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 2023 Open to Public Inspection

Department of the Treasury Internal Revenue Service For the 2023 calendar year, or tax year beginning 07/01/23, and ending 06/30/24 C Name of organization Check if applicable: D Employer identification number Address change VIRGINIA BEACH LIBRARY FOUNDATION Doing business as 27-3077402 Name change Number and street (or P.O, box if mail is not delivered to street address) Room/suite 2416 COURTHOUSE DRIVE BLDG 19 Initial return 757-385-8128 Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated. VIRGINIA BEACH VA 23456 214,019 G Gross receipts \$ Amended return Name and address of principal officer: X No H(a) Is this a group return for subordinates? Yes Application pending ROBERT G. KREBS, JR. 2416 COURTHOUSE DRIVE, BLDG 19 H(b) Are all subordinates included? VIRGINIA BEACH If "No," attach a list, See instructions VA 23456 X 501(c)(3) 501(c) (Tax-exempt status:) (insert_no.) 4947(a)(1) or WWW.VBLIBRARYFOUNDATION.ORG H(c) Group exemption number X Corporation Trust Association Year of formation: 2009 Form of organization: M State of legal domicite: Part I Summary 1 Briefly describe the organization's mission or most significant activities: THE VIRGINIA BEACH LIBARY FOUNDATION'S MISSION IS TO SECURE, MANAGE, AND Governance INVEST PUBLICLY RAISED FUNDS, GIFTS, AND BEQUESTS IN SUPPORT OF VIRGINIA BEACH LIBRARIES. 2 Check this box [] if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) Activities & 4 Number of independent voting members of the governing body (Part VI, line 1b) 9 4 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 0 5 6 Total number of volunteers feetings if necessary 0 6 7a Total unrelated business revenue from Part VI 0 7a b Net unrelated business tax ble into he from Form 990-0 7b Current Year 8 Contributions and grants (Part VIII, line 1h) 71,165 77,857 9 Program service revenue (Part VIII, line 2g) 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 57,391 80,508 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 128,556 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 124,986 239,513 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 124,986 239,513 19 Revenue less expenses. Subtract line 18 from line 12 3,570 -81,1485 8 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 1,890,929 1,957,515 21 Total liabilities (Part X, line 26) 268,443 302,471 22 Net assets or fund balances. Subtract line 21 from line 20 622,486 655,044Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign ROBERT G. KREBS, JR. Here PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature Check Paid W. KEVIN STEWART, CPA KEVIN STEWART, CPA 09/03/24 P01426435 Preparer STEWART & COMPANY Firm's name 54-1447170 Firm's EIN Use Only 2940 N LYNNHAVEN RD VIRGINIA BEACH, VA 23452 757-486-0114 May the IRS discuss this return with the preparer shown above? See instructions X Yes No

orn	1990 (2023) VIRGINIA BEACH LIBRARY FOUNDATION 27-3077402	Page 2
P	art III Statement of Program Service Accomplishments	
4	Check if Schedule O contains a response or note to any line in this Part III	<u>L</u>
1 դ	Briefly describe the organization's mission: CHE VIRGINIA BEACH LIBARY FOUNDATION'S MISSION IS TO	SECTION MANAGE AND
	NVEST PUBLICLY RAISED FUNDS, GIFTS, AND BEQUESTS IN	
	BEACH LIBRARIES.	
2	Did the organization undertake any significant program services during the year which were not listed on the	e ·
	prior Form 990 or 990-EZ?	Yes X 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	
	services?	Yes X No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services	a an annual but
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and all	
	the total expenses, and revenue, if any, for each program service reported.	ocations to others,
	The transfer and the territory in differ the program control toponios.	
4a	(Code:) (Expenses \$ 203,023 including grants of \$) (Revenue \$
S	UPPORT OF VIRGINIA BEACH PUBLIC LIBRARY'S YOUTH AND	
	ROGRAMMING INCLUDING THE SUMMER READING CHALLENGE	
	· · · · · · · · · · · · · · · · · · ·	

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4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$
N	/A	
	· · · · · · · · · · · · · · · · · · ·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	· · · · · · · · · · · · · · · · · · ·	***************************************
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	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
N,	/A	
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		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		,
	Other program services (Describe on Schedule O.)	
	Expenses \$ including grants of \$) (Revenue \$ Total program service expenses 203.023)
ٔ عد	Fotal program service expenses 203 023	

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	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	···· 1/2	1^	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			x
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	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	6		x
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	<u> </u>		
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or	E		ĺ
	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	х	
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	İ	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	3. The state of th		l	
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	.	<u> </u>
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u>X</u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
125	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u>X</u>
124	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			17
b	Schedule D, Parts XI and XII	12a		<u> </u>
v	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	40)	-	v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		X
14a				$\frac{x}{x}$
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		
-	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	340	\dashv	-44
	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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	·· ··	1	
	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 fundralsing 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?		<u> </u>	
	If "Yes," complete Schedule G, Part III	. 19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	. 21		<u>X</u> _

Checklist of Required Schedules (continued) Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Х 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 employees? If "Yes," complete Schedule J X 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a X 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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 X 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 X 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 X 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key 27 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 X 27 28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions). A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV X A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II X 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 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 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 35a 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 X 36 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 X 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 38 19? Note: All Form 990 filers are required to complete Schedule O. 38 X Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No Enter the number reported in box 3 of Form 1096, Enter -0- if not applicable 0 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

