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Form **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

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
LANGLEY FOR FAMILIES -
THE FOUNDATION OF LFCU

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
PO BOX 120128

City or town, state or province, country, and ZIP or foreign postal code
NEWPORT NEWS, VA 23612

D Employer identification number
46-5681481

E Telephone number
(757) 643-8741

G Gross receipts $ 1,031,286

F Name and address of principal officer
FRED HAGERMAN
721 LAKEFRONT COMMONS SUITE 400
NEWPORT NEWS, VA 23606

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW LANGLEYFORFAMILIES ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 2014

M State of legal domicile VA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE FOUNDATION'S MISSION IS TO MAKE A DIFFERENCE IN THE LIVES OF FAMILIES IN ALL OF THE COMMUNITIES WE SERVE BY DONATING TO LOCAL ORGANIZATIONS THAT FOCUS ON FAMILY ISSUES IN THE HAMPTON ROADS AREA

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)	**3**	4
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	4
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	**5**	0
6	Total number of volunteers (estimate if necessary)	**6**	50
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 39	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	394,594	386,958
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	136	123
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-8,569	355,747
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	386,161	742,828
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	515,083	744,013
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶794		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	4,284	3,014
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	519,367	747,027
19	Revenue less expenses Subtract line 18 from line 12	-133,206	-4,199

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	94,224	95,025
21	Total liabilities (Part X, line 26)	0	5,000
22	Net assets or fund balances Subtract line 21 from line 20	94,224	90,025

Part II Signature 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

Sign Here

****** 2020-06-09
Signature of officer Date

FRED HAGERMAN CHAIRMAN
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2020-06-09		P01695830

Firm's name ▶ BETH MOORE & ASSOCIATES CPAS — Firm's EIN ▶ 45-3936274

Firm's address ▶ PO BOX 120547
NEWPORT NEWS, VA 23612 — Phone no (757) 224-1174

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

THE FOUNDATION'S MISSION IS TO MAKE A DIFFERENCE IN THE LIVES OF FAMILIES IN ALL OF THE COMMUNITIES WE SERVE BY DONATING TO LOCAL ORGANIZATIONS THAT FOCUS ON FAMILY ISSUES IN THE HAMPTON ROADS AREA

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ 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 ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 242,800 including grants of $ 242,800) (Revenue $)

See Additional Data

4b (Code) (Expenses $ 422,263 including grants of $ 422,263) (Revenue $)

See Additional Data

4c (Code) (Expenses $ 62,000 including grants of $ 62,000) (Revenue $)

See Additional Data

(Code) (Expenses $ 16,950 including grants of $ 16,950) (Revenue $)

CONTRIBUTED FUNDS TO LOCAL 501(C)(3) ORGANIZATIONS TO PROVIDE ASSISTANCE WITH LEGAL ADVOCACY FOR MINORS, AND ASSISTANCE IN TIMES OF NATURAL DISASTERS

4d Other program services (Describe in Schedule O)

(Expenses $ 16,950 including grants of $ 16,950) (Revenue $)

4e Total program service expenses ▶ 744,013

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	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
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 Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V*	10		No
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			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D,* Part VI	11a		No
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		No
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		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		No
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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	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*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
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		No
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		No
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	Yes	
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	Yes	
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
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	Yes	

Part IV 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*	22		No
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*	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	24a		No
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 to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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		No
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		No
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		No
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		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	Yes	

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
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 in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return **2a** 0				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	**2b**			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	**3a**		No	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	**3b**			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	**4a**		No	
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 Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**		No	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**		No	
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	**6a**		No	
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).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**	Yes		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**	Yes		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**		No	
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 contract?	**7e**			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	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**				
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				
a	Gross income from members or shareholders **11a**				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) **11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year **12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	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 the organization is licensed to issue qualified health plans **13b**				
c	Enter the amount of reserves on hand **13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**		No	
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	**14b**			
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see instructions and file Form 4720, Schedule N	**15**		No	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . If "Yes," complete Form 4720, Schedule O	**16**		No	

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in 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	1a	4		
	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 in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			No
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			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b			No
9	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 in Schedule O*	9			No

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?	10a		No
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?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c		No
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in 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?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed▶ VA

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records
▶FRED HAGERMANN 721 LAKEFRONT COMMONS STE 400 NEWPORT NEWS, VA 23606 (757) 643-8741

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 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) FRED HAGERMAN CHAIRMAN	2 50	X		X				0	0	0
(2) WILLIAM E GRIFFITH JR TREASURER	1 50	X		X				0	0	0
(3) JOSE IREGUI SECRETARY	1 00	X		X				0	0	0
(4) THOMAS RYAN DIRECTOR	1 00	X						0	0	0

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

1b Sub-Total . . . . . ▶			
c Total from continuation sheets to Part VII, Section A . . . . ▶			
d Total (add lines 1b and 1c) . . . . . ▶	0	0	0

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 ▶ 0

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
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*	**4**		No
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**		No

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	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 0

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts					
1a Federated campaigns	1a				
b Membership dues	1b				
c Fundraising events	1c	282,375			
d Related organizations	1d				
e Government grants (contributions)	1e				
f All other contributions, gifts, grants, and similar amounts not included above	1f	104,583			
g Noncash contributions included in lines 1a - 1f $	1g				
h **Total.** Add lines 1a-1f		386,958			
Program Service Revenue	Business Code				
2a					
b					
c					
d					
e					
f All other program service revenue					
g **Total.** Add lines 2a–2f					
Other Revenue					
3 Investment income (including dividends, interest, and other similar amounts)		123			123
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
	(i) Real	(ii) Personal			
6a Gross rents	6a				
b Less rental expenses	6b				
c Rental income or (loss)	6c				
d Net rental income or (loss)					
	(i) Securities	(ii) Other			
7a Gross amount from sales of assets other than inventory	7a				
b Less cost or other basis and sales expenses	7b				
c Gain or (loss)	7c				
d Net gain or (loss)					
8a Gross income from fundraising events (not including $ 282,375 of contributions reported on line 1c) See Part IV, line 18	8a	51,200			
b Less direct expenses	8b	59,905			
c Net income or (loss) from fundraising events		-8,705			-8,705
9a Gross income from gaming activities See Part IV, line 19	9a	593,005			
b Less direct expenses	9b	228,553			
c Net income or (loss) from gaming activities		364,452			364,452
10a Gross sales of inventory, less returns and allowances	10a				
b Less cost of goods sold	10b				
c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code				
11a					
b					
c					
d All other revenue					
e **Total.** Add lines 11a–11d					
12 **Total revenue.** See instructions		742,828	0	0	355,870

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 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	744,013	744,013		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	1,320		1,320	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	379		375	4
12 Advertising and promotion				
13 Office expenses				
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 in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a MISCELLANEOUS	1,315		525	790
b				
c				
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	747,027	744,013	2,220	794
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	93,900	1	94,701
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	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		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a			
	b	Less accumulated depreciation — 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	324	15	324
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	94,224	16	95,025
Liabilities	17	Accounts payable and accrued expenses		17	5,000
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	0	26	5,000
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	94,224	27	90,025
	28	Net assets with donor restrictions		28	
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	94,224	32	90,025
	33	Total liabilities and net assets/fund balances	94,224	33	95,025

