

Tel: 757-640-7190 Fax: 757-640-7297 www.bdo.com Town Point Center 150 Boush Street, Suite 1100 Norfolk, VA 23510

Hampton Roads Educational
Telecommunications Association, Inc.
Instructions for Filing
Form 8879-TE
IRS e-file Signature Authorization for Form 990
For the year ended June 30, 2022

The original IRS E-file Signature Authorization form should be signed (use full name) and dated by an authorized officer of the organization.

Return your signed IRS e-file Signature Authorization Form 8879-TE to:

BDO USA, LLP 150 Boush Street, Suite 1100 Norfolk VA 23510

There is no tax due with the filing of this return.

Do NOT separately file Form 990 with the Internal Revenue Service. Doing so will delay the processing of your return. We must receive your signed form before we can electronically transmit your return, which is due on or before May 15, 2023. We would appreciate you returning this form as soon as possible as this will expedite the processing of your return. The Internal Revenue Service will notify us when your return is accepted. Your return is not considered filed until the Internal Revenue Service confirms their acceptance, which may occur after the due date of your return.

" 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)

 \blacktriangleright Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2021

Open to Public Inspection

A F	or th	e 202	1 calendar year, or tax year beginning 07/01/2021 and	l ending		06/30/	2022					
R a	,		C Name of organization HAMPTON ROADS EDUCATIONAL		D Employer ide	ntification	number					
D Ch	eck if ap		TELECOMMUNICATIONS ASSOCIATION, INC.									
	Addre chang		Doing Business ASWHRO PUBLIC MEDIA		54-0843	118						
	Name	change	Number and street (or P.O. box if mail is not delivered to street address)	/suite	E Telephone number							
	Initial	return	5200 HAMPTON BOULEVARD		(757)88	39-9400)					
	Termi	nated	City or town, state or province, country, and ZIP or foreign postal code									
	Ameno return		NORFOLK, VA 23508-1507		G Gross receipt	s \$	18,638	,816.				
	Applic	ation	F Name and address of principal officer: BERTEL SCHMIDT		H(a) Is this a grou		Yes	X No				
		5	SAME AS "C" ABOVE		H(b) Are all subordi		Yes	No				
ī -	Гах-ех	empt st	atus: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527	If "No," attac	h a list. (see ir	nstructions)					
J	Websit	te: 🕨		<u>'</u>	H(c) Group exemp	tion number	>					
K	orm c	of organ	ization: X Corporation Trust Association Other L	Year of format	ion: 1961 M	State of lega	al domicile:	: VA				
Pa	rt I	Sui	mmary		•							
	1	Briefly	describe the organization's mission or most significant activities: IMPROVE	THE CIVI	C, EDUCATI	ONAL 8	CULT	URAL				
æ			E OF THE CITIZENS OF EASTERN VA THROUGH THE PRODU									
and			IMPORTANT AND IMPACTFUL LOCAL, NATIONAL, AND EDUC									
/err	2		this box if the organization discontinued its operations or disposed of m			 5.						
Governance			er of voting members of the governing body (Part VI, line 1a)		1	3		36				
∞ಶ	4	Numb	er of independent voting members of the governing body (Part VI, line 1b)			4		35				
ties			number of individuals employed in calendar year 2021 (Part V, line 2a)			5		133				
Activities			number of volunteers (estimate if necessary)			6		500				
Ac			unrelated business revenue from Part VIII, column (C), line 12			7a	94	1,317.				
			nrelated business taxable income from Form 990-T, line 34			7b		NONE				
			, , , , , , , , , , , , , , , , , , , ,		Prior Year		urrent Y	ear				
4	8	Contri	ibutions and grants (Part VIII, line 1h)		12,624,29	1.	7,679	,344.				
Revenue	9	Progra	am service revenue (Part VIII line 2g)		7,078,97			,881.				
eve			ment income (Part VIII, column (A), lines 3, 4, and 7d)	CTION	515,67			,896.				
2			revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,977,58			,047.				
			revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		22,196,52		13,882					
			s and similar amounts paid (Part IX, column (A), lines 1-3)			NE		NONE				
			its paid to or for members (Part IX, column (A), line 4)			ONE		NONE				
s			es, other compensation, employee benefits (Part IX, column (A), lines 5-10)		7,706,36	1.	8,376	,170.				
an I			ssional fundraising fees (Part IX, column (A), line 11e)			ONE		NONE				
-be	b	Total	fundraising expenses (Part IX, column (D), line 25) ▶2,327,002.									
ũ			expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		9,406,20	5.	6.395	,152.				
			expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		17,112,56		14,771	•				
			nue less expenses. Subtract line 18 from line 12		5,083,96		-889					
es es					ning of Current Y		End of Yea					
Net Assets or Fund Balances	20	Total :	assets (Part X, line 16)		34,089,43	1.	32,040	.229.				
Ass I Ba	21		liabilities (Part X, line 26)	• • •	3,397,83		3,798					
E Set	22		ssets or fund balances. Subtract line 21 from line 20		30,691,59		28,241					
Pa	rt II		gnature Block		, ,	- 1						
Und	er per	nalties o	of perjury, I declare that I have examined this return, including accompanying schedules an	d statements, a	and to the best of	my knowle	dge and b	elief, it is				
true	, corre	ct, and	complete. Declaration of preparer (other than officer) is based on all information of which pre	parer has any ki	nowledge.							
					02/2	2/2023	}					
Sig			Signature of officer		Date							
Her	е		BERTEL SCHMIDT PRESID	ENT & CE	0							
			Type or print name and title									
		Print/	Type preparer's signature Da	ate	Check	if PTIN						
Paid		MAR	C BERGER ///Auc// Sey 2	2/22/2023	self-employe		371563					
Prep			sname ▶ BDO USA, LLP		Firm's EIN ▶ 13-5381590							
Use	Only		saddress > 150 BOUSH STREET, SUITE 1100 NORFOLK, VA 2310		Phone no.		540-71	90				
May	the IF		cuss this return with the preparer shown above? (see instructions)			, , , , x		No				
<u> </u>			Reduction Act Notice, see the separate instructions.				Form 99	$\overline{}$				

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Pa	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: SEE SCHEDULE O
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 X No If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
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 \$7,361,234. including grants of \$NONE_) (Revenue \$1,861,968.) SEE SCHEDULE O
4b	(Code:) (Expenses \$2,049,810. including grants of \$NONE_) (Revenue \$109,277) PROVIDING INTERNET ACCESS TO SCHOOLS AND STUDENTS, AND
	TELECOMMUNICATIONS FOR CELL PHONE COMPANIES 24/7, 365 DAYS.
	PROVIDES TECHNOLOGY SERVICES TO THE INTERNAL STAFF AND PLATFORMS FOR STREAMING SERVICES. PROVIDES MAINTENANCE, REPAIR AND
	ENGINEERING SERVICES FOR TELEVISION AND RADIO STUDIOS AND OUR
	TRANSMITTERS LOCATED THROUGHOUT EASTERN VIRGINIA.
4c	(Code:) (Expenses \$1,617,446 including grants of \$NONE_) (Revenue \$1,923,626) DELIVERS EARLY LEARNING, TEACHER TRAINING, AND ONLINE CONTENT
	CREATION AND DISTRIBUTION SERVICES, INCLUDING ONLINE HIGH SCHOOL
	EDUCATION COURSES CORRELATED TO THE VIRGINIA STANDARDS OF LEARNING, AND A DIGITAL ASSET LIBRARY OF TENS OF THOUSANDS OF RICH
	MEDIA ELEMENTS PROVIDED TO ALL REGISTERED PUBLIC, PRIVATE AND
	HOME SCHOOL TEACHERS AND STUDENTS, AND ALL SCHOOL DIVISIONS IN THE
	STATE.
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
40	Total program service expenses \(\) 11 028 490

4e Total p

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Form **990** (2021) 8380KG P66B 7

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Part IV Checklist of Required Schedules

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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		X
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	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
_	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
4.0	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40	37	
4.4	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
_	VII, VIII, IX, or X, as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
а	complete Schedule D, Part VI	11a	Х	
h	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more	11a	- 71	_
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
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		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	110		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
	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	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a	Х	
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			1
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
4-7	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	47		37
18	Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		X
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		v
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		X
13	If "Yes," complete Schedule G, Part III	19		Х
2N 2	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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	- 3 2		
-	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Form 990 (2021)
Part IV Chocklist of Poquired Schodules (continued)

Par	Checklist of Required Schedules (continued)		V	Na
	Pild		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		X
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		3.5	
04-	employees? If "Yes," complete Schedule J.	23	Х	
24 a	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	245		37
L	through 24d and complete Schedule K. If "No," go to line 25a			X
		24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
a	to defease any tax-exempt bonds?			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
25 a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		v
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	ZJa		X
D	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
20	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		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
21	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			71
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
_	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
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		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note : All Form 990 filers are required to complete Schedule O	38	X	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
_			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 133			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
	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		X
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
	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		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
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.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	125		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
D	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			
_	The original control of the control	-		
		14a		Х
	Did the organization receive any payments for indoor tanning services during the tax year?	14b		21
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
15	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.	13		21
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
10	If "Yes," complete Form 4720, Schedule O.	-,5		21
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
• •	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes" complete Form 6069			

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Form 990 (2021) HAMPTON ROADS EDUCATIONAL Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 1a 36 Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 35 Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 Χ 3 Did the organization delegate control over management duties customarily performed by or under the direct 3 Χ supervision of officers, directors, trustees, or key employees to a management company or other person?.... 4 Χ 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Χ 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 6 Χ 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Χ Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Χ Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a Х Χ Each committee with authority to act on behalf of the governing body?................. Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at Χ Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No Χ 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Χ Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12b Χ rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c X 13 Χ 13 14 Χ 14 Did the organization have a written document retention and destruction policy?........... 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? 15a Χ 15b Χ If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a Χ b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ VA, 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)

(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

X Another's website Other (explain on Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records > BERTEL SCHMIDT 5200 HAMPTON BOULEVARD NORFOLK, VA 23508

Form **990** (2021)

757-889-9400

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

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 the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.s
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

Color Colo	(A) Name and title	(B) Average hours per week (list any	box,	unles er and	Pos neck ss pe	rson	e than o	an ee)	(D) Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organizations (W-2/	(F) Estimated amount of other compensation from the
PRESIDENT/CRO		hours for related organizations below	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/	1099-MISC/	organization and
PRESIDENT/CRO	(1) BERT SCHMIDT	40.00									
C2 DIANE ROGIC		+	Х		Х				280,275.	NONE	20,770.
COO	(2) DIANE ROGIC	40.00									
CDO	DIR CORP SUPPORT	NONE					Х		183,640.	NONE	15,832.
CHIEF CONTENT OFFICER	(3) THOMAS BURTON	40.00									
CHIEF CONTENT OFFICER	CDO	NONE					Х		156,650.	NONE	6,250.
Column C	(4) HEATHER MAZZONI	40.00									
DIRECTOR OF ENGINEERING	CHIEF CONTENT OFFICER	NONE					Х		131,319.	NONE	14,818.
C6 JEFFREY SMITH	(5) GLENN HICKMAN	40.00									
DIR BUS INTELLIGENCE	DIRECTOR OF ENGINEERING	NONE					Х		124,034.	NONE	14,521.
CFO	(6) JEFFREY SMITH	40.00									
NONE	DIR BUS INTELLIGENCE	NONE					X		123,120.	NONE	14,491.
(8) SHANNON SAWYER 40.00 ASST TO PRESIDENT NONE X 46,616. NONE 4,808. (9) LEE ENTSMINGER, CHAIR 1.00 NONE X X NONE	(7) AMY SOKOL	40.00									
ASST TO PRESIDENT NONE X 46,616. NONE 4,808. (9) LEE ENTSMINGER, CHAIR 1.00 BOARD CHAIR NONE X X NONE NONE NONE NONE NONE NONE	CFO	NONE			Χ				120,075.	NONE	4,800.
BOARD CHAIR 1.00 BOARD CHAIR NONE X X NONE NONE NONE NONE (10) CHRISTOPHER KASTNER, VICE CHA 1.00 BOARD VICE CHAIR NONE X X NONE NONE NONE (11) KELLI WEBB, SECRETARY 1.00 BOARD SECRETARY NONE X X NONE NONE NONE NONE (12) YVONNE ALLMOND, TREASURER 1.00 BOARD TREASURER NONE X X NONE NONE NONE NONE (13) ELIE BRACY III 1.00 BOARD MEMBER/DIRECTOR NONE X NONE NONE NONE NONE NONE NONE (14) MARCIA CONSTON 1.00 BOARD MEMBER/DIRECTOR NONE X NONE NONE NONE NONE	(8) SHANNON SAWYER	40.00									
BOARD CHAIR (10) CHRISTOPHER KASTNER, VICE CHA BOARD VICE CHAIR NONE X X NONE	ASST TO PRESIDENT	NONE			Χ				46,616.	NONE	4,808.
(10) CHRISTOPHER KASTNER, VICE CHA 1.00 BOARD VICE CHAIR NONE X X NONE NONE NONE (11) KELLI WEBB, SECRETARY 1.00 BOARD SECRETARY NONE X X NONE NONE NONE (12) YVONNE ALLMOND, TREASURER 1.00 BOARD TREASURER NONE X X NONE NONE NONE (13) ELIE BRACY III 1.00 BOARD MEMBER/DIRECTOR NONE X NONE NONE NONE NONE (14) MARCIA CONSTON 1.00 BOARD MEMBER/DIRECTOR NONE X NONE NONE NONE NONE	(9) LEE ENTSMINGER, CHAIR	1.00									
BOARD VICE CHAIR NONE X X NONE NONE NONE (11) KELLI WEBB, SECRETARY 1.00 BOARD SECRETARY NONE X X NONE NONE NONE (12) YVONNE ALLMOND, TREASURER 1.00 BOARD TREASURER NONE X X NONE NONE NONE (13) ELIE BRACY III 1.00 BOARD MEMBER/DIRECTOR NONE X NONE NONE NONE NONE NONE (14) MARCIA CONSTON 1.00 BOARD MEMBER/DIRECTOR NONE X NONE NONE NONE	BOARD CHAIR	NONE	X		Х				NONE	NONE	NONE
Column C	(10) CHRISTOPHER KASTNER, VICE CHA	1.00									
BOARD SECRETARY NONE X X NONE NONE NONE (12) YVONNE ALLMOND, TREASURER 1.00 BOARD TREASURER NONE X X NONE NONE NONE (13) ELIE BRACY III 1.00 BOARD MEMBER/DIRECTOR NONE X NONE NONE NONE (14) MARCIA CONSTON 1.00 BOARD MEMBER/DIRECTOR NONE X NONE NONE NONE	BOARD VICE CHAIR	NONE	Х		Χ				NONE	NONE	NONE
Column C	(11) KELLI WEBB, SECRETARY	1.00									
BOARD TREASURER NONE X X NONE NONE NONE (13) ELIE BRACY III 1.00 BOARD MEMBER/DIRECTOR NONE X NONE NONE NONE (14) MARCIA CONSTON 1.00 BOARD MEMBER/DIRECTOR NONE X NONE NONE NONE	BOARD SECRETARY	NONE	Х		Χ				NONE	NONE	NONE
Column	(12) YVONNE ALLMOND, TREASURER	1.00									
BOARD MEMBER/DIRECTOR NONE X NONE NONE (14) MARCIA CONSTON 1.00 BOARD MEMBER/DIRECTOR NONE X NONE NONE NONE	BOARD TREASURER	NONE	Х		Χ				NONE	NONE	NONE
(14) MARCIA CONSTON 1.00 NONE X NONE NONE NONE	(13) ELIE BRACY III	1.00									
BOARD MEMBER/DIRECTOR NONE X NONE NONE NONE	BOARD MEMBER/DIRECTOR	NONE	Х						NONE	NONE	NONE
	(14) MARCIA CONSTON	1.00									
	BOARD MEMBER/DIRECTOR	NONE	X						NONE	NONE	NONE

Form **990** (2021)

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Form 990 (2021) Page **8**

P	art VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	nplo	ye	es,	and I	lig	hest Compensat	ed Employees (d	continued)
	(A) Name and title	(B) Average hours per week (list any hours for	box,	unle	Pos heck ss pe	erson	e than c is both tor/trust	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1!	5) SALLY DICKINSON	1.00									
	DARD MEMBER/DIRECTOR	NONE	Х						NONE	NONE	NONE
	5) SCOTT DUNCAN	1.00									
	DARD MEMBER/DIRECTOR	NONE	X						NONE	NONE	NONE
	7) LUIS ESTRADA	1.00 NONE	37						NONE	NONE	NONE
_	DARD MEMBER/DIRECTOR B) JAY FORD	1.00	X						NONE	NONE	NONE
	DARD MEMBER/DIRECTOR	NONE	X						NONE	NONE	NONE
	9) ERIC FOX	1.00	21						IVOIVE	NONE	110111
	DARD MEMBER/DIRECTOR	NONE	X						NONE	NONE	NONE
)) SIBEL GALINDEZ	1.00								-	
B(DARD MEMBER/DIRECTOR	NONE	Х						NONE	NONE	NONE
2	L) EDWARD HENIFIN	1.00									
B	DARD MEMBER/DIRECTOR	NONE	Х						NONE	NONE	NONE
22	2) BRUCE JACOBSON	1.00									
	DARD MEMBER/DIRECTOR	NONE	X						NONE	NONE	NONE
	3) MARK JOHNSON	1.00									
	DARD MEMBER/DIRECTOR	NONE	X						NONE	NONE	NONE
	A) ASHBY KILGORE DARD MEMBER/DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
	5) GREG MCCRACKEN	1.00							NONE	NONE	NONE
	DARD MEMBER/DIRECTOR	NONE	X						NONE	NONE	NONE
	Sub-total	1.01.2						_	1,165,729.	NONE	96,290.
	c Total from continuation sheets to Part VII, S	ection A		• •	•	• •		•	NONE		
	d Total (add lines 1b and 1c)	_						>	1,165,729.	NONE	96,290.
	Total number of individuals (including but not				ed a	bov	e) who	o re	eceived more than	\$100,000 of	
_	reportable compensation from the organization	n ▶					11				
3	Did the organization list any former office employee on line 1a? <i>If</i> "Yes," <i>complete Sched</i>										Yes No
4	For any individual listed on line 1a, is the sorganization and related organizations graindividual	eater than	\$15	0,0	00?) It	"Yes	5,"	complete Schedu	le J for such	4
5		accrue co	mpen	sati	on	fron	n any	un	related organization	on or individual	5
Se	ection B. Independent Contractors										
4	Complete this table for your five highest com	noncated i	ndone	nde	nnt.	00n	tracto	rc t	hat received more	than \$100 000 c	\f

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 in compensation from the organization ▶

Form 990 (2021)

_	Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	nplo	ye	es,	and l	Hig	hest Compensat	ed Employees (d	continued)
	(A) Name and title	(B) Average hours per week (list any hours for	box,	unle	Pos heck ss pe	erson	e than o is both tor/trust	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
_	26) ASHLEY MCLEOD	1.00									
	BOARD MEMBER/DIRECTOR	NONE	Х						NONE	NONE	NON
΄ _	27) JOSE' MOREY	1.00									
	BOARD MEMBER/DIRECTOR	NONE	X						NONE	NONE	NON
΄ _	28) CHINEDU OKALA	1.00									
	BOARD MEMBER/DIRECTOR	NONE	Х						NONE	NONE	NON
΄ _	29) EILEEN OLDS	1.00									
	BOARD MEMBER/DIRECTOR	NONE	Х						NONE	NONE	NON
_	30) JENNIFER PARISH	1.00									
	BOARD MEMBER/DIRECTOR	NONE	Х						NONE	NONE	NON
΄ _	31) CARI PARRISH	1.00									
	BOARD MEMBER/DIRECTOR	NONE	Х						NONE	NONE	NON
΄ _	32) ANN PHILLIPS	1.00									
	BOARD MEMBER/DIRECTOR	NONE	X						NONE	NONE	NON
΄ _	33) BARRY POLLARA	1.00									
	BOARD MEMBER/DIRECTOR	NONE	X						NONE	NONE	NONI
΄ _	34) ROBERT REY	1.00									
_	BOARD MEMBER/DIRECTOR	NONE	X						NONE	NONE	NON
΄ _	35) ROBIN RICE	1.00									
_	BOARD MEMBER/DIRECTOR	NONE	X						NONE	NONE	NON
΄ _	36) ROB ROBINS	1.00									
_	BOARD MEMBER/DIRECTOR	NONE	X						NONE	NONE	NON
	1b Sub-total							\blacktriangleright			
	c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	-						>			
	2 Total number of individuals (including but not reportable compensation from the organization		hose	liste	ed a	bov	e) who	o re	eceived more than	\$100,000 of	
-											Yes No
	3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schede										3
	4 For any individual listed on line 1a, is the sorganization and related organizations greindividual.	eater than	\$15	0,0	00?	P It	"Yes	s,"	complete Schedu	le J for such	4
_	5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye										5
_	Section B. Independent Contractors										
	 Complete this table for your five highest com compensation from the organization. Report c 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 in compensation from the organization ▶

Form 990 (2021)												Page 8
Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo	ye	es,	and F	lig	hest Compensat	ed Employees (d	continu	ed)	
(A)	(B)			(0	C)			(D)	(E)		(F)	
Name and title	Average	(-1			sition			Reportable	Reportable		stimated	
	hours per week (list any	1 '				e than o is both		compensation	compensation from	ar	mount o other	ıf
	hours for					or/truste		from the	related organizations	com	npensati	ion
	related	or -	Ins	Off	e e	Highest co employee	Fol	organization	(W-2/1099-MISC)		rom the	
	organizations	livid	Ē	icer	/ en	hes	Forme	(W-2/1099-MISC)		_ ~	ganizatio	
	below dotted line)	ual	Institutional		Key employee	t co					id relate anizatio	
	illie)	Individual trustee or director	#		yee	mp				l	ariizalio	113
		lee	trustee			compensated ee						
			Φ			ated						
37) JONATHAN ROMERO	1.00											
BOARD MEMBER/DIRECTOR	NONE	X						NONE	NONE			NONI
38) WIN SHORT	1.00											
BOARD MEMBER/DIRECTOR	NONE	Х						NONE	NONE			NONI
39) AARON SPENCE	1.00											
BOARD MEMBER/DIRECTOR	NONE	X						NONE	NONE			NONI
40) EMILY STEINHILBER	1.00	<u> </u>						1,01,1				
BOARD MEMBER/DIRECTOR	NONE	X						NONE	NONE			NONI
41) MICHAEL STERLING	1.00							110112	110112			110111
BOARD MEMBER/DIRECTOR	NONE	X						NONE	NONE			NONI
42) DAVID WHIITE	1.00	- 21						110111	110111			110111
BOARD MEMBER/DIRECTOR	NONE	X						NONE	NONE			NONI
43) BENMING ZHANG	1.00	- 21						INOINE	I IVOINE			110111
BOARD MEMBER/DