NP6310K 09/15/2021 5:20 PM

990

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047 2020 Open to Public Inspection

Depa	utment of	the Treasury us Service	Do not enter social security indinders on this total as it may be in			Inspection	-5 -
			endar year, or tax year beginning 07/01/20, and ending 06/30/2	1			_
		1	Name of organization		D Employer	Identification number	
	Check ∦ ap	дисаль.	VIRGINIA BEACH LIBRARY FOUNDATION				
	Address ci	ysuðe			27-3	077402	
	Name cha	inge 📙	Doing business as Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephorx		
	inääai retum	.	2416 COURTHOUSE DRIVE BLDG 19		757-	385-8128	
Lammi	Final retur	-	City or town, state or province, country, and ZIP or foreign postal code				
	terninaled		VIRGINIA BEACH VA 23456		G Gross rece	ets 247,3	102
\Box	Amended	tepuu E	Name and address of principal officer.	***************************************			
П	Application	- 1		H(a) is this a gro	up return for su	bordinates? Yes X	No
L.J.	Ahrence	in perioning	ROBERT G. KREBS, JR.	H(b) Are all sub	ordinates Inchi	ded? Yes	No
		1	2416 COURTHOUSE DRIVE, BLDG 19			See instructions	
			VIRGINIA BEACH VA 23456			•	
1	Tex-exen	npt status:	X 501(c)(3) 501(c) () ◀ (Insert no.) 4947(a)(1) or 527				
J	Website:	: > WW	W.VBLIBRARYFOUNDATION.ORG	H(c) Group exe		7-2-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7	778
<u>K</u>	Form of a	rganization:	X Corporation Trust Association Other ► L Yes	er of formation: 2	009	M State of legal domicile:	<u>VA</u>
P	art i		nmary				
	1 [Briefly desc	cribe the organization's mission or most significant activities:			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
_		THE V	IRGINIA BEACH LIBARY FOUNDATION'S MISSION IS TO SEC	URE, MAN	AGE, AN	ID	
Š	'	INVES	T PUBLICLY RAISED FUNDS, GIFTS, AND BEQUESTS IN SUP	PORT OF V	/IRGIN]	A	
& Governance			LIBRARIES.		.,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
8	نيا		box ▶ ☐ If the organization discontinued its operations or disposed of more than 25% of	its net assets.			
Ô						13	
ంర			voting members of the governing body (Pert VI, line 1a)			13	
Jes			independent voting members of the governing body (Part VI, line 1b)		5	0	
Activities			er of Individuals employed in calendar year 2020 (Part V, line 2a)			0	
ĄĊ	6	Total numb	per of volunteers (estimate if necessary)		7 6 -	V	0
•	7a 7	Total unrela	ated business revenue from Part VII, Siumo (2) (ne 12		<u>7a</u>		$\frac{\sigma}{\sigma}$
	bi	Net unrelat	ed business taxable income from Form 990-T, fait one 1		7b	017	
				Prisi Ye		Current Year 61,1	16
	8 (Contributio	ns and grants (Part VIII, line 1h)		7,915	01/1	-
Revenue	9 1	Program se	ervice revenue (Part VIII, line 2g)	4 4		75 0	40
Ş	10 1	Investment	Income (Part VIII, column (A), lines 3, 4, and 7d)	11	1,734	75,8	42
œ	111 (Other reve	nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				
			nue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14	9,649	136,9	<u>58</u>
			similar amounts paid (Part IX, column (A), lines 1-3)				
			aid to or for members (Part IX, column (A), line 4)				0
			ther compensation, employee benefits (Part IX, column (A), lines 5–10)				0
808			al fundraising fees (Part IX, column (A), line 11e)				0
ë	100	Tatal August	aising expenses (Part IX, column (D), line 25) ▶ 0				
Expenses				12	3,928	111,5	16
-			enses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,928	111,5	
			nses, Add fines 13–17 (must equal Part IX, column (A), line 25)		5,721	25,4	
	19	Revenue le	ess expenses, Subtract line 18 from line 12	Beginning of Cu		End of Year	
Net Assets or		T.4-1 '	L (Bud V for 46)		1,499	2,011,4	89
aset.	20		ls (Part X, line 16)		7,616		
4 T	21	Total liabili	lies (Parl X, line 26)		3,883		
2,	22		or fund balances. Subtract line 21 from line 20	4,40	,,,,,,	-//-	
_ P	art II	Sig	nature Block		<u> </u>	- J J. Lalias 2010	
U	nder pe	nalties of pe	rjury, I declare that I have examined this return, including accompanying schedules and statements,	and to the best-	or my knowi	eage and belief, it is	
tr	ue, com	ect, and con	plets. Declaration of preparer (other than officer) is based on all information of which preparer has a	"" ununcaña.			
		 					
Sig	gn	Sig	nature of officer		Date		
He			ROBERT G. KREBS, JR. PRESID	ENT			
	-	Tyr	pe or print name and title				
		Print/Type r	preparer's name Preparer's signature	Date	Check	# PTIN	
Pai	ď	1	4 R STEWART WILLIAM R STEWART	09/15	/21 se#-em	ployed 200748718	
_	parer	· · ·	OMERADE C COMPANY		Firm's EIN	54-144717	10
	e Only	Firm's name	2940 N LYNNHAVEN RD				
Val	o vany		STRUCTUES DESCU SIS 22452	Ĭ,	Phone no.	757-486-01	14
		Firm's addr	C35 /				No
Ma	v the IR	(S discuss	this return with the preparer shown above? See instructions	. .			

orm 990 (2020) VIRGINIA BEACH I		27-3077402	Page
Part III Statement of Program Ser			
Briefly describe the organization's mission:	is a response or note to any lin	e in this Part III	<u> </u>
THE VIRGINIA BEACH LIBAI INVEST PUBLICLY RAISED DEACH LIBRARIES.	RY FOUNDATION'S MIS FUNDS, GIFTS, AND E	SSION IS TO SECUE SEQUESTS IN SUPPO	E, MANAGE, AND ORT OF VIRGINIA
Did the organization undertake any significant	program configen during the wage which		
miles Ferm 000 000 F70	***************************************		Yes X No
Did the organization cease conducting, or make services?			Yes X No
If "Yes," describe these changes on Schedule			
Describe the organization's program service ac expenses. Section 501(c)(3) and 501(c)(4) orgatine the total expenses, and revenue, if any, for each	inizations are required to report the am	gest program services, as measure ount of grants and allocations to o	ed by thers,
a (Code:) (Expenses \$	52,768 including grants of \$	\	vanua \$
SUPPORT OF VIRGINIA BEAC PROGRAMMING, INCLUDING T	H PUBLIC LIBRARY'S	YOUTH AND FAMIL	Y SERVICES
	******	*************************	*******************