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	742,828
2	Total expenses (must equal Part IX, column (A), line 25)	2	747,027
3	Revenue less expenses Subtract line 2 from line 1	3	-4,199
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	94,224
5	Net unrealized gains (losses) on investments	5	
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 in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	90,025

Part 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 ☐ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		No
	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 in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
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 in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

Software ID:

Software Version:

EIN: 46-5681481

Name: LANGLEY FOR FAMILIES -
THE FOUNDATION OF LFCU

Form 990 (2019)

Form 990, Part III, Line 4a:

CONTRIBUTED FUNDS TO ASSIST A VARIETY OF LOCAL 501(C)(3) HEALTHCARE ORGANIZATIONS PROVIDING HEALTHCARE SERVICES TO ADULTS AND CHILDREN, PREVENT HIGH RISK PREGNANCIES AND CARE FOR PREMATURE INFANTS, PROVIDE VETERAN'S ASSISTANCE, AND PROVIDE ADULT AND CHILD HOSPICE SERVICES

Form 990, Part III, Line 4b:

CONTRIBUTED FUNDS TO ASSIST LOCAL 501(C)(3) HOUSING AND HUMAN SERVICE ORGANIZATIONS THAT PROVIDE FOOD, ASSIST WITH ELDERLY CARE AND MEALS, ADDRESS HOMELESS HOUSING INITIATIVES, PROVIDE ASSISTANCE TO VETERANS, PROVIDE ASSISTANCE AND SHELTER TO BATTERED WOMEN AND ABUSED WOMEN, AND PROVIDE AFTER SCHOOL PROGRAM FOR AT-RISK CHILDREN

Form 990, Part III, Line 4c:

CONTRIBUTED FUNDS TO LOCAL 501(C)(3) ORGANIZATIONS TO PROVIDE THE UNDERSTANDING OF FINANCIAL LITERACY IN THE COMMUNITY

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493161001430

SCHEDULE A (Form 990 or 990EZ)

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.

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2019

Open to Public Inspection

Name of the organization
LANGLEY FOR FAMILIES -
THE FOUNDATION OF LFCU

Employer identification number
46-5681481

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 or 990-EZ))

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

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)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

10 ☐ An organization that normally receives (1) more than 331/3% 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)

11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ 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

f Enter the number of supported organizations

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	211,186	453,836	416,375	431,090	438,158	1,950,645
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	211,186	453,836	416,375	431,090	438,158	1,950,645
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)						420,177
6 **Public support.** Subtract line 5 from line 4						1,530,468

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	211,186	453,836	416,375	431,090	438,158	1,950,645
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	40	119	207	136	123	625
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						1,951,270

12 Gross receipts from related activities, etc (see instructions) **12**

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	**14**	78 430 %
15 Public support percentage for 2018 Schedule A, Part II, line 14	**15**	80 420 %

16a **33 1/3% support test—2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☑

b **33 1/3% support test—2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
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)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
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						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2019** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2018** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
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*	3b		
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*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below*	4a		
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*	4b		
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*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) 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)*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	8		
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.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below*	10a		
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)*	10b		

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in* ***Part VI***	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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		

Section 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 or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)*	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s)*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test **Answer (a) and (b) below.**

			Yes	No
a	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 in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		

3 Parent of Supported Organizations **Answer (a) and (b) 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? *Provide details in* ***Part VI.***	3a		
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*	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% 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 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 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 Type III supporting organization (see instructions)

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**) See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2019**	**(iii) Distributable Amount for 2019**
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in **Part VI**) See instructions			
3 Excess distributions carryover, if any, to 2019			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2019 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2019, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in **Part VI** See instructions			
6 Remaining underdistributions for 2019 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in **Part VI** See instructions			
7 **Excess distributions carryover to 2020.** Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID:

Software Version:

EIN: 46-5681481

Name: LANGLEY FOR FAMILIES - THE FOUNDATION OF LFCU

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2019

Open to Public Inspection

Name of the organization
LANGLEY FOR FAMILIES -
THE FOUNDATION OF LFCU

Employer identification number
46-5681481

Part I **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Total		▶				

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

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

		(a) Event #1 GOLF TOURNAMENT (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	333,575			333,575
	2 Less Contributions	282,375			282,375
	3 Gross income (line 1 minus line 2)	51,200			51,200
Direct Expenses	4 Cash prizes	4,300			4,300
	5 Noncash prizes	17,381			17,381
	6 Rent/facility costs	26,679			26,679
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	11,545			11,545
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				59,905
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-8,705

Part III **Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue			593,005	593,005
Direct Expenses	2 Cash prizes			200,000	200,000
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses			28,553	28,553
	6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☑ Yes 1 000 % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				228,553
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				364,452

9 Enter the state(s) in which the organization conducts gaming activities VA

a Is the organization licensed to conduct gaming activities in each of these states? ☑ Yes ☐ No

b If "No," explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☑ No

b If "Yes," explain

11 Does the organization conduct gaming activities with nonmembers? ☑ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☑ No

13 Indicate the percentage of gaming activity conducted in

a The organization's facility	**13a**	%
b An outside facility	**13b**	100 000 %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ LAUREL RAMEY

Address ▶ 721 LAKEFRONT COMMONS NEWPORT NEWS, VA 23612

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☑ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶ LAUREL RAMEY

Gaming manager compensation ▶ $ 0

Description of services provided ▶ GENERAL OVERSIGHT OF THE RAFFLE THAT TOOK PLACE IN 2019 THIS INDIVIDUAL IS AN EMPLOYEE OF LANGLEY FEDERAL CREDIT UNION

☐ Director/officer ☑ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☑ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2019

Open to Public Inspection

Name of the organization
LANGLEY FOR FAMILIES -
THE FOUNDATION OF LFCU

Employer identification number
46-5681481

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ **Yes** ☐ **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

	(a) Type of grant or assistance	**(b)** Number of recipients	**(c)** Amount of cash grant	**(d)** Amount of noncash assistance	**(e)** Method of valuation (book, FMV, appraisal, other)	**(f)** Description of noncash assistance
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	**Explanation**

Additional Data

Software ID:
Software Version:
EIN: 46-5681481
Name: LANGLEY FOR FAMILIES - THE FOUNDATION OF LFCU

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LAKE TAYLOR TRANSITIONAL CARE HOSP FNDTN 1309 KEMPSVILLE ROAD NORFOLK, VA 23502	51-0506412		5,000				CONTRIBUTED FUNDS TO ASSIST A VARIETY OF LOCAL 501(C)(3) HEALTHCARE ORGANIZATIONS PROVIDING HEALTHCARE SERVICES TO ADULTS AND CHILDREN, PREVENT HIGH RISK PREGNANCIES AND CARE FOR PREMATURE INFANTS, PROVIDE VETERAN'S ASSISTANCE, AND PROVIDE ADULT AND CHILD HOSPICE SERVICES
ONE CHILD CENTER FOR AUTISM 201 BULIFANTS BLVD SUITE A WILLIAMSBURG, VA 23187	46-3311567		5,000				CONTRIBUTED FUNDS TO ASSIST LOCAL 501 (C)(3) HOUSING AND HUMAN SERVICE ORGANIZATIONS THAT PROVIDE FOOD, ASSIST WITH ELDERLY CARE AND MEALS, ADDRESS HOMELESS HOUSING INITIATIVES, PROVIDE ASSISTANCE TO VETERANS, PROVIDE ASSISTANCE AND SHELTER TO BATTERED WOMEN AND ABUSED WOMEN, AND PROVIDE AFTER SCHOOL PROGRAM FOR AT-RISK CHILDREN

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NATASHA HOUSE 124 GOODWIN NECK RD YORKTOWN, VA 23692	27-1871384		5,000				CONTRIBUTED FUNDS TO ASSIST LOCAL 501 (C)(3) HOUSING AND HUMAN SERVICE ORGANIZATIONS THAT PROVIDE FOOD, ASSIST WITH ELDERLY CARE AND MEALS, ADDRESS HOMELESS HOUSING INITIATIVES, PROVIDE ASSISTANCE TO VETERANS, PROVIDE ASSISTANCE AND SHELTER TO BATTERED WOMEN AND ABUSED WOMEN, AND PROVIDE AFTER SCHOOL PROGRAM FOR AT-RISK CHILDREN
MARINER'S MUSEUM 100 MUSEUM DRIVE NEWPORT NEWS, VA 23606	54-0541801		5,000				CONTRIBUTED FUNDS TO LOCAL 501(C)(3) ORGANIZATIONS TO PROVIDE THE UNDERSTANDING OF FINANCIAL LITERACY IN THE COMMUNITY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PENINSULA RESCUE MISSION INC 3700 HUNTINGTON AVE NEWPORT NEWS, VA 23607	54-0901386		5,000				CONTRIBUTED FUNDS TO ASSIST LOCAL 501 (C)(3) HOUSING AND HUMAN SERVICE ORGANIZATIONS THAT PROVIDE FOOD, ASSIST WITH ELDERLY CARE AND MEALS, ADDRESS HOMELESS HOUSING INITIATIVES, PROVIDE ASSISTANCE TO VETERANS, PROVIDE ASSISTANCE AND SHELTER TO BATTERED WOMEN AND ABUSED WOMEN, AND PROVIDE AFTER SCHOOL PROGRAM FOR AT-RISK CHILDREN
PENINSULA SCHOOL AT THE FAISON CENTER 1701 BYRD AVE RICHMOND, VA 23230	03-0387451		5,000				CONTRIBUTED FUNDS TO ASSIST A VARIETY OF LOCAL 501(C)(3) HEALTHCARE ORGANIZATIONS PROVIDING HEALTHCARE SERVICES TO ADULTS AND CHILDREN, PREVENT HIGH RISK PREGNANCIES AND CARE FOR PREMATURE INFANTS, PROVIDE VETERAN'S ASSISTANCE, AND PROVIDE ADULT AND CHILD HOSPICE SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LACKEY CLINIC 1620 OLD WILLIAMSBURG ROAD YORKTOWN, VA 23690	54-1850915		5,000				CONTRIBUTED FUNDS TO ASSIST A VARIETY OF LOCAL 501(C)(3) HEALTHCARE ORGANIZATIONS PROVIDING HEALTHCARE SERVICES TO ADULTS AND CHILDREN, PREVENT HIGH RISK PREGNANCIES AND CARE FOR PREMATURE INFANTS, PROVIDE VETERAN'S ASSISTANCE, AND PROVIDE ADULT AND CHILD HOSPICE SERVICES
STARBASE VICTORY INC PO BOX 906 PORTSMOUTH, VA 23705	54-1945545		5,000				CONTRIBUTED FUNDS TO LOCAL 501(C)(3) ORGANIZATIONS TO PROVIDE THE UNDERSTANDING OF FINANCIAL LITERACY IN THE COMMUNITY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HOPE U FOUNDATION 1400 18TH ST CHESAPEAKE, VA 23324	46-4809349		5,000				CONTRIBUTED FUNDS TO ASSIST LOCAL 501 (C)(3) HOUSING AND HUMAN SERVICE ORGANIZATIONS THAT PROVIDE FOOD, ASSIST WITH ELDERLY CARE AND MEALS, ADDRESS HOMELESS HOUSING INITIATIVES, PROVIDE ASSISTANCE TO VETERANS, PROVIDE ASSISTANCE AND SHELTER TO BATTERED WOMEN AND ABUSED WOMEN, AND PROVIDE AFTER SCHOOL PROGRAM FOR AT-RISK CHILDREN
HAMPTON ROADS WORKFORCE FOUNDATION 999 WATERSIDE DR STE 131 NORFOLK, VA 23435	54-0970949		5,000				CONTRIBUTED FUNDS TO LOCAL 501(C)(3) ORGANIZATIONS TO PROVIDE THE UNDERSTANDING OF FINANCIAL LITERACY IN THE COMMUNITY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GROVE CHRISTIAN OUTREACH CENTER 8800 POCAHONTAS TRAIL WILLIAMSBURG, VA 23185	27-0077733		5,000				CONTRIBUTED FUNDS TO ASSIST LOCAL 501 (C)(3) HOUSING AND HUMAN SERVICE ORGANIZATIONS THAT PROVIDE FOOD, ASSIST WITH ELDERLY CARE AND MEALS, ADDRESS HOMELESS HOUSING INITIATIVES, PROVIDE ASSISTANCE TO VETERANS, PROVIDE ASSISTANCE AND SHELTER TO BATTERED WOMEN AND ABUSED WOMEN, AND PROVIDE AFTER SCHOOL PROGRAM FOR AT-RISK CHILDREN
GLOUCESTER UNITED EMERGENCY SHELTER TEAM 6536 MOOSE DRIVE GLOUCESTER, VA 23061	47-2439560		5,000				CONTRIBUTED FUNDS TO ASSIST LOCAL 501 (C)(3) HOUSING AND HUMAN SERVICE ORGANIZATIONS THAT PROVIDE FOOD, ASSIST WITH ELDERLY CARE AND MEALS, ADDRESS HOMELESS HOUSING INITIATIVES, PROVIDE ASSISTANCE TO VETERANS, PROVIDE ASSISTANCE AND SHELTER TO BATTERED WOMEN AND ABUSED WOMEN, AND PROVIDE AFTER SCHOOL PROGRAM FOR AT-RISK CHILDREN

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GLOUCESTER HOUSING PARTNERSHIP INC PO BOX 1688 GLOUCESTER, VA 23061	54-1635676		5,000				CONTRIBUTED FUNDS TO ASSIST LOCAL 501 (C)(3) HOUSING AND HUMAN SERVICE ORGANIZATIONS THAT PROVIDE FOOD, ASSIST WITH ELDERLY CARE AND MEALS, ADDRESS HOMELESS HOUSING INITIATIVES, PROVIDE ASSISTANCE TO VETERANS, PROVIDE ASSISTANCE AND SHELTER TO BATTERED WOMEN AND ABUSED WOMEN, AND PROVIDE AFTER SCHOOL PROGRAM FOR AT-RISK CHILDREN
HABITAT FOR HUMANITY OF SOUTH HAMPTON RDS 900 TIDEWATER DRIVE NORFOLK, VA 23504	54-1476409		5,000				CONTRIBUTED FUNDS TO ASSIST LOCAL 501 (C)(3) HOUSING AND HUMAN SERVICE ORGANIZATIONS THAT PROVIDE FOOD, ASSIST WITH ELDERLY CARE AND MEALS, ADDRESS HOMELESS HOUSING INITIATIVES, PROVIDE ASSISTANCE TO VETERANS, PROVIDE ASSISTANCE AND SHELTER TO BATTERED WOMEN AND ABUSED WOMEN, AND PROVIDE AFTER SCHOOL PROGRAM FOR AT-RISK CHILDREN

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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PENINSULA FINE ARTS CENTER 101 MUSEUM DR NEWPORT NEWS, VA 23606	54-0794351		5,000				CONTRIBUTED FUNDS TO ASSIST A VARIETY OF LOCAL 501(C)(3) HEALTHCARE ORGANIZATIONS PROVIDING HEALTHCARE SERVICES TO ADULTS AND CHILDREN, PREVENT HIGH RISK PREGNANCIES AND CARE FOR PREMATURE INFANTS, PROVIDE VETERAN'S ASSISTANCE, AND PROVIDE ADULT AND CHILD HOSPICE SERVICES
VIRGINIA PENINSULA FOODBANK 2401 ALUMINUM AVE HAMPTON, VA 23661	54-1422298		5,000				CONTRIBUTED FUNDS TO ASSIST LOCAL 501 (C)(3) HOUSING AND HUMAN SERVICE ORGANIZATIONS THAT PROVIDE FOOD, ASSIST WITH ELDERLY CARE AND MEALS, ADDRESS HOMELESS HOUSING INITIATIVES, PROVIDE ASSISTANCE TO VETERANS, PROVIDE ASSISTANCE AND SHELTER TO BATTERED WOMEN AND ABUSED WOMEN, AND PROVIDE AFTER SCHOOL PROGRAM FOR AT-RISK CHILDREN

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BACON STREET YOUTH AND FAMILY SERVICES 247 MCLAWS CIRCLE WILLIAMSBURG, VA 23185	54-0891035		5,000				CONTRIBUTED FUNDS TO ASSIST A VARIETY OF LOCAL 501(C)(3) HEALTHCARE ORGANIZATIONS PROVIDING HEALTHCARE SERVICES TO ADULTS AND CHILDREN, PREVENT HIGH RISK PREGNANCIES AND CARE FOR PREMATURE INFANTS, PROVIDE VETERAN'S ASSISTANCE, AND PROVIDE ADULT AND CHILD HOSPICE SERVICES
VERSABILITY RESOURCES 2520 58TH ST HAMPTON, VA 23661	54-0802199		5,000				CONTRIBUTED FUNDS TO ASSIST A VARIETY OF LOCAL 501(C)(3) HEALTHCARE ORGANIZATIONS PROVIDING HEALTHCARE SERVICES TO ADULTS AND CHILDREN, PREVENT HIGH RISK PREGNANCIES AND CARE FOR PREMATURE INFANTS, PROVIDE VETERAN'S ASSISTANCE, AND PROVIDE ADULT AND CHILD HOSPICE SERVICES

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USO OF HAMPTON ROADS AND CENTRAL VA INC PO BOX 8097 NORFOLK, VA 23503	54-1305517		5,000				CONTRIBUTED FUNDS TO ASSIST A VARIETY OF LOCAL 501(C)(3) HEALTHCARE ORGANIZATIONS PROVIDING HEALTHCARE SERVICES TO ADULTS AND CHILDREN, PREVENT HIGH RISK PREGNANCIES AND CARE FOR PREMATURE INFANTS, PROVIDE VETERAN'S ASSISTANCE, AND PROVIDE ADULT AND CHILD HOSPICE SERVICES
LEUKEMIA & LYMPHOMA SOCIETY VA CHAPTER 500 E PLUME ST SUITE 502 HAMPTON, VA 23510	13-5644916		5,450				CONTRIBUTED FUNDS TO ASSIST A VARIETY OF LOCAL 501(C)(3) HEALTHCARE ORGANIZATIONS PROVIDING HEALTHCARE SERVICES TO ADULTS AND CHILDREN, PREVENT HIGH RISK PREGNANCIES AND CARE FOR PREMATURE INFANTS, PROVIDE VETERAN'S ASSISTANCE, AND PROVIDE ADULT AND CHILD HOSPICE SERVICES

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TRANSITIONS FAMILY VIOLENCE SERVICES P O BOX 561 HAMPTON, VA 23669	51-0239447		5,450				CONTRIBUTED FUNDS TO ASSIST LOCAL 501 (C)(3) HOUSING AND HUMAN SERVICE ORGANIZATIONS THAT PROVIDE FOOD, ASSIST WITH ELDERLY CARE AND MEALS, ADDRESS HOMELESS HOUSING INITIATIVES, PROVIDE ASSISTANCE TO VETERANS, PROVIDE ASSISTANCE AND SHELTER TO BATTERED WOMEN AND ABUSED WOMEN, AND PROVIDE AFTER SCHOOL PROGRAM FOR AT-RISK CHILDREN
JUNIOR ACHIEVEMENT GREATER HAMPTON ROADS 2600 INTERNATIONAL PKWY SUITE 100 VIRGINIA BEACH, VA 23452	54-0799839		7,500				CONTRIBUTED FUNDS TO LOCAL 501(C)(3) ORGANIZATIONS TO PROVIDE THE UNDERSTANDING OF FINANCIAL LITERACY IN THE COMMUNITY

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THE GIVING GARDEN FOUNDATION PO BOX 1421 HAYES, VA 23072	26-3218292		7,950				CONTRIBUTED FUNDS TO ASSIST A VARIETY OF LOCAL 501(C)(3) HEALTHCARE ORGANIZATIONS PROVIDING HEALTHCARE SERVICES TO ADULTS AND CHILDREN, PREVENT HIGH RISK PREGNANCIES AND CARE FOR PREMATURE INFANTS, PROVIDE VETERAN'S ASSISTANCE, AND PROVIDE ADULT AND CHILD HOSPICE SERVICES
BOYS SCOUTS OF AMERICA COLONIAL VIRGINIA COUNCIL 11825 ROCK LANDING DR NEWPORT NEWS VA 23606 NEWPORT NEWS, VA 23606	54-0505994		7,950				CONTRIBUTED FUNDS TO ASSIST LOCAL 501 (C)(3) HOUSING AND HUMAN SERVICE ORGANIZATIONS THAT PROVIDE FOOD, ASSIST WITH ELDERLY CARE AND MEALS, ADDRESS HOMELESS HOUSING INITIATIVES, PROVIDE ASSISTANCE TO VETERANS, PROVIDE ASSISTANCE AND SHELTER TO BATTERED WOMEN AND ABUSED WOMEN, AND PROVIDE AFTER SCHOOL PROGRAM FOR AT-RISK CHILDREN

