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.

OMB No. 1545-0047 2022 Open to Public Inspection

A	For t	ne 2022 c <u>alendar year, c</u>	or tax year beginning 0	7/01/22 , and ei	nding 06/30/	23		
В	Check if	applicable; C Name of organiz	ation VIRGINIA I	SEACH LIBRARY	FOUNDATION	•	D Employe	r identification number
	Address	change	POOLE					
一	Name d	Doing business a					27-3	077402
님		Number and stre	et (or P.O. box if mail is not delivered			Room/su/te	E Telephone	
Щ	Initial ref		URTHOUSE DRIVE B				/5/-	385-8128
$\sqcup$	Final ret	sd .	te or province, country, and ZiP or fo					
П	Amende	d rations		VA 23456			G Gross rec	eipts \$ 209,441
$\vdash$		r Name and addre	ess of principal officer:			H(a) is this a gro	um ratum for e	ubordinates? Yes X No
	Application		'G. KREBS, JR			intel source du	out resource	
		2416 C	COURTHOUSE DRI	VE, BLDG 19		H(b) Are all sub	ordinates inclu	ided? Yes No
			IA BEACH	<u>VA 23456</u>		If "No,"	attach a list.	See instructions
1	Tax-exe	mpt status: X 501(c)(3)	) 501(c) ( ) (ins	ert no.) 4947(a)(1	or 527			
J	Website	. WWW.VBLIE	RARYFOUNDATION	N.ORG		H(c) Group exe	nption number	·
к	Form of	organization: X Corporation	Trust Association	Other	L	Year of formation: 2	009	M State of legal domicile: VA
_	art I	Summary						
	1		nization's mission or most si	onificant activities:				
41	1		BEACH LIBARY FOU		ON IS TO SE	CURE. MANA	GE. AN	JD
ž		·	LY RAISED FUNDS,					
Governance		BEACH LIBRARI	<i></i>		87.7.7.7.7	7.7.7.337777		<del></del>
š	١,		e organization discontinued i	to operations or dispesse	of more than 25% o	f its not seests		
	2						3	11
<b>್</b>	1	Number of voting member	rs of the governing body (Pa	sit vi, illib ia)			4	11
ties	4	Number of independent vo	oting members of the govern	ning body (Part VI, line 1	o)			0
Activities	5	otal number of individual	ls employed in calendar year	r 2022 (Part V, line 2a)				0
Ą	6	Total number of volunteer	rs (ectimate if necessary) revenue from Part VIII, colum	·			6	
	7a	Total unrelated business r	revenue from Part VIII, colur		$\boldsymbol{\mathcal{L}}$	7a	0	
	b	Net unrelated business tax	xal le inc an from or n 99	0-T Pan line 1		Dile Wee	. 7b	0
	١,	Cautiliosi /	/D-+ \ \ /B			Prior Yea	324	Current Year 71,165
e	8	Controutions and grants (	(Part VIII, line 1h)			0.	3,324	71,163
Revenue	9	Program service revenue	(Part VIII, line 2g)			0.4	- 000	F7 201
Rev	10	Investment income (Part V	VIII, column (A), lines 3, 4, a	ınd 7d)		81	5,260	57,391
_			column (A), lines 5, 6d, 8c, 9			4	F 0.4	<u></u> <u></u>
			8 through 11 (must equal P			151	.,584	128,556
			ts paid (Part IX, column (A),					<u> </u>
			mbers (Part IX, column (A),					0
Ş	15	Salaries, other compensat	tion, employee benefits (Par	t IX, column (A), lines 5-	-10)			0
Expenses	16a	Professional fundraising fe	ees (Part IX, column (A), line	e 11e)	,			0
хре	b	Total fundraising expenses	s (Part IX, column (D), line :	25)	<u>0</u>			:
ú	17	Other expenses (Part IX, o	column (A), lines 11a–11d,			85	628	<u>124,986</u>
	18	Total expenses. Add lines	13-17 (must equal Part IX,	column (A), line 25)		85	628	124,986
	19	Revenue less expenses. S	Subtract line 18 from line 12			65	,956	3,570
Net Assets or Fund Balances						Beginning of Cun		End of Year
sets	20	Total assets (Part X, line 1	16)			1,751		1,890,929
A As	21 '	Fotal liabilities (Part X, line	0.0\			233	,106	268,443
충급	22	Net assets or fund balance	es. Subtract line 21 from line	e 20		1,518	,506	1,622,486
P	art II	Signature Bloc	k					
Ur	der per	nalties of perjury, I declare th	nat I have examined this return	, including accompanying s	chedules and statement	ts, and to the best	of my know	ledge and belief, it is
tru	е, сопе	ct, and complete. Declaratio	on of preparer (other than office	er) is based on all informati	on of which preparer ha	ss any knowledge.		
Sig	n	Signature of officer					Date	
Her		ROBERT G. KI	REBS, JR.		PRESIDENT			
	-	Type or print name and title						*
		Print/Type preparer's name		Preparer's signature		Date	Check	if PTIN
Paid		WILLIAM R STEWART		WILLIAM R STEWART		1	23 self-empl	<b>□</b> "
	arer	0.5	TEWART & COMPA					54-1447170
-	Only		940 N LYNNHAVE			Fir	m's EIN	74 744 17 10
	,	1 577	IRGINIA BEACH,					757-486-0114
140	the ID		the preparer shown above?			[ Ph	one no.	X Yes No
vidy.	THE ILE	AND THUIST BRILL ECUSED C.	the higher attown above?	SEE HISHUCIONS				IALITES I INO

Fon	n 990 (2022				FOUNDATIO	ON 27-	<u> 30774</u>	02		Page 2
P	art III			Service Acco						
		Check if Sch	<u>edule O cor</u>	<u>ntains a respor</u>	ise or note to a	ny line in this I	Part III .	*******		LJ
1	Briefly des	cribe the organi:	zation's missior	1:						
1	THE VI	RGINIA B	EACH LI	BARY FOUN	DATION'S	MISSION I	S TO	SECURE,	MANAGE,	AND
				o FUNDS,	GIFTS, AN	D BEQUESI	'S IN	SUPPORT	OF VIRG	INIA
]	BEACH	LIBRARIE	s			,				
2					ces during the year				_	
	рлог Form	990 or 990-EZ?	·						<u>L</u>	Yes X No
		escribe these ne								
3		anization cease	conducting, or	make significant of	changes in how it o	onducts, any progr	am			1 55
	services?								L	Yes X No
		scribe these cha	_							
4					ts for each of its th				•	
					required to report	the amount of gra	nts and a	llocations to othe	ers,	
	the total ex	rpenses, and rev	enue, if any, fo	or each program s	ervice reported.					
		\ .zem	<u></u>	70 474						
	(Code:	) (Exper		70,4/4	including grants	of \$	3 3 3 7 5 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	) (Revenu	e S	)
					IC LIBRAR			FAMILIA	SEKVICES	
3	ROGRAN	MTMG' TI	йСтОБТИС	THE SUM	MER READI	NG CHALLE	NGE:			
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	* *********									
4h	(Code:	) (Eynen	ege \$		including grants	of \$		\ /Poyonu	~ ¢	
10	I/A	,,,,, ) (Expen	3C3 ¥		including grants	OI 3		, ) (Revenu	е э , , , , , , , , , ,	
_	** TT,			• • • • • • • • • • • • • • • • • • • •				,,		
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						*****************				
					, , , , , ,					
4c	(Code:	) (Expens	ses \$		including grants of	of \$		) (Revenu	3 \$	)
N	/A									
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4d	All	am conécce /De								
			scribe on Sche							
	(Expenses			dule O.) including grants o	of \$	) (F	tevenue	\$	)	

## Checklist of Required Schedules Part IV

			res	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	177
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		ł	
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
7	Section 501(c)(3) organizations. Did the organization engage in tobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	-		1
Ū	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9	Х	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable,			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	ا ا		v
ь.	complete Schedule D, Part VI	11a	-	Х
b	of its total process separated in Dort V. line 152 # 5/cs * separate Calcabile D. Dort 1/1	441.	-	Х
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more	11b		
Ŭ	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	ĺ	Х
d		110		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		<u>X</u>
b	or the second of			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u> </u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	ĺ	ļ	
	fundraising, business, investment, and program service activities outside the United States, or aggregate	445		v
15	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	14b		<u>X</u>
	for any foreign proprietion? If Wan Topmulate Cahadula F. Dada II and D.	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	-10		
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	ŀ	Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		<u>X</u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	$\dashv$	<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		<u>X</u>

NP6	310K 10/09/2023 5:29 PM			
	n 990 (2022) VIRGINIA BEACH LIBRARY FOUNDATION 27-3077402		F	age 4
P	art IV Checklist of Required Schedules (continued)		1	Ι
00	Pid the annual value of the form of the first of the firs		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			x
33	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			]
	0.000	23		х
24a		23		1
L-70	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through Odd and and the Odd and the Control of the Odd	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	1		
Ī	to defense any tay ayamat hande?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
8	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If		1	
	"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		<u> </u>
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	1 1		
	"Yes," complete Schedule L, Part IV	28c		X
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	]	X
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		- 1	
	conservation contributions? If "Yes," complete Schedule M	30		X
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
2	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		<u>X</u>
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			••
_	or IV, and Part V, line 1	34		<u>X</u>
5a	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		
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			v
7	related organization? If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
•	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
	THE BUILD DEPOSE OF A PARTICIPATION OF THE PROPERTY OF A PROPERTY OF THE PARTICIPATION OF THE			

Pa	art 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			* * * * * 1.3 4.4			
						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				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and						
	reportable gaming (gambling) winnings to prize winners?				10	í I	X

Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and

19? Note: All Form 990 filers are required to complete Schedule O.

Fom	990 (2022) VIRGINIA BEACH LIBRARY FOUNDATION 27-3077	402				Page \$
P	art V Statements Regarding Other IRS Filings and Tax Compliance (continu	ıed)			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	0		l	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	·		2b		<u> </u>
3a	Did the examplestion have unrelated hypinose group income of \$4,000 or more during the year?		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ء د ا		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	At any time during the calendar year, did the organization have an interest in, or a signature or other auti	hority c	over,		ļ	
	a financial account in a foreign country (such as a bank account, securities account, or other financial account,	count)	?	. 4a		X
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Acc	ounts (	(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	ı?		5b		<u> </u>
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			<u>5c</u>		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	organization solicit any contributions that were not tax deductible as charitable contributions?	<i></i> .	,	. 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		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	ab				
	and services provided to the payor?					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			. 7b		ــــــ
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	required to file Form 8282?			7c		ļ
d	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 control					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?					<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8					Ļ—
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	file a	Form 1098-C?	7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by					
	sponsoring organization have excess business holdings at any time during the year?			. 8		<del> </del>
9	Sponsoring organizations maintaining donor advised funds.					
а						<del> </del>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			. <u>9b</u>		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				·
11	Section 501(c)(12) organizations, Enter:	1				
a		11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources					
	against amounts due or received from them.)	11b		— , l		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	.1.	******	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	126		— I		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			420		
а	Is the organization licensed to issue qualified health plans in more than one state?			. 13a		
L	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	401.				
_	the organization is licensed to issue qualified health plans	13b 13c		!		
C 145	Enter the amount of reserves on hand			140		х
14a h	Did the organization receive any payments for indoor tanning services during the tax year?  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O					
b  5				. 140		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneratio			15		х
	excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.			. 13		42
6	If Yes, see instructions and the Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income.	·moo		16		х
·	is the organization an educational institution subject to the section 4968 excise tax on het investment inco If "Yes," complete Form 4720, Schedule O.	mer,		. 10		
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities					
. 1	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes." complete Form 6069.		• • • • • • • • • • • • • • • • • • • •	'   ''		

Form 990 (2022) VIRGINIA BEACH LIBRARY FOUNDATION 27-3077402 Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a 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. Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Х 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 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Х Did the organization have members or stockholders? X 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a one or more members of the governing body? Х Are any governance decisions of the organization reserved to (or subject to approval by) members, 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: The governing body? Х 8a Each committee with authority to act on behalf of the governing body? X Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Х 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 12a 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 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 15a 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 with a taxable entity during the year? Х 16a 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 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. State the name, address, and telephone number of the person who possesses the organization's books and records ROBERT G. KREBS, JR. 2416 COURTHOUSE DRIVE, BLDG 19

757-385-8128

VA 23456

VIRGINIA BEACH

## Form 990 (2022) VIRGINIA BEACH LIBRARY FOUNDATION

27-3077402

Page 7

# 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

  <u>See</u> the instructions for the order in which to list the persons above.

X 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	x, unle ficer a	Pos check ass pe	rson i	than on is both a or/trustee	en 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-NISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) KAREN BISCHOFF SECRETARY	0.25 0.00	x		x				O	0	0
(2) CHELLE DAVIS DIRECTOR	0.25	x						. 0	0	0
OIRECTOR  (4) ERIC FOX	ESQ. 0.25 0.00	x						0	0	0
VICE PRESIDENT (5) ROBERT G. KREBS,	0.25 0.00 JR.	х		Х				0	0	0
PRESIDENT  (6) KIRKLAND MOLLOY	0.25 0.00 KELLEY	X		х				0	0	0
DIRECTOR (7) KIMBERLY KNIGHT	0.25 0.00	Х						0	0	0
EXECUTIVE DIRECTOR (8) NANCY OLIVER	0.25 0.00	x						0	0	0
DIRECTOR (9) MARCY SIMS	0.25 0.00	x						0	0	0
DIRECTOR (10) MICHELLE SWEEZEY	0.25 0.00	х						0	0	0
DIRECTOR (11) GUY TOWER	0.25	х					-	0	0	0
DIRECTOR	0.25	х						o	o	0