• • • • • • • • • • • • • • • • • • • •			
* *************************************			

• • • • • • • • • • • • • • • • • • • •	****		
* *************************************	******		*********
b (Code:)(Expenses \$ SUPPORT OF VIRGINIA BEAC CUSTOMER SERVICE THROUGH SAVANNAH SOFTWARE.	17,820 including grants of \$ H PUBLIC LIBRARY'S THE PURCHASE AND	EFFORTS TO PROVI	IDE BETER
		***************************************	*****************

***************************************			**********
* ******* *****************************	************************************	**********************	
* *****************************	***************************************	•	
* ***********************************	** ************************************	•••••••••••	
* ******			
(Code:) (Expenses \$ // A	including grants of \$) (Reve	enue \$)
· *************			
* *****************************	*******************		
* -+**	**** **** ***** ***** *****************	**********	1717: 777: 171-47741.477741
* ***. *****************************			
* ****		***************************************	
* ****			
* ** ***********			
* *************************************		************	
* ************************************		· · · · · · · · · · · · · · · · · · ·	
Other program services (Describe on Schedule O	·)		
(Expenses \$ included)	fing grants of \$ 70.588) (Revenue \$)
Total program service expenses ▶	70.588	***************************************	

Form 990 (2020) VIRGINIA BEACH LIBRARY FOUNDATION **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A X 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X 3 candidates for public office? If 'Yes,' complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Х election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, X assessments, or similar amounts as defined in Revenue Procedure 98-197 if "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If X "Yes," complete Schedule D, Pert I Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X 8 complete Schedule D, Pert III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or X debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments X 10 or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII. VIII. IX. or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," Х complete Schedule D, Part VI b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more 11b X of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more X of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets 114 reported in Part X, line 167 If "Yes," complete Schedule D, Part IX X 110 Did the organization's separate or consolidated financial statements for the tax year include a foolnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? if 12b "Yes," and if the organization enswered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Х Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate X 14b foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 X 15 for any foreign organization? If "Yes," complete Schedule F, Perts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 X 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on X 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See Instructions Did the organization report more than \$15,000 total of fundralsing event gross income and contributions on 18 18 Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20b if "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21

domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II

X

	The state of the s		TV	es No
22	a minimum and a district and a distr		- -	es No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		22	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	J		
	organization's current and former officers, directors, trustees, key employees, and highest compensated		-	
24	employees? If "Yes," complete Schedule J		3	X
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		-	1
	\$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	اً	.	٠,
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24		X
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year		10	
	for defende and for a contract of the	ر ا	.	
	Did the organization act as an *on behalf of leaves feebase and the first and the firs			
25		, ,		
	transaction with a disqualified person during the year? If "Vos." complete Schodule I. Dort I	25	أدا	x
i	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?		ļ	ĺ
	If "Yes," complete Schedule L, Part I	25	ь	X
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, Pert II	26	3	X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (Including an employee thereof) or family member of any of these			
20	persons? If "Yes," complete Schedule L, Part III	27	<u>' </u>	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			
a	IV instructions, for applicable filing thresholds, conditions, and exceptions):	Ī ···		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If *Yes," complete Schedule L, Part IV	1		1,,
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	288		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	28h	<u> </u>	+^
-	ALC: HE STATE AND ALC: HE STAT	280		х
29	Pid the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		+-	+
	conservation contributions? If "Yes," complete Schedule M	30	1	х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	1	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"		1	
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			\Box
	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,		1	
05-	or IV, and Part V, line 1	34	ļ	X
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	ļ	X
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	Ì		
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b	├	
••	related organization? If "Ves." complete Schedulo D. Bort V. Eng. 2			
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36	 -	X
	and that is treated as a northernthin for foderal income toy numbers 2 if Was I secret to 0. b. t. t. m. m. + 1.0	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	3,	 	
	19? Note: All Form 990 filers are required to complete Schedule O.	38	x	1
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	1	<u> </u>	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0		10.11	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and		- F	
	reportable gaming (gambling) winnings to prize winners?	1c		X

Pa	art V Statements Regarding Other IRS Filings and Tax Compliance (Continued)		Yes	No
2-	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1011	162	No
۷a	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 returns?	2b		
u	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	*** 1		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a				
74	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	And the second s	3.5		
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	Бc		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
4 u	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		L
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
-	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
=	required to file Form 8282?	7c		
ď	If 'Yes," indicate the number of Forms 8282 filed during the year 7d]		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	78		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	.,,,	<u></u>
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	1		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	ا را		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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 plans13b	-		
C	Enter the amount of reserves on hand	44		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	148		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	,_		_w
	excess parachute payment(s) during the year?	15		<u> </u>
	If "Yes," see instructions and file Form 4720, Schedule N.			v
16	is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.		00	0 (2020)
		Fo	IN 341	∪ (2020)

Form 990 (2020) VIRGINIA BEACH LIBRARY FOUNDATION 27-3077402

P	'art VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and	l for a	"No"	Pag
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. S	ee ins	tructi	ons.
_	Check if Schedule O contains a response or note to any line in this Part VI			[
<u>Se</u>	ction A. Governing Body and Management			
_			Ye	8 N
1a	18 172			3
	If there are material differences in voting rights among members of the governing body, or			1.
	If the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
þ	1 ID T2			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	7		-
	any other officer, director, trustee, or key employee?	2	_	:
3	Did the organization delegate control over management duties customarily performed by or under the direct			Τ
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3	1	2
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	T	73
6	Did the organization have members or stockholders?	6		7
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	1	3
b	Are any governance decisions of the organization reserved to (or subject to approval by) members.		†	†
	stockholders, or persons other than the governing body?	7b		K
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		1	+
8	The governing body?	8a	x	1
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	<u> </u>	 	t^-
	the organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9	l	k
ect	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co.	de i		
	The second of th	10.7	Yes	No
0a	Did the organization have local chapters, branches, or affiliates?	10a	100	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	100		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	1	
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a	-	
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	40-	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12b	4	
	describe in Schoolule A how this was done		v	
	Did the organization have a written whistleblower policy?	12c	Х	**
	Did the organization have a written document retention and destruction policy?	13		$\frac{\mathbf{x}}{\mathbf{x}}$
	Did the process for determining compensation of the following persons include a review and approval by	14		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			1.7
a .		i		
	Other officers or key employees of the organization	15a		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	16b		X
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	144.3		
	the graveha antity during the years		- 1	
		16a		X
	f "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	- 1	- 1	
0	organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
	ist the states with which a copy of this Form 990 is required to be filed VA			
8	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) available for public inspection, Indicate how you made these available. Check all that apply.			
L	Own website X Another's website X Upon request Other (explain on Schedule O)			
D	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
fi	nancial statements available to the public during the tax year.			
S	itate the name, address, and telephone number of the person who possesses the organization's books and records			
ROB	ERT G. KREBS, JR. 2416 COURTHOUSE DRIVE, BLDG 19			
/IR	GINIA BEACH VA 23456 757.	205	_01	20