For	m 990 (2023) VIRGINIA BEACH LIBRARY FOUNDATION 27-307			Page
F	Part V Statements Regarding Other IRS Filings and Tax Compliance (conti	nued)		Yes No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return	2a 0		
b	•	ıms?	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	Х
b		<i></i>	3b	
4a		authority over		
	a financial account in a foreign country (such as a bank account, securities account, or other financial	al account)?	4a	Х
b				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial		1 1	
5a			5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?	5b	X
C	14 DA 1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5c	
6a		ne		
	organization solicit any contributions that were not tax deductible as charitable contributions?	*************	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or		
	gifts were not tax deductible?		6b	
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods	1 1	
	and services provided to the payor?		7a	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	38		
	required to file Form 8282?		7c	
ď	If Yes, Indicate the number of Forms 8282 filed during the year	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract?	7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	act?	7f	
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine			-
	sponsoring organization have excess business holdings at any time during the year?	***************************************	8	
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b	
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	4	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	4 1	ļ
11	Section 501(c)(12) organizations. Enter.	t 1		
a L	Gross income from members or shareholders	11a	4	
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
12a	against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b	┨ ┃	İ
b			12a	
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	-{	
а			40-	
u	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O,		13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which			İ
_		13b	1 1	
С		13c	1	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule		14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner	etion or	140	
			45	x
	excess paracrute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	***************************************	15	<u> </u>
	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incomo?	16	x
	If "Yes," complete Form 4720, Schedule O.	IIIOOHG!	 '' 	+
	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activity	les		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17	
	If "Yes." complete Form 6069.	*******************************	''	

P631	10K 09/03/2024 12:08 PM			
Forr	m 990 (2023) VIRGINIA BEACH LIBRARY FOUNDATION 27-307740		P	'age
Pá	art VI Governance, Management, and Disclosure For each "Yes" response to lines response to line 8a, 8b, or 10b below, describe the circumstances, processes, or check if Schedule O contains a response or note to any line in this Part VI	anges on Schedule O. S	d for a "No" See instructio	·····
Sec	ction A. Governing Body and Management	11111111111111111111111111111111111111		—I
			Yes	No
1a	and the state of the governing body at the end of the tax year	1a 9		
	If there are material differences in voting rights among members of the governing body, or		7	
	if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
	pm t at	1 _	1 } 1	

1a	Enter the number of voting members of the governing body at the end of the tax year	1a	9		1	
	If there are material differences in voting rights among members of the governing body, or			7		
	if the governing body delegated broad authority to an executive committee or similar				ĺ	
	committee, explain on Schedule O.				-	1
b	The state of the s	1b	9		İ	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					1
	any other officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct					
	supervision of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint				İ	
_	one or more members of the governing body?			7a	<u> </u>	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
_	stockholders, or persons other than the governing body?		,.,,,,,,,,,,	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by th	e following:	1		
a	The governing body?			8a	X	<u>L</u> .
b	Each committee with authority to act on behalf of the governing body?			8b	X	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					ĺ
200	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9	<u> </u>	X
<u> </u>	tion B. Policies (This Section B requests information about policies not required by the Intern	nal Re	evenue Co	de.)	T	
	Did the consideration because to the transfer of				Yes	No
l0a	Did the organization have local chapters, branches, or affiliates?			10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,					
1a	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	the for	m?	11a	Х	
2a	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				.,	
b	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
c	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	to cor	ifficts?	12b	Х	
Ū	describe an Schedule O how this was done				v	
3	Did the organization have a written whistleblower policy?	<i>,</i>		12c	<u> </u>	v
4	Did the organization have a written document retention and destruction policy?			13		<u>Х</u> Х
5	Did the process for determining compensation of the following persons include a review and approval by	· · · · · · ·		14		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				1	
а	The organization's CEO, Executive Director, or top management official			45-	Ì	Х
b	Other officers or key employees of the organization			15a 15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			100		~>_
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
	with a taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			, ou		
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the				1	
	organization's exempt status with respect to such arrangements?			16b		
ect	ion C. Disclosure		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	List the states with which a copy of this Form 990 is required to be filed VA					
3	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 6104 or 1024-A, if applicable), 990, and 990-T (section 6104 or 1024-A, if applicable), 990, and 990-T (section 6104 or 1024-A, if applicable), 990, and 990-T (section 6104 or 1024-A, if applicable), 990, and 990-T (section 6104 or 1024-A, if applicable), 990, and 990-T (section 6104 or 1024-A, if applicable), 990, and 990-T (section 6104 or 1024-A, if applicable), 990, and 990-T (section 6104 or 1024-A, if applicable), 990, and 990-T (section 6104 or 1024-A, if applicable), 990, and 990-T (section 6104 or 1024-A, if applicable), 990, and 990-T (section 6104 or 1024-A, if applicable), 990, and 990-T (section 6104 or 1024-A, if applicable), 990, and 990-T (section 6104 or 1024-A, if applicable), 990, and 990-T (section 6104 or 1024-A, if applicable), 990, and 990-T (section 6104 or 1024-A, if applicable), 990, and 990-T (section 6104 or 1024-A, if applicable), 990, and 990-T (section 6104 or 1024-A, if applicable), 990, and 990-T (section 6104 or 1024-A, if applicable), 990, and 990-T (section 6104 or 1024-A, if applicable), 990-T (section 6104 or 1024-A, if applicable), 990-T (section 6104 or 1024-A, if applicable), 990-T (section 6104 or 1024-A, if applicable), 990-T (section 6104 or 1024-A, if applicable), 990-T (section 6104 or 1024-A, if applicable), 990-T (section 6104 or 1024-A, if applicable), 990-T (section 6104 or 1024-A, if applicable), 990-T (section 6104 or 1024-A, if applicable), 990-T (section 6104 or 1024-A, if applicable), 990-T (section 6104 or 1024-A, if applicable), 990-T (section 6104 or 1024-A, if applicable), 990-T (section 6104 or 1024-A, if applicable), 990-T (section 6104 or 1024-A, if applicable), 990-T (section 6104 or 1024-A, if applicable), 990-T (sec	ion 50	1(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 interes	t polic	y,			

	organization's exempt status with respect to such arrangements?	16b
<u>sec</u>	ction C. Disclosure	1 .00
7	List the states with which a copy of this Form 990 is required to be filed VA	
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)	
	(3)s only) available for public increasion indicate to available for public increasion indicate to available for public increasion in disease.	

19 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. VIRGINIA BEACH

2416 COURTHOUSE DRIVE, BLDG 19

VA 23456

757-385-8128

Form 990 (2	27-3077402 VIRGINIA BEACH LIBRARY FOUNDATION 27-3077402	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, a	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	e 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.

 See the instructions for the order in which to list the persons above.

K Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (C) Position (A) (B) (D) (E) (F) (do not check more than one Name and title Average Reportable Reportable Estimated amount box, unless person is both an hours compensation compensation officer and a director/trustee) of other per week from the from related compensation (list any organization (W-2/ organizations (W-2/ from the hours for 1099-MISC/ 1099-MISC/ attutional vidual organization and amployea related 1099-NEC) 1099-NEC1 related organizations compensated organizations below trustee dotted line) (1) KAREN BISCHOFF 0.25 SECRETARY 0.00 X 0 0 0 (2) CHELLE DAVIS 0.25 DIRECTOR 0.00 X 0 0 0 (3) MORRIS H. ESQ. FINE, 0.25 DIRECTOR 0.00 X 0 0 0 (4) ROBERT G. KREBS JR. 0.50 PRESIDENT 0.00 X X 0 0 0 (5) KIRKLAND MOLLOY KELLEY 0.25 DIRECTOR 0.00 Х 0 0 0 (6) KIMBERLY KNIGHT 0.25 EXECUTIVE DIRECTOR 0.00 Х 0 0 0 (7) NANCY OLIVER 0.25 DIRECTOR 0.00 X 0 0 0 (8) MARCY SIMS 0.25 DIRECTOR 0.00 X 0 0 0 (9) MICHELLE SWEEZEY 0.25 TREASURER 0.00 X 0 0 0 (10)(11)

Fait VII Section A. Officer	s, Directors, Tre	1Ste	es, r	(ey	Emp	loye	es, a	and Highest Compensated	Employees (continued)				
(A) Name and title	(B) Average hours per week (list any) hours for related organizations below dotted line)	bo	ox, un fficer a	Po check less po and a	erson direct	is boti	n an tee)	(D) Reportable compensation from the organization (W-2/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)		Estimated of compectors from organiza	F) d amous other nsation the tion and ganizatio	d
(12)													
(13)													
(14)											•	***************************************	
(15)	, ,												
(16)													
(17)										J. 11.1.1			
(18)											•		
(19)	, , , , , , ,												
1b Subtotal		ectio	n A										
2 Total number of individuals (increportable compensation from	luding but not lin	nited (to ti	hose	liste	ed ab	ove)	who received more than \$	100,000 of				
3 Did the organization list any for	mer officer, dire	ctor,	trus	tee,	key	empl	loyee	a, or highest compensated		[Yes	
employee on line 1a? If "Yes," 4 For any individual listed on line organization and related organi	1a, is the sum o zations greater ti	of rep han	porta \$150	ble o	omp	ensa "Yes.	ation ." co.	and other compensation fr	1		3		x
individual 5 Did any person listed on line 1a for services rendered to the org	a receive or acch	ue c	omp	ensa	uon	trom	anv	Unrelated organization or i	ndividual		5		x
Section B. Independent Contractor Complete this table for your five	s highest comper	nsate	ed in	dene	nde	nt co	entrar	ctors that received more tha	20 \$100 000 of				
compensation from the organiza	ation, Report con (A) usiness address	npen	satio	n foi	r the	cale	ndar	year ending with or within	the organization's tax year 3) of services	<u>r.</u>		(C)	
Rane arti b	USFIESS 200/ESS							Description	of services		Con	perisatio	on
										_			
						_							
				····		_							
2 Total number of independent co	ntractors (includio	na h	ut no	ot lim	ited	to th	1050	listed above) who			*****		
received more than \$100,000 of	compensation fi	om	the o	orgar	nizati	on			0				

				of Revenue hedule O con	tains a	a respo	nse or note	to any line in thi	s Part VIII		
								(A) Total revenue	(8) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Giffs, Grants	2 1	a Federated can	npaign	S _	1a]					:
S.	3	b Membership di	Jes		1b						
Ν,	₹	 Fundraising ev 	ents į		1c						ļ
৳.	<u> </u>	d Related organi	zation	5 .,	1d						
'n,	1	e Government grants (1e						J
Įį.	5	f All other contributions and similar amounts in		rants, Jed above	1f		77,857				
퉏	3	g Noncash contributions	include	d in			,				
E S	2				1g						
<u>o (</u>	1	h Total, Add line:	s 1a1	f				77,857			
	١,						Business Code				
<u>8</u>	2										· · · · · · · · · · · · · · · · · · ·
Se	1	_									
Program Service				••••••							
ğ	1										
Ξ	`	f All other progra	m ser	vice revenue			<u> </u>				
		g Total. Add lines							<u></u>		
	3										,,,,
	ĺ	other similar an		`				32,935			32,935
	4	Income from inv			bond	proceeds	;				<u> </u>
	5					-					
				(i) Real			Personal				
	6a	Gross rents	6a					-			
	b	Less: rental expenses	6b					Ī			
		Rental inc. or (loss)	6c								
	d 7a	A fires amount from 1									
		sales of assets		(i) Securities		(ii)	Other				
•		other than inventory	7a	90,	014		13,213				
Other Revenue	D	Less: cost or other	71.	e e	CEA						
eve		basis and sales exps. Gain or (loss)	7b 7c		654 360		12 012		1	-	
<u>بر</u>		Net gain or (loss)					13,213	47,573	24 260		10.010
<u></u>		Gross income from		ising evente	·· <i>·</i> ····			41,3/3	34,360		13,213
٦		(not including \$		_			.		<u> </u>		
		of contributions rep	orted o	n line							
		1c). See Part IV, lin			8a						
ı	b	Less: direct expe	enses		8b						
	C	Net income or (le	oss) fr	om fundraising e	vents						
		Gross income fro	om ga	ming		***************************************					
		activities. See Pa	art IV,	line 19	9a						
	b	Less: direct expe	enses		9b						
		Net income or (lo			ities						
	10a	Gross sales of in								İ	
1		returns and allow			10a					-	
1		Less: cost of goo			10b						
+	С	Net income or (ic	ess) tro	om sales of inver	itory	,,,,,,					
	11a						Business Code				
Jue	i ia b										
Revenue	C					1					
œ		All other revenue									
		Total. Add lines									
	12	Total revenue. S	ee ins	structions				158,365	34,360	0	46,148
_								,		VI.	20,120

Form 990 (2023) VIRGINIA BEACH LIBRARY FOUNDATION 27-3077402 Statement of Functional Expenses

<u>Se</u>	ction 501(c)(3) and 501(c)(4) organizations must c	omplete all columns. All c	other organizations must o	complete column (A).	
	Check if Schedule O contains a resp	onse or note to any line i	n this 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			gonora expenses	UNDOINGES.
	and domestic governments, See Part IV, line 21				
2					
	individuals. See Part IV, line 22				
3					
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4					
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				•
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
a					
b	Legal				
C		6,540		6,540	
d					
e	g	10 000			
f	9-11-11-11-11-11-11-11-11-11-11-11-11-11	10,303		10,303	
g	, , , , , , , , , , , , , , , , , , , ,				
42	(A) amount, list line 11g expenses on Schedule O.)	10 000			
13	Advertising and promotion	12,093		12,093	
14	Office expenses	1,132		1,132	
15	Information technology				
16	Royalties				
17	Occupancy Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21					
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses, Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	GRANT PROGRAM EXPENSES	203,023	203,023		
b	SUBSCRIPTIONS	4,027		4,027	
C	BANK CHARGES	957		957	
d	FUNDRAISING	764		764	
	All other expenses	674		674	
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	239,513	203,023	36,490	0
	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)				
	ישיים וווימן טיסור שייד (משט ששיין בעון)		I		

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances _____

Total <u>liabilities</u> and net assets/fund balances

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 Cash—non-interest-bearing 267,080 191,641 1 Savings and temporary cash investments 2 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 5 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 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 11 1,619,849 1,761,874 11 Investments—other securities. See Part IV, line 11 12 Investments—program-related. See Part IV, line 11 13 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 4,000 4,000 15 1,957,515 Total assets. Add lines 1 through 15 (must equal line 33) 1,890,929 16 16 Accounts payable and accrued expenses 17 8,214 17 535 Grants payable 18 18 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 260,229 301,936 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 Unsecured notes and loans payable to unrelated third parties _____ 24 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 25 Total liabilities. Add lines 17 through 25 268,443 302,471 26 Organizations that follow FASB ASC 958, check here or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 85,068 88,664 Net assets with donor restrictions 1.537.418 1,566,380 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 Assets

Form 990 (2023)

1,655,044

1,957,515

30

31

32

1,622,486

1,890,929

31

	m 990 (2023) VIRGINIA BEACH LIBRARY FOUNDATION 27-3077402				Pa	ge 12
Р	art XI Reconciliation of Net Assets				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Fotal revenue (must equal Part VIII, column (A), line 12)	1		15	58,	365
2	rotat expenses (must equal Part IX, column (A), line 25)	2				513
3	Revenue less expenses, Subtract line 2 from line 1	3				148
4	Net assets of fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1			486
5	Net unrealized gains (losses) on investments	5				706
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	. 65	5,0	144
Pa	art XII Financial Statements and Reporting	. ·v 1		,	<u> </u>	
	Check if Schedule O contains a response or note to any line in this Part XII					
		4.1.2.1.2.2.2		T	Yes	No
1	Accounting method used to prepare the Form 990; Cash X Accrual Other		Г	_	163	110
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				-	
	Schedule O.				ı	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		·····	20	-	
	reviewed on a separate basis, consolidated basis, or both.				ļ	
	Separate basis Consolidated basis Both consolidated and separate basis		1			
b	Were the organization's financial statements audited by an independent accountant?		İ	۸.		х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		 '	2b	-+	
	separate basis, consolidated basis, or both.				ı	
	Separate basis Consolidated basis Both consolidated and separate basis				-	
С	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?			_		
	If the organization changed either its oversight process or selection process during the tax year, explain on		إ	2c	\dashv	
	Schedule O.		l			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				1	
-	Haifarm Cuidanas 2 O.F.D. Bart 200 O.L. 1 50		1.	_		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		⊢	3a		
_	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits			_,		
	rogonico addito, applant why on ochequie o and describe any steps taken to undergo such audits		1 ³	3b		
				Form	990	(2023)

SCHEDULE A (Form 990)

Department of the Treasury

Internal Revenue Service

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.

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization Employer Identification number VIRGINIA BEACH LIBRARY FOUNDATION 27-3077402 Part ! Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 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 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 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box 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 II, Type III, 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 (iii) Type of organization (iv) Is the 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) (A) (B) (C) (D) (E) Total

Schedule A (Form 990) 2023 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.)

Se	ction A. Public Support	Tidile to quality	ander the tes	is listed below,	please complet	e rait iii.)	
	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	37,915	61,116	65,324	71,165	77,857	313,377
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 5	Total. Add lines 1 through 3 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)	37,915	61,116	65,324	71,165	77,857	313,377
_6	Public support. Subtract line 5 from line 4						313,377
	ction B. Total Support						***************************************
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	37,915	61,116	65,324	71,165	77,857	313,377
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	34,131	26,817	33,917	28,911	32,935	156,711
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						470,088
12	Gross receipts from related activities, etc.	(see instructions)				12	
13	riist 3 years, ii the Form 990 is for the or	ganization's tirst, se	econd, third, fourth	, or fifth tax year a	s a section 501(c)(3)	
<u> </u>	organization, check this box and stop here	<u> </u>					
	tion C. Computation of Public Su	pport Percenta	age				
14	Public support percentage for 2023 (line 6,	column (f) divided	by line 11, column	n (f))	*****************	14	66.66%
15	Public support percentage from 2022 Sche	dule A, Part II, line	14			15	74.52 %
l6a	33 1/376 support test — 2023. If the organ	lization did not chei	ck the box on line	13, and line 14 is 3	33 1/3% or more, o	heck this	r
b	box and stop here. The organization qualif						,.X
.,	33 1/3% support test — 2022. If the organithis box and stop here. The organization q	nzation did not ched	CK a box on line 1:	3 or 16a, and line 1	15 is 33 1/3% or m	ore, check	
7a	10%-facts-and-circumstances test — 202					***************************************	L
_	10% or more, and if the organization meets	the facts and circu	imptoneer test, of	DOX On line 13, 16	a, or 160, and line	14 IS	
	Part VI how the organization meets the fac	te-and-circumetano	anstances test, cr	itation qualifica es	stop nere. Explain	in 	
							П
b	10%-facts-and-circumstances test — 202	22. If the organization	on did not check a	hox on line 13, 16		 Hina	ப
	15 is 10% or more, and if the organization	meets the facts-and	d-circumstances te	est check this how	and stan here. Ev	ntain	
	in Part VI how the organization meets the f	acts-and-circumstar	nces test. The org	anization qualifies	as a nuhlich/ euro	orted Orted	
8	Private foundation. If the organization did	not check a box on	line 13, 16a, 16h	. 17a, or 17b, chec	k this box and see	• • • • • • • • • • • • • • • • • • • •	Ц
	instructions						
						****************	,

VIRGINIA BEACH LIBRARY FOUNDATION

Page 3

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.)

<u>~</u>	otion A Public Support	quality under	the tests listed	below, please	complete Part	11.)	
	ction A. Public Support endar year (or fiscal year beginning in)	T	T (1) 0000	1 1 1 0001	(B. 6666	1	
1	Gifts, grants, contributions, and membership fees	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
'	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	-					
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
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						
<u> </u>	line 6.)		***************************************				
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6						
l0a	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						
1	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
2	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
3	Total support. (Add lines 9, 10c, 11,						,
	and 12.)						
4	First 5 years. If the Form 990 is for the or	ganization's first, s	econd, third, fourth	, or fifth tax year a	s a section 501(c)	(3)	
١٠	organization, check this box and stop here					<u></u>	L
	ion C. Computation of Public Su						
5	Public support percentage for 2023 (line 8,	column (f), divided					%
6 Gact	Public support percentage from 2022 Sche ion D. Computation of Investment						%_
7				antima (A)		1,31	
	Investment income percentage for 2023 (linustreent income percentage from 2022 S	Schedule A. Part III	fino 17			140	%%
	33 1/3% support tests — 2023. If the orga			14 and line 15 is	more than 33 1/2		
	17 is not more than 33 1/3%, check this bo						
	33 1/3% support tests — 2022. If the orga	anization did not ch	eck a box on line	14 or line 19a, and	line 16 is more th	an 33 1/3%, and	·····
	line 18 is not more than 33 1/3%, check this Private foundation . If the organization did						H

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 A. All Supporting Organizations

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

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	10b				
ched	ule A	(Form	99(0) 2023

Pa	rt IV Supporting Organizations (continued)			,
4.4			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			•
а	, and a second of the second o	1		
.	11c below, the governing body of a supported organization?	11a		ļ
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.			
ct	tion B. Type I Supporting Organizations	11c	·····	
			Yes	No
i	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			111
	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	1 1		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	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,	1 1		
	supervised, or controlled the supporting organization.	2		
ect	ion C. Type II Supporting Organizations			
			Yes	No
	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	l i		
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	11		
ecti	on D. All Type III Supporting Organizations			
	Did the appropriation would be such as the control of the control		Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		ļ	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
!	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported]	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI		İ	
	how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described on line 2, above, did the organization's supported organizations have		1	
	a significant voice in the organization's investment policies and in directing the use of the organization's	1		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
cti	supported organizations played in this regard. on E. Type III Functionally Integrated Supporting Organizations	3		
	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instru	iotional		
-	Activities Test. Answer lines 2a and 2b below.		Voc	No.
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	\Box	Yes	No
-	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,		1	
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	1 2-		
)	Did the activities described on line 2a, above, constitute activities that, but for the organization's	2a		
•				
	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.	,		
	have engaged in these activities but for the organization's involvement.	2b		
а	Parent of Supported Organizations, Answer Ilnes 3a and 3b below.		1	
	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.			
	austees of each of the supported organizations rife festor avoided details in Part VI.	3a	1	

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Sched	ule A (Form 990) 2023 VIRGINIA BEACH LIBRARY FOUN			402 Page 6
_Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	aniza	itions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov	v. 20,	1970 (explain in Part VI).	See
	instructions. All other Type III non-functionally integrated supporting organizations mus	t comp	olete Sections A through E	
Sec	tion A Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add fines 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 Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
	Average monthly value of securities	1a		
ł	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	I 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 T	ype III	I supporting organization	
	(see instructions)	• •	- - -	

Schedule A (Form 990) 2023 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions Current Year Amounts paid to supported organizations to accomplish exempt purposes 1 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required-provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 9 Distributable amount for 2022 from Section C, line 6 9 10 Line 8 amount divided by line 9 amount 10 (1) (ii) (iii) Section E - Distribution Allocations (see instructions) **Excess Distributions** Underdistributions Distributable Pre-2023 Amount for 2023 Distributable amount for 2023 from Section C, line 6 Underdistributions, if any, for years prior to 2023 (reasonable cause required-explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2023 a From 2018, b From 2019. c From 2020 d From 2021 e From 2022 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2023 distributable amount i Carryover from 2018 not applied (see instructions) J Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2023 from Section D, line 7: a Applied to underdistributions of prior years b Applied to 2023 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2023, Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2024. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2019 b Excess from 2020 c Excess from 2021 d Excess from 2022 e Excess from 2023

Schedule A (Form 990) 2023

Schedule A (Forr	n 990) 2023	VIRGINI	A BEACH	LIBRARY	FOUNDATION	27-3077402	Page 8
Part VI	Supplemental III, line 12; Par B, lines 1 and 3a, and 3b; Pa	Information. Pro t IV, Section A, line 2; Part IV, Section	vide the exp es 1, 2, 3b, 3 C, line 1; Pa Section B,	lanations requ 3c, 4b, 4c, 5a, art IV, Section line 1e; Part V	ired by Part II, line 6, 9a, 9b, 9c, 11a D, lines 2 and 3; F , Section D, lines 8	a 10; Part II, line 17a or , 11b, and 11c; Part IV, Part IV, Section E, lines 5, 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