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  Descripton of services  Compensation	Part \	VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mple	oyee	s, aı	nd Highest Compensated	Employees (continued)				
1b Subtotal C Total from continuation sheets to Part VII, Section A Total (add lines 1b and 1c) 2 Total morth or individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the unperformed of the compensation from the unperformed of the compensation from the unperformed of the compensation is an experimental from the unperformed of the compensation of the compensation from the unperformed of the compensation of the compensation of the compensation from the unperformed of the compensation from the unperformed of the compensation from the unperformed of the compensation from the calendar year ending with or within the compensation for xear.    Some and Bodess address   Description of sentices   Desc	÷		Average hours per week (list any hours for related organizations below	or directo	ficer a	Pos check less pe and a	sition more erson directe	is both or/trust	an ea)	Reportable compensation from the organization (W-2/ 1099-MISC/	Reportable compensation from related organizations (W-2/1099-MISC/	o	stimated of oti compen- from organizati	amount ner sation the on and	
c Total from continuation sheets to Part VII, Section A.  d Total (add lines 1b and 1c).  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization is any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 Section B. Independent Contractors  1 Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year.  (C)  Name and bishess address  (C)  Competisation															
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employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  Description of services  Compensation	c Tot d Tot 2 Tot rep	tal from continuation sheet tal (add lines 1b and 1c) al number of individuals (inclinated in the compensation from the organization list any form	s to Part VII, Se uding but not limite organization mer officer, direc	ited t	n A to the	ose I	isted	abo	ve) v	or highest compensated	·			Yes	No
for services rendered to the organization? If "Yes," complete Schedule J for such person	em 4 For org	ployee on line 1a? <i>If "Yes," c</i> any individual listed on line anization and related organiz	omplete Schedul 1a, is the sum of ations greater th	e <i>J f</i> repo an \$	or su ortab 150,	<i>ich ii</i> le co 0007	ndivi Impe	dual insati Yes,"	on a	and other compensation from	n the				X X
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A) Name and business address  Description of services  Compensation	for	services rendered to the orga	anization? If "Yes	e co ;" co	mpe <i>mple</i>	nsatie ete S	on fr chec	om a Jule .	ny u <i>I for</i>	nrelated organization or ind such person	ividual		5		X
		pensation from the organiza	tion. Report com							year ending with or within th	ne organization's tax year.				
		Name and b	(A) pusiness address							Descripto	(B) on of services		Con	(C) rpensatio	on
Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization									se li	isted above) who	0		:		· · · · · · · · · · · · · · · · · · ·

F	art		ent o	of Revenue ledule O cont	ains a	respor	nse or note	to any line in thi	s Part VIII		
						·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Giffs, Grants	d Ciner Similar Amou	a Federated cam b Membership du c Fundraising eve d Related organiz e Government grants (i f All other contributions, and similar amounts in g Noncash contributions lines 1a-11  Total. Add lines	ents zations contribute , gifts, gra not included	ons) ants, ad above in			71,165	71,165			
<u>~ .</u>	+	1 Total. Add lines	<u> </u>	***************			Business Code	71,103			
Program Service	٩	o I I F All other program I <b>Total</b> , Add lines	m servi								
	3 4 5	Investment incor other similar am Income from inv Royalties	ounts) estmer	nt of tax-exempt	bond p	roceeds		28,911			28,911
	b				Personal			:			
		Net rental incom Gross amount from	e or (k								
une		sales of assets other than inventory Less: cost or other	7a		567	(6)	Other 27,798				
Revenue	_	basis and sales exps. Gain or (loss)	7b 7c	80	885 682		27,798				
×		Net gain or (loss)						28,480			28,480
Other	8a	Gross income from (not including \$ of contributions rep 1c). See Part IV, lin Less: direct expe	fundrai orted or ne 18	sing events	8a 8b						
	C	Net income or (k	oss) fro	m fundraising ev	ents						
	b	Gross income fro activities. See Pa Less: direct expe	irt IV, li enses	ne 19	9a 9b						
	10a	Net income or (lo Gross sales of in returns and allow Less: cost of goo	ventor vances	/, less	10a	.,					
		Net income or (lo			10b						
Revenue	11a b c d	All other revenue					Business Code				
		Total. Add lines						100 == 0			
	17	Total revenue. S	see inc	tructions			I .	128.556	0	OI.	57.391

P	art IX Statement of Functional Ex	penses			_
Sec	tion 501(c)(3) and 501(c)(4) organizations must co	mplete all columns. All othe	er organizations must comp	elete column (A).	
	Check if Schedule O contains a respo	onse or note to any line in th	is Part IX		,
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
^	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10 11	Payroll taxes Fees for services (nonemployees):				
	, , , , , , , , , , , , , , , , , , , ,				
a b	Management		••••		
C	× · · · · · · · · · · · · · · · · · · ·	5,850		5,850	
ď		<u> </u>		0,000	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	9,093		9,093	
g				-,	
J	(A) amount, list line 11g expenses on Schedu'e O.)				
12	Advertising and promotion	8,936		8,936	
13	Office expenses	975		975	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses, Itemize expenses not covered				
	above (List miscellaneous expenses on fine 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)  GRANT PROGRAM EXPENSES	78,474	78,474		
a b	DEVELOPMENT SPECIALIST ST	10,238	10,414	10,238	
C	FUNDRAISING	5,943		5,943	
d	SUBSCRIPTIONS	4,239		4,239	
	· · · · · · · · · · · · · · · · · · ·	1,238		1,238	
25	All other expenses  Total functional expenses, Add lines 1 through 24e	124,986	78,474	46,512	0
26	Joint costs, Complete this line only if the	==-,	,	,	<del></del>
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				

### Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X ....... (B) (A) Beginning of year End of year 267,080 Cash—non-interest-bearing 218,891 1 Savings and temporary cash investments 2 2 Pledges and grants receivable, net 3 3 Accounts receivable, net 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 9 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 1,528,721 1,619,849 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 1,751,612 1,890,929 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 Accounts payable and accrued expenses ..... 17 17 18 Grants payable 18 Deferred revenue 19 19 Tax-exempt bond liabilities 20 20 233,106 260,229 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 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 toans payable to unrelated third parties 24 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 Total liabilities. Add lines 17 through 25 ...... 233,106 26 268,443 Organizations that follow FASB ASC 958, check here Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 79,372 27 85,068 1,439,134 Net assets with donor restrictions 1,537,418 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33, Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 30 Retained earnings, endowment, accumulated income, or other funds 31 31 Total net assets or fund balances 1,518,506 1,622,486 1,751,612 Total liabilities and net assets/fund balances ..... 1,890,929

om	1 990 (2022) VIRGINIA BEACH LIBRARY FOUNDATION 27-3077402		Р	age 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)		128	, 556
2	Total expenses (must equal Part IX, column (A), line 25)		124	, 986
3	Revenue less expenses. Subtract line 2 from line 1		3	,570
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	1,	518,	506
5	Net unrealized gains (losses) on investments 5		100,	410
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,	622,	486
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		<u> </u>
	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:			l
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	_2b		<u> </u>
	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.	ĺ		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		
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 steps taken to undergo such audits	3b		}

Form 990 (2022)

# SCHEDULE A (Form 990)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

2022 2022

> Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

VIRGINIA BEACH LIBRARY FOUNDATION POOLE

Employer identification number 27-3077402

Part I 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.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii), A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii), Enter the hospital's name, 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.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 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.) 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: 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 12 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 on 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. 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. 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). (i) Name of supported (ii) EIN (iv) is the organization (iii) Type of organization (v) Amount of monetary (vi) Amount of organization (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) No (A) (B) (C) (D) (E) Total

Schedule A (Form 990) 2022

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	209,370	37,915	61,116	65,324	71,165	444,890
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	209,370	37,915	61,116	65,324	71,165	444,890
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						444,890
Sec	tion B. Total Support					•	
Caler	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	209,370	37,915	61,116	65,324	71,165	444,890
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	28,319	34,131	26,817	33,917	28,911	152,095
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						596,985
12	Gross receipts from related activities, etc. (s	ee instructions)				12	
13	First 5 years. If the Form 990 is for the organization	anization's first, seco	and, third, fourth, o	r fifth tax year as a	section 501(c)(3)		_
	organization, check this box and stop here						
	tion C. Computation of Public Su						
14	Public support percentage for 2022 (line 6, c	olumn (f) divided by	line 11, column (f	))			74.52 %
15	Public support percentage from 2021 Schedu						73.21 %
16a	33 1/3% support test—2022. If the organiz				/3% or more, check	this	ভ
	box and stop here. The organization qualified						X
b	33 1/3% support test—2021. If the organiz						<del>[</del>
17a	this box and stop here. The organization qu	allies as a publicity	supported organiza	auon	- 40b 44:		<b>ப</b>
i i a	10%-facts-and-circumstances test—2022					S	
b	10% or more, and if the organization meets Part VI how the organization meets the facts organization  10%-facts-and-circumstances test—2021 15 is 10% or more, and if the organization m in Part VI how the organization meets the facts organization	s-and-circumstances  I. If the organization neets the facts-and-circumstance	test. The organization of the check a booking test, es test. The organization of the check a booking test.	ation qualifies as a post on line 13, 16a, 1 check this box and ization qualifies as	publicly supported  16b, or 17a, and line  1 stop here. Explair  a publicly supporter	ง า รู้	
8	organization  Private foundation, if the organization did n	ot check a box on li	ne 13, 16a, 16b. 1	7a, or 17b. check th	nis box 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.)