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- ♦ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per waek (Est any	bo	x, unl	Pos check ess pa nd a d	rson i	than or s both c/iruste	en:	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	hours for related crganizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(HZ IOSZINCO)	(related organizations
(1) KAREN BISCHOFF										
SECRETARY	0.25	x		x				o	o	<u>o</u>
(2) MARGARET CAMPBEI										
	0.50									
VICE PRESIDENT	0.00	X		X		ļ		0	0	0
(3) WANDA COOPER	0.05									
DIRECTOR	0.25	x						0	0	0
(4) CHELLE DAVIS								***************************************		
	0.25									_
DIRECTOR	0.00	X						0	0	0
(6) LEE D. ENTSMINGE										
	0.25	x						o	٥	0
OIRECTOR (6) MORRIS H. FINE,	0.00 ESQ.	<u>├</u> ^		-	-	-		<u> </u>	<u> </u>	<u> </u>
DIRECTOR	0.25	X						0	0	0
(7) ERIC FOX		1								
TREASURER	0.25	x		X				0	0	0
(8) ROBERT G. KREBS										
PRESIDENT	0.50	x	<u> </u>	x				0	0	0
(9) NANCY OLIVER										
DIRECTOR	0.25	x						٥	lo	o
(10) NANCY K. PARKER	1	Ħ	-	一				<u>-</u>		
(10)21121132	0.25			ŀ						
DIRECTOR	0.00	X						0	0	0
(11) EVA POOLE										
	0.25							1	0	o
EXECUTIVE DIRECTOR	0.00	X	<u> </u>	<u> </u>	<u> </u>			0	<u> </u>	OOO

	1	1	· · · · · ·			o y c c	4 , 61	ia viigitast oompensate	d Employees (commuted)			····	
(A) Name and title	(B) Average hours per week (Est eny	6	iox, un	Po checi less p	erson	than o is both or/frust	1 2/3	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations		Estimate of compe	(F) ed ænouri: other ensation m the	
	hours for related organizations below dotted line)	or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	(V+2/1099-MISC)	(W2/10994/ISC)		organiz	rifete zation and iganization:	5
(12) MARCY SIMS			-		<u> </u>			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		+			•
DIRECTOR	0.25	x							o	0			
(13) GUY TOWER					 				<u> </u>				
DIRECTOR	0.25 0.00	x							0	0			(
	,												
	••••••												
1b Subtotal													
c Total from continuation sheets d Total (add lines 1b and 1c)										 			
2 Total number of individuals (inclu- reportable compensation from the	ding but not limite	ed to	thos	e list	ed a	bove) who	received more than \$10	0,000 of	<u> </u>			
3 Did the organization list any form	er officer, directo	or, tru	stee	key	emp	loye	e, or	highest compensated					No
employee on fine 1a? If "Yes," cor 4 For any individual listed on line 1a organization and related organization	i, is the sum of re	port	able (comp	ens	ation	and	other compensation from	the		3		<u>x</u>
individual Did any person listed on line 1a re for services rendered to the organ	ceive or accrue	comp	ensa	ition	from	any	unre	lated organization or indiv ch person	ldual		5		x x
ection B. Independent Contractors Complete this table for your five his	ighaet sampanag	dod i	ndon	ondo			-40	thet reached many than t	24.00.000 - 5				
compensation from the organization	on. Report compo	ensa	tion f	or the	e cal	enda	r yea	r ending with or within the	organization's tax year.				
Name and bus	ness address					_		Descripă 	(B) on of services		Com	(C) reensation	
						_							
						_							
				•		_						# · · · · · · · · · · · · · · · · · · ·	
						-					 		
2 Total number of independent contr received more than \$100,000 of co	actors (including	but t	not lir orga	nited nizat	l to ti	 hose ▶	liste	d above) who	0				
													_

Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (C) Urrelated business revenue (D) Revenue excluded (B) Related or exempt (A) Total revenue from tax under sections 512-514 function revenue 1a 1a Federated campaigns Contributions, Gifts, Grants and Other Similar Amounts b Membership dues 1Ь c Fundraising events 10 d Related organizations 1d Government grants (contributions) 10 f All other contributions, gifts, grants, and similar amounts not included above 61,116 1f g Noncash contributions included in lines 1a-1f 1g 61,116 h Total. Add lines 1a-1f Business Code Program Service f All other program service revenue Þ g Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and 26,817 26,817 other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (ii) Personal © Real 6a Gross rents 6a 6b b Less: rental expenses 60 C Rental inc. or (loss) d Net rental income or (loss) Gross amount from (a) Other (i) Securities sales of assets 25,748 133,621 7a other than inventory b Less: cost or other Revenue 110,344 basis and sales exps. 7b 23,277 25,748 7¢ c Gain or (loss) 49,025 49,025 Other d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses 8b c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 9a 9b b Less: direct expenses c Net income or (loss) from gaming activities . 10a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory ... 11a Total. Add lines 11a-11d 이 75,842 136,958 0 12 Total revenue. See instructions ...

