A complete Schedule B, Schedule of Continutors" See instructions 1 X 3 Def 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 II 3 X 3 Def the organization engage in direct or indirect political campaign activities, or have a section 501(h) election in effect during the tax year? If Yes, "complete Schedule C, Part II X 4 X Section 501(c)0 organization and and any other dives or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such finds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such finds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such finds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such finds or account for the field or provide care for the distribution and another have the right to provide advice on the distribution and wrink of at, historical treasure, or other similar assets? If Yes, "complete Schedule D, Part II X 9 Did the organization marking and guestions is Yes, then complete Schedule D, Part II X 10 Did the organization did conservation guestions is Yes, then complete Schedule D, Part VII X 10 Did the organization monout for first X, ine 21, ine 25, ine X, ine 12, ine 14, is 5% or more of its total assets reported in Part X, ine 167 / Yes, "comple	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
2 Is the organization engined to complete Schedule 8. Schedule of Contribution? See instructions Image: Schedule 7. Part 1 3 Did the organization engine Schedule C, Part 1 Image: Schedule C, Part 1 </td <td>-</td> <td>-</td> <td>1</td> <td>x</td> <td></td>	-	-	1	x	
 Did the organization engage in direct or indirect political campaign activities on herhalf of or in opposition to candidates for public officer (1 m/ss, comparisations). Did the organization engage in lobbying activities, or have a section 501(b) election in effect during the tax year? (1/ %c complete Schedule C, Part II. Is the organization assessments, or animation engage in lobbying activities, or have a section 501(b) election in effect. Did the organization maximum and your advised that for any similar funds or accounts? (1/ %c, " complete Schedule D, Part II. Did the organization existence in them. Proc. 98:197 (1/ %c, " complete Schedule D, Part II. Did the organization existence in them is such funds or accounts? (1/ %c, " complete Schedule D, Part II. Did the organization maximum of the organization tax that funds or accounts? (1/ %c, " complete Schedule D, Part II. Did the organization regime endet organization, bid assets in donarrestrictie andowments? (1/ %c, " complete Schedule D, Part II. Did the organization regime and anount in Part X, line 21, for second or accustical treasure, or other similar assets? (1/ %c, " complete Schedule D, Part II. Did the organization regime and anount in Part X, line 21, for second or accustical andowments? (1/ %c, " complete Schedule D, Part II. Did the organization report an amount for insteaded organization, bid assets in donarrestrictical endowments? (1/ %c, " complete Schedule D, Part II. Did the organization report an amount for insteaded organization, bid assets in donarrestrictical endowments? (1/ %c, " complete Schedule D, Part II. Did the organization report an amount for insteaded organization, bid assets in donarrestrictical endowments (1/ % %c, " complete Schedule D, Part II. Did the organization report an amount for insteade aschedule D, Part V. Did the organization report	2			X	_
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6 Is the organization ascelion 501(p(i), 501(p)(i) or 501(p)(i) organization that receives membership dues, assessments, or similar amounts as defined in the Proc. 96.197 (***) ********************************			4		x
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7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic lund areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar asset? If "Yes," complete Schedule D, Part II 8 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodial for amounts not listed in Part X; or provide credit counselling, debt management, credit repair, or debt negatiation services? 9 X 10 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodial for amounts not listed in Part X, line 21, hort some or custodial account liability, serve as a custodial for amounts on tilested in Part X, line 21, hort some or custodial account liability, serve as a custodial for a mount for any of the following questions is Yes, "then complete Schedule D, Part V, line 10? If "Yes," complete Schedule D, Part V, line 10? If "Yes," complete Schedule D, Part V, line 10? If "Yes," complete Schedule D, Part V, line 10? If "Yes," complete Schedule D, Part V, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V, line 12, If was, "complete Schedule D, Part X, line 13, line 14, line 15, If was is Schedule D, Part X, line 14, line 15, If was," complete Schedule D, Part X, line 14, line 14, line 15, for assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X, line 14, line 15, line 16, line assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X, line 14, line 14, line 15, line 16,	6				
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# "Yes, " complete Schedule D, Part IV 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 X 11 If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, VII, VI, or X, as applicable. 10 X 12 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X 13 Did the organization report an amount for investments - orogram 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 VII 11b X 14 Did the organization report an amount for other assets 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 11d Did the organization report an amount for other labilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11d X 12a Did the organization solution soluted in consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X 11d X 12a Did the organization aschool described in section 170(b)(1)/(Wi)? If "Yes," complete Schedule D, Part X X 11d X 12a Was the organization anomich core than \$15,000 of grant	9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
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foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 X 18 Did the organization report more than \$15,000 otal of fundraising event gross income and contributions on Part VIII, lines 1 c and 8a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20a Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 20b 20b	15				
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or for foreign individuals? /f "Yes," complete Schedule F, Parts III and IV 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? /f "Yes," complete Schedule G, Part I. See instructions 17 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 c and 8a? /f "Yes," complete Schedule G, Part II 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? /f "Yes," 18 X 20a Did the organization operate one or more hospital facilities? /f "Yes," complete Schedule H 19 X 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 10 10	16				
 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "<i>Yes</i>," <i>complete Schedule G, Part I.</i> See instructions 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "<i>Yes</i>," <i>complete Schedule G, Part II</i> 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "<i>Yes</i>," <i>complete Schedule G, Part III</i> 20a Did the organization operate one or more hospital facilities? <i>If</i> "<i>Yes</i>," <i>complete Schedule H</i> 19 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 			16		Х
column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 18 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 19 X 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 17 X	17				
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 X 10 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," 19 X 20a Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 1 1			17		X
1c and 8a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 1 1	18				
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20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 0 0	19				
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 0 0		complete Schedule G, Part III	19		
bIf "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?20b21Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20a		20a		Х
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		and a second	20b		
domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21				
Form 990 (2022		domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II			

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 Form 990 (2022)
 COLUMBUS METROPOLITAN LIBRARY FOUNDATION
 31-1692755
 Page 4

 Part IV
 Checklist of Required Schedules (continued)
 Continued)
 Continued
 Continued

	(contract)			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22		22		х
23	Part IX, column (A), line 2? <i>If</i> "Yes," <i>complete Schedule I, Parts I and III</i> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	22		
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete			
	Schedule L, Part I	25b		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		Х
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		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		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		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	└───┤	<u>X</u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	└───┤	Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	\vdash	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	┝──┤	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			17
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	┝──┦	X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	1		
Par	Note: All Form 990 filers are required to complete Schedule O	38	X	
гaг				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	·····	
				NI-
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	_	Yes	NO
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	_	Yes	NO
b		_	Yes	NO

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	990 (2022) COLUMBUS METROPOLITAN LIBRARY FOUNDATI	<u>:ON 31-</u>	-16927	/55	Pa	_{age} 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
			F		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	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?	·····	2b		v
3a				3a	-4	X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		·····	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a					v
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	J-	4a		X
b	If "Yes," enter the name of the foreign country	. (== . =)				
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac			_		v
				5a		<u>x</u> x
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction tax shelter tax she			5b		
	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		CIT	•		v
	any contributions that were not tax deductible as charitable contributions?			6a		<u> </u>
a	If "Yes," did the organization include with every solicitation an express statement that such contribution	-				
-	were not tax deductible?		····· -	6b		
7	Organizations that may receive deductible contributions under section 170(c).			_	x	
a L	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		· · · Γ	7a 7h	X	
b			······ -	7b	_	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was the file forme 00000			7.		х
	to file Form 8282?		······	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year	7d		7.		v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co			7e		X X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f 7m		<u> </u>
g b	If the organization received a contribution of qualified intellectual property, did the organization file Fo If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	•	···· ⊢	7g 7h		
h 8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		90-01	711		
0	sponsoring organization have excess business holdings at any time during the year?	by the		8		
9	Sponsoring organization have excess business holdings at any time during the year?			0		
a				9a		
b			F	9b		
10	Section 501(c)(7) organizations. Enter:			50		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	100 10b				
11	Section 501(c)(12) organizations. Enter:	100				
 а	Gross income from members or shareholders	11a				
	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	· · ·				
а	Is the organization licensed to issue qualified health plans in more than one state?		F	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
с	Enter the amount of reserves on hand	13c				
		•		14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		L	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	excess parachute payment(s) during the year?		L	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?		16		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?
	If "Xes " complete Form 6069