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THE WES STRONG FOUNDATION PO BOX 2514 YORKTOWN, VA 23692	45-5309694		7,950				CONTRIBUTED FUNDS TO ASSIST A VARIETY OF LOCAL 501(C)(3) HEALTHCARE ORGANIZATIONS PROVIDING HEALTHCARE SERVICES TO ADULTS AND CHILDREN, PREVENT HIGH RISK PREGNANCIES AND CARE FOR PREMATURE INFANTS, PROVIDE VETERAN'S ASSISTANCE, AND PROVIDE ADULT AND CHILD HOSPICE SERVICES
PENINSULA METROPOLITAN YMCA 41 OLD OYSTER POINT RD SUITE C NEWPORT NEWS, VA 23606	54-0524905		10,000				CONTRIBUTED FUNDS TO ASSIST LOCAL 501 (C)(3) HOUSING AND HUMAN SERVICE ORGANIZATIONS THAT PROVIDE FOOD, ASSIST WITH ELDERLY CARE AND MEALS, ADDRESS HOMELESS HOUSING INITIATIVES, PROVIDE ASSISTANCE TO VETERANS, PROVIDE ASSISTANCE AND SHELTER TO BATTERED WOMEN AND ABUSED WOMEN, AND PROVIDE AFTER SCHOOL PROGRAM FOR AT-RISK CHILDREN

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AMERICAN HEART ASSOCATION P O BOX 50045 PRESCOTT, AZ 86304	13-5613797		10,000				CONTRIBUTED FUNDS TO ASSIST A VARIETY OF LOCAL 501(C)(3) HEALTHCARE ORGANIZATIONS PROVIDING HEALTHCARE SERVICES TO ADULTS AND CHILDREN, PREVENT HIGH RISK PREGNANCIES AND CARE FOR PREMATURE INFANTS, PROVIDE VETERAN'S ASSISTANCE, AND PROVIDE ADULT AND CHILD HOSPICE SERVICES
AMERICAN RED CROSS OF COASTAL VIRGINIA 611 W BRAMBLETON AVE NORFOLK, VA 23510	53-0196605		10,000				CONTRIBUTED FUNDS TO LOCAL 501(C)(3) ORGANIZATIONS TO PROVIDE ASSISTANCE WITH LEGAL ADVOCACY FOR MINORS, AND ASSISTANCE IN TIMES OF NATURAL DISASTERS

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MENCHVILLE HOUSE MINISTRIES INC PO BOX 22687 NEWPORT NEWS, VA 23609	54-1912824		10,000				CONTRIBUTED FUNDS TO ASSIST LOCAL 501 (C)(3) HOUSING AND HUMAN SERVICE ORGANIZATIONS THAT PROVIDE FOOD, ASSIST WITH ELDERLY CARE AND MEALS, ADDRESS HOMELESS HOUSING INITIATIVES, PROVIDE ASSISTANCE TO VETERANS, PROVIDE ASSISTANCE AND SHELTER TO BATTERED WOMEN AND ABUSED WOMEN, AND PROVIDE AFTER SCHOOL PROGRAM FOR AT-RISK CHILDREN
MARY IMMACULATE FOUNDATION 2 BERNARDINE DR NEWPORT NEWS, VA 23602	31-1644734		10,000				CONTRIBUTED FUNDS TO ASSIST A VARIETY OF LOCAL 501(C)(3) HEALTHCARE ORGANIZATIONS PROVIDING HEALTHCARE SERVICES TO ADULTS AND CHILDREN, PREVENT HIGH RISK PREGNANCIES AND CARE FOR PREMATURE INFANTS, PROVIDE VETERAN'S ASSISTANCE, AND PROVIDE ADULT AND CHILD HOSPICE SERVICES

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FEAR 2 FREEDOM P O BOX 6104 NEWPORT NEWS, VA 23606	45-2143034		10,000				CONTRIBUTED FUNDS TO ASSIST LOCAL 501 (C)(3) HOUSING AND HUMAN SERVICE ORGANIZATIONS THAT PROVIDE FOOD, ASSIST WITH ELDERLY CARE AND MEALS, ADDRESS HOMELESS HOUSING INITIATIVES, PROVIDE ASSISTANCE TO VETERANS, PROVIDE ASSISTANCE AND SHELTER TO BATTERED WOMEN AND ABUSED WOMEN, AND PROVIDE AFTER SCHOOL PROGRAM FOR AT-RISK CHILDREN
AVALON CENTER PO BOX 6805 WILLIAMSBURG, VA 23185	52-1208945		10,000				CONTRIBUTED FUNDS TO ASSIST LOCAL 501 (C)(3) HOUSING AND HUMAN SERVICE ORGANIZATIONS THAT PROVIDE FOOD, ASSIST WITH ELDERLY CARE AND MEALS, ADDRESS HOMELESS HOUSING INITIATIVES, PROVIDE ASSISTANCE TO VETERANS, PROVIDE ASSISTANCE AND SHELTER TO BATTERED WOMEN AND ABUSED WOMEN, AND PROVIDE AFTER SCHOOL PROGRAM FOR AT-RISK CHILDREN

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LITERACY FOR LIFE PO BOX 8795 301 MONTICELLO AVE WILLIAMSBURG, VA 23187	54-1085026		10,000				CONTRIBUTED FUNDS TO ASSIST LOCAL 501 (C)(3) HOUSING AND HUMAN SERVICE ORGANIZATIONS THAT PROVIDE FOOD, ASSIST WITH ELDERLY CARE AND MEALS, ADDRESS HOMELESS HOUSING INITIATIVES, PROVIDE ASSISTANCE TO VETERANS, PROVIDE ASSISTANCE AND SHELTER TO BATTERED WOMEN AND ABUSED WOMEN, AND PROVIDE AFTER SCHOOL PROGRAM FOR AT-RISK CHILDREN
COMMUNITIES IN SCHOOLS OF HAMPTON ROADS PO BOX 1668 NORFOLK, VA 23501	26-2504678		10,000				CONTRIBUTED FUNDS TO ASSIST LOCAL 501 (C)(3) HOUSING AND HUMAN SERVICE ORGANIZATIONS THAT PROVIDE FOOD, ASSIST WITH ELDERLY CARE AND MEALS, ADDRESS HOMELESS HOUSING INITIATIVES, PROVIDE ASSISTANCE TO VETERANS, PROVIDE ASSISTANCE AND SHELTER TO BATTERED WOMEN AND ABUSED WOMEN, AND PROVIDE AFTER SCHOOL PROGRAM FOR AT-RISK CHILDREN