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 response or note to any line in this Part IX Do not include amounts reported on lines 6b, (A) Total expenses (8) Program service (C) Management and (D) Fundralsing 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expanses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuels. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions findude section 401(k) and 403(b) employer contributions) Other employee benefits 9 Payroll taxes 10 11 Fees for services (nonemployees): Management Legal b c Accounting 5,650 5,650 Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees 10,293 10,293 Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, Est line 11g expenses on Schedule O.) Advertising and promotion 1,832 12 1,832 Office expenses 13 481 481 Information technology ______ 14 15 Royalties Occupancy 16 Travel 17 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 Depreciation, depletion, and amortization 22 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 O.) GRANT PROGRAM EXPENSES 70,588 70,588 STRATEGIC PLANNING 18,000 3,713 18,000 b SUBSCRIPTIONS 713 ¢ PROFESSIONAL DEVELOPMENT 480 480 e All other expenses 479 479 111,516 Total functional expenses. Add lines 1 through 24e 70,588 25 40,928 ō 26 Joint costs. Complete this fine only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)

Form 990 (2020) VIRGINIA BEACH LIBRARY FOUNDATION
Part X Balance Sheet

	Check if Schedule O contains a response or note to any line in this Part X	(A) Beginning of year		(B) End of year
1.		107,003	1	124,585
1	Cash—non-interest-bearing	#01/000	2	
2	Savings and temporary cash investments		3	
3	Pledges and grants receivable, net		4	
4	Accounts receivable, net			
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%		5	
١.	controlled entity or family member of any of these persons			
6	Loans and other receivables from other disqualified persons (as defined		6	
! [under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		7	
7	Notes and loans receivable, net		8	
•	inventories for sale or use		9	
9	Prepald expenses and deferred charges			
10a	Land, buildings, and equipment: cost or other			
Ι.	basis. Complete Part VI of Schedule D 10a		10c	
	Less: accumulated depreciation 10b	1,540,496		1,882,904
111	Investments—publicly traded securities	2,030,300	12	
	investments—other securities. See Part IV, line 11		13	
13	Investments—program-related. See Part IV, line 11		14	
14	Intangible assets	4,000	15	4,00
15	Other assets. See Part IV, line 11	1,651,499		2,011,48
16	Total assets. Add lines 1 through 15 (must equal line 33)	1,713	17	1,00
17	Accounts payable and accrued expenses		18	
18	Grants payable		19	
19	Deferred revenue		20	
20	Tax-exempt bond liabilities	215,903	21	270,99
21	Escrow or custodial account liability. Complete Part IV of Schedule D	210,000		
22	Loans and other payables to any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%		22	
22	controlled entity or family member of any of these persons		23	
23	• • • • • • • • • • • • • • • • • • • •		24	
24	Unsecured notes and loans payable to unrelated third parties		-24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other flabilities not included on lines 17-24). Complete Part X		25	
İ	of Schedule D	217,616	26	271,99
26	Total Habilities, Add lines 17 through 25	211,010	20	<u> </u>
	Organizations that follow FASB ASC 958, check here ▶ X			
}	and complete lines 27, 28, 32, and 33.	59,055	A	57,29
27	Net assets without donor restrictions	1,374,828	27	1,682,20
28	Net assets with donor restrictions	1,314,020	28	I, OOL, LO.
<u> </u>	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	Pald-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	1 400 000	31	1,739,49
32	Total net assets or fund balances	1,433,883		
33	Total liabilities and net assets/fund balances	1,651,499	33	2,011,489

	m 990 (2020) VIRGINIA BEACH LIBRARY FOUNDATION 27-3077402			P	age 12
F	art XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			<u>,,,,,,</u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	L36	958
2	Total expenses (must equal Part IX, column (A), line 25)	2	1		516
3	Revenue less expenses. Subtract line 2 from line 1	3			442
4	ivet assets of fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,4	133,	883
5	Net unrealized gains (losses) on investments	5	2	280,	173
6	Donated services and use of facilities	6			
7	investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9		***************************************	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		<u></u>		
	32, column (B))	10	1,7	39,	498
P	art XII Financial Statements and Reporting	***************************************			
	Check if Schedule O contains a response or note to any line in this Part XII				\Box
			**************************************	7	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		7		
	Schedule O.		, All		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	х	1
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		1	1,177	
	separate basis, consolidated basis, or both:		4/ 1/4		1.7
	Separate basis Consolidated basis Both consolidated and separate basis				3.1
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	. !	
	If the organization changed either its oversight process or selection process during the tax year, explain on	******		100	17.
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Single Audit Act and OMB Circular A 1999		3a	l	x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		30		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
		*********	,	m 990	maca
			FOR	n 220	(ZUZU)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
n, Inspection
Employer identification number

27-3077402

Internal Revenue Service
Name of the organization

Department of the Treasury

VIRGINIA BEACH LIBRARY FOUNDATION

Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(I). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(III). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(III). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public X described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi), (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (vi) Amount of (lv) is the organization (v) Amount of monetary (ii) EIN (iii) Type of organization (I) Name of supported other support (see (described on lines 1-10 listed in your governing support (see organization Instructions) Instructions) document? above (see instructions)) Yes No (A) (B)

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

Schedule A (Form 990 or 990-EZ) 2020

(C)

(D)

(E)

Total

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.)

	ection A. Public Support lendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(a) 2010	(4) 2040	(-) 0000	(0.7.4.4
•	ional faut (or mout your pognitting in)	(a) 2016	(0) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	76,245	38,175	209,370	37,915	61,116	422,82
2	Tax revenues levied for the organization'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	76,245	38,175	209,370	37,915	61,116	422,821
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)						
6	Public support. Subtract line 5 from line 4						422,821
	ction B. Total Support				·		
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	76,245	38,175	209,370	37,915	61,116	422,821
8	Gross Income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	26,266	27,529	28,319	34,131	26,817	143,062
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	• "					565,883
12	Gross receipts from related activities, etc. (se	ee instructions)	1			12	
13	rinst o years. If the Form 990 is for the orga	nization's first, seco	and, third, fourth, or	fifth tax year as a s	section 501(c)(3)		
_	organization, check this box and stop here.		4477777111				
	tion C. Computation of Public Sup						
14	Public support percentage for 2020 (line 6, co	olumn (f) divided by	line 11, column (f))		***********	14	74.72%
15	Public support percentage from 2019 Schedu			* 1 * 1 * * * * * * * * * * * * * * * *		15	72.19%
16a	33 1/3% support test—2020. If the organiza	tion did not check th	ne box on line 13, a	nd line 14 is 33 1/3	% or more, check t	his	
	box and stop here. The organization qualifies	s as a publicly supp	orted organization .				> 🔀
b	33 1/3% support test—2019. If the organiza						. [
47	this box and stop here. The organization qua	imes as a publicly s	upported organizati	on		*********	▶ ∐
174	10%-facts-and-circumstances test—2020,						
	10% or more, and if the organization meets the						
	Part VI how the organization meets the 'facts						. .
ь	organization 10%-facts-and-circumstances test—2019.	ittha arganization d		1 40 40- 40		• • • • • • • • • • • • • • • • • • • •	🟲 🗀
_	15 is 10% or more, and if the organization me					. _	
	in Part VI how the organization meets the "fac	te and clearmatana	arcumstances test,	CHECK WAS DOX AND	ı stop nere, Explai	in .i	
							⊾ □
18	organization Private foundation. If the organization did no	it check a boy on lin	na 13 16a 16h 17a	or 17h chaob this	hov and see	*******	🗀
							▶ □
	instructions			*******	******	*********	

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.)