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Form **990** (2022)

Form 990	(2022)
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COLUMBUS METROPOLITAN LIBRARY FOUNDATION 31-1692755

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X

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

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

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a1	9		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 19	9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
5	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
u	more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	14		
D		7b		x
3	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	10		
		8a	x	
a ⊾	The governing body?		X	
a v	Each committee with authority to act on behalf of the governing body?	8b		
)	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			x
20	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	I	
50	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		v	
_			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
a	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.			
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
3	Did the organization have a written whistleblower policy?	13	Х	
ł	Did the organization have a written document retention and destruction policy?	14	Х	
5	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
6a	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		х
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		
ec	tion C. Disclosure	1 100	1	1
7	List the states with which a copy of this Form 990 is required to be filed NONE			
3	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	s only)	availal	hle
•	for public inspection. Indicate how you made these available. Check all that apply.	JS UNY)	avalidi	216
		dfar		
)	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	iu tinan	ciai	
	statements available to the public during the tax year.			
D	State the name, address, and telephone number of the person who possesses the organization's books and records			
	$\frac{\text{JIM MARTIN} - 614 - 849 - 1053}{66}$			
	96 SOUTH GRANT AVE, COLUMBUS, OH 43215		000	
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Part VII Compensation of Officers,	-			s, ł	Key	En	nplo	oyees, Highest Co	ompensated	
Employees, and Independe	ent Contract	ors								
Check if Schedule O contains a res	ponse or note to	o any	/ line	e in t	his I	Part	VII			
Section A. Officers, Directors, Trustees, Ke	y Employees, a	nd H	ligh	est (Con	npei	nsat	ed Employees		
 1a Complete this table for all persons required List all of the organization's current office Enter -0- in columns (D), (E), and (F) if no competition 	ers, directors, tru	ustee								
 List all of the organization's current key e 			e th	e ins	struc	ctior	ıs fo	r definition of "kev emp	lovee."	
 List the organization's five current highest who received reportable compensation (box 5 o \$100,000 from the organization and any related 	compensated e f Form W-2, box	mpl	oyee	es (o	ther	tha	n an	officer, director, truste	e, or key employee)	\sim
• List all of the organization's former officer reportable compensation from the organization	rs, key employee					om	oens	ated employees who re	eceived more than \$100	0,000 of
 List all of the organization's former direct 						n the	ecar	pacity as a former direc	tor or trustee of the ord	anization,
more than \$10,000 of reportable compensation	from the organiz	zatic	on ar							
See the instructions for the order in which to lis	-									
X Check this box if neither the organization		orga	iniza			nper	nsate			<i>()</i>
(A)	(B)			Pos	C)	,		(D)	(E)	(F)
Name and title	Average hours per			heck	more	than		Reportable compensation	Reportable compensation	Estimated amount of
	week			ss pe nd a d				from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	or dire				ted		organization	(W-2/1099-MISC/	from the
	related	ustee (truste		9	pensa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tri	tional		ploye	t com	_	1099-NEC)		and related organizations
	line)	Individual trustee or director	In stit utional trustee	Officer	Key employee	Highest compensated emplovee	Former			organizations
(1) BARBARA DERROW	1.00	_	-		-	1-0	Ĩ			
PAST PRESIDENT		х		x				0.	0.	0.
(2) CHARLES FRAAS	1.00									
PRESIDENT		Х		Х				0.	0.	0.
(3) JENNIFER MASSANOVA	1.00									
VICE PRESIDENT		Х		x				0.	0.	0.
(4) TIMOTHY FABER	1.00	<u> </u>								
TREASURER	1 00	Х		X		-	-	0.	0.	0.
(5) RENEE SHUMATE SECRETARY	1.00	x		x				0.	0.	0.
(6) JIM MARTIN	16.00	~	-	<u> </u>				0.	0.	0.
CFO, CMLF	10.00			x				0.	0.	0.
(7) ADAM BRANDT	1.00							Ŭ.		
BOARD MEMBER		x						0.	0.	0.
(8) MELANIE DEASCENTIS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) DEEDEE GLIMCHER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) LAUREN HILSHEIMER MEIER	1.00									
BOARD MEMBER	1 00	х					-	0.	0.	0.
(11) TOM KATZENMEYER BOARD MEMBER	1.00	v						0.	0	0
(12) PATRICK LOSINSKI	1.00	X	\vdash			-		0.	0.	0.
BOARD MEMBER	1.00	x						0.	0.	0.
(13) TANISHA LYON BROWN	1.00									
BOARD MEMBER	100	x						0.	0.	0.
(14) JEFFREY LYTTLE	1.00									
BOARD MEMBER		х						0.	0.	0.
(15) JORDAN MILLER	1.00									
BOARD MEMBER		Х		<u> </u>			 	0.	0.	0.
(16) KATIE PEET	1.00								_	_
BOARD MEMBER	4	Х		<u> </u>	_		<u> </u>	0.	0.	0.
(17) BILL REMIAS	1.00	.,,								
BOARD MEMBER		Х		I	L		<u> </u>	0.	0.	0 • Form 990 (2022
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Part VII Section A.	Officers, Directors, Trust	tees, Key Emp	oloye	ees,	and	High	hest C	ompensated Employ	ees (conti	nued)		
	(A)	(B)			(C)		(D)	,	(E)		(F)
	and title	Average	(-1-		Posi			Reportable	Re	portable		mated
		hours per					nan one both an	compensation		pensation	amo	ount of
		week		cer an	d a di	rector/	'trustee)	from	fror	n related	0	ther
		(list any	director					the	orga	inizations	comp	ensation
		hours for	or dir	e		put	ILEO	organization		099-MISC/		m the
		related	stee (ruste		6	beusa	(W-2/1099-MISC/	10	99-NEC)		nization
		organizations below	ıal tru	o nal 1		ploye	ee	1099-NEC)				related
		line)	ndividual trustee	nstitutional trustee	Officer	Key employee	Hignest employe Former				organ	izations
18) BARBARA SIEME	70	1.00	-	<u> </u>	õ	<u>~</u> =	E 9 R					
OARD MEMBER		1.00	x					0		ο.		0.
19) RYAN SWINCICK	ζT	1.00						0	•			0.
OARD MEMBER		1.00	x					0		0.		0.
20) CORDE WESTWAT		1.00	Δ					0	•	0.		0.
OARD MEMBER	TER ROBINSON	1.00	x					0		0.		0.
21) DAVID WHITE		1.00	Δ					0	•	0.		0.
OARD MEMBER		1.00	x							• •		0
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			-	-				0	_	<u> </u>		^
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c Total from contin d Total (add lines	nuation sheets to Part VII 1b and 1c)	, Section A						0	•	0.		0. 0. 0.
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Form **990** (2022)