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RONALD MCDONALD HOUSE CHARITIES OF NORFLK 404 COLLEY AVE NORFOLK, VA 23507	54-1139497		10,000				CONTRIBUTED FUNDS TO ASSIST A VARIETY OF LOCAL 501(C)(3) HEALTHCARE ORGANIZATIONS PROVIDING HEALTHCARE SERVICES TO ADULTS AND CHILDREN, PREVENT HIGH RISK PREGNANCIES AND CARE FOR PREMATURE INFANTS, PROVIDE VETERAN'S ASSISTANCE, AND PROVIDE ADULT AND CHILD HOSPICE SERVICES
BONSECOURS MARY IMMACULATE HOSPITAL FOUNDATION 2 BERNARDINE DRIVE NEWPORT NEWS, VA 23602	31-1644734		10,000				CONTRIBUTED FUNDS TO ASSIST A VARIETY OF LOCAL 501(C)(3) HEALTHCARE ORGANIZATIONS PROVIDING HEALTHCARE SERVICES TO ADULTS AND CHILDREN, PREVENT HIGH RISK PREGNANCIES AND CARE FOR PREMATURE INFANTS, PROVIDE VETERAN'S ASSISTANCE, AND PROVIDE ADULT AND CHILD HOSPICE SERVICES

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DOWNTOWN HAMPTON CHILD CARE DEVELOP CENTER 1306 THOMAS STREET HAMPTON, VA 23669	54-0890222		10,000				CONTRIBUTED FUNDS TO ASSIST LOCAL 501 (C)(3) HOUSING AND HUMAN SERVICE ORGANIZATIONS THAT PROVIDE FOOD, ASSIST WITH ELDERLY CARE AND MEALS, ADDRESS HOMELESS HOUSING INITIATIVES, PROVIDE ASSISTANCE TO VETERANS, PROVIDE ASSISTANCE AND SHELTER TO BATTERED WOMEN AND ABUSED WOMEN, AND PROVIDE AFTER SCHOOL PROGRAM FOR AT-RISK CHILDREN
VIRGINIA BEACH SUPPORTIVE HOUSING 1333 DIAMOND SPRINGS RD VIRGINIA BEACH, VA 23455	54-1444564		10,000				CONTRIBUTED FUNDS TO ASSIST LOCAL 501 (C)(3) HOUSING AND HUMAN SERVICE ORGANIZATIONS THAT PROVIDE FOOD, ASSIST WITH ELDERLY CARE AND MEALS, ADDRESS HOMELESS HOUSING INITIATIVES, PROVIDE ASSISTANCE TO VETERANS, PROVIDE ASSISTANCE AND SHELTER TO BATTERED WOMEN AND ABUSED WOMEN, AND PROVIDE AFTER SCHOOL PROGRAM FOR AT-RISK CHILDREN

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CENTER FOR CHILD AND FAMILY SERVICES INC 2021 CUNNINGHAM DRIVE SUITE 400 HAMPTON, VA 23666	54-0505893		10,000				CONTRIBUTED FUNDS TO ASSIST LOCAL 501 (C)(3) HOUSING AND HUMAN SERVICE ORGANIZATIONS THAT PROVIDE FOOD, ASSIST WITH ELDERLY CARE AND MEALS, ADDRESS HOMELESS HOUSING INITIATIVES, PROVIDE ASSISTANCE TO VETERANS, PROVIDE ASSISTANCE AND SHELTER TO BATTERED WOMEN AND ABUSED WOMEN, AND PROVIDE AFTER SCHOOL PROGRAM FOR AT-RISK CHILDREN
HAMPTON ROADS HAVEN 2129 VINCENT AVE NORFOLK, VA 23504	31-1483263		10,000				CONTRIBUTED FUNDS TO ASSIST LOCAL 501 (C)(3) HOUSING AND HUMAN SERVICE ORGANIZATIONS THAT PROVIDE FOOD, ASSIST WITH ELDERLY CARE AND MEALS, ADDRESS HOMELESS HOUSING INITIATIVES, PROVIDE ASSISTANCE TO VETERANS, PROVIDE ASSISTANCE AND SHELTER TO BATTERED WOMEN AND ABUSED WOMEN, AND PROVIDE AFTER SCHOOL PROGRAM FOR AT-RISK CHILDREN

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GLOUCESTER MATHEWS CARE CLINIC PO BOX 684 GLOUCESTER, VA 23061	54-1875619		10,000				CONTRIBUTED FUNDS TO ASSIST A VARIETY OF LOCAL 501(C)(3) HEALTHCARE ORGANIZATIONS PROVIDING HEALTHCARE SERVICES TO ADULTS AND CHILDREN, PREVENT HIGH RISK PREGNANCIES AND CARE FOR PREMATURE INFANTS, PROVIDE VETERAN'S ASSISTANCE, AND PROVIDE ADULT AND CHILD HOSPICE SERVICES
ST MARY'S HOME FOR DISABLED CHILDREN 6171 KEMPSVILLE CIR NORFOLK, VA 23502	54-1868069		10,000				CONTRIBUTED FUNDS TO ASSIST A VARIETY OF LOCAL 501(C)(3) HEALTHCARE ORGANIZATIONS PROVIDING HEALTHCARE SERVICES TO ADULTS AND CHILDREN, PREVENT HIGH RISK PREGNANCIES AND CARE FOR PREMATURE INFANTS, PROVIDE VETERAN'S ASSISTANCE, AND PROVIDE ADULT AND CHILD HOSPICE SERVICES

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LINK OF HAMPTON ROADS 10413 WARWICK BLVD NEWPORT NEWS, VA 23601	54-1556503		12,000				CONTRIBUTED FUNDS TO ASSIST LOCAL 501 (C)(3) HOUSING AND HUMAN SERVICE ORGANIZATIONS THAT PROVIDE FOOD, ASSIST WITH ELDERLY CARE AND MEALS, ADDRESS HOMELESS HOUSING INITIATIVES, PROVIDE ASSISTANCE TO VETERANS, PROVIDE ASSISTANCE AND SHELTER TO BATTERED WOMEN AND ABUSED WOMEN, AND PROVIDE AFTER SCHOOL PROGRAM FOR AT-RISK CHILDREN
HABITAT FOR HUMANITY PENINSULA 11011 WARWICK BLVD NEWPORT NEWS, VA 23601	52-1431619		12,500				CONTRIBUTED FUNDS TO ASSIST LOCAL 501 (C)(3) HOUSING AND HUMAN SERVICE ORGANIZATIONS THAT PROVIDE FOOD, ASSIST WITH ELDERLY CARE AND MEALS, ADDRESS HOMELESS HOUSING INITIATIVES, PROVIDE ASSISTANCE TO VETERANS, PROVIDE ASSISTANCE AND SHELTER TO BATTERED WOMEN AND ABUSED WOMEN, AND PROVIDE AFTER SCHOOL PROGRAM FOR AT-RISK CHILDREN

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YOUTH CHALLENGE OF HAMPTON ROADS 332 34TH ST NEWPORT NEWS, VA 23607	54-1162684		12,950				CONTRIBUTED FUNDS TO ASSIST A VARIETY OF LOCAL 501(C)(3) HEALTHCARE ORGANIZATIONS PROVIDING HEALTHCARE SERVICES TO ADULTS AND CHILDREN, PREVENT HIGH RISK PREGNANCIES AND CARE FOR PREMATURE INFANTS, PROVIDE VETERAN'S ASSISTANCE, AND PROVIDE ADULT AND CHILD HOSPICE SERVICES
MAKE A WISH GREATER VIRGINIA 2810 N PARHAM RD SUITE 302 RICHMOND, VA 23294	54-1429614		12,950				CONTRIBUTED FUNDS TO ASSIST A VARIETY OF LOCAL 501(C)(3) HEALTHCARE ORGANIZATIONS PROVIDING HEALTHCARE SERVICES TO ADULTS AND CHILDREN, PREVENT HIGH RISK PREGNANCIES AND CARE FOR PREMATURE INFANTS, PROVIDE VETERAN'S ASSISTANCE, AND PROVIDE ADULT AND CHILD HOSPICE SERVICES

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CENTER FOR SEXUAL ASSAULT SURVIVORS 718 J CLYDE MORRIS BLVD SUITE B NEWPORT NEWS, VA 23601	54-1934355		12,950				CONTRIBUTED FUNDS TO ASSIST LOCAL 501 (C)(3) HOUSING AND HUMAN SERVICE ORGANIZATIONS THAT PROVIDE FOOD, ASSIST WITH ELDERLY CARE AND MEALS, ADDRESS HOMELESS HOUSING INITIATIVES, PROVIDE ASSISTANCE TO VETERANS, PROVIDE ASSISTANCE AND SHELTER TO BATTERED WOMEN AND ABUSED WOMEN, AND PROVIDE AFTER SCHOOL PROGRAM FOR AT-RISK CHILDREN
PENINSULA AGENCY ON AGING 739 THIMBLE SHOALS BLVD STE 1006 NEWPORT NEWS, VA 23606	51-0151069		12,950				CONTRIBUTED FUNDS TO ASSIST A VARIETY OF LOCAL 501(C)(3) HEALTHCARE ORGANIZATIONS PROVIDING HEALTHCARE SERVICES TO ADULTS AND CHILDREN, PREVENT HIGH RISK PREGNANCIES AND CARE FOR PREMATURE INFANTS, PROVIDE VETERAN'S ASSISTANCE, AND PROVIDE ADULT AND CHILD HOSPICE SERVICES

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CHILDREN'S HEALTH INVESTMENT PROGRAM 1302 JEFFERSON STREET CHESAPEAKE, VA 23324	54-1893166		13,000				CONTRIBUTED FUNDS TO ASSIST LOCAL 501 (C)(3) HOUSING AND HUMAN SERVICE ORGANIZATIONS THAT PROVIDE FOOD, ASSIST WITH ELDERLY CARE AND MEALS, ADDRESS HOMELESS HOUSING INITIATIVES, PROVIDE ASSISTANCE TO VETERANS, PROVIDE ASSISTANCE AND SHELTER TO BATTERED WOMEN AND ABUSED WOMEN, AND PROVIDE AFTER SCHOOL PROGRAM FOR AT-RISK CHILDREN
HOUSING PARTNERSHIP INC P O BOX 441 WILLIAMSBURG, VA 23187	54-1352365		13,143				CONTRIBUTED FUNDS TO ASSIST LOCAL 501 (C)(3) HOUSING AND HUMAN SERVICE ORGANIZATIONS THAT PROVIDE FOOD, ASSIST WITH ELDERLY CARE AND MEALS, ADDRESS HOMELESS HOUSING INITIATIVES, PROVIDE ASSISTANCE TO VETERANS, PROVIDE ASSISTANCE AND SHELTER TO BATTERED WOMEN AND ABUSED WOMEN, AND PROVIDE AFTER SCHOOL PROGRAM FOR AT-RISK CHILDREN

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AN ACHIEVABLE DREAM INC 10858 WARWICK BLVD SUITE A NEWPORT NEWS, VA 23601	54-1682144		13,500				CONTRIBUTED FUNDS TO LOCAL 501(C)(3) ORGANIZATIONS TO PROVIDE THE UNDERSTANDING OF FINANCIAL LITERACY IN THE COMMUNITY
VIRGINIA BEACH JUSTICE INITIATIVE P O BOX 3018 CHESAPEAKE, VA 23327	45-5223463		15,000				CONTRIBUTED FUNDS TO ASSIST LOCAL 501 (C)(3) HOUSING AND HUMAN SERVICE ORGANIZATIONS THAT PROVIDE FOOD, ASSIST WITH ELDERLY CARE AND MEALS, ADDRESS HOMELESS HOUSING INITIATIVES, PROVIDE ASSISTANCE TO VETERANS, PROVIDE ASSISTANCE AND SHELTER TO BATTERED WOMEN AND ABUSED WOMEN, AND PROVIDE AFTER SCHOOL PROGRAM FOR AT-RISK CHILDREN

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FORKIDS INC 4200 COLLEY AVENUE SUITE A PO BOX 6044 NORFOLK, VA 23508	54-1477799		15,000				CONTRIBUTED FUNDS TO ASSIST LOCAL 501 (C)(3) HOUSING AND HUMAN SERVICE ORGANIZATIONS THAT PROVIDE FOOD, ASSIST WITH ELDERLY CARE AND MEALS, ADDRESS HOMELESS HOUSING INITIATIVES, PROVIDE ASSISTANCE TO VETERANS, PROVIDE ASSISTANCE AND SHELTER TO BATTERED WOMEN AND ABUSED WOMEN, AND PROVIDE AFTER SCHOOL PROGRAM FOR AT-RISK CHILDREN
THRIVE PENINSULA INC 13195 WARWICK BLVD UNIT 2C NEWPORT NEWS, VA 23602	54-1857664		15,000				CONTRIBUTED FUNDS TO LOCAL 501(C)(3) ORGANIZATIONS TO PROVIDE THE UNDERSTANDING OF FINANCIAL LITERACY IN THE COMMUNITY

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HAMPTON ROADS ECUMENICAL LDG & PROVISION PO BOX 190 HAMPTON, VA 23669	54-1209213		15,000				CONTRIBUTED FUNDS TO ASSIST LOCAL 501 (C)(3) HOUSING AND HUMAN SERVICE ORGANIZATIONS THAT PROVIDE FOOD, ASSIST WITH ELDERLY CARE AND MEALS, ADDRESS HOMELESS HOUSING INITIATIVES, PROVIDE ASSISTANCE TO VETERANS, PROVIDE ASSISTANCE AND SHELTER TO BATTERED WOMEN AND ABUSED WOMEN, AND PROVIDE AFTER SCHOOL PROGRAM FOR AT-RISK CHILDREN
EDMARC 516 LONDON ST PORTSMOUTH, VA 23704	54-1092904		15,900				CONTRIBUTED FUNDS TO ASSIST A VARIETY OF LOCAL 501(C)(3) HEALTHCARE ORGANIZATIONS PROVIDING HEALTHCARE SERVICES TO ADULTS AND CHILDREN, PREVENT HIGH RISK PREGNANCIES AND CARE FOR PREMATURE INFANTS, PROVIDE VETERAN'S ASSISTANCE, AND PROVIDE ADULT AND CHILD HOSPICE SERVICES