	If the organization fails to o	quality under th	e tests listed be	iow, piease co	mpiete Fait II.)			
	tion A. Public Support			4-3-00-40	(4) 0545	(=) 0000		(6 Total
Caler	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020		(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge		Jirovino t					
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts Included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
¢	Add lines 7a and 7b							
8	Public support. (Subtract line 7c from							
<u> </u>	line 6.)							
	tion B. Total Support dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020		(f) Total
9	Amounts from line 6	(a) 2010	(6) 2017	(0/20.0	(11/2010			
10a	Gross income from interest, dividends, payments received on securities loans, rents,							
	royalties, and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		w					
C	Add lines 10a and 10b							
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on			MONTH AND THE RESERVE OF THE PERSON OF THE P	.m			
12	Other income, Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11,							
	and 12.)		<u> </u>				i_	
14	First 6 years. If the Form 990 is for the orga							_
<u> </u>	organization, check this box and stop here					<u>* * * 1 / * * 2 / * * 4 - 7 * * 4 / * * 9 / * </u>		1
	tion C. Computation of Public Su			2)		1	15	%
15	Public support percentage for 2020 (line 8, o					··· ··	16	<u>%</u> %
<u>16</u>	Public support percentage from 2019 Sched tion D. Computation of Investmen			*******	****************		••	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
<u>3ec</u> 17	Investment income percentage for 2020 (line			lump (f))			17	%
17 18	Investment income percentage from 2019 S				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		18	%
10 19a	33 1/3% support tests—2020. If the organi			and line 15 is mor	re than 33 1/3%, an		4	
4	17 is not more than 33 1/3%, check this box	and stop here. Th	e organization quali	fies as a publicly s	upported organizati	on , , ,		▶ ∟
b	33 1/3% support tests-2019. If the organi	zation did not chec	k a box on line 14 o	line 19a, and line	16 is more than 33	1/3%, and		
	line 18 is not more than 33 1/3%, check this	box and stop here	. The organization of	qualifies as a public	dy supported organ	ization		▶ 上
20	Private foundation. If the organization did	not check a box on	line 14, 19a, or 19b	, check this box an	d see Instructions .			
						Cohadula A /S	arm a	00 or 990-F73 2020

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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

- 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 end 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 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 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 nemes 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?
- 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ),
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," enswer 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.)

_	L_Y(98	No
100			
1 1			
2			ļ
	A 90	- 3	**
3a			
1	1		
3b	6 4.7	-	***
ı	(r)		
3c	-	-	**********
	1		
4a	1	\dashv	
			A. I.,
4b			
7.5	1 465	1	- 11 14 25
	1	1	
4c	<u> </u>		
V.		T	
H			
	1		1 657
5a	1	1	
7.1			
6b	<u> </u>	+	
5c	187.5	+	
e			
-	146-14 117-14	+	1 - 12
7			
	:	1	
8			
	11 7 7	T	
9a			
1	: - "	1	–
9b		_	
		1	
9c		1	
	N2 17		
10a		-	

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			·
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	116		
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	ion 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		1 1	
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,		100	:
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)		1.04	
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported		17.1	
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part		7	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		L
Sect	ion C. Type II Supporting Organizations		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	T
			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	1 : 1	1 1 1	
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		l
Sect	ion D. Ali 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			ľ
	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			İ
	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		<u> </u>
3	By reason of the relationship described in 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	3		
O 15	supported organizations played in this regard.			L
	Ion 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).			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	re)		
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruction	ا. ا	Yes	No
2	Activities Test. Answer lines 2a and 2b below.		100	1110
ä	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			·
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,			l
	how the organization was responsive to those supported organizations, and how the organization determined			Ì
		2a		ļ
	that these activities constituted substantially all of its activities. Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
b	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.	2b]
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
3	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			İ
a	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	and an in the state of the stat			
Ð	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	L	
	ALINA AND DATE AND ALINA MANAGEMENT AND AND AND AND AND AND AND AND AND AND			

	tt V: Type III Non-Functionally Integrated 509(a)(3) Supporting Org	<u>rADI</u>	TION 27-307	7402 Page (
1		aniza	ations	
'	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov.	20, 19	170 (explain in Part VI). See	
	Instructions. All other Type III non-functionally integrated supporting organizations must	comple	ete Sections A through E.	
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year
1	Net short-term capital gain	7 4		(optional)
2	Recoveries of prior-year distributions	1 1		
3	Other gross income (see instructions)	3		
4		4		<u> </u>
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of	├ °		
•	gross income or for management, conservation, or maintenance of property			
	held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
***************************************		10		(D) Company Varia
Sect	ion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
	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		
	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	n C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
	Enter 0.85 of line 1.	2		· · · · · · · · · · · · · · · · · · ·
	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
	Enter greater of line 2 or line 3.	4		
5	ncome tax imposed in prior year	5		
	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 integrated Type	III sup	porting organization	

Schedule A (Form 990 or 990-EZ) 2020

(see 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.)

	······································

***********	· · · · · · · · · · · · · · · · · · ·
	······································

40. 1411.11 14.1	
***** ********	······································

* * * * * * * * * * * * * * * * * * * *	

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

Name of the organization

Employer identification number

VIRGINIA BEAC	CH LIBRARY FOUNDATION	27-3077402
Organization type (check o	ne):	
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	
	covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. S	See
General Rule		
	hing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,00 reporty) from any one contributor. Complete Parts I and II. See instructions for determining attributions.	
Special Rules		
regulations under se 13, 16a, or 16b, and	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ /s% support test of ctions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part that received from any one contributor, during the year, total contributions of the greater of (*the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I a	II, line 1)
contributor, during the	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, all purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.	·
contributor, during th contributions totaled during the year for ar General Rule applie	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any or eyear, contributions exclusively for religious, charitable, etc., purposes, but no such more than \$1,000. If this box is checked, enter here the total contributions that were received in exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the is to this organization because it received nonexclusively religious, charitable, etc., contributions during the year	d
990-EZ, or 990-PF), but it me	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 9 ust answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 99 o certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990	0-EZ or on its

