990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

2021 Open to Public Inspection

OMB No. 1545-0047

A	For t	the 2021 c	alendar year, or tax year beginnin	${ m g}$ $07/01/21$ , and ending $0$	6/30/22			
В	Check i	f applicable:	C Name of organization			I	) Employer	dentification number
	Address	s change	VIRGIN	IIA BEACH LIBRARY FOUNDAT	ION			
	Name o	hanna	Doing business as				27-3	077402
		•	Number and street (or P.O. box if mail is not	•	Room/s	uite E	Telephon	
	Initial re Final re		2416 COURTHOUSE DRI  City or town, state or province, country, and it				/3/-	385-8128
	termina							
	Amende	ed return	VIRGINIA BEACH	VA 23456		c	Gross rece	eipts \$ 205,098
$\exists$			F Name and address of principal officer:		H(a)	Is this a group	return for su	ubordinates? Yes X No
Ш	Афр≋са	tion pending	ROBERT G. KREBS,					
			2416 COURTHOUSE		H(b)	Are all subord		
			VIRGINIA BEACH	VA_23456		If "No," al	tach a kst. t	See instructions
<u>+</u>	Tax-ex	empt status:			527			
<u>J</u>	Websi	te: 🕨 W	WW.VBLIBRARYFOUNDA	ATION.ORG		Group exemp		
K	Form o	forganization:	X Corporation Trust Associ	oation Other >	L Year of form	nation: 20	09	M State of legal domicie: VA
_P	art I	Su	ımmary					
	1	Briefly de:	scribe the organization's mission or m	nost significant activities:				***********
ģ		THE	VIRGINIA BEACH LIBARY	FOUNDATION'S MISSION IS	TO SECURE,	MANAG	E, AN	D
auc		INVE	ST PUBLICLY RAISED FU	NDS, GIFTS, AND BEQUESTS	IN SUPPORT	OF VI	RGINI	A
Governance		BEAC	H LIBRARIES.					
Š	2	Check this	s box ▶ 📗 if the organization disco	ontinued its operations or disposed of more	than 25% of its n	et assets.		
≪5	3	Number o	f voting members of the governing bo	ody (Part VI, line 1a)			3	13
es	4	Number o	f independent voting members of the	governing body (Part VI, line 1b)			4	13
Σ	5	Total num	ber of individuals employed in calend	dar year 2021 (Part V, line 2a)		,	5	0
Activities						<b>\</b>	6	0
•	7a	Total unre	ber of volunteers (estimate if necess) elated business regenue from Part V	II. alumn ( ) line 12			7a	0
	l		ated business taxa le incom a from		<b>T</b>	7b	0	
						Prior Year		Current Year
<u>o</u>	8	Contribution	ons and grants (Part VIII, line 1h) , , , ,			61	,116	65,324
Revenue	9	Program s	service revenue (Part VIII, line 2g)					0
Š	10	Investmen	nt income (Part VIII, column (A), fines	3, 4, and 7d)		75	,842	86,260
LE.				d, 8c, 9c, 10c, and 11e)				0
				qual Part VIII, column (A), line 12)		<u> 136</u>	,958	151,584
	13	Grants and	d similar amounts paid (Part IX, colur	mn (A), lines 1–3)				0
	14	Benefits p	aid to or for members (Part IX, colum	nn (A), line 4)				0
S	15	Salaries, c	other compensation, employee benefi	its (Part IX, column (A), lines 5-10)				0
nse	16a	Profession	nal fundraising fees (Part IX, column (	(A), line 11e)				0
Expenses			raising expenses (Part IX, column (D)					
Ш́	17	Other expe	enses (Part IX, column (A), lines 11a-	11d, 11f24e)			,516	<u>85,628</u>
	18	Total expe	enses. Add lines 13-17 (must equal P	Part IX, column (A), line 25)		111,	,516	85,628
	19			line 12			442	65,956
Net Assets or Fund Balances						ing of Curren	-	End of Year
set	20	Total asse	ts (Part X, line 16)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		2,011,		1,751,612
A B	21			***************************************		271,		233,106
		Net assets	or fund balances, Subtract line 21 fr	om fine 20	] ]	L,739,	<u>, 498</u>	1,518,506
P	art II	Sig	nature Block					
				s return, including accompanying schedules and			f my know	ledge and belief, it is
lru	e, corr	ect, and cor	uplate. Declaration of preparer (other tha	an officer) is based on all information of which p	preparer has any kn	owledge.		
Sig	n	Sig	nature of officer				Date	
Her	e		ROBERT G. KREBS, J	JR. F	PRESIDENT	·····		
		Тур	pe or print name and title					
_	_	Print/Type p	preparer's name	Preparer's signature		Date	Check	if PTIN
Paid -		WILLIAM	A R STEWART	WILLIAM R STEWART		09/06/2	2 self-emp	
	arer	Firm's name				Firm's	s EIN 🕨	54-1447170
Use	Only		2940 N LYNNE					
		Firm's addre	ess > VIRGINIA BEA	ACH, VA 23452		Phon	е по.	757-486-0114
May	the IR	S discuss	this return with the preparer shown a	bove? See instructions				X Yes No