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Par	rt V	/111								
			Check if Schedule O c	ontains	a respons	se or note to any lin	e in this Part VIII (A)	(B)	(C)	
							Total revenue	Related or exempt	Unrelated	Revenue excluded
								function revenue	business revenue	from tax under sections 512 - 514
	-				1a					30010113 312 314
ints			Federated campaigns							
			Membership dues		·	861,862.				
Ān,			Fundraising events		·	001,002.				
Contributions, Gifts, Grants and Other Similar Amounts			Related organizations			16,000.				
Sin's,			Government grants (contri		/	10,000.				
			All other contributions, gifts, g similar amounts not included			1,874,845.				
£9			Noncash contributions included in I			306,061.				
n pu			Total. Add lines 1a-1f				2,752,707.			
ה כ						Business Code	2,702,707.			
	2	а								
Program Service Revenue		a b								
Jue		c								
Ner Ner		d								
Bag		ē				_				
27		f	All other program service r	revenue		_				
			Total. Add lines 2a-2f							
	3	3	Investment income (includ							
				-						
	4		Income from investment o							
	5		Royalties		-	-				
			,		(i) Real	(ii) Personal				
	6	а	Gross rents	6a						
			Less: rental expenses	6b						
			Rental income or (loss)	6c						
		d	Net rental income or (loss)	<u></u>						
	7	а	Gross amount from sales of	(i)) Securitie	s (ii) Other				
			assets other than inventory	7a						
		b	Less: cost or other basis							
ne			and sales expenses	7b						
venue		с	Gain or (loss)	7c						
0		d	Net gain or (loss)		······					
Other Ro	8		Gross income from fundraisin							
ð			including \$8	361,86	2. of					
			contributions reported on	-						
			Part IV, line 18			8a 41,360.				
			Less: direct expenses		_	8b 308,695.				
			Net income or (loss) from f		- r	s	-267,335.			-267,335.
	9	а	Gross income from gaming							
			Part IV, line 19			9a				
			Less: direct expenses		····· Ľ	9b				
			Net income or (loss) from g							
	10		Gross sales of inventory, le		I					
			and allowances			10a				
			Less: cost of goods sold			10b				
+		C	Net income or (loss) from s	sales of	inventory	Business Code				
sn		-	OTHER REVENUE			900099	28,732.			28,732.
neo	11		BAD DEBT RECOVERY			900099	9,570.			9,570.
Ven		~					9,570.			5,570.
Miscellaneous Revenue		C d								
Ξ			All other revenue				38,302.			
			Total. Add lines 11a-11d				2,523,674.	0.	0.	-229,033.
	12		Total revenue. See instructio	115			2,525,074.	J	J. J.	Form 990 (2022)

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Form 990 (2022) COLUMBUS METROPOLITAN LIBRARY FOUNDATION 31-1692755 Page 10 Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respor	use or note to any line in t	his Part IX		
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	2,065,034.	2,065,034.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):	00 000	20 000	20 700	20 700
а	Management	90,000.	30,600.	29,700.	29,700.
b	Legal				
С	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	88,421.		00 101	
	column (A), amount, list line 11g expenses on Sch 0.)	00,421.		88,421.	
12	Advertising and promotion				
13	Office expenses				
14 45	Information technology				
15	Royalties				
16 17	Occupancy				
17 10	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
19 20	Interest				
20 21	Payments to affiliates				
21	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	CAMPAIGN	240,909.		217.	240,692.
b	BANK FEES	17,527.		17,527.	.,
c				,	
d					
	All other expenses	26,255.		14,710.	11,545.
25	Total functional expenses. Add lines 1 through 24e	2,528,146.	2,095,634.	150,575.	281,937.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

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232010 12-13-22

14370503 758050 4000010-600

Form 990 (2022)

14370503 758050 4000010-600

Form 990		METROPOLITAN	LIBRARY	FOUNDATION	31-1692755	Page 11
Part X	Balance Sheet					

	Check if Schedule O contains a response or note to any line in this Part X		I	
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	2,483,986.	1	4,856,628
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net	2,042,093.	3	800,084
4	Accounts receivable, net		4	
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		5	
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	42,244.	9	25,000
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a			
b			10c	
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	11,801,349.	15	8,778,046
16	Total assets. Add lines 1 through 15 (must equal line 33)	16,369,672.	16	14,459,758
17	Accounts payable and accrued expenses	63,165.	17	401,487
18	Grants payable	1,500,000.	18	1,000,000
19	Deferred revenue		19	_,
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D	933,082.	21	798,860
	Loans and other payables to any current or former officer, director,	55570021	21	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	trustee, key employee, creator or founder, substantial contributor, or 35%			
22			22	
23	Secured mortgages and notes payable to unrelated third parties		22	
23	Unsecured notes and loans payable to unrelated third parties		23 24	
24			24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X		~	
	of Schedule D	2,496,247.	25	2,200,347
26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here X	2,490,247.	26	2,200,347
2				
07	and complete lines 27, 28, 32, and 33.	9 552 318	07	8 11/ /70
27	Net assets without donor restrictions	9,552,318. 4,321,107.	27	8,114,470 4,144,941
28	Net assets with donor restrictions	4,321,107.	28	4,144,941
	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	
27 28 29 30 31 32	Retained earnings, endowment, accumulated income, or other funds	12 002 405	31	
	Total net assets or fund balances	13,873,425.	32	12,259,411
33	Total liabilities and net assets/fund balances	16,369,672.	33	14,459,758 Form 990 (202

Form 990 (2022)

2 3	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>	<u></u>
2 3	Total revenue (must equal Part VIII, column (A), line 12)			
2 3		1	2,523	3 G'
3		2	2,528	
		3		$\frac{1}{4}, 4'$
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		13,873	
5	Net unrealized gains (losses) on investments	5	<u>13,07</u>	
		6		
	Donated services and use of facilities	7		
	Investment expenses	8		
	Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O)		-1,609	9 5
		9	1,001	<i>, .</i> .
	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	10	12,259	а л [.]
Dart	column (B)) I XII Financial Statements and Reporting	10	12,20	, 4 .
I art				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>	Yes
				165
	Accounting method used to prepare the Form 990: Cash X Accrual Other	2		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule			
	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		
:	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			v
	Were the organization's financial statements audited by an independent accountant?		2 b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,		
	consolidated basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			v
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.		
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		. <u>3a</u>	+
	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requir			
(or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000
			Form	990 (
	_			

232012 12-13-22

SCHEDULE A Public Charity Status and Public Support							OMB No. 1545-0047		
(Form 990)				-					2022
		Co	Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.						
Department o	of the Treasury			ttach to Form 990 or Fo					Open to Public
nternal Reve				Form990 for instruction			ormation.		Inspection
Name of	the organizati							Employe	r identification number
		COLU	MBUS METRO	POLITAN LIBRA	ARY FO	DUNDAT	TION	3	1-1692755
Part I	Reason	for Public C	Charity Status.	(All organizations must c	omplete tł	nis part.) S	ee instructior	IS.	
The organ	nization is not a	private found	ation because it is: (I	For lines 1 through 12, cl	heck only	one box.)			
1	A church, cor	nvention of chu	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).		
2	A school des	cribed in secti	on 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990).)				
3	A hospital or	a cooperative	hospital service orga	anization described in se	ection 170)(b)(1)(A)(i i	ii).		
4	A medical res	earch organiza	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
	city, and state	e:							
5	An organizati	on operated fo	or the benefit of a col	lege or university owned	l or operat	ed by a go	overnmental u	nit describ	ed in
	section 170	(b)(1)(A)(iv). (C	omplete Part II.)						
6	A federal, sta	te, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	An organizati	on that normal	lly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from t	ne general	public described in
	section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8	A community	trust describe	d in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9	An agricultura	al research org	anization described	in section 170(b)(1)(A)(i x) operate	ed in conju	inction with a	land-grant	college
				ulture (see instructions).					
	university:								
0 X	An organizati	on that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns, membersh	nip fees, an	d gross receipts from
	activities relation	ted to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support f	rom gross investment
	income and u	inrelated busir	less taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the org	ganization a	after June 30, 1975.
	See section	509(a)(2). (Cor	nplete Part III.)						
11	An organizati	on organized a	and operated exclusi	vely to test for public sat	fety. See	section 50)9(a)(4) .		
12 🗌	An organizati	on organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or
	more publicly	supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). (Check the box on
	lines 12a thro	ugh 12d that o	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	l 12g.	
a 🗌	Type I. A s	upporting orga	nization operated, s	upervised, or controlled	by its supp	ported org	anization(s), t	ypically by	giving
	the suppor	ted organizatio	on(s) the power to req	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the si	upporting
	organizatio	n. You must c	omplete Part IV, Se	ections A and B.					
b	Type II. A s	supporting org	anization supervised	or controlled in connect	ion with it	s supporte	ed organizatio	n(s), by hav	ving
	control or n	nanagement o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the sup	ported
	organizatio	n(s). You mus	t complete Part IV,	Sections A and C.					
c 🗌	Type III fur	nctionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functiona	lly integrate	ed with,
	its supporte	ed organization	n(s) (see instructions)). You must complete I	Part IV, Se	ections A,	D, and E.		
d 🗌	Type III no	n-functionally	integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppo	rted organi	zation(s)
	that is not f	unctionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution red	quirement and	an attenti	veness
	requiremen	t (see instructi	ons). You must con	nplete Part IV, Sections	A and D,	and Part	v .		
e	- ·			written determination from	-			II, Type III	
	_	-		nally integrated supporti			··· · ··	•••	
f Ente	er the number								
			about the supporte						
	(i) Name of supp	orted	(ii) EIN	(iii) Type of organization	(iv) Is the organized (iv) is the organized (iv) (iv) (iv) (iv) (iv) (iv) (iv) (iv)	anization listed ing document?	(v) Amount o	-	(vi) Amount of other
	organization			(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)
•									
otal									
									1