Se	ction A. Public Support			Jointy, piodoo c	zonipioto i urt i			
	endar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022		(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities fumished 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 line 6.)							
Sec	tion B. Total Support		<u>.                                    </u>					
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	T	(f) Total
9	Amounts from line 6	(a) 2010	(6) 2019	(C) 2020	(4) 2021	(6) 2022		(I) Folai
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,						T	
	and 12.)							
14	First 5 years. If the Form 990 is for the org organization, check this box and stop here			•	,			<b></b>
Sect	tion C. Computation of Public Su	nnort Percent	200		44.1.1.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2		<u></u>	<u></u>
15	Public support percentage for 2022 (line 8, o			<i>'</i> Λ\		Ι,	15	%
16	Public support percentage from 2021 Sched	ule A. Part III. line	о, во то, сожини і 15		• • • • • • • • • • • • • • • • • • • •	·····	16	
	tion D. Computation of Investmen	nt Income Per	centage					70
17	Investment income percentage for 2022 (line			olumn (fl)			17	<u></u> %
18	Investment income percentage from 2021 S	ichedule A, Part III.	P 47			1.	18	%
19a	33 1/3% support tests—2022. If the organi		* * * * * * * * * * * * * * * * * * * *					
	17 is not more than 33 1/3%, check this box							
b	33 1/3% support tests—2021. If the organi	ization did not chec	k a box on line 14	or line 19a, and line	16 is more than 3	3 1/3%, and		
	line 18 is not more than 33 1/3%, check this							
20	Private foundation. If the organization did r	not check a box on	line 14, 19a, or 19	o, check this box ar	nd see instructions			

## Part IV Supporting Organizations

(Complete only if you checked a box on 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.	ΑII	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.
- 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 3a 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.
- 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 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) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- 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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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 9a 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.)

		I	Yes	I	No
	1	ļ		+	<del></del>
	2	╁			
	3a	+		+	
	3b				
		T		T	
	3c	1		-	
	4a	H		t	
	4b				
		Γ		T	
	4c			+	
	5a			┞	
	5b 5c	_		L	
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	7				
	8			-	
	9a				
	9b				
	9c				·····
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iche	10b dule A	(F	orm 9	9(	) 2022

	dule A (Form 990) 2022 VIRGINIA BEACH LIBRARY FOUNDATION 27-307/40	<u> 12</u>		Page 5
Pa	rt IV Supporting Organizations (continued)		Von	T No
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
а				İ
	11c below, the governing body of a supported organization?	11a		
b		11b		<b>†</b>
C		11111		<u> </u>
·	provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations	1110		<u> </u>
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,		٠.	
	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			l
	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			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations			·
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	1 1		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	1		
	or management of the supporting organization was vested in the same persons that controlled or managed			
Coot	the supported organization(s).	11		<u> </u>
Seci	ion D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
•	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?	4		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	1 1		
	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			
3	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	ion E. Type III Functionally Integrated Supporting Organizations	131		
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 Iline 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	ns).		
2	Activities Test, Answer lines 2a and 2b below.	Γ	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		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			***************************************
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would		İ	
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a	1	
ь	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported amanizations? If "Yes" describe in Part VI the role placed by the arganization in this record	35		

Sched	lule A (Form 990) 2022 VIRGINIA BEACH LIBRARY FOUN	DAT.	ION 27-	<u>-3077402</u>	Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	aniza	tions		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov.			V/). See	
	instructions. All other Type III non-functionally integrated supporting organizations must of				
Sec	tion A – Adjusted Net Income		(A) Prior Ye	ear	(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	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sec	tion B – Minimum Asset Amount		(A) Prior Ye	ear (	B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	T .			
	instructions for short tax year or assets held for part of year):				
	Average monthly value of securities	1a			
	Average monthly cash balances	1b			
	Fair market value of other non-exempt-use assets	1c			
	Total (add lines 1a, 1b, and 1c)	1d			
	Discount claimed for blockage or other factors			* * * * * * * * * * * * * * * * * * * *	
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			•
7	Recoveries of prior-year distributions	7		-	
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion 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 integrated Typ	e III st	pporting organizati	on	
	(see instructions)		5 5		

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

and 4c.

Breakdown of line 7: a Excess from 2018

c Excess from 2020 ..... d Excess from 2021 e Excess from 2022

**b** Excess from 2019 .....

Schedule A (For	m 990) 2022	VIRGINIA	BEACH	LIBRARY	FOUNDATION	27-3077402	Page 8
Part VI	Supplemental III, line 12; Part B, lines 1 and 2 3a, and 3b; Par	Information. Provide IV, Section A, lines 2; Part IV, Section C,	e the expl 1, 2, 3b, 3 line 1; Pa ection B, li	anations requ ic, 4b, 4c, 5a, irt IV, Section ine 1e; Part V	ired by Part II, line 1 6, 9a, 9b, 9c, 11a, D, lines 2 and 3; Pa ', Section D, lines 5,	0; Part II, line 17a or 11b, and 11c; Part IV, irt IV, Section E, lines 6, and 8; and Part V,	17b; Part Section 1c, 2a, 2b,
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# 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 Open to Public

inspection

Name of the organization Employer Identification number VIRGINIA BEACH LIBRARY FOUNDATION POOLE 27-3077402 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts, Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) 3 Aggregate value at end of year \_\_\_\_\_ Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other 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 report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X ......

Schedule D (Form 990) 2022

e Other

1a Land
b Buildings
c Leasehold improvements
d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

3077402

Page 3

	Complete if the organization answered "Yes" on		T	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method ( Cost or end-of-ye	
1) Financial			Cost of end-or-ye	sai market value
2) Closelv h	derivativeseld equity interests			
3) Other				
(A)				
		,		
(D)				
(E)				
(F)				
	m (b) many agreed Forms 000. Don't V. and (D) than 401			
Part VIII	n (b) must equal Form 990, Part X, col. (B) line 12.) Investments - Program Related.			<b>*************************************</b>
i ait viii	Complete if the organization answered "Yes" on I	Form 990 Part IV line	11c See Form 990 P	art X line 13
	(a) Description of investment	(b) Book value	(c) Method of	
			Cost or end-of-ye	ar market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
<u>(7)</u>				
(8)				
(9) otal (Columi	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
. GIV IX	Complete if the organization answered "Yes" on F	Form 990. Part IV. line	11d. See Form 990. P.	art X. line 15.
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	n (b) must equal Form 990, Part X, col. (B) line 15.)			
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" on F	Form 990, Part IV, line	11e or 11f. See Form 9	990. Part X.
	line 25.			,,
	(a) Description of liability			(b) Book value
1) Federal	income taxes			
2)				
3)				
4)				
5)				
6) 7)		***************************************		
7) 8)				
8) 9)				
	(b) must equal Form 990, Part X, col. (B) line 25.)			
	uncertain tax positions. In Part XIII, provide the text of the footno	te to the organization's finan-	cial statements that reports th	e
-	ability for uncertain tax positions under FASB ASC 740. Check h	•	·	F

Sche	dule D (Form 990) 2022 VIRGINIA BEACH LIBRARY FOUNDA	TION	v 27-3077	402	Page 4
Pa	art XI Reconciliation of Revenue per Audited Financial Statemer	its Wi	ith Revenue per	Return.	<u> </u>
	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 (tosses) on investments	2a			
b		2b			
C	Recoveries of prior year grants	2c			
d		2d			
е	Add lines 2a through 2d	·	<del></del>	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	I		•
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		]	
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b	·	<u></u>	4c	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				
	rt XII Reconciliation of Expenses per Audited Financial Stateme				
	Complete if the organization answered "Yes" on Form 990, Pal				
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:		***************************************	·   <del></del>	
	Donated services and use of facilities	2a		1 1	
h	Prior year adjustments	2b			
מ	Prior year adjustments				
ن	Other losses	2c		<del> </del>	
	Other (Describe in Part XIII.)				
	Add lines 2a through 2d	· · · · · · · ·		2e	
3	Subtract line 2e from line 1	ı	,	.   3	
	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b		<b> </b>	
	Add lines 4a and 4b			. 4c	
_	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		• • • • • • • • • • • • • • • • • • • •	. 5	
	rt XIII Supplemental Information.				
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines			ırt X, line	
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any				
PF	RT IV, LINE 2B - ESCROW LIABILITY ARRANGEME	NT	EXPLANATION		**********
TI	E ORGANIZATION HOLDS FUNDS AS INTERMEDIARY	FOR	A SEPARATE	ORGANI	ZATION
. <del></del>	THE FRIENDS OF THE LIBRARY, AS PART OF ITS	END	OWMENT INVE	STMENTS	<b>.</b>
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Schedule D (Fo	m 990) 2022	VIRGINIA	BEACH	LIBRARY	FOUNDATION	27-3077402	Page 5
Schedule D (Fo	Supplementa	l Information	(continue	d)	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
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# SCHEDULE O (Form 990)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

POOLE POOLE	27-3077402
FORM 990, PART VI, LINE 11B - ORGANIZATION'S PR	OCESS 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 CO	NFLICTS POLICY
THE FOUNDATION BY-LAWS REQUIRE DIRECTORS TO COM	PLY WITH ALL VIRGINIA AND
LOCAL LAW CONCERNING CONFLICT OF INTEREST TRANS	ACTIONS AS DEFINED IN VA
CODE SECTION 13.1-871. DIRECTORS MUST DISCLOSE	ACTUAL OR POTENTIAL
CONFLICTS TO THE BOARD OF DIRECTORS.	
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENT	S DISCLOSURE EXPLANATION
THE FOUNDATION MAKES IT'S FORM 990 AVAILABLE ON	GUIDESTAR.ORG, AS WELL AS
UPON REQUEST.	
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33. Number of volunteers