D.	m 990 (2021) VIRGINIA BEACH LIBRARY FOUNDATION 27-3077402	Page 2
76	art III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	📙
1		
T	THE VIRGINIA BEACH LIBARY FOUNDATION'S MISSION IS TO SECURE, MANAGE, AND	
I	INVEST PUBLICLY RAISED FUNDS, GIFTS, AND BEQUESTS IN SUPPORT OF VIRGINIA	*
	BEACH LIBRARIES.	
_		
	Did the organization undertake any significant program services during the year which were not listed on the	
2		X No
	• • • • • • • • • • • • • • • • • • • •	A NO
_	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	V
	······································	X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three targest program services, as measured by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	
	the total expenses, and revenue, if any, for each program service reported.	
	(Code: ) (Expenses \$ 43,297 including grants of \$ ) (Revenue \$	)
	SUPPORT OF VIRGINIA BEACH PUBLIC LIBRARY'S YOUTH AND FAMILY SERVICES	.,,,,
P	PROGRAMMING, INCLUDING THE SUMMER READING CHALLENGE	
		· · · · · · · ·
	·	
41.	(Code: ) (Expenses \$ 17,820 including grants of \$ ) (Revenue \$	١
	(Code: ) (Expenses \$ 17,820 including grants of \$ ) (Revenue \$ SUPPORT OF VIRGINIA BEACH PUBLIC LIBRARY'S EFFORTS TO PROVIDE BETER	/
	OLLONI OL AINGINIW DEWCH ECHTIC HIDNANI D ELLONID IO INCAIDE DELEN	
	. ,	
	CUSTOMER SERVICE THROUGH THE PURCHASE AND IMPLEMENTATION OF ORANGEBOY'S	
	. ,	
	CUSTOMER SERVICE THROUGH THE PURCHASE AND IMPLEMENTATION OF ORANGEBOY'S	
	CUSTOMER SERVICE THROUGH THE PURCHASE AND IMPLEMENTATION OF ORANGEBOY'S	
	CUSTOMER SERVICE THROUGH THE PURCHASE AND IMPLEMENTATION OF ORANGEBOY'S	
	CUSTOMER SERVICE THROUGH THE PURCHASE AND IMPLEMENTATION OF ORANGEBOY'S	
	CUSTOMER SERVICE THROUGH THE PURCHASE AND IMPLEMENTATION OF ORANGEBOY'S	
	CUSTOMER SERVICE THROUGH THE PURCHASE AND IMPLEMENTATION OF ORANGEBOY'S	
	CUSTOMER SERVICE THROUGH THE PURCHASE AND IMPLEMENTATION OF ORANGEBOY'S	
	CUSTOMER SERVICE THROUGH THE PURCHASE AND IMPLEMENTATION OF ORANGEBOY'S	
	CUSTOMER SERVICE THROUGH THE PURCHASE AND IMPLEMENTATION OF ORANGEBOY'S	
S	CUSTOMER SERVICE THROUGH THE PURCHASE AND IMPLEMENTATION OF ORANGEBOY'S SAVANNAH SOFTWARE.	)
46	CUSTOMER SERVICE THROUGH THE PURCHASE AND IMPLEMENTATION OF ORANGEBOY'S SAVANNAH SOFTWARE.	)
46	CUSTOMER SERVICE THROUGH THE PURCHASE AND IMPLEMENTATION OF ORANGEBOY'S SAVANNAH SOFTWARE.  (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	)
46	CUSTOMER SERVICE THROUGH THE PURCHASE AND IMPLEMENTATION OF ORANGEBOY'S SAVANNAH SOFTWARE.  (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	)
46	CUSTOMER SERVICE THROUGH THE PURCHASE AND IMPLEMENTATION OF ORANGEBOY'S SAVANNAH SOFTWARE.  (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	)
46	CUSTOMER SERVICE THROUGH THE PURCHASE AND IMPLEMENTATION OF ORANGEBOY'S SAVANNAH SOFTWARE.  (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	)
46	CUSTOMER SERVICE THROUGH THE PURCHASE AND IMPLEMENTATION OF ORANGEBOY'S SAVANNAH SOFTWARE.  (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	)
46	CUSTOMER SERVICE THROUGH THE PURCHASE AND IMPLEMENTATION OF ORANGEBOY'S SAVANNAH SOFTWARE.  (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	)
46	CUSTOMER SERVICE THROUGH THE PURCHASE AND IMPLEMENTATION OF ORANGEBOY'S SAVANNAH SOFTWARE.  (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	)
46	CUSTOMER SERVICE THROUGH THE PURCHASE AND IMPLEMENTATION OF ORANGEBOY'S SAVANNAH SOFTWARE.  (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	)
46	CUSTOMER SERVICE THROUGH THE PURCHASE AND IMPLEMENTATION OF ORANGEBOY'S SAVANNAH SOFTWARE.  (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	)
46	CUSTOMER SERVICE THROUGH THE PURCHASE AND IMPLEMENTATION OF ORANGEBOY'S SAVANNAH SOFTWARE.  (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	)
46	CUSTOMER SERVICE THROUGH THE PURCHASE AND IMPLEMENTATION OF ORANGEBOY'S SAVANNAH SOFTWARE.  (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	)
4c N	COde: ) (Expenses \$ including grants of \$ ) (Revenue \$ 1/A	
4c N	CUSTOMER SERVICE THROUGH THE PURCHASE AND IMPLEMENTATION OF ORANGEBOY'S SAVANNAH SOFTWARE.  (Code: )(Expenses \$ including grants of \$ ) (Revenue \$ 1/A )  (Code: )(Expenses \$ ) (Revenue \$ )  (Code: )(Expenses \$ ) (Revenue \$ )	)
4c N	COde: ) (Expenses \$ including grants of \$ ) (Revenue \$ 1/A	

## Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	v
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			х
	candidates for public office? If "Yes," complete Schedule C, Part I	3		^
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	1		х
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	***************************************	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	<b> </b>		
U	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Vaa " complete Schodyla D. Bott I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
•	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9	X	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	1		v
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	445		X
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		
ıza		12a		X
h	Schedule D, Parts XI and XII  Was the organization included in consolidated, independent audited financial statements for the tax year? If	150		
D	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate		ļ	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	[	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on		ŀ	
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		ŀ	4.5
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	.		47
	If "Yes," complete Schedule G, Part III	19		<u>X</u>
	* * * * * * * * * * * * * * * * * * * *	20a		<u>X</u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	,,		v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	000	X

P	art IV Checklist of Required Schedules (continued)		, ·	т
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			X
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	+	┼^
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated			
	proplement If Wen I committee Colonialists I	23		x
2 <i>l</i> ia	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	2.5	+	+
240	\$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 appropriate Calculula V. 15 this 2 up to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	1	+
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	2.0	1	1
•	to defense any tay avanut hands?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	1	1
25a				$\top$
	transaction with a disquelified person during the year? If "Vos " complete Schodule I. Bed I.	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
-	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	KM/ Parameter October 1 D. Ct.	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	100		<del>                                     </del>
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key		1	† <u> </u>
	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			
	The state of the s	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,	<u> </u>		
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
_	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	1	Х
Ç	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	1	1	
	"Van " complete Schodule I. Bert IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	<u> </u>		
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Nate: All Form 990 filers are required to complete Schedule O.	38	Х	l
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance		•	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096, Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W -2G included on line 1a, Enter -0- if not applicable 1b 0	<u> </u>		l
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		ľ
	reportable gaming (gambling) winnings to prize winners?	4.		Y

Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in

activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

17

If "Yes," complete Form 6069.

17

Form 990 (2021) VIRGINIA BEACH LIBRARY FOUNDATION 27-3077402 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 13 Enter the number of voting members included on line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 any other officer, director, trustee, or key employee? X 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? X X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? X X 6 Did the organization have members or stockholders? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a X one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, b stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 Х The governing body? 8a Each committee with authority to act on behalf of the governing body? Х Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10a Did the organization have local chapters, branches, or affiliates? Х If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a 11a h Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement Х with a taxable entity during the year? 16a ..... b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ VA 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records

2416 COURTHOUSE DRIVE, BLDG 19

VA 23456

757-385-8128

ROBERT G. KREBS, JR.

VIRGINIA BEACH

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week	bo	ox, unl	Pos check ess pe ind a d	rson i	than on is both a r/trustee	e)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) KAREN BISCHOFF SECRETARY	0.25	x		х				0	0	0
(2) MARGARET CAMPBEL	L							-		
VICE PRESIDENT	0.50	x		х				0	0	0
(3) WANDA COOPER										
DIRECTOR	0.25	х						o	0	0
(4) CHELLE DAVIS										
DIRECTOR	0.25	x						0	0	0
(5) MORRIS H. FINE,	ESQ.									
DIRECTOR	0.25	x						o	0	0
(6) ERIC FOX	0.00	<u> </u>					$\dashv$			
TREASURER	0.25	х		x				0	0	<u> </u>
(7) ROBERT G. KREBS,										
PRESIDENT	0.50 0.00	х		х				o	o	0
(8) KIMBERLY KNIGHT										
EXECUTIVE DIRECTOR	0.25 0.00	x						o	0	0
(9) NANCY OLIVER										
DIRECTOR	0.25	х						o	o	0
(10) MARCY SIMS										
DIRECTOR	0.25	х						o	o	0
(11) GUY TOWER						$\top$	1			
DIRECTOR	0.25 0.00	х						0	0	000

(A) Name and title	(B) Average hours per week	(C) Position (do not check more than or box, unless person is both officer and a director/truste					an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related		(F) stimated of oth compens	amount ier	
	(list any hours for related organizations below dotted fine)	Individual trustoe or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	۰	from t rganizati ated orga	he on and	5
									where the second				
									- Administration of the Control of t				
	,,,,,,,,,,,,,									4			
total (add lines 1b and 1c)  Total number of individuals (incl	ts to Part VII, Se	ectio	n A		 		<b>▶ ▶ 100</b>	who received more than \$1	00 000 of				
reportable compensation from the	ne organization	<u> </u>	0									Yes	No
<ul> <li>3 Did the organization list any formation employee on line 1a? If "Yes," c</li> <li>4 For any individual listed on line organization and related organization.</li> </ul>	omplete Schedu 1a, is the sum of	le J i repo	<i>for ธเ</i> ortab	<i>ich ir</i> le co	ndivi mpe	<i>dual</i> nsati	on a	and other compensation from	n the		3		Х
individual  5 Did any person listed on line 1a for services rendered to the organization.	receive or accru	 e co:	mper	nsatio	on fr	om a	iny u	inrelated organization or ind			5		X X
Section B. Independent Contractors  1 Complete this table for your five	highest compen	sate	d ind	eper	nden	t con	itrac	tors that received more than	s\$100,000 of			··········	
compensation from the organization from the	ntion, Report con (A) disness address	pen	satio	n for	the	caler	ndar	year ending with or within the Descript	ne organization's tax year. (B) ion of services		Cor	(C) npensati	on
												···	
Total number of independent co	ntractors (includi	ng b	ut no	ot lim	ited	to the	ose l	listed above) who					

Р	art \			of Revenue redule O contr	ains a	a respoi	nse or note	to any line in this	Part VIII		
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
S :	1 1 2	Federated camp	paigns		1a		***************************************				
ran	Ē	Membership du	es		1b		***************************************	]			
Contributions, Gifts, Grants	,	Fundraising eve	nts		1c			]			
# 3		d Related organiza	ations		1d						
3,	6	Government grants (co	ontributio	ons)	1e						
tion of	5	<ul> <li>All other contributions, and similar amounts re</li> </ul>			1f		65,324				
퍨	5	Noncash contributions									
통					1g			ar 00.4			
<u>u</u>	3 F	Total. Add lines	1a1f	***********			1	65,324			
	2a						Business Code				
Program Service	L										
Ser	2										
all a											
50	1 e										
Δ.		f All other progran									
		Total. Add lines					*				
	3	Investment incor									
		other similar am						33,917			33,917
	4	Income from inve	estme	nt of tax-exempt	bond p	roceeds	<b></b>				
	5	Royalties	<u> </u>	·····							
				(i) Real		(ii)	Personal				
	6a	Gross rents	6a								
	b	Less: rental expenses	6b								
		Rental inc. or (loss)	6c								
	d 7a	Net rental incom Gross amount from	e or (k			1					
	"	sales of assets		(i) Securities	0.5.5	(ii	i) Other				
	١.	other than inventory	7a	105,	.857	<u> </u>	<del></del>				
Other Revenue	b	Less: cost or other		E 2	E 3 A						
eve		basis and sales exps.	7b 7c		.514 .343						
Š	l	Gain or (loss) Net gain or (loss					<b></b>	52,343			52,343
the	1	Gross income from			,,,,,,	,		32,343	· · ·		<u> </u>
0	Va	(not including \$	1017010	ising events							
		of contributions rep	orted o	n line							
		1c). See Part IV, lin			8a						
	b	Less: direct expe			8b						
	1	Net income or (Ic									
	9a	Gross income fro	m gar	ming							
		activities. See Pa	ert IV, I	line 19	9a						
	b	Less: direct expe	nses		9b						
	С	Net income or (lo	oss) fro	om gaming activit	ies		▶				
	10a	Gross sales of in		• .							
		returns and allow			10a						
	b	Less: cost of goo	ds sol	đ	10b						<del></del>
	C	Net income or (lo	ss) fro	m sales of inven	tory		1				
Sn							Business Code				
e e	11a	·									
scellaneous Revenue	b			,				Mr.M.			
Res	C										
Ē	d						<b>•</b>				
		Total. Add lines						151,584	0	0	86,260
	14	, viui fevellue, c	Just IIIS	611Uno				±0±/004	U	U <sub>i</sub>	

#### VIRGINIA BEACH LIBRARY FOUNDATION 27-3077402 Form 990 (2021)

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all

366	tion 501(c)(3) and 501(c)(4) organizations must co Check if Schedule O contains a respo			nete column (A).	
Do .	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
вь,	9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Ç				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members			:	
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(8)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)		······································	I	
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
a					
b	• • • • • • • • • • • • • • • • • • • •	4 750		4 750	
c	Accounting	4,750		4,750	<del></del>
d	Lobbying				······································
	Professional fundraising services. See Part IV, line 17	11,355		11,355	
f	• • • • • • • • • • • • • • • • • • • •	11,333		11,333	
g	Other. (If line 11g amount exceeds 10% of line 25, column				
٠.	(A) amount, list line 11g expenses on Schedule O.)	2,820		2,820	***************************************
	Advertising and promotion	964		964	
13	Office expenses	904		304	
14	Information technology				
15 40	Royalties				MINIONATTI
16 17	Occupancy				
17 18	Travel				
10	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20					
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Inches and the second s				
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.)				
а	GRANT PROGRAM EXPENSES	61,117	61,117		
b	SUBSCRIPTIONS	3,123	,	3,123	X_054HH
c	STRATEGIC PLANNING	500		500	
d	BANK CHARGES	444		444	
	All other expenses	555		555	
25	Total functional expenses. Add fines 1 through 24e	85,628	61,117	24,511	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation, Check here   if following SOP 98-2 (ASC 958-720)				

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

Form 990 (2021) Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 124,585 218,891 1 Cash—non-interest-bearing Savings and temporary cash investments 2 Pledges and grants receivable, net 3 3 Accounts receivable, net 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventories for sale or use Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis, Complete Part VI of Schedule D 10a b Less: accumulated depreciation \_\_\_\_\_ 10b 10c Investments—publicly traded securities 1,882,904 1,528,721 11 11 Investments—other securities. See Part IV, line 11 12 12 Investments—program-related. See Part IV, line 11 13 13 14 Intangible assets 14 4,000 4,000 Other assets. See Part IV, line 11 15 15 2,011,489 1,751,612 Total assets. Add lines 1 through 15 (must equal line 33) ..... 16 1,001 17 17 Accounts payable and accrued expenses 18 Grants payable 18 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 233,106 270,990 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other 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 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 271,991 233,106 26 Total liabilities. Add lines 17 through 25 ..... Organizations that follow FASB ASC 958, check here ▶ X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 1,518,506 Net assets without donor restrictions 57,295 27 Net assets with donor restrictions 1,682,203 Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30

Form 990 (2021)

1,518,506 1,751,612

1,739,498

2,011,489

32

orn	1990 (2021) VIRGINIA BEACH LIBRARY FOUNDATION 27-3077402			Ρa	ige 12
Pa	art XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			584
2	Total expenses (must equal Part IX, column (A), line 25)	2			628
3	Revenue less expenses. Subtract line 2 from line 1	3			956
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,7		
5	Net unrealized gains (losses) on investments	5	-2	86,	948
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	1,5	<u>18,</u>	<u>506</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u>	
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on		ŀ		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	, ,	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?	, ,	2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
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				
	Schedule O.				
За	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-133?		3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any stens taken to undergo such audits		36		

Form **990** (2021)

### **SCHEDULE A** (Form 990)

**Public Charity Status and Public Support** Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

### VIRGINIA BEACH LIBRARY FOUNDATION

Employer Identification number 27-3077402

P	art l	Reas	son for Public Charity	Status. (All organizations	s must c	omplete	this part.) See instructio	ns.						
The	orga	nization is not	a private foundation because	e it is: (For lines 1 through 12, ch	eck only o	ne box.)								
1		A church, co	nvention of churches, or asso	ociation of churches described in	section	170(b)(1)	(A)(i).							
2	П	A school des	scribed in section 170(b)(1)(	A)(ii). (Attach Schedule E (Form	990).)									
3				e organization described in sect		)(1)(A)(iii	i) <b>.</b>							
4	П	•		in conjunction with a hospital de	•			oital's name,						
		city, and stat	=	•				·						
5		-		f a college or university owned o	r operated	l by a gov	ernmental unit described in							
	ш		(b)(1)(A)(iv). (Complete Part		, орололо	, . g.,								
6			A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7	X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public												
		described in section 170(b)(1)(A)(vi). (Complete Part II.)												
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)												
9	П	-			•	d in conju	nction with a land-grant college							
		-	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											
		university:												
10		An organizati	ion that normally receives (1)	more than 33 1/3% of its suppor	rt from cor	ntributions	, membership fees, and gross							
		,		ot functions, subject to certain ex		` '								
			_	d unrelated business taxable inco	•		11 tax) from businesses							
4.4			=	, 1975, See section 509(a)(2), (			/-\/A							
11	H	ū	•	xclusively to test for public safety			, ,, ,	~ f						
12		•		xclusively for the benefit of, to pe ons described in section 509(a)(										
				cribes the type of supporting orga				HICON						
	а			rated, supervised, or controlled b										
	_	C		er to regularly appoint or elect a		_								
				omplete Part IV, Sections A an										
	b	Type II.	A supporting organization sup	ervised or controlled in connecti-	on with its	supporte	d organization(s), by having							
		control or	r management of the supporti	ng organization vested in the sa	me persoi	ns that co	ntrol or manage the supported							
		organizat	tion(s). You must complete	Part IV, Sections A and C.										
	C			ipporting organization operated i										
			*	ructions). You must complete F	-									
	d	h		<ul> <li>A supporting organization opera organization generally must satis</li> </ul>				)						
				ust complete Part IV, Sections										
	е			ived a written determination from										
	_			functionally integrated supporting			1,50 % 1,50 m, 1,50 m							
	f	Enter the nun	nber of supported organizatio	ns										
	g	Provide the fo	ollowing information about the	supported organization(s).			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
(i)	Name	of supported	(ii) EIN	(III) Type of organization	(iv) is the	organization	(v) Amount of monetary	(vI) Amount of						
	org	antzation		(described on lines 1–10	1 .	ur governing	support (see	other support (see						
				above (see instructions))		ment?	instructions)	instructions)						
/ 4 \					Yes	No		<del></del>						
(A)														
/D\					<del>                                     </del>	-								
(B)														
/O1						<b> </b>								
(C)														
(D)														
(D)														
/=·														
(E)														
otal					<b></b>									

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

Sec	ction A. Public Support					<u> </u>	
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	38,175	209,370	37,915	61,116	65,324	411,900
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	38,175	209,370	37,915	61,116	65,324	411,900
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						411,900
Sec	tion B. Total Support	<u></u>				······	
Caler	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	38,175	209,370	37,915	61,116	65,324	411,900
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	27,529	28,319	34,131	26,817	33,917	150,713
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	[					562,613
12	Gross receipts from related activities, etc. (s	ee instructions)				12	
13	First 5 years. If the Form 990 is for the orga	anization's first, seco	ond, third, fourth, o	r fifth tax year as a	section 501(c)(3)		
	organization, check this box and stop here						,,,,,,,, <b>&gt;</b>
Sec	tion C. Computation of Public Su	pport Percenta	ge				
14	Public support percentage for 2021 (line 6, o	column (f) divided by	y line 11, column (f	)) <sub></sub>	,	14	73.21%
15	Public support percentage from 2020 Sched	lule A, Part II, line 14	4			15	74.72%
16a	33 1/3% support test—2021. If the organiz						. =
	box and stop here. The organization qualified	as as a publicly supp	ported organizatior	١			<b>&gt;</b> X
b	33 1/3% support test—2020. If the organize						. $\Box$
	this box and stop here. The organization qu						▶ ∐
17a	10%-facts-and-circumstances test-2021	=				ís	
	10% or more, and if the organization meets		•	·	•		
	Part VI how the organization meets the facts organization						<b>&gt;</b> 🗍
b	10%-facts-and-circumstances test—2020	=					
	15 is 10% or more, and if the organization m				. ,		
	in Part VI how the organization meets the fac-	cts-and-circumstanc	es test. The organ	ization qualifies as	a publicly supporte	d	
	organization						▶ □
18	Private foundation. If the organization did r		····				<b>.</b> —
	instructions				,,		▶ □

Part III Suppor

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

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

Sec	ction A. Public Support				<u></u>	<u></u>	
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees	(u) 2017	(B) 2010	(0) 2013	(4) 2020	(6) 2021	(1) (012)
2	received. (Do not include any "unusual grants.")  Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
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						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
Sec	line 6.) tion B. Total Support	<u> </u>					
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	(4) 2017	(B) 2010	(0) 2010	(0) 2020	(0) 2021	(1) 1 010,
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						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	,					
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.)						
4	First 5 years. If the Form 990 is for the organization, check this box and stop here	•			. ,, ,	<u> </u>	<b>L</b> [
Sec	tion C. Computation of Public Su				***************		
15	Public support percentage for 2021 (line 8, c		<del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>	<b>'</b> (1)		15	%
6	Public support percentage from 2020 Sched	lule A. Part III. line	15	· <i>m</i> ,.,		16	<u>/2</u> %
	tion D. Computation of Investmen						
7	Investment income percentage for 2021 (line			olumn (f))		17	%
8	Investment income percentage from 2020 S		B 47			امدا	%
9a	33 1/3% support tests—2021. If the organi	zation did not chec					[
	17 is not more than 33 1/3%, check this box	and stop here. Th	ne organization qua	lifies as a publicly s	supported organiza	tion	▶□
þ	33 1/3% support tests—2020, If the organi						_ []
20	line 18 is not more than 33 1/3%, check this <b>Private foundation</b> . If the organization did r	•	•	•			
	i mare ioninarion, ti the ordanization did t	IOT CHECK SHOW OFF	1111G 14, 182, OI 191	, wich the box el	ia ace instructions		🚩 🗀

#### Supporting Organizations Part IV

(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	Α. /	411	Supporting	Organiz	ations
---------	------	-----	------------	---------	--------

- 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.
- 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign b 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.
- 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)
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- 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?
- 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.
- 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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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.
- Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
- Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	·····	Yes	No
			E
	1		
		}	
	2		
	За		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		<del></del>
	5b		~~~~
	5c		
	6		
	7		
	8		
			<u> </u>
	9a		
	9b		
	9c		<del></del>
	10a		
Sch	10b edule A	(Form 9	90) 2021

Page 5

Pai	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b	ļ	
C	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c	<u> </u>	<u> </u>
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	
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	11	ļ	-
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Canti	supervised, or controlled the supporting organization.	2	<u> </u>	<u> </u>
Secu	on 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			
	or management of the supporting organization was vested in the same persons that controlled or managed	4		
Secti	the supported organization(s). on D. All Type III Supporting Organizations			L
0001	On D. An Type in 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		165	140
'	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			<u> </u>
_	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		:
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruction	s).		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
þ	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would	_,		
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations, Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	2 L		
AA	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	/Form 9	00) 2021

Schedule A (Form 990) 2021 VIRGINIA BEACH LIBRARI			AUZ Page t
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organizatio	ns	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trus	t on Nov. 20, 1970	(explain in Part VI). See	
instructions. All other Type III non-functionally integrated supporting organization	ons must complete	Sections A through E.	
Section A – Adjusted Net Income	(B) Current Year (optional)		
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection			
of gross income or for management, conservation, or maintenance of			
property held for production of income (see instructions)	6	•	
7 Other expenses (see instructions)	7		
8 Ad justed Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in <b>Part VI</b> ):			
Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d,	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C – Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally integr	rated Tyne III sunn	orting organization	

(see instructions).

Par	t V Type III Non-Functionally Integrated 509(a)(3) S	upporting Organizat	ions (continued)				
Sec	ion D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish exempt purpose	S					
2	Amounts paid to perform activity that directly furthers exempt purposes o organizations, in excess of income from activity	f supported					
3	Administrative expenses paid to accomplish exempt purposes of support	ed organizations	WIRE TO THE TOTAL				
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required—provide detail	s in <b>Part VI</b> )					
6	Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which the organization	on is responsive					
	(provide details in Part VI), See instructions.						
9	Distributable amount for 2021 from Section C, line 6						
10	Line 8 amount divided by line 9 amount		1				
Sect	ion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(li) Underdistributions Pre-2021	(iii) Distributable Am ount for 2021			
1	Distributable amount for 2021 from Section C, line 6	****					
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required–explain in Part VI). See						
	instructions.						
<del></del>	3 Excess distributions carryover, if any, to 2021						
	a From 2016						
	From 2017						
	From 2018						
	From 2020						
	Total of lines 3a through 3e		************				
	Applied to underdistributions of prior years						
	Applied to 2021 distributable amount						
	Carryover from 2016 not applied (see instructions)						
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	· · · · · · · · · · · · · · · · · · ·	***************************************				
4	Distributions for 2021 from						
	Section D, line 7:						
а	Applied to underdistributions of prior years						
	Applied to 2021 distributable amount						
С	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2021, if						
	any, Subtract lines 3g and 4a from line 2. For result						
	greater than zero, explain in Part VI. See instructions.						
6							
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2022. Add lines 3j and 4c.						
8	Breakdown of line 7:						
а	Excess from 2017						
	Excess from 2018			***			
С	Excess from 2019						
	Excess from 2020						
	Excess from 2021		·				

Schedule A (Forr	n 990) 2021	VIRGINIA I	BEACH LIB	RARY FOUN	DATION	27-3077402	Page 8
Part VI	Supplemental Info III, line 12; Part IV, B, lines 1 and 2; Pa 3a, and 3b; Part V, lines 2, 5, and 6. Als	Section A, lines 1 art IV, Section C, I line 1; Part V, Se	, 2, 3b, 3c, 4b, ine 1; Part IV, ction B, line 1e	4c, 5a, 6, 9a, 9 Section D, lines ; Part V, Section	9b, 9c, 11a, 11b s 2 and 3; Part l on D, lines 5, 6,	o, and 11c; Part IV, IV, Section E, lines and 8; and Part V,	Section 1c, 2a, 2b,
***************************************							,
******	•••••	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,			,	,,,,,,
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				***************************************
			• • • • • • • • • • • • • • • • • • • •				
			****************			***************************************	
		, , , , , ,				·····	,
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•••••••					
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,	.,
.,							
		***************************************	, , , , , , , , , , , , , , , , , , , ,			, . , ,	,
	***************************************		• • • • • • • • • • • • • • • • • • • •	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
				,			
							, , , , , , , ,
				,,,,,			
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	.,,,,.,,	•,••••		• • • • • • • • • • • • • • • • • • • •			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	*****					
. , , , , , , , , , , , , , , , , , , ,		.,,,,					
***************************************		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
***********	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
		,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

### **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.

OMB No. 1545-0047 Open to Public Inspection

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

Employer identification number

Name of the organization				Employer identification number			
* 1	TOCTATA DESCRIPTION FORMS		27	3077402			
	IRGINIA BEACH LIBRARY FOUNDATION art I Organizations Maintaining Donor Advised Fu	unde or Other Similar Funds					
г	Complete if the organization answered "Yes" on	Form 990. Part IV. line 6.	of Account				
		(a) Donor advised funds		(b) Funds and other accounts			
1	Total number at end of year						
2	Aggregate value of contributions to (during year)			ALLINIMA			
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in writing that	t the assets held in donor advised	•				
	funds are the organization's property, subject to the organization's exclu-			Yes No			
6	Did the organization inform all grantees, donors, and donor advisors in						
	only for charitable purposes and not for the benefit of the donor or dono	or advisor, or for any other purpose					
	conferring impermissible private benefit?			Yes No			
Pa	art II Conservation Easements.						
	Complete if the organization answered "Yes" on	Form 990, Part IV, line 7.					
1	Purpose(s) of conservation easements held by the organization (check	alt that apply).					
	Preservation of land for public use (for example, recreation or educ	cation) Preservation of a histor	rically important	land area			
	Protection of natural habitat	Preservation of a certif	ied historic struc	oture			
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualified conser	rvation contribution in the form of a co	nservation				
	easement on the last day of the tax year.			Held at the End of the Tax Year			
а	Total number of conservation easements	,	2a				
b	Total acreage restricted by conservation easements		2b				
C	Number of conservation easements on a certified historic structure inclu		2c				
d	Number of conservation easements included in (c) acquired after 7/25/0						
_	historic structure listed in the National Register			· · · · · · · · · · · · · · · · · · ·			
3	Number of conservation easements modified, transferred, released, ext	linguished, or terminated by the organ	ization during th	16			
	tax year ▶						
4	Number of states where property subject to conservation easement is to	**********					
5	Does the organization have a written policy regarding the periodic monit			Yes No			
•	violations, and enforcement of the conservation easements it holds?						
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of	r violations, and emorcing conservation	n easements du	ing the year			
7	Amount of expenses incurred in monitoring, inspecting, handling of viola	otions, and enforcing conconvotion are	comente durina	tha year			
7	\$\int \\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	addits, and emorcing conservation eas	sements duning	ine year			
Ω	Does each conservation easement reported on line 2(d) above satisfy the	he requirements of section 170/hV//V	RVi				
٠	and section 170/h\/4\/B\/ii\2	, , , , , , , , , , , , , , , , , , , ,	D)(1)	Yes No			
9	In Part XIII, describe how the organization reports conservation easeme	***************************************	ment and				
Ū	balance sheet, and include, if applicable, the text of the footnote to the c	· ·					
	organization's accounting for conservation easements.	· ·					
Pa	rt III Organizations Maintaining Collections of Art,		her Similar .	Assets.			
	Complete if the organization answered "Yes" on	Form 990, Part IV, line 8.					
1a	If the organization elected, as permitted under FASB ASC 958, not to re-	eport in its revenue statement and bala	ance sheet work	s			
	of art, historical treasures, or other similar assets held for public exhibition	on, education, or research in furtherar	nce of public				
•	service, provide in Part XIII the text of the footnote to its financial statem	nents that describes these items.					
þ	If the organization elected, as permitted under FASB ASC 958, to report						
	art, historical treasures, or other similar assets held for public exhibition,	, education, or research in furtherance	of public services	ce,			
	provide the following amounts relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1	, . ,	<i></i>	• \$			
				<b>\$</b>			
2	If the organization received or held works of art, historical treasures, or or		provide the				
	following amounts required to be reported under FASB ASC 958 relating						
а	Revenue included on Form 990, Part VIII, line 1			<b>\$</b>			
b	Assets included in Form 990, Part X		<b>.</b>	<b>\$</b>			