Schedule A (Form 990) 2022 COLUMBUS METROPOLITAN LIBRARY FOUNDATION 31-1692755 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)	(a) 2018	(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	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support		-			-	
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the	(
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax y	ear as a section 5	601(c)(3)	
	organization, check this box and stop	here					
Sec	tion C. Computation of Publi	c Support Per	rcentage			· · · ·	
14	Public support percentage for 2022 (I	ine 6, column (f), d	livided by line 11, o	column (f))		14	%
	Public support percentage from 2021					15	%
16a	33 1/3% support test - 2022. If the o	organization did no	ot check the box o	n line 13, and line 1	4 is 33 1/3% or m	nore, check this bo	k and
	stop here. The organization qualifies	as a publicly supp	orted organization				
b	33 1/3% support test - 2021. If the o	organization did no	ot check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not o	check a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact						
	meets the facts-and-circumstances te	st. The organizatio	on qualifies as a pu	blicly supported or	ganization		
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not d	check a box on line	13, 16a, 16b, or ⁻	17a, and line 15 is	10% or
	more, and if the organization meets th	ne facts-and-circun	nstances test, che	ck this box and st	op here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	ne organization qua	alifies as a publicly	supported organi	zation	
18	Private foundation. If the organization	n did not check a	hox on line 13 16	a 166 17a ar 17b	abaak thia hay a		

COLUMBUS METROPOLITAN LIBRARY FOUNDATION 31-1692755 Page 3 Schedule A (Form 990) 2022 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

							4
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2068471.	5686081.	5414815.	3260302.	279406	7.19223736.
2	Gross receipts from admissions,						
	merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge					-	
~		2068471.	5686081.	5414815.	3260302.	279406	7.19223736.
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and	2000471.	2000001.	7414012.	5200502.	279400	1.19223130.
78	3 received from disqualified persons	212 472	400,344.	1087118	218,779.	473 50	5. 2392218.
ł	Amounts included on lines 2 and 3 received	<u> </u>	100,511.	100/110	210,1191	<u> </u>	
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
	Add lines 7a and 7b	212,472.	400,344.	1087118.	218,779.	473.50	5. 2392218.
	Public support. (Subtract line 7c from line 6.)	,					16831518.
	ction B. Total Support			•			
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	2068471.	5686081.	5414815.	3260302.	279406	7.19223736.
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources	29,391.	7,032.	95.			36,518.
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	29,391.	7,032.	95.			36,518.
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital				10 000		
	assets (Explain in Part VI.)	2007062	FC00110	E 4 1 4 0 1 0	19,989.		
	Total support. (Add lines 9, 10c, 11, and 12.)	2097862.	5693113.	5414910.	3280291.		9.19318545.
14	First 5 years. If the Form 990 is for the	8		· ·		0	<i>,</i>
Se	check this box and stop here ction C. Computation of Publi					<u></u>	······
	Public support percentage for 2022 (I			column (f))		15	87.13 %
	Public support percentage from 2022 (i		-			16	87.75 %
	ction D. Computation of Inves						
17	Investment income percentage for 20	022 (line 10c, colun	nn (f), divided by li	ne 13, column (f))		17	.19 %
	Investment income percentage from					18	.29 %
	a 33 1/3% support tests - 2022. If the					3 1/3%, and lin	e 17 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	upported organiza	tion	X
k	33 1/3% support tests - 2021. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	ore than 33 1/39	%, and
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	a publicly suppo	orted organizati	on
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	is box and see ins	tructions	
2320	23 12-09-22		. –			Schedu	le A (Form 990) 2022
			15				

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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

16

232024 12-09-22

Yes

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

No

Schedule A (Form 990) 2022 COLUMBUS METROPOLITAN LIBRARY FOUNDATION 31-1692755 Page 5

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

- the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify
 those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
 b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,
- one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 232025 12-09-22

3b | | Schedule A (Form 990) 2022

2a

2b

3a

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Schedule A (Form 990) 2022 COLUMBUS METROPOLITAN LI			1-1692755 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1 Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI). See instructions.
All other Type III non-functionally integrated supporting organizations must c	omplet	e Sections A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year
	-	()	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
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 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally	integra	ted Type III supporting orga	nization (see

instructions).

Schedule A (Form 990) 2022

COLUMBUS METROPOLITAN LIBRARY FOUNDATION 31-1692755 Page 7

Sche Par					1-1692755 Page 7
Secti	on D - Distributions		loonane	100/	Current Year
1	Amounts paid to supported organizations to accomplish exer	mot purposes		1	Carront roa
2	Amounts paid to perform activity that directly furthers exemp				
_	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.	7			
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	ns	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			_	
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
e	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)				
<u>i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D, line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
C	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				
e	Excess from 2022				
				Sc	hedule A (Form 990) 2022

Part VI: Supplemental Information. Provide the explanations required by Part II. Une 10; Part II. Une 17, Part II. Section C. Ines 1, 28, 05, 48, 46, 618, 68, 68, 68, 68, 618, 618, 618, 6	Part VI 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.	Schedule A	(Form 990) 2022 COLUMBUS METROPOLITAN LIBRARY FOUNDATION 31-1692755 Page 8
Sector LJ, lines S, D, and S, and Part V, Sectori L, lines Z, S, and B. Also complete this part for any additional information. (Boe instructions)	Section U, lines 5, 9, and 5 and Part V. Section E, lines Z, 5, and 6. Also complete this part for any additional information. (Beel instructions)	Part VI	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 B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check on

** PUBLIC DISCLOSURE COPY **

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

COLUMBIIS M

LUMBUS	METROPOLITAN	LIBRARY	FOUNDATION	
				-

31-1692755

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

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

General Rule

X 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 for an *exclusively* set.

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).

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

Schedule B (Form 990) (2022)

			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$50,000.	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		\$10,000.	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		\$6,145.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>150,911.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ <u>76,970.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
223452 11-15	24		Schedule B (Form 990) (2022)

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

Name, address, and ZIP + 4

Employer identification number

Page 2

2022.03040 COLUMBUS METROPOLITAN LIB 40000101

Name of organization

Schedule B (Form 990) (2022)

14370503 758050 4000010-600

Part I

(a)

No.

1

31-1692755

Person Payroll

Noncash

(c)

Total contributions

\$

5,000.

(d)

Type of contribution

X

(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
7		\$_	5,000.	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		\$_	11,520.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b)		(c) Total contributions	(d) Type of contribution
<u>9</u>	Name, address, and ZIP + 4	\$_	6,000.	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
10		\$_	6,031.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
<u>11</u>		\$_	7,500.	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>12</u> 223452 11-15		\$_	6,600.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization

Part I

Employer identification number

31-1692755

223452 11-15-22

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25 2022.03040 COLUMBUS METROPOLITAN LIB 40000101

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

		\$	Payro Nonca (Complete noncash	ash		
0-600	26 2022.03040	COLUMBUS	Schedule I	•	,, ,)1

223452 11-15-22

Name of organization

COLUMBUS METROPOLITAN LIBRARY FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$12,100.	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
14_		\$50,000.	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> 15</u>		\$5,225.	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
16		\$6,000.	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>17</u>		\$ <u>125,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$7,000.	Person X Payroll Noncash (Complete Part II for

Employer identification number 31 - 1692755

(b)		(c)	(d)
Name, address, and ZIP + 4		Total contributions	Type of contribution
	\$_	10,000.	Person X Payroll C Noncash (Complete Part II for noncash contributions.)
(b)		(c)	(d)
Name, address, and ZIP + 4		Total contributions	Type of contribution
	\$_	5,200.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(b)		(c)	(d) Turne of contribution
Name, address, and ZIP + 4	\$_	9,713.	Type of contribution Person
(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
	\$_	6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
	\$_	5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
	\$_	55,000.	Person X Payroll Noncash (Complete Part II for
	(b) Name, address, and ZIP + 4 (b) Name, address, and ZIP + 4 (c) Name, address, and ZIP + 4 (c) Name, address, and ZIP + 4	(b) Name, address, and ZIP + 4 (b) Name, address, and ZIP + 4 (c) Name, address, and ZIP + 4 (c) (c) Name, address, and ZIP + 4 (c) (c) Name, address, and ZIP + 4 (c) (c) (c) (c) (c) (c) (c) (c	(b) (c) Name, address, and ZIP + 4 Total contributions (b) (c) Name, address, and ZIP + 4 Total contributions (b) (c) Name, address, and ZIP + 4 Total contributions (c) (c) Name, address, and ZIP + 4 Total contributions (c) (c) Name, address, and ZIP + 4 Total contributions (b) (c) Name, address, and ZIP + 4 Total contributions (b) (c) Name, address, and ZIP + 4 Total contributions (b) (c) Name, address, and ZIP + 4 Total contributions

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COLUMBUS METROPOLITAN LIBRARY FOUNDATION

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Employer identification number

31-1692755

223452 11-15-22

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2022.03040 COLUMBUS METROPOLITAN LIB 40000101

Page 2

Schedule B (Form 990) (2022) Name of organization

Part I

30			\$	5,000.	Person X Payroll Noncash	
					(Complete Part II for noncash contributions.)	
223452 11-15	5-22	28			Schedule B (Form 990) (20	22)
14370503	758050 4000010-600	2022.03040	COLUMBUS	METROPOI	LITAN LIB 4000	0101

Schedule B (Form 990) (2022)

Name of organization

COLUMBUS METROPOLITAN LIBRARY FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$5,680.	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
26_		\$	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
27		\$6,500.	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
28_		\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>29</u>		\$ <u>97,417.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$5,000 .	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

Employer identification number

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(a)	(b)	(c) Total contributions	(d) Type of contribution
<u>No.</u>	Name, address, and ZIP + 4	\$5,000.	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$	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
33		\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>34</u>		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution Person Payroll
		\$ <u>15,508.</u>	Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	\$ <u>15,508.</u> (c) Total contributions	(Complete Part II for

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

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Schedule B (Form 990) (2022)

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Name of organization

Part I

Page 2

37_		\$5,000.	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
38		\$5,000.	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
39		\$30,000.	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
40		\$6,000.	Person X Payroll
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions \$ 5,500.	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42		\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
223452 11-1	0-22		Schedule B (Form 990) (2022)

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

Name, address, and ZIP + 4

Employer identification number

(d) Type of contribution

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(c)

Total contributions

Name of organization

Part I

(a)

No.

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2022.03040 COLUMBUS METROPOLITAN LIB 40000101

30

			is needed.	Г
(a)	(b)		(c)	(d)
No.	Name, address, and ZIP + 4		Total contributions	Type of contribution
43		\$	6,000.	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
44		\$	10,000.	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>45</u>		\$	25,000.	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
46		\$	13,000.	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>47</u>		\$	5,000.	Person X Payroll
(a)	(b)		(c)	(d)
No.	Name, address, and ZIP + 4	\$	Total contributions	Type of contribution Person X Payroll
		I —		(Complete Part II for

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Employer identification number

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223452 11-15-22

Schedule B (Form 990) (2022)

Name of organization

Part I

(a) No	(b)		(c) Total contributions	(d) Type of contribution
<u>No.</u>	Name, address, and ZIP + 4	\$_	10,000.	Person X Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
<u> </u>		\$_	30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b)		(c) Total contributions	(d) Type of contribution
51	Name, address, and ZIP + 4	\$_	12,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)		(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	\$_	Total contributions	Type of contribution Person X Payroll
(a)	(b)		(c)	(d) Turne of contribution
<u> </u>	Name, address, and ZIP + 4	\$_	Total contributions	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
223452 11-18		\$_	5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Page 2

COLUMBUS METROPOLITAN LIBRARY FOUNDATION

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

31-1692755

Employer identification number

Name of organization

Part I

32 2022.03040 COLUMBUS METROPOLITAN LIB 40000101

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		Schedule	B (Form	990) (2022)	
33					
2022.03040	COLUMBUS	METROPOLITAN	LIB	40000101	

223452 11-15-22

Name of organization

Schedule B (Form 990) (2022)

COLUMBUS METROPOLITAN LIBRARY FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
56		\$6,000.	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 Occupient Payroll Payroll Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Payroll Occupied 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.)
(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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	3 (Form 990) (2022) ganization		Page 3
	ganzaton		
OLUME	BUS METROPOLITAN LIBRARY FOUNDATION		31-1692755
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed	ł.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
5	STOCK DONATION	\$150,9	11. 07/08/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
10	MEALS FOR COL EVENT	\$6,0	3112/31/22_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
20	BICYCLES FOR KIDS	\$5,2	00. 05/31/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
21	STOCK DONATION	\$9,7	13
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
<u>29</u>	STOCK DONATION	\$97,4	<u>17.</u> <u>09/16/22</u>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	Listo received
35	STOCK DONATION	\$ 15,5	08. 09/27/22
3453 11-15-		\$15,5	<u>000 • 09727722</u> Schedule B (Form 990) (2022

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	METROPOLITAN LIBRAR		ad in contian 50	1(0)(7) (8) 0* (10) *	<u>31-1692755</u>
fro	m anv one contributor. Complete columns (a) through (e) and the following	a line entry. For o	rganizations	
com	pleting Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1	,000 or less for th	ne year. (Enter this info.	once.) \$
) No.	e duplicate copies of Part III if additional	space is needed.			
om	(b) Purpose of gift	(c) Use of g	ift	(d) Des	cription of how gift is held
art I					
_ _					
		(e) Transfe	er of gift		
			J		
	Transferee's name, address, a	ind ZIP + 4	R	elationship of tra	ansferor to transferee
No. om	(b) Purpose of gift	(c) Use of g	ift 🖌	(d) Des	cription of how gift is held
art I	(2)	(0) 000 0. g		(,	
_ _					
		(a) Transfe	ar of gift		
		(e) Transfe	er of gift		
	Transferee's name, address, a			elationship of tra	ansferor to transferee
	Transferee's name, address, a			elationship of tra	ansferor to transferee
	Transferee's name, address, a			elationship of tra	ansferor to transferee
	Transferee's name, address, a			elationship of tra	ansferor to transferee
	Transferee's name, address, a			elationship of tra	ansferor to transferee
) No. 	Transferee's name, address, a		R		ansferor to transferee
) No. om art I		Ind ZIP + 4	R		
om		Ind ZIP + 4	R		
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om		Ind ZIP + 4	R		
om		(c) Use of gi			
om		Ind ZIP + 4			
om		(e) Transfe	ift	(d) Des	
om	(b) Purpose of gift	(e) Transfe	ift	(d) Des	cription of how gift is held
om	(b) Purpose of gift	(e) Transfe	ift	(d) Des	cription of how gift is held
om	(b) Purpose of gift	(e) Transfe	ift	(d) Des	cription of how gift is held
om art I	(b) Purpose of gift	(e) Transfe	ift	(d) Des	cription of how gift is held
om art I	(b) Purpose of gift	(e) Transfe	er of gift	(d) Des	cription of how gift is held
om art I	(b) Purpose of gift	(e) Transfe	er of gift	(d) Des	cription of how gift is held
om art I	(b) Purpose of gift	(e) Transfe	er of gift	(d) Des	cription of how gift is held
om art I	(b) Purpose of gift	(e) Transfe	er of gift	(d) Des	cription of how gift is held
om art I	(b) Purpose of gift	(e) Transfe	er of gift	(d) Des	cription of how gift is held
om art I	(b) Purpose of gift	Ind ZIP + 4	R Ift Ift Ift Ift Ift Ift	(d) Des	cription of how gift is held
om art I	(b) Purpose of gift	(e) Transfe	R Ift Ift Ift Ift Ift Ift	(d) Des	cription of how gift is held
om art I	(b) Purpose of gift	Image: All of the second se	Pr of gift	(d) Des	cription of how gift is held
om	(b) Purpose of gift Transferee's name, address, a (b) Purpose of gift	Image: All of the second se	Pr of gift	(d) Des	cription of how gift is held
om art I	(b) Purpose of gift Transferee's name, address, a (b) Purpose of gift	Image: All of the second se	Pr of gift	(d) Des	cription of how gift is held