Main	ie of the organization	Employe	r identification number
7	VIRGINIA BEACH LIBRARY FOUNDATION	27_	2077402
	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds o	r Accou	3077402
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	i Accour	11.5
	(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year		·-,
2			
3			
4			
5	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?		Yes No
6	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?		Yes No
P	art II Conservation Easements		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.		
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 historical Protection of natural habitat Preservation of a certified		
	Protection of natural habitat Preservation of a certified Preservation of open space	historic stru	cture
2			i
_	easement on the last day of the tax year.	iservation	Held at the End of the Tax Year
а	Total number of conservation easements	2a	neid at the Eliu of the Tax Teal
b	Total acreage restricted by conservation easements	2b	
C		2c	
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not		
	on a historic structure listed in the National Register	2d	
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization	zation during	the
	tax year		
4	Number of states where property subject to conservation easement is located		
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of		
_	violations, and enforcement of the conservation easements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	easements	during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ease	ements duri	ng the year
8	Does cosh consequation accoment repeated on the Od share subtlet.	n	
Ü	Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(iii) and section 170(h)(4)(B)(iii)?	·)	Пу., Пы
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statements.	ont and hal	Yes No
	sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describe	ent and bak is the	nce
	organization's accounting for conservation easements.	.5(0	
Pa	rt 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 balar	nce sheet w	orks
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	e 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 s		
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	of public se	vice,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1	,,,,,,,,	\$
2	(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, pi	rovide the	
а	following amounts required to be reported under FASB ASC 958 relating to these items. Revenue included on Form 990, Part VIII, line 1		Φ.
h	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X	• • • • • • • • • • • • • • • • • • • •	ቅ

d Equipment

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

	orm 990) 2023 VIRGINIA BEACH LIBRAF	RY FOUNDATION	<u>27-3077402</u>	P:
Part VII	Investments – Other Securities	Farm 000 Dart N/ 15.	- 441- 0 - 5 - 000 1	
	Complete if the organization answered "Yes" on (a) Description of security or category	(b) Book value	(c) Method	
	(including name of security)	(b) DOOK VAIGE	Cost or end-of-ye	
1) Financial	derivatives			The first regard
2) Closely he	eld equity interests			
3) Other				
(A)				
(B)				

(D)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
(<u>E)</u>				
(F)				
(G)				
(H)	n (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII	Investments – Program Related			····
I CHE VIII	Complete if the organization answered "Yes" on	Form 000 Dart IV line	. 44a Caa Farra 000 F	1-d V B 40
	(a) Description of investment	(b) Book value		
	(a) accompanies. Interpretati	(b) book value	(c) Method of Cost or end-of-yea	
(1)			out or end or jou	JI MOINCE VARIE
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Part IX	(b) must equal Form 990, Part X, line 13, col. (B)) Other Assets	· · · · · · · · · · · · · · · · · · ·		
i dit ix		000 D B/ U	444 0	
	Complete if the organization answered "Yes" on F	orm 990, Part IV, line	11d. See Form 990, P.	
1)	(a) Description			(b) Book value
2)				
3)				
4)				
5)				
6)				
7)				
B)				
9)				
tal. (Column	(b) must equal Form 990, Part X, line 15, col. (B))			
	Other Liabilities			
	Complete if the organization answered "Yes" on F	orm 990, Part IV, line	11e or 11f. See Form 9	990, Part X,
	line 25.			
1) Endoral in	(a) Description of Fability			(b) Book value
) Federal in 2)	come taxes			
3) 4)				
5)				
6)				
?)	,			
3)				
9)				

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that report	rts the
organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Provi	
DAA	chedule D (Form 990) 2023

Schedule D (Form 990) 2023 VIRGINIA BEACH LIBRARY F	FOUNDATION 27	-3077402	Page
Part XI Reconciliation of Revenue per Audited Financial	Statements With Rever	nue per Return	
Complete if the organization answered "Yes" on Form	990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990 Part VIII line 12:	·····		
	11		
a Net unrealized gains (losses) on investments b Donated services and use of facilities			
111111111111111111111111111111111111111	2b		
c Recoveries of prior year grants d Other (Describe in Part XIII.)	2c		
	***************************************	2e	
 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 			
a Investment expenses not included on Form 990, Part VIII, line 7b			
b Other (Describe in Part XIII.)	4a		
C Add lines 42 and 4h		·	
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	······································		
Part XII Reconciliation of Expenses per Audited Financial	Statemente With Evne	noon nor Dotum	·····
Complete if the organization answered "Yes" on Form	900 Part IV line 12a	uses her Keram	
Total expenses and losses per guidited financial etatements		11	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities	2a		
b Prior year adjustments	2b		
c Other losses	2c 2c		
c Other losses d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d	, <u>Zu j</u>		
	• • • • • • • • • • • • • • • • • • • •	2e	
Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:		3	
a Investment expenses not included on Form 990, Part VIII, line 7b	4-		
b Other (Describe in Part XIII.)	4a		
c. Add lines 4a and 4h			
Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1.		4c 5	
Part XIII Supplemental Information	o.)		
ovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to PART IV, LINE 2B - ESCROW LIABILITY ARR THE ORGANIZATION HOLDS FUNDS AS INTERMEI THE FRIENDS OF THE LIBRARY, AS PART OF	provide any additional informa ANGEMENT EXPLAN DIARY FOR A SEE	ntion. IATION PARATE ORGANIZ	ATION
		INVESTMENTS.	
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Schedule D (I	Form 990) 2023	VIRGINIA	BEACH	LIBRARY	FOUNDATION	27-3077402	Page 5
Part XIII	Supplement	tal Information	(continue	ed)	FOUNDATION		
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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.