Sche	edule D (Form 990) 2021 VIRGINIA	BEACH LIBER	AKA ROONDAT	ION 2/-3	0//402	Page 2
Pa	art III Organizations Maintaining	Collections of A	rt, Historical Tre	asures, or Other	Similar Assets (	(continued)
3	Using the organization's acquisition, accession collection items (check all that apply):	n, and other records, c	heck any of the followi	ng that make significan	t use of its	
а	Public exhibition	d L	oan or exchange progr	ram		
b	Scholarly research	=				
С	one control of the co		*************	, . ,		
4	Provide a description of the organization's colle	ections and explain ho	w they further the orga	nization's exempt pure	ose in Part	
•	XIII.					
5	During the year, did the organization solicit or	receive donations of ar	rt. historical treasures.	or other similar		
_	assets to be sold to raise funds rather than to l					Yes No
Pa	art IV Escrow and Custodial Arra	·······				
	Complete if the organization		on Form 990, Part	l IV, line 9, or repo	rted an amount o	n Form
	990, Part X, line 21.					
1a	Is the organization an agent, trustee, custodiar	n or other intermediary	for contributions or otl	her assets not		
	included on Form 990, Part X?					Yes X No
b	If "Yes," explain the arrangement in Part XIII as	nd complete the follow	ing table:			
						Amount
C	Beginning balance				1c	
d	Additions during the year					
	Distributions during the year					
	Ending balance					
2a	Did the organization include an amount on For	m 990, Part X, line 21,	for escrow or custodia	al account liability?		X Yes No
b	If "Yes," explain the arrangement in Part XIII. C	heck here if the explai	nation has been provid	led on Part XIII		X
Pa	ert V Endowment Funds.					
····	Complete if the organization	answered "Yes" o	on Form 990, Part	IV, line 10.		
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
	Beginning of year balance	1,739,499	1,433,883	1,439,885	1,442,889	
b	Contributions	65,324	61,115	37,915	209,370	38,175
	Net investment earnings, gains, and					
	losses	-200,688	356,016	80,009	88,552	
ď	Grants or scholarships				190,449	
е	Other expenditures for facilities and					
	programs	61,117	70,588	91,349	59,674	
f	Administrative expenses	24,510	40,927	32,579	50,803	
g	End of year balance	1,518,508	1,739,499	1,433,881	1,439,885	1,442,889
	Provide the estimated percentage of the currer		ne 1g, column (a)) held	as:		
	Board designated or quasi-endowment ▶	5.40%				
	Permanent endowment ► 15.25 %					
C	Term endowment ► 79.35 %					
	The percentages on lines 2a, 2b, and 2c should	d equal 100%.				
3а	Are there endowment funds not in the possess	ion of the organization	that are held and adm	inistered for the		
	organization by:					Yes No
	(i) Unrelated organizations		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			3a(i) X
	(ii) Related organizations				,,,,,,	3a(ii) X
b	If "Yes" on line 3a(ii), are the related organization	ons listed as required o	on Schedule R?			3b
4	Describe in Part XIII the intended uses of the o		ent funds.			
Pa	rt VI Land, Buildings, and Equip		_			
	Complete if the organization	<u>answered "Yes" o</u>	on Form 990, Part	<u>IV, line 11a. See l</u>	Form 990, Part X,	
	Description of property	(a) Cost or other basi		1	cumulated	(d) Book value
		(investment)	(other)	) dep	reclation	
	Land					
b	Buildings					
	Leasehold improvements					
đ	Equipment					
	Other	1				
otal	. Add lines 1a through 1e. (Column (d) must equ	ıal Form 990, Part X, c	column (B), line 10c.)		<b> </b>	

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on	Form 990, Part IV, lin	<u>ie 11b. See Form 990, P</u>	art X, line 12.
(a) Description of security or category	(b) Book value	(c) Method o	of valuation:
(including name of security)		Cost or end-of-ye	ar market value
(1) Financial derivatives			
(2) Closely held equity interests	·		
(3) Other			
(A)			······································
(B)		<b>*</b>	
(B) (C)			· · · · · · · · · · · · · · · · · · ·
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments – Program Related.			
Complete if the organization answered "Yes" on f	Form 990, Part IV, lin	e 11c. See Form 990, P	art X, line 13.
(a) Description of investment	(b) Book value	(c) Method o	f valuation:
		Cost or end-of-ye	ar market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			· · · · · ·
(7)			
(8)		····	
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.  Complete if the organization answered "Yes" on F	Form 990, Part IV, lin	e 11d. See Form 990, P	art X, line 15.
_(1)			
(2)			
(3)		•	
(4)			···
(5)			
(6)			
(7)			+
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)		<b>&gt;</b>	
Part X Other Liabilities.			
Complete if the organization answered "Yes" on F	form 990, Part IV, line	e 11e or 11f.See Form 9	990, Part X,
line 25.			
1, (a) Description of flability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)		<u>,.</u> ▶	
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnot	=		11
organization's liability for uncertain tax positions under FASB ASC 740. Check h	ere if the text of the footno	<u>te has been provided in Part X</u>	<u> </u>

Sche	edule D (Form 990) 2021 VIRGINIA BEACH LIBRARY FOUNDA	TION	27-307740	)2	Page 4
Pa	art XI Reconciliation of Revenue per Audited Financial Statemen	nts With F	Revenue per Ref	turn.	
	Complete if the organization answered "Yes" on Form 990, Pa	rt IV, line	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:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
а	Net unrealized gains (losses) on investments	2a			
b	and the second of the second o	2b		7	
С	Recoveries of prior year grants	2c		1	
đ		2d		1	
е				2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	I I			UMICE CHARLES AND A STATE OF THE STATE OF TH
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
h	Other (Describe in Part XIII.)	4b		1	
				4c	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	· · · · · · · · · · · · · · · · · · ·
	ert XII Reconciliation of Expenses per Audited Financial Stateme				
Га				eturn.	
	Complete if the organization answered "Yes" on Form 990, Pa			т. т	· · · · · ·
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	•		
а	Donated services and use of facilities	2a		4	
b	Prior year adjustments	2b		.	
С	Other losses	2c		1 1	
ď	Other (Describe in Part XIII.)	2d	<del></del>	1 1	
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1	<b></b>		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b		] [	
	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	
Pa	rt XIII Supplemental Information.				
rovi	de 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	(, line	
: Pa	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a	additional inf	ormation.		
P	ART IV, LINE 2B - ESCROW LIABILITY ARRANGEME	NT EXE	PLANATION		
			,		, , , , , , , , ,
TI	HE ORGANIZATION HOLDS FUNDS AS INTERMEDIARY	FOR A	SEPARATE C	RGAN	IZATION
_	THE FRIENDS OF THE LIBRARY, AS PART OF ITS	ENDOWN	MENT INVEST	MENT	'S .
					<i></i>
	······				
	,,			, ,	

Schedule D (Fo	orm 990) 2021	VIRGINIA	BEACH	LIBRARY	FOUNDATION	27-3077402	Page <b>5</b>
Part XIII	Supplemer	ntal Information	(continue	ed)			
, ,							
					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
					• , , , , • • , , • , , , , , , , , •		
							,,
					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
						.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
<i></i>							.,
• • • • • • • • • • • • • • • • • • • •			• • • • • • • • • • • • • • • • • • • •			••••	
	* * * * * * * * * * * * * * * * * * * *	*********			**********		
			,				
			,,,,,,,,,,,,			,,.,,.	
				, , ,	,,		****************
	, ,	, , ,	,,,,,,,,,,,,			• • • • • • • • • • • • • • • • • • • •	
		* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * *		******************		
				, , ,			
							.,
							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

# SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization	Employer identification number
VIRGINIA BEACH LIBRARY FOUNDATION	27-3077402
FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCES	S TO REVIEW FORM 990
THE BOARD OF DIRECTORS REVIEW AND APPROVE FORM 990	BEFORE IT IS FILED.
FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLI	CTS POLICY
THE FOUNDATION BY-LAWS REQUIRE DIRECTORS TO COMPLY	WITH ALL VIRGINIA AND
LOCAL LAW CONCERNING CONFLICT OF INTEREST TRANSACTI	ONS AS DEFINED IN VA
CODE SECTION 13.1-871. DIRECTORS MUST DISCLOSE ACTU	AL OR POTENTIAL
	<del></del>
CONFLICTS TO THE BOARD OF DIRECTORS.	
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DI	SCLOSURE EXPLANATION
THE FOUNDATION MAKES IT'S FORM 990 AVAILABLE ON GUI	DECEMBE ODG AC METT BC
	DESTAR.ONG, AS HELL AS
UPON REQUEST.	

33. Number of volunteers

Two Year Comparison Report 2020 & 2021 Form **990** 07/01/21 , ending 06/30/22 For calendar year 2021, or tax year beginning

Nai			·		er Identification Number
	VIRGINIA BEACH LIBRARY FOUNDATION	1 1	2000	· · · · · · · · · · · · · · · · · · ·	3077402
		-	2020 61,116	2021 65,324	Differences
	1. Contributions, gifts, grants	1.	01,110	65,324	4,208
	2. Membership dues and assessments	2.			
C)	3. Government contributions and grants	3.			
3	4. Program service revenue	4.	26 017	22 017	7 100
9	5. Investment income	5.	26,817	33,917	7,100
٥×	6. Proceeds from tax exempt bonds	6.	40.005	FO 242	2 210
œ	7. Net gain or (loss) from sale of assets other than inventory	7.	49,025	52,343	3,318
	8. Net income or (loss) from fundraising events	8.	•		
	9. Net income or (loss) from gaming	9.			
	10. Net gain or (loss) on sales of inventory	10.			
	11. Other revenue	11.			
	12. Total revenue. Add lines 1 through 11	12.	136,958	151,584	14,626
	13. Grants and similar amounts paid	13.			
	14. Benefits paid to or for members	14.			······
Ø	15. Compensation of officers, directors, trustees, etc.	15.			
	16. Salaries, other compensation, and employee benefits	16.			
e)	17. Professional fundraising fees	17.			
α	18. Other professional fees	18.	15,943	16,105	162
Ш	19. Occupancy, rent, utilities, and maintenance	19.			
	20. Depreciation and Depletion	20.			
	21. Other expenses	21.	95,573	69,523	-26,050
	22. Total expenses, Add lines 13 through 21	22.	111,516	85 <i>,</i> 628	-25,888
	23. Excess or (Deficit). Subtract line 22 from line 12	23.	25,442	65,956	40,514
	24. Total exempt revenue	24.	136,958	151,584	14,626
	25. Total unrelated revenue	25.			
5	26. Total excludable revenue	26.	75,842	86,260	10,418
Information	27. Total assets	27.	2,011,489	1,751,612	-259,877
orn	28. Total liabilities	28.	271,991	233,106	-38,885
Įu Į	29. Retained earnings	29.	1,739,498		-220,992
her	30. Number of voting members of governing body	30.	13	13	•
	31. Number of independent voting members of governing body	31.	13	13	
	32. Number of employees	32.	0	0	
	22. Mumber of volunteers	22			

33.

Name VIRGINIA BEACH LIBRARY	CH LIBRARY FOUNDATION			Employe 27	Employer Identification Number 27-3077402
u	2017 2018	2019	2020	2021	2022
Contributions, gifts, grants		37,915	61,116	65.324	7777
Membership dues			٦.		***************************************
Program service revenue				THE PERSON NAMED IN COLUMN NAM	
Capital gain or loss		77,603	49,025	52.343	
Investment income		34,131	4 4	33.917	
Fundraising revenue (income/loss)				ч	
Gaming revenue (income/loss)					
Other revenue					
Total revenue		149,649	136,958	151.584	
Grants and similar amounts paid					
Benefits paid to or for members					
Compensation of officers, etc.					
Other compensation				The state of the s	
Professional fees		16,870	15,943	16,105	
Occupancy costs			4		
Depreciation and depletion					
Other expenses		107,058		69,523	
Total expenses		123,928	111,516	85,628	
Excess or (Deficit)		25,721	25,442	65,956	
lotal exempt revenue	And the state of t	149,649	136,958	151,584	
Total unrelated revenue	The state of the s				
Total excludable revenue		•	75,842	86,260	
Total Assets		1,651,499	2,011,489		
Total Liabilities		217,		233,106	
Net Fund Balances	April 1 Comment of the Comment of th	1,433,883	1,739,498	, .	

NP6310K VIRGINIA BEACH LIBRARY FOUNDATION 27-3077402 Federal Statements

9/6/2022 11:22 PM

FYE: 6/30/2022

Taxable	Interest on	Investments

		Taxable I	<u>iterest on Inve</u>	<u>estme</u>	<u>nts</u>		
Description						,	
		Amount		lusion ode	Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
	\$	16		14			
TOTAL	\$	16					
	***************************************	<u>Taxable Di</u>	ridends from	Secur	ities		
Description						A 1 C	110
	<b></b>	Amount	Unrelated Exc Business <u>C</u> e	ode_	Code	6/30/75	US Obs (\$ or %)
	\$	33,901		14			
TOTAL	\$	33,901					

9/6/2022 11:22 PM Fund Raising Management & General 430 555 Form 990, Part IX, Line 24e - All Other Expenses Program Service NP6310K VIRGINIA BEACH LIBRARY FOUNDATION
Federal Statements 555 430 Expenses Total PROFESSIONAL DEVELOPMENT COMMISSIONS & FEES Description 27-3077402 FYE: 6/30/2022 TOTAL

9/6/2022 11:22 PM	Amount	\$ 65,324 \$ 65,324	Amount	\$ 33,901 \$ 33,917
NP6310K VIRGINIA BEACH LIBRARY FOUNDATION 27-3077402 FYE: 6/30/2022	Schedule A, Part II, Line 1(e) Description	TOTAL	Schedule A, Part II, Line 8(e) Description	TOTAL