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SCHEDULE	D
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Supplemental Financial Statements

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



Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

	COLUMBUS METROPOLI			31-1692755
Pa	t I Organizations Maintaining Donor Advise	d Funds or Other S	imilar Funds or A	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.		
		(a) Donor advise	d funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
1	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in		ld in donor advised fun	ds
	are the organization's property, subject to the organization's	exclusive legal control?		Yes N
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of			
	impermissible private benefit?			
Pa	t II Conservation Easements. Complete if the or			
1	Purpose(s) of conservation easements held by the organizati	ion (check all that apply).		
	Preservation of land for public use (for example, recrea	· · · ·	Preservation of a hist	orically important land area
	Protection of natural habitat	, _		ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribu	ution in the form of a co	nservation easement on the last
	day of the tax year.			Held at the End of the Tax Yea
а	Total number of conservation easements			2a
b				2b
с	Number of conservation easements on a certified historic str	and the standard the Art		2c
d	Number of conservation easements included in (c) acquired			
				2d
3	Number of conservation easements modified, transferred, re			
	year		, ,	0
4	Number of states where property subject to conservation ea	sement is located		
5	Does the organization have a written policy regarding the pe		ion, handling of	
	violations, and enforcement of the conservation easements i		, G	Yes
6	Staff and volunteer hours devoted to monitoring, inspecting,			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and ent	forcing conservation ea	sements during the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirement	s of section 170(h)(4)(B))(i)
	and section 170(h)(4)(B)(ii)?			YesN
9	In Part XIII, describe how the organization reports conservati			
	balance sheet, and include, if applicable, the text of the foot	note to the organization's	financial statements th	at describes the
	organization's accounting for conservation easements.			
Pa	t III Organizations Maintaining Collections o	f Art, Historical Trea	asures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its reve	enue statement and bal	ance sheet works
	of art, historical treasures, or other similar assets held for pu	blic exhibition, education,	or research in furthera	nce of public
	service, provide in Part XIII the text of the footnote to its fina	ncial statements that des	cribes these items.	
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue	statement and balance	e sheet works of
	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:			
7	(i) Revenue included on Form 990, Part VIII, line 1			\$
2	If the organization received or held works of art, historical tre			
	the following amounts required to be reported under FASB A			•
а	Revenue included on Form 990, Part VIII, line 1			\$
				•
	For Paperwork Reduction Act Notice, see the Instruction			Schedule D (Form 990) 202
	1 09-01-22			
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36)			
~	~	~	~	

	dule D (Form 990) 2022 COLUMBUS		TAN LIBRAE			592755 Page	, 2
3	Using the organization's acquisition, accessio						—
	collection items (check all that apply):	,	,	5	3		
а	Public exhibition	d	Loan or excl	hange program			
b	Scholarly research	е	Other				
с	Preservation for future generations						
4	Provide a description of the organization's col	llections and explair	how they further th	e organization's e	xempt purpose in Parl	t XIII.	
5	During the year, did the organization solicit or	receive donations of	of art, historical treas	ures, or other sim	ilar assets		
	to be sold to raise funds rather than to be main						lo
Pai	TIV Escrow and Custodial Arrang reported an amount on Form 990, Part		ete if the organization	n answered "Yes"	on Form 990, Part IV,	line 9, or	
1a	Is the organization an agent, trustee, custodia	an or other intermed	iary for contributions	s or other assets r	ot included		
	on Form 990, Part X?					Yes X N	ю
b	If "Yes," explain the arrangement in Part XIII a						
						Amount	
с	Beginning balance				1c		
d	Additions during the year				<u>1d</u>		
е	Distributions during the year				<u>1e</u>		
f	Ending balance						
	Did the organization include an amount on Fo						ю
	If "Yes," explain the arrangement in Part XIII.					X	
Par	T V Endowment Funds. Complete if						
		(a) Current year	(b) Prior year	(c) Two years bac			
-	Beginning of year balance	223,785.	208,159.	187,03	1. 160,250.	. 169,52	<u> </u>
b	Contributions	20 141	550.	27.47	C 20 701	0.07	
	Net investment earnings, gains, and losses	-32,141.	21,771.	27,47	6. 28,781.	-9,27	<u> </u>
	Grants or scholarships						
е	Other expenditures for facilities		6,695.	6,34	в. 2,000.		
	and programs		0,095.	0,54	2,000.		—
	Administrative expenses	191,644.	223,785.	208,15	9. 187,031.	160,25	0
g	End of year balance				107,031.	100,23	<u> </u>
2 a	Board designated or quasi-endowment	ent year end balance	%) field as.			
b	Permanent endowment 74.5000	%					
c	Term endowment 25.5000 9						
U	The percentages on lines 2a, 2b, and 2c shou						
3a	Are there endowment funds not in the posses		tion that are held an	d administered fo	r the		
ou	organization by:					Yes N	0
	(i) Unrelated organizations					3a(i) X	_
	(ii) Related organizations						<u> </u>
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as requir	ed on Schedule R?			3b	
4	Describe in Part XIII the intended uses of the					· <u> </u>	_
Par	t VI Land, Buildings, and Equipme						
	Complete if the organization answered	I "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Par	: X, line 10.		
	Description of property	(a) Cost or o	ther (b) Cost	or other (c) Accumulated	(d) Book value	
		basis (investr	nent) basis	(other)	depreciation		
1a	Land						
b	Buildings						
с	Leasehold improvements						
	Equipment						
	Other						
Tota	I. Add lines 1a through 1e. (Column (d) must eq	qual Form 990, Part	X, column (B), line 1()c.)		0).
					Schedul	e D (Form 990) 20	22

232052 09-01-22

Bechedule D (Form 990) 2022 COLUMBUS ME'I Part VII Investments - Other Securities. Complete if the organization answered "Vest" of the organization of the organization answered "Vest" of the organization of the organizatio of the organization of the organizatio of the orga	n Form 990 Part IV line	11h See Form 990 Part X line 12	692755 Page 3
(a) Description of security or category (including name of security)	Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. Description of security or category (including name of security) (b) Book value (c) Method of valuation: Cost		vear market value
) Financial derivatives	()		
Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
art VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-	year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) Description			(b) Book value
(1) CASH SURRENDER VALUE OF LIFE INSURANCE POLICY			214,582.
(2) BENEFICIAL INTEREST IN ASS			8,563,464.
(3)			i
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
tal. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		8,778,046.
art X Other Liabilities.	n Form 000 Port IV line	110 or 11f Soc Form 000 Dart V line 25	
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	The of TTL See Form 990, Part X, line 23.	
(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
tal. (Column (b) must equal Form 990, Part X, col. (B) line			
Liability for uncertain tax positions. In Part XIII, provide t		-	·
organization's liability for uncertain tax positions under F	ASB ASC 740. Check h	ere if the text of the footnote has been provide	ed in Part XIII 🛛 🔄