2023

OMB No. 1545-0047

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

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

Open to Public Inspection

Employer identification number

VIRGINIA BEACH LIBRARY FOUNDATION	27-3077402
FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS	TO REVIEW FORM 990
THE BOARD OF DIRECTORS REVIEW AND APPROVE FORM 990 F	BEFORE IT IS FILED.
FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLIC	CTS POLICY
THE FOUNDATION BY-LAWS REQUIRE DIRECTORS TO COMPLY W	ITH ALL VIRGINIA AND
LOCAL LAW CONCERNING CONFLICT OF INTEREST TRANSACTIO	
CODE SECTION 13.1-871. DIRECTORS MUST DISCLOSE ACTUA	
CONFLICTS TO THE BOARD OF DIRECTORS.	
FORM OOD DARM UT TING 10 COMPANYING DOCUMENTS	
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DIS	,
THE FOUNDATION MAKES IT'S FORM 990 AVAILABLE ON GUID UPON REQUEST.	ESTAR.ORG, AS WELL AS
OTOM REGULET.	
· ····································	

31. Number of independent voting members of governing body

32. Number of employees

33. Number of volunteers

Two Year Comparison Report Form 990 2022 & 2023 For calendar year 2023, or tax year beginning 07/01/23 06/30/24 Name Taxpayer Identification Number VIRGINIA BEACH LIBRARY FOUNDATION 27-3077402 2022 2023 Differences 1. Contributions, gifts, grants 71,165 77,857 1. 6,692 2. Membership dues and assessments 2. 3. Government contributions and grants 3. 4. Program service revenue 4. 5. Investment income 5. 28,911 32,935 4,024 6. Proceeds from tax exempt bonds 6. 7. Net gain or (loss) from sale of assets other than inventory 28,480 47,573 19,093 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. 12. Total revenue. Add lines 1 through 11 128,556 158,365 29,809 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. 18. Other professional fees 18. 14,943 16,843 1,900 19. Occupancy, rent, utilities, and maintenance 19. 20. Depreciation and Depletion 20. 21. Other expenses 110,043 222,670 112,627 21. 22. Total expenses. Add lines 13 through 21 124,986 239,513 114,527 22. 23. Excess or (Deficit). Subtract line 22 from line 12 3,570 -81,148-84,718 23. 24. Total exempt revenue 24. 128,556 158,365 29,809 25. Total unrelated revenue 25, 26. Total excludable revenue 57,391 80,508 23,117 26. 27. Total assets 1,890,929 1,957,515 66,586 27. 28. Total liabilities 268,443 302,471 34,028 28. 29. Retained earnings 1,622,486 1,655,044 32,558 29. 30. Number of voting members of governing body 11 9 30.

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Form 990		Tax F	Tax Return History			2023
Name VIRGINIA	BEACH LIBRARY	FOUNDATION			Employer 27-30	Employer Identification Number 27-3077402
					2023	2024
Contributions, grits, grants Membership dues	37,915	61,116	65,324	71,165	77,857	
Program service revenue						
Capital gain or loss Investment income	77,603	49,025		28,480	47,573	
Fundraising revenue (income/loss)	~	170,02	176,550	78,911	32,935	
Gaming revenue (income/loss)						
Other revenue						
Total revenue	149,649	136,958	151,584	128,556	158,365	
Grants and similar amounts paid						
Componention of officers of						
Other compensation						
Professional fees	16,870	15.943	16 105	CVO VL	() ()	
Occupancy costs			201	7,747	10,843	
Depreciation and depletion						
Other expenses	107,058	95,573	69,523	110,043	222.670	
Total expenses	123,928	111,516	85,628	124,986	239,513	
Excess or (Deficit)	25,721	25,442	65,956	3,570	-81,148	
Total exempt revenue	110 610	10000	1 7 L			
Total unrelated revenue	つ こう く ご エエ	006,001	TOT, D84	128,556	158,365	
Total excludable revenue	111,734	75,842	86.260	57 301	00 00	
Total Assets	1,651,499	2,011,489	1.751.612	1 890 929	1 057 515	
Total Liabilities	217,616	271,991	233,106	7		
Net Fund Balances	1,433,883	1,739,498	1,518,506	1,622,486	1,655,044	
					4	

NP6310K VIRGINIA BEACH LIBRARY FOUNDATION 9/3/2024 12:08 PM **Federal Statements** 27-3077402 FYE: 6/30/2024 Taxable Interest on Investments Description Unrelated Exclusion Postal Acquired after US Business Code Code 6/30/75 Amount Obs (\$ or %) \$ 29 14 TOTAL 29 **Taxable Dividends from Securities** Description Unrelated Exclusion Postal Acquired after US Amount Business Code Code 6/30/75 Obs (\$ or %) 14 32,906 32,906 TOTAL

9/3/2024 12:08 PM		Fund Raising	O Уъ			
	- Control - Cont	Management & General	214 125 \$			
tements	- All Other Expenses	Program Service	\$			
NP6310K VIRGINIA BEACH LIBRARY FOUNDATION 27-3077402 FYE: 6/30/2024	Part IX, Line 24e	Total Expenses	214 125 \$ 674			
ILIBRARY FOUNDA-	Form 990.	Ę-I				
K VIRGINIA BEACH 402 30/2024		Description SIONAL DEVELOPMENT	SSIONS & FEES TOTAL			
NP6310K VIRG 27-3077402 FYE: 6/30/2024		PROFESSIONAL NFTWORKTMG	COMMISSIONS TOTAL			