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AMERICAN CANCER SOCIETY 4416 EXPRESSWAY DR VIRGINIA BEACH, VA 23452	13-1788491		17,950				CONTRIBUTED FUNDS TO ASSIST A VARIETY OF LOCAL 501(C)(3) HEALTHCARE ORGANIZATIONS PROVIDING HEALTHCARE SERVICES TO ADULTS AND CHILDREN, PREVENT HIGH RISK PREGNANCIES AND CARE FOR PREMATURE INFANTS, PROVIDE VETERAN'S ASSISTANCE, AND PROVIDE ADULT AND CHILD HOSPICE SERVICES
LGBT LIFE CENTER 248 W 24TH ST NORFOLK, VA 23517	54-1545157		18,850				CONTRIBUTED FUNDS TO ASSIST A VARIETY OF LOCAL 501(C)(3) HEALTHCARE ORGANIZATIONS PROVIDING HEALTHCARE SERVICES TO ADULTS AND CHILDREN, PREVENT HIGH RISK PREGNANCIES AND CARE FOR PREMATURE INFANTS, PROVIDE VETERAN'S ASSISTANCE, AND PROVIDE ADULT AND CHILD HOSPICE SERVICES

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HOUSING DEVELOPMENT CORP OF HAMPTON ROADS 2 BERNARDINE DRIVE NEWPORT NEWS, VA 23602	56-2543150		18,870				CONTRIBUTED FUNDS TO ASSIST LOCAL 501 (C)(3) HOUSING AND HUMAN SERVICE ORGANIZATIONS THAT PROVIDE FOOD, ASSIST WITH ELDERLY CARE AND MEALS, ADDRESS HOMELESS HOUSING INITIATIVES, PROVIDE ASSISTANCE TO VETERANS, PROVIDE ASSISTANCE AND SHELTER TO BATTERED WOMEN AND ABUSED WOMEN, AND PROVIDE AFTER SCHOOL PROGRAM FOR AT-RISK CHILDREN
YMCA OF SOUTH HAMPTON ROADS 5000 E PLUME ST 700 NORFOLK, VA 23510	54-0445205		20,000				CONTRIBUTED FUNDS TO ASSIST LOCAL 501 (C)(3) HOUSING AND HUMAN SERVICE ORGANIZATIONS THAT PROVIDE FOOD, ASSIST WITH ELDERLY CARE AND MEALS, ADDRESS HOMELESS HOUSING INITIATIVES, PROVIDE ASSISTANCE TO VETERANS, PROVIDE ASSISTANCE AND SHELTER TO BATTERED WOMEN AND ABUSED WOMEN, AND PROVIDE AFTER SCHOOL PROGRAM FOR AT-RISK CHILDREN

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THE UNION MISSION 5100 EAST VIRGINIA BEACH BLVD NORFOLK, VA 23502	54-0506427		20,000				CONTRIBUTED FUNDS TO ASSIST LOCAL 501 (C)(3) HOUSING AND HUMAN SERVICE ORGANIZATIONS THAT PROVIDE FOOD, ASSIST WITH ELDERLY CARE AND MEALS, ADDRESS HOMELESS HOUSING INITIATIVES, PROVIDE ASSISTANCE TO VETERANS, PROVIDE ASSISTANCE AND SHELTER TO BATTERED WOMEN AND ABUSED WOMEN, AND PROVIDE AFTER SCHOOL PROGRAM FOR AT-RISK CHILDREN
BOYS AND GIRLS CLUB OF THE VA PENINSULA 11825 ROCK LANDING DR NEWPORT NEWS, VA 23606	54-0538202		23,950				CONTRIBUTED FUNDS TO ASSIST LOCAL 501 (C)(3) HOUSING AND HUMAN SERVICE ORGANIZATIONS THAT PROVIDE FOOD, ASSIST WITH ELDERLY CARE AND MEALS, ADDRESS HOMELESS HOUSING INITIATIVES, PROVIDE ASSISTANCE TO VETERANS, PROVIDE ASSISTANCE AND SHELTER TO BATTERED WOMEN AND ABUSED WOMEN, AND PROVIDE AFTER SCHOOL PROGRAM FOR AT-RISK CHILDREN

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UNITED WAY OF THE VIRGINIA-PENINSULA 11820 FOUNTAIN WAY SUITE 206 NEWPORT NEWS, VA 23606	54-0535602		25,000				CONTRIBUTED FUNDS TO ASSIST LOCAL 501 (C)(3) HOUSING AND HUMAN SERVICE ORGANIZATIONS THAT PROVIDE FOOD, ASSIST WITH ELDERLY CARE AND MEALS, ADDRESS HOMELESS HOUSING INITIATIVES, PROVIDE ASSISTANCE TO VETERANS, PROVIDE ASSISTANCE AND SHELTER TO BATTERED WOMEN AND ABUSED WOMEN, AND PROVIDE AFTER SCHOOL PROGRAM FOR AT-RISK CHILDREN
SAMARITAN HOUSE INC 2620 SOUTHERN BLVD VIRGINIA BEACH, VA 23452	54-1291021		27,950				CONTRIBUTED FUNDS TO ASSIST LOCAL 501 (C)(3) HOUSING AND HUMAN SERVICE ORGANIZATIONS THAT PROVIDE FOOD, ASSIST WITH ELDERLY CARE AND MEALS, ADDRESS HOMELESS HOUSING INITIATIVES, PROVIDE ASSISTANCE TO VETERANS, PROVIDE ASSISTANCE AND SHELTER TO BATTERED WOMEN AND ABUSED WOMEN, AND PROVIDE AFTER SCHOOL PROGRAM FOR AT-RISK CHILDREN

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ **Attach to Form 990 or 990-EZ.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2019

Open to Public Inspection

Name of the organization	Employer identification number
LANGLEY FOR FAMILIES - THE FOUNDATION OF LFCU	46-5681481

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 8B	FORM 990 PART VI LINE 8B DOCUMENTATION BY COMMITTEE EXPLANATION - ORGANIZATION DOES NOT HAVE COMMITTEES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	A COPY OF FROM 990 WILL BE EMAILED TO EACH BOARD MEMBER FOR THEIR REVIEW

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12	FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT CONTRIBUTED FUNDS TO LOCAL 501(C)(3) ORGANIZATIONS TO PROVIDE THE UNDERSTANDING OF FINANCIAL LITERACY IN THE COMMUNITY FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION UPON REQUEST