Schedule D (Form 990) 2022

232053 09-01-22

Sche	edule D (Form 990) 2022 COLUMBUS METROPOLITAN LIBRARY FOUNDATION	31-	1692755 Page 4	
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn.		
	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	1,254,827.	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments 2a			
b	Donated services and use of facilities 2b 32,000	<u>.</u>		
с	Recoveries of prior year grants 2c	_		
d	Other (Describe in Part XIII.) 2d -1,609,542	•		
е	Add lines 2a through 2d	2e	-1,577,542.	
3	Subtract line 2e from line 1	3	2,832,369.	
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.) 4b -308,694	<u>.</u>		
С	Add lines 4a and 4b	4c	-308,694.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	5	2,523,675.	
Ра		Retur	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	-		
1	Total expenses and losses per audited financial statements	1	2,868,841.	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities 2a 32,000	<u>-</u>		
b	Prior year adjustments 2b	_		
с	Other losses 2c	_		
d	Other (Describe in Part XIII.) 2d 308,694		240 604	
е	Add lines 2a through 2d	2e	<u>340,694.</u> 2,528,147.	
3	Outstand line On from line 4			
	Subtract line 2e from line 1	3	2,520,147.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	3	2,520,147.	
4 a	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	3	2,320,147.	
-	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)		2,520,147.	
-	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	3 4c	0.	
a b c 5	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)		0.	

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.

PARI IV, LING 2D;	PART	IV,	LINE	2B:	
-------------------	------	-----	------	-----	--

FUNDS HELD FOR OTHERS ARE FUNDS ENTRUSTED TO THE FOUNDATION, GENERALLY ON

BEHALF OF THE LIBRARY, FOR THE PURPOSE OF RECEIVING, HOLDING AND

DISBURSING SUCH FUNDS UPON AUTHORITY OF THE DEPOSITOR.

PART V, LINE 4:

ANNUAL PROCEEDS FROM THE ENDOWEMENT FUND ARE DESIGNATED FOR SUPPORT OF

LIBRARY CUSTOMERS IN CONDUCTING RESEARCH, WITH A SPECIAL INTEREST IN THE

39

MAIN LIBRARY LOCATION.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF BENEFICIAL INTEREST

-1,572,359. Schedule D (Form 990) 2022

232054 09-01-22

Schedule D (Form 990) 2022 COLUMBUS METROPOLITAN LIBRARY FOUNDATION 31 Part XIII Supplemental Information (continued)	1692755 Page 5
CHANGE IN CSV OF LIFE INSURANCE	-37,183.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-1,609,542.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
FUDRAISING EXPENSES	-308,694.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
FUDRAISING EXPENSES	308,694.

Schedule D (Form 990) 2022

232055 09-01-22

CHEDULE G	Suppleme	ntal Information Regarding	g Fundrais	ing or Gaming A	Activities	OMB No. 1545-0047		
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.						
partment of the Treasury		Attach to Form 990				2022 Open to Public		
ernal Revenue Service		o www.irs.gov/Form990 for instru	uctions and	the latest informatio		Inspection		
ame of the organizatior			ד ערגרו			identification numbe		
Part I Fundrais		S METROPOLITAN LIE Complete if the organization answ			31-169			
	complete this part		vereu res c	in Form 990, Part IV,	ine 17. Form 990	-EZ mers are not		
a 🔄 Mail solicitat	•		ation of non-	Check all that apply. government grants rnment grants		\sim		
c Phone solici d In-person so		g 📃 Specia	al fundraising	events				
2 a Did the organization	on have a written o	r oral agreement with any individua	al (including o	officers, directors, trus	stees, or			
	highest paid indiv	art VII) or entity in connection with riduals or entities (fundraisers) purs organization.		-		fes No		
·		•	(-1		
(i) Name and addres or entity (func		(ii) Activity	(iii) Did fundraiser have custody or control of contributions	(iv) Gross receipts from activity	(v) Amount pai to (or retained b fundraiser listed in col. (i	y) to (or retained by		
			Yes No					
			\bigcirc					
		-5						
otal	\bigcirc							
	ch the organizatio	n is registered or licensed to solicit	contribution	s or has been notified	I it is exempt from	registration		

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

Schedule G (Form 990) 2022

232081 10-27-22

COLUMBUS METROPOLITAN LIBRARY FOUNDATION 31-1692755 Page 2

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

		(a) Event #1 CELEBRATION OF LEARNING	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
1	Gross receipts	903,222.			903,222.
2	Less: Contributions	861,862.			861,862
3	Gross income (line 1 minus line 2)	41,360.			41,360
4	Cash prizes				
5	Noncash prizes	705.			705.
6	Rent/facility costs	95,489.		\sim	95,489
6 7	Food and beverages	57,668.			57,668
8	Entertainment				
9	Other direct expenses	154,833.			154,833
11	Gaming. Complete if the organization	line 3, column (d)	n 990, Part IV, line 19, or r		
11	Net income summary. Subtract line 10 from	line 3, column (d)			-267,335 (d) Total gaming (add
	Net income summary. Subtract line 10 from Gaming. Complete if the organization	answered "Yes" on Form	n 990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	308,695 -267,335 (d) Total gaming (add col. (a) through col. (c)
11 rt	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	(a) Bingo	n 990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	-267,335 (d) Total gaming (add
11 irt	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue	(a) Bingo	n 990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	-267,335 (d) Total gaming (add
11 rt 1 2	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes	(a) Bingo	n 990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	-267,335 (d) Total gaming (add
11 rt 1 2 3	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	eported more than (c) Other gaming	-267,335 (d) Total gaming (add
11 rt 2 3 4 5	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs	(a) Bingo	n 990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	-267,335
11 1 2 3 4 5 6	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	line 3, column (d) n answered "Yes" on Form (a) Bingo (a) Bingo 9 9 9 9 9 9 9 9 9 10 9 10 9 10 11 12 13 14 15 16 17 16 17 16 17 16 17 16 17 17 18 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 <	(b) Pull tabs/instant bingo/progressive bingo	c) Other gaming	-267,335
11 1 2 3 4 5 6	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	(a) Bingo (a) Bingo (a) Bingo (b) Comparison (c) Co	(b) Pull tabs/instant bingo/progressive bingo	cported more than (c) Other gaming	-267,335

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ______ Yes _____ b If "Yes," explain: ______

232082 10-27-22

Schedule G (Form 990) 2022

No

Schedule G (Form 990) 2022	COLUMBUS METROPOLITAN LIBRARY FOUNDATION 31-1692755 Page 3
11 Does the organization conduct	gaming activities with nonmembers? Yes No
	eneficiary 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 gam	
	the person who prepares the organization's gaming/special events books and records:
Name	
Address	
15a Does the organization have a co	ontract with a third party from whom the organization receives gaming revenue?
b If "Yes," enter the amount of ga	ming revenue received by the organization \$ and the amount
of gaming revenue retained by t	the third party \$
c If "Yes," enter name and addres	ss of the third party:
Name	
Address	
16 Gaming manager information:	
Name	
Gaming manager compensation	\$
Description of services provided	
Director/officer	Employee Independent contractor
17 Mandatory distributions:	
	ler state law to make charitable distributions from the gaming proceeds to
retain the state gaming license?	
b Enter the amount of distribution	is required under state law to be distributed to other exempt organizations or spent in the
organization's own exempt acti	vities during the tax year \$
	prmation. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b,	as applicable. Also provide any additional information. See instructions.
·	
32083 10-27-22	Schedule G (Form 990) 2022