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

Name of organization

VIRGINIA BEACH LIBRARY FOUNDATION

PAGE 1 OF 1 Ps
Employer Identification number 27-3077402

Par	Contributors (see instructions). Use duplicate copies of	Part I if additional space is ne	eded.
(a) No.	1 1	(c) Total contributions	(d) Type of contribution
1	6001 HARBOUR VIEW BLVD SUFFOLK VA 23435	s 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) <u>No.</u>	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	UNIVERSITY OF VIRGINIA PO BOX 400224 CHARLOTTESVILLE VA 22904	\$ 10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b)	(c)	(d)
110.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and Z!P + 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 Payrol! Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c)	(d)
	Taming aumitod, and air 74	Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 2020 Open to Public Inspection

Employer identification number

ane at the Albi	売付を受け ヘアコ		
VTRGT	NIA BEACH LIBRARY FOUNDATION		27-3077402
Part I	Organizations Maintaining Donor Advised Fur	nds or Other Similar Funds or Ad	
	Complete if the organization answered "Yes" on I	Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1 Total n	number at end of year		
	gate value of contributions to (during year)		
	gate value of grants from (during year)		
	gate value at end of year		
5 Did the	e organization inform all donors and donor advisors in writing that th	e assets held in donor advised	
funds a	are the organization's property, subject to the organization's exclusi	ve legal control?	Yes No
6 Did the	organization inform all grantees, donors, and donor advisors in wi	iting that grant funds can be used	
	r charitable purposes and not for the benefit of the donor or donor a		
confer	ning Impermissible private benefit?		Yes No
Part II	Conservation Easements.		
•	Complete if the organization answered "Yes" on F	Form 990, Part IV, line 7.	
	se(s) of conservation easements held by the organization (check all		
Pre	eservation of land for public use (for example, recreation or educati	on) Preservation of a historically in	mportant land area
Pro	otection of natural habitat	Preservation of a certified hist	oric structure
	eservation of open space		
	ete lines 2a through 2d if the organization held a qualified conserva	tion contribution in the form of a conservation	
	ent on the last day of the tax year.		Held at the End of the Tax Year
a Total n	number of conservation easements		
b Total a	creage restricted by conservation easements		
	er of conservation easements on a certified historic structure includ		. 2c
	er of conservation easements included in (c) acquired after 7/25/06		
historio	structure listed in the National Register		. 2d
3 Number	er of conservation easements modified, transferred, released, extin	guished, or terminated by the organization d	uring the
	# 		
	er of states where property subject to conservation easement is loc		
	he organization have a written policy regarding the periodic monitor		
	ons, and enforcement of the conservation easements it holds? \dots		
	nd volunteer hours devoted to monitoring, inspecting, handling of vi	olations, and enforcing conservation easem	ents during the year
▶			
	nt of expenses incurred in monitoring, inspecting, handling of violati	ons, and enforcing conservation easements	during the year
		1	
	each conservation easement reported on line 2(d) above satisfy the		Yes No
and se	ection 170(h)(4)(B)(ii)?		
9 In Part	XIII, describe how the organization reports conservation easement	s in its revenue and expense statement and	l naa tha
	e sheet, and include, if applicable, the text of the footnote to the organization consuming for companying companying	ganization's ilitaricial statements that describ	oes tile
	zation's accounting for conservation easements. Organizations Maintaining Collections of Art,	Historical Trassures or Other S	imilar Assets
Part III	Complete if the organization answered "Yes" on f	Form 990. Part IV. line 8.	mina Addidi
4 1655	organization elected, as permitted under FASB ASC 958, not to rep		and works
Ta ITME 0	nganization elected, as permitted under PASE ASC 956, flot to tep- historical treasures, or other similar assets held for public exhibition	adversion or research in furthersure of m	uhlic
	e, provide in Part XIII the text of the footnote to its financial stateme		
Service	e, provide in Part XIII the text of the founder to its infancial statement and are the foundation elected, as permitted under FASB ASC 958, to report it	n its revenue statement and halance sheet v	works of
ույ ինները այի հետ	organization elected, as permitted under PASE ASC 956, to report a storical treasures, or other similar assets held for public exhibition, a	education, or research in furtherance of out-	lic service.
	e the following amounts relating to these items:	outering of resources in regularities of pure	
	e the following amounts relating to these items: evenue included on Form 990, Part VIII, line 1		> \$
(II) AS	ssets included in Form 990, Part X organization received or held works of art, historical treasures, or ot	har similar assats far financial gain, provide	
	organization received or neid works of air, historical deasures, of or ing amounts required to be reported under FASB ASC 958 relating		w. 100
	ue included on Form 990, Part VIII, line 1	*********	> S

Schedule D (Form 990) 2020 VIRGIN	IA BEACH LIBR	ARY FOUNDA	TION 27-	3077402		Pag
Part III Organizations Maintai 3 Using the organization's acquisition, according to the organization of t	ning Collections of	Art, Historical T	reasures, or Othe	r Similar As	ssets (d	continued)
collection items (check all that apply):	ission, and other records, o	check any of the follow	wing that make significal	nt use of its		
a Public exhibition	d []	Loan or exchange pro	ntram			
b Scholarly research	,					
c Preservation for future generations		*************	***********			
4 Provide a description of the organization's	collections and explain ho	w they further the org	anization's exempt purp	ose in Part		
XIII.				·		
6 During the year, did the organization solic	t or receive donations of ar	t, historical treasures	, or other similar			
assets to be sold to raise funds rather that	to be maintained as part	of the organization's o	collection?			. 🗌 Yes 🗌 I
Part IV Escrow and Custodial Complete if the organiza		on Form 000 Da	at IV line G or rem	artad an am		· C
990, Part X, line 21.				oned an am	ount or	i Form
1a is the organization an agent, trustee, custo	dian or other intermediary	for contributions or ot	her assets not			
included on Form 990, Part X?		• • • • • • • • • • • • • • • • • • • •				Yes X N
b If "Yes," explain the arrangement in Part X	III and complete the following	ng lable:		f	,	
c Beginning balance			•			Amount
*************			,,	1c		
d Additions during the year Distributions during the year		***:	******	1d		
		• • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·	1e	***************************************	
f Ending balance 2a Did the organization include an amount on	Form 990 Part X line 21	for perrow or cueladie	al account liability	1f		V
b If "Yes," explain the arrangement in Part XI	ii. Check here if the exclan	ation has been provide	ad on Part VIII			Yes N
Part V Endowment Funds.		audit tido occin provid	co on an Am		*******	[A]
Complete if the organizat	on answered "Yes" o	n Form 990, Par	t IV, line 10.			
	(a) Current year	(b) Prior year	(o) Two years back	(d) Three years	back	(a) Four years back
1a Beginning of year balance	1,433,883	1,439,885	1,442,889	1,446		1,450,89
b Contributions	61,115	37,915	209,370		,175	76,24
 Net investment earnings, gains, and 						
losses	356,016	80,009	88,552	90	,584	58,74
d Grants or scholarships			190,449			
Other expenditures for facilities and	50 500					
programs	70,588	91,349	59,674	*************************************	,644	82,51
f Administrative expenses g End of year balance	1,739,499	32,579			,085	56,60
2 Provide the estimated percentage of the cur		1,433,881	1,439,885	1,442	,889	1,446,85
a Board designated or quasi-endowment ▶	3.35 %	ig, column (a)) neid	as:			
b Permanent endowment > 12.85 %						
c Term endowment ► 83.80 %						
The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.					
a Are there endowment funds not in the posse		nat are held and admi	nistered for the			
organization by:	-					Yes No
(I) Unrelated organizations					ĺ	3a(I) X
(ii) Leister of Autreations						3a(li) X
b ii ies offine safily, are the related organiza	inous listed as tednited ou	Schedule R?	************			3b
Describe in Part XIII the intended uses of the	organization's endowmen	t funds.				
Part VI Land, Buildings, and Equ		F 000 D				
Complete if the organization						
manufamil of brobath	(a) Cost or other basis (investment)	(b) Cost or oth (other)	(-7	umulated eciation	(1	d) Book value
a Land		, , , , , , , , , , , , , , , , , , , ,				
b Buildings					, , , , , , , , , , , , , , , , , , ,	
c Leasehold improvements						
d Equipment						
e Other	.					
al. Add lines 1a through 1e. <i>(Column (d) must</i> e	qual Form 990, Part X, col	umn (B), line 10c.)				****

Schedule D (Fo		RY FOUNDATION	27-3077402	Page 3
Part VII	Investments - Other Securities.	5 000 D (0 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 /	445 Oct From 000 De	ut V. Itaa 40
	Complete if the organization answered "Yes" or			
	(a) Description of security or category	(b) Book value	(c) Method of Cost or end-of-yea	
=:	(including name of security)			
(1) Financial de				
	d equity interests			
		i		
(H)				
	(b) must equal Form 990, Part X, col. (B) line 12.)	· .		
Part VIII	Investments – Program Related.			
	Complete if the organization answered "Yes" or	Form 990, Part IV, line	: 11c. See Form 990, Pa	rt X, line 13.
	(a) Description of Investment	(b) Book value	(c) Method of	
			Cost or end-of-yea	r market valua
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column	(b) must equal Form 990, Part X, col. (B) line 13.)	<u> </u>		
Part IX	Other Assets.			134 P 48
	Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11d. See Form 990, Pa	
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)		,		
(7)				
(8)				
(9)	All most count forms 000. Book V. col. (B) line 45.1		b	
Part X	(b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.			
rantx	Complete if the organization answered "Yes" or	Form 990 Part IV. line	11e or 11f. See Form 9	990. Part X.
	line 25.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,
1.	(a) Description of Fability			(b) Book value
	ncome taxes		······································	
(1) Federal ii (2)	two in two			
(3)				-
(4)				
(5)				
(6)		<u> </u>		
(7)		, , , , , , , , , , , , , , , , , , , ,		
(8)				
(9)				
	(b) must equal Form 990, Part X, col. (B) line 25.)			
2. Liability for I	incertain tax positions. In Part XIII, provide the text of the footn	ote to the organization's finan	cial statements that reports the	
organization's l	lability for uncertain tax positions under FASB ASC 740. Check	chere if the text of the footnote	has been provided in Part XII	<u> </u>

	dule D (Form 990) 2020 VIRGINIA BEACH LIBRARY FOUND!	TION	27-307740		Page 4
P	art XI Reconciliation of Revenue per Audited Financial Stateme	nts With	Revenue per Retu	ırn,	
	Complete if the organization answered "Yes" on Form 990, P	art IV, line	2 12a.		
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
a	Net unrealized gains (losses) on investments	2a			
b	1.61111.	2b			
c d	Recoveries of prior year grants	20			
	Other (Describe in Part XIII.)	2d			
3	Add lines 2a through 2d			2e	
4	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	••••••	3	
-	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	48			
				4-	
5	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	••••••		4c 5	
Ŷα	rt XII Reconciliation of Expenses per Audited Financial Stateme	ante With	Evnances ner Pet		
	Complete if the organization answered "Yes" on Form 990, Pa	art IV line	12a	wiii.	
1	Total expenses and losses per audited financial statements		T T	1	
2	Amounts Included on line 1 but not on Form 990, Part IX, line 25:		***************************************		
	Donated services and use of facilities	2a	1	** <u> </u>	•
b	Prior year adjustments			. 3	
C	Other losses	2c			
d	Other (Describe in Part XIII.)				
9	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	nvestment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b		3.4	
C.	Add lines 4a and 4b			fc	
5 1	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	
	XIII Supplemental Information.				
rovide	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, line	s 1b and 2b;	Part V, line 4; Part X, lin	e	
; Part	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ac	ditional info	mation.		
PA	RT IV, LINE 2B - ESCROW LIABILITY ARRANGEME	NT EXI	PLANATION	*****	
mer					
TH	E ORGANIZATION HOLDS FUNDS AS INTERMEDIARY	FOR A	SEPARATE OR	GANIZA	TION
_ 1	DUE COTENIOS ON MUN ITODANY AS NAME OF THE				
	THE FRIENDS OF THE LIBRARY, AS PART OF ITS	ENDOWN	ENT INVESTM	ents.	
				• • • • • • • • • • • • • • • • • • • •	
	······································		• • • • • • • • • • • • • • • • • • • •		
• • • • • •	· · · · · · · · · · · · · · · · · · ·				
• • • • •					
• • • • •	the provide the matter that the contract in th		*************	•• •••••	
	The transfer that a transfer transfer to the transfer transfer to the transfer transfer to the transfer transfer to the transfer				
	**************************************				•• ••••
			••••••	• •••••	• • • • • • • • • • • • • • • • • • • •

NP6310K 09/15/2021 5:20 PM

Schedule D (Fo	om 990) 2020	VIRGINIA	BEACH	LIBRARY	FOUNDATION	27-3077402	Page 5
Part XIII	Supplemen	tal Information	(continue	d)			
				* ** ***** ******	************		********
				***********	***		*******
,		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			**********		*********
, . ,	**********				***************************************		.,,,,,,,
, ,		*******		**********			
		************					******
******		******					********

		** ** ** *****			*****		
					** ***************		
/ · • • · • • · • • • • • • • • • • • •		********		*********			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
			,				
	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	p.u		*******	/ * F/\$F/*F*******************************		

1154455-44744		,., .,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			*****		
/ (t							
***********				······	* *************************************		
							.,, ,, ,,,,, ,,,,
***********		********		,.,			
	*****	******			***/****************		*********************
		*****			······································		
	,						************
		,					********
> + 1 · 1 · 4 · 4 · 4 · • • • •		************			····		
			• • • • • • • • • • • • •				*********
	*****	********		******	,.,		** **********
	•• •••			******			

SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

▶ Go to www.lrs.gov/Form990 for the latest information.

Open to Public Inspection Employer Identification number

OMB No. 1545-0047

2020

VIRGINIA BEACH LIBRARY FOUNDATION	27-3077402
FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO R	EVIEW FORM 990
THE BOARD OF DIRECTORS REVIEW AND APPROVE FORM 990 BEFORE	IT IS FILED.
FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS PO	LICY
THE FOUNDATION BY-LAWS REQUIRE DIRECTORS TO COMPLY WITH A	
LOCAL LAW CONCERNING CONFLICT OF INTEREST TRANSACTIONS AS	
CODE SECTION 13.1-871. DIRECTORS MUST DISCLOSE ACTUAL OR 1	POTENTIAL
CONFLICTS TO THE BOARD OF DIRECTORS.	
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSUR	RE EXPLANATION
THE FOUNDATION MAKES IT'S FORM 990 AVAILABLE ON GUIDESTAR.	ORG, AS WELL AS
UPON REQUEST.	· · · · · · · · · · · · · · · · · · ·

**************************************	······ · · · · · · · · · · · · · · · ·

	•••••••••••••••••••••••••••••••••••••••

F	om 990	Two Year	Com	parison Report		2019 & 2020
'	OIIII OOO	For calendar year 2020, or tax year beginning	(07/01/20 , ending	06/30/21	
Name		EACH LIBRARY FOUNDATION				r Identification Number
				2019	2020	Differences
	1. Contributions,	gifts, grants	1.	37,915	61,116	23,201
	2. Membership du	es and assessments	2.			
: ا	3. Government co	ntributions and grants	3.			
9 1	4. Program servic	e revenue	4.			
= (5. Investment inco	ome	5.	34,131	26,817	-7,314
\$ (6. Proceeds from	tax exempt bonds	6.			
		s) from sale of assets other than inventory	7.	77,603	49,025	-28,578
		loss) from fundraising events	8.			
		(loss) from gaming	9,			
		s) on sales of inventory	10.			
			11.			
12	2. Total revenue	. Add lines 1 through 11	12.	149,649	136,958	-12,691
1:	3. Grants and sim	llar amounts paid	13.			
114	4. Benefits paid to	or for members	14.			
		of officers, directors, trustees, etc.	15.			
S 11	6. Salaries, other	compensation, and employee benefits	16.			
6 17	7. Professional fu	ndraising fees	17.			
S 11	8. Other professio	nal fees	18.	16,870	15,943	-927
անից	9. Occupancy, rer	nt, utilities, and maintenance	19,			
		d Depletion	20.			
			21.	107,058	95,573	-11,485
2:	2. Total expense	s. Add lines 13 through 21	22,	123,928	111,516	-12,412
2:	3. Excess or (De	ficit). Subtract line 22 from line 12	23.	25,721	25,442	-279
24	4. Total exempt re	venue	24.	149,649	136,958	-12,691
21	5. Total unrelated	revenue	25.			
E 26	6. Total excludable	erevenue	26.	111,734	75,842	-35,892
# 27	7. Total assets		27.	1,651,499	2,011,489	359,990
E 28	8. Total liabilities		28.	217,616	271,991	54,375
王 25	9. Retained eamin	gs	29.	1,433,883	1,739,498	305,615
<u> </u>	0. Number of votin	ng members of governing body	30.	13	13	
δβ	1. Number of Inde	pendent voting members of governing body	31.	13	13	:
32	2. Number of emp	loyees	32.	0	0	
	3. Number of volu		33.			

Form 990	Tax Return History			2020-
Name VIRGINIA BEACH LIBRARY	ACH LIBRARY FOUNDATION		Employe	Employer Identification Number
			27-	27-3077402
Contributions aifts arants	2016 2017 2018	2019	2020	2021
Membership dues		37,915	61,116	
Program service revenue				
Capital gain or loss				
Investment income		24,52	49,025	
Fundraising revenue (income/loss)		34,131	26,817	
Gaming revenue (income/loss)				
Other revenue				
Total revenue		077		
Grants and similar amounts paid		143,049	136,958	
Benefits paid to or for members				
Compensation of officers, etc.				
Other compensation				
Professional fees		16 070		
Occupancy costs		0/8/07	15,943	
Depreciation and depletion				
Other expenses		107 050		
:		102 000	35,573	
Excess or (Deficit)		05/340	976, 111	
Total promote and the second			754,62	
Total marinta in the T		149,649	136 958	
			2007	
Total Americanie revenue		111,734	75.842	
Total Tabilities		1,651,499	2,011,489	
Not Eural Dalorson		217,616	271 991	
		1,433,883	1,739,498	
			J	

NP6310K VIRGINIA BEACH LIBRARY FOUNDATION 27-3077402 Federal Statements 9/15/2021 5:20 PM

FYE: 6/30/2021

Description						
Doddipton	Amount	Unrelated Business	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
	\$ 12		14			
TOTAL	\$ 12					
	 7					
	laxable D	<u>ividends f</u>	<u>rom Secu</u>	rities		
Description	 I axable D					
Description	Amount	Unrelated		Postal	Acquired after 6/30/75	US Obs (\$ or %
Description	\$	Unrelated	Exclusion	Postal		

9/15/2021 5:20 PM Fund Raising Management & General 404 75 479 Form 990, Part IX, Line 24e - All Other Expenses Program Service NP6310K VIRGINIA BEACH LIBRARY FOUNDATION

Federal Statements 404 75 Total Expenses Description BANK CHARGES COMMISSIONS & FEES 27-3077402 FYE: 6/30/2021 TOTAL