Two Year Comparison Report 2021 & 2022 Form 990 07/01/22 06/30/23 For calendar year 2022, or tax year beginning ending Name Taxpayer Identification Number VIRGINIA BEACH LIBRARY FOUNDATION POOLE 27-3077402 2022 2021 Differences 1. Contributions, gifts, grants ..... 65,324 71,165 1. 5,841 2. Membership dues and assessments 2. 3. Government contributions and grants 3. 4. Program service revenue 4. 28,911 -5,006 5. Investment income 33,917 5. 6. Proceeds from tax exempt bonds ..... 6. -23,863 52,343 28,480 7. Net gain or (loss) from sale of assets other than inventory 7. 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. 128,556 -23,028 151,584 12. Total revenue. Add lines 1 through 11 12. 13. Grants and similar amounts paid 13. 14. Benefits paid to or for members 14. 15. Compensation of officers, directors, trustees, etc. 15. 16. Salaries, other compensation, and employee benefits 16. 17. Professional fundraising fees 17. 16,105 18. Other professional fees 14,943 -1,16218. 19. Occupancy, rent, utilities, and maintenance 19. 20. Depreciation and Depletion ..... 20. 69,523 110,043 40,520 21. Other expenses 21. 39,358 22. Total expenses. Add lines 13 through 21 85,628 124,986 22. 3,570 <u>65,956</u> -62,386 23. Excess or (Deficit). Subtract line 22 from line 12 23. 128,556 -23,02824. Total exempt revenue 24. 151,584 25. Total unrelated revenue 25. 26, Total excludable revenue 86,260 57,391 -28,86926. 1,751,612 1,890,929 27. Total assets 27. 139,317 28. Total liabilities <u>233,106</u> 268,443 35,337 28. 29. Retained earnings 1,518,506 1,622,486 103,980 29. 13 11 30. Number of voting members of governing body 30. 13 11 31. Number of independent voting members of governing body 31. 32. Number of employees 0 0 32.

33.

Form <b>990</b>		Tax Re	Tax Return History			2022
Name	VIRGINIA BEACH LIBRARY FOUNDATION POOLE	Y FOUNDATION			Employer II 27-3(	Employer Identification Number 27-3077402
	2018	2019	2020	2021	2022	2003
Contributions, gifts, grants	grants	37,915	61,116	65,324	71,165	2
Membership dues						
Program service revenue	enue					
Capital gain or loss			49,025	52,343	28,480	
Investment income		34,131	26,817	33,917	28,911	
Fundraising revenue (income/loss)	(income/loss)					
Gaming revenue (income/loss)	come/loss)					
Other revenue						
Total revenue		149,649	136,958	151,584	128,556	
Grants and similar amounts paid	mounts paid					
Benefits paid to or for members	r members					
Compensation of officers, etc.	cers, etc.					
Other compensation					William Committee of the Committee of th	The state of the s
Professional fees		16,870	15,943	16,105	14,943	
Occupancy costs						
Depreciation and depletion	pletion					
Other expenses	The state of the s	107,058	95,573	69,523	110,043	
Total expenses		123,928	111,516	85,628	124,986	
Excess or (Deficit)		25,721	25,442	65,956	3,570	
Total exempt revenue	4	149,649	136.958	151 584	108 FFF	
Total unrelated revenue					0000	
Total excludable revenue	enne	111,734	75,842	86,260	57.391	
Total Assets		•	2,011,489	1,751,612	1,890,929	
Total Liabilities		•	271,991	233,106	268	
Net Fund Balances		1,433,883	1,739,498	1,518,506		

NP6310K \ 27-3077402 FYE: 6/30/2		CH LIBRARY FO <b>Fed</b> e	UNDATION eral Sta		<b>3</b>	10/9	/2023 5:28 PM
		<u>Taxable</u>	Interest or	ı Investme	<u>ents</u>		
	Description						
		Amount	Unrelated Business	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
		\$ 27		14	Code	UIJUITJ	Ουδ (ψ Οι 78)
TOTAL		\$ 27	-	11			
		<u>Taxable D</u>	ividends f	rom Secui	<u>rities</u>	,	
	Description						
		Amount	Unrelated Business	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs (\$ or %)_
		\$ 28,884	· . — — —	14			<u> </u>
TOTAL	,	\$ 28,884	•				

10/9/2023 5:28 PM	Fund Raising	
	Management & General \$ 330 125 \$ 1,238	
tements	Program Service	
ATION <b>Federal Sta</b>	990. Part IX. Line 24e  Total  Expenses  \$ 783 330 125 \$ 1,238	
CH LIBRARY FOUND	Form 990.	
NP6310K VIRGINIA BEACH LIBRARY FOUNDATION 27-3077402 FYE: 6/30/2023	Description BANK CHARGES PROFESSIONAL DEVELOPMENT COMMISSIONS & FEES TOTAL	