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COLUMBUS METROPOLITAN LIBRARY FOUNDATION 31-1692755 Page 4 art IV Supplemental Information (continued)	Schedule G (Fo	rm 990) COL	UMBUS METROPOLITA	N LIBRARY	FOUNDATION 31	-1692755 Page 4
	Part IV S	upplemental Information	(continued)			

Schedule G (Form 990)

232084 04-01-22

SCHEDULE I		G	rants and Oth	er Assistan	ce to Organ	izations.		OMB No.	1545-0047
(Form 990)		Gov	vernments, an	d Individua	ls in the Ŭni	ted States		20	22
		Comple	ete if the organization	n answered "Yes" Attach to Forn		rt IV, line 21 or 22.			o Public
Department of the Treasury Internal Revenue Service			Go to www.irs		the latest information	ation.			ection
Name of the organizat		METROPOLIT	TAN LIBRARY	FOUNDATTO	N			Employer identificati	on number 92755
Part I General I	nformation on Grants a			1001001111				01 10	<u>,,,,,</u>
0	zation maintain records t		Ũ	,	0 0 7	U			
	award the grants or assis							X Yes	No No
	IV the organization's pro IN Other Assistance to I					anization answered "Y	es" on Form 990. Part	IV. line 21, for any	
	hat received more than \$								
. ,	ddress of organization vernment	(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 or assistanc	
								A MAJORITY OF THE	GRANT
COLUMBUS METROPOL								WAS RESTRICTED FO	
96 SOUTH GRANT AN COLUMBUS, OH 4321		31-6401170	501(C)(3)	2,065,034.	0			LIBRARY BUILDING AND REMAINING (CI	
,									
			6	5					
	per of section 501(c)(3) a	U U		e line 1 table				·····	1.
	per of other organizations							Cohodula I / Frame	0.
LHA For Paperworl	k Reduction Act Notice, SEE PART		LUMN (H) DES	SCRIPTIONS	5			Schedule I (Form	99 0) 2022

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

THE ORGANIZATION TYPICALLY, ONLY PROVIDES GRANTS TO THE COLUMBUS

METROPOLITAN LIBRARY, A QUALIFIED 501(C)(3) ORGANIZATION. IF EXCEPTIONS

ARISE, THEY MUST BE APPROVED BY THE FOUNDATION BOARD.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: COLUMBUS METROPOLITAN LIBRARY

(H) PURPOSE OF GRANT OR ASSISTANCE: A MAJORITY OF THE GRANT WAS

RESTRICTED FOR THE LIBRARY BUILDING PROGRAM AND REMAINING (CTD...) FUNDS

Schedule I (Form 9 Part IV Sup	990) COLUMBUS METROPOLITAN LIBRARY FOUNDATION 31-1692755 Page 2 Oplemental Information
WERE USED	FOR EDUCATIONAL PROGRAMS, BRANCH SPECIFIC NEEDS, OR GENERAL
OPERATING	EXPENSES IN ACCORDANCE WITH DONORS' WISHES.
\rightarrow	
>	

Schedule I (Form 990)

232291 04-01-22

SCHEDULE	Μ
(Form 990)	

Department of the Treasury Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

Inspection

22

Comp	plete if the organizations a	answered	"Yes"	on Form	990,	Part IV,	lines 2	9 or (30.
		Attach to	Form	990.					

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

Name of the organization

COLUMBUS METROPOLITAN LIBRARY FOUNDATION

Employer identification number
31-1692755

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ZU **Open to Public**

Pa	rt I Types of Property							
		(a)	(b)	(c)	(d)			
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of de			
		applicable		Form 990, Part VIII, line 1g	noncash contribu	ition amo	ounts	
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7								
	Boats and planes							
8	Intellectual property	x	4	273,548.	EM37			
9	Securities - Publicly traded	Δ	4	273,540.	ЕМА			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory	Х	9	18,568.	FMV			
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (OTHER IN-KIND D)	X	3	12,545.	FVM			
26	Other ()							
27	Other (
28	Other (
29	Number of Forms 8283 received by the organiz	ation during	the tax vear for co	ontributions				
	for which the organization completed Form 828	-	•					
		,, <u>.</u>	ence / termine meag			Y	'es	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part L lines 1 throug	nh 28 that it			
000	must hold for at least 3 years from the date of t							
	exempt purposes for the entire holding period?			·		30a		х
b						504		
	Does the organization have a gift acceptance p	olicy that re	quires the review (of any nonstandard contribu	tions?	24		Х
31		-	-	•		31	-+	- 23
32a	Does the organization hire or use third parties of		-					х
						32a		_
	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) for	a type of property	r for which column (a) is che	cked,			
	describe in Part II.							
LHA	For Paperwork Reduction Act Notice, see t	the Instruct	tions for Form 990).	Schedule N	/I (Form §	990) (2022

232141 09-09-22

Supplemental information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is the information of both. Also complete this part for any additional information.	chedule M	(Form 990) 2022	COLUMBUS	METROPOLITAN	LIBRARY	FOUNDATION	31-1692755	Page 2
	Part II	Supplementa is reporting in Par this part for any a	I Information. t I, column (b), the idditional information	Provide the information r number of contributions,	equired by Part I the number of it	, lines 30b, 32b, and 33, ems received, or a comb	and whether the organiza ination of both. Also com	ition plete
					C	~		
					\bigcirc			
				5				

Schedule M (Form 990) 2022

232142 09-09-22

SCHEDULE O	Supplemental Information to Form 990 or 990	-EZ	OMB No. 1545-0047
(Form 990)	Complete to provide information for responses to specific questions on		2022
Department of the Treasury	Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ.		Open to Public
Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information.	-	Inspection
Name of the organizatio			r identification number
	COLUMBUS METROPOLITAN LIBRARY FOUNDATION	31	L692755
FORM 990, PA	RT VI, SECTION B, LINE 11B:		
<u>THE 990 IS R</u>	EVIEWED BY THE FINANCE AND AUDIT COMMITTEE AND	PROVI	IDED TO THE
ENTIRE BOARD	OF TRUSTEES AND APPROVED PRIOR TO FILING.		
FORM 990, PA	RT VI, SECTION B, LINE 12C:		
EACH TRUSTEE	, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE	WITH H	BOARD
DELEGATED PO	WERS SHALL ADOPT THE POLICY AT THE ONSET OF HI	S/HER	TERM AND
SIGN A STATE	MENT WHICH AFFIRMS THAT SUCH PERSON HAS RECEIV	EDAO	COPY OF THE
CONFLICT OF	INTEREST POLICY, READ AND UNDERSTANDS THE POLI	CY, AC	GREES TO
COMPLY WITH	THE POLICY AND UNDERSTANDS THAT THE FOUNDATION	IS A	CHARITABLE
ORGANIZATION	AND THAT IN ORDER TO MAINTAIN ITS FEDERAL TAX	EXEMI	PTION IT
MUST ENGAGE	PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE O	R MORI	E OF ITS TAX
EXEMPT PURPO	SES.		
FORM 990, PA	RT VI, SECTION B, LINE 15:		
ALL BOARD ME	MBERS ARE VOLUNTEERS AND DONATE THEIR TIME AND	TALE	NT TO THE
ORGANIZATION			
FORM 990, PA	RT VI, SECTION C, LINE 19:		
GOVERNING DO	CUMENTS ARE AVAILABLE FOR PUBLIC INSPECTION UP	ON REÇ	QUEST DURING

NORMAL BUSINESS HOURS OR ONLINE AT GUIDESTAR.ORG

 FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

 CHANGE IN VALUE OF BENEFICIAL INTEREST
 -1,572,359.

 CHANGE IN CSV OF LIFE INSURANCE
 -37,183.

 TOTAL TO FORM 990, PART XI, LINE 9
 -1,609,542.

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2022

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Schedule O (Form 990) 2022	Page
Name of the organization COLUMBUS METROPOLITAN LIBRARY FOUNDATION	Employer identification number 31-1692755
ORM 990, PART XII, LINE 2C:	
THE OVERSIGHT PROCESS HAS NOT CHANGED.	

232212 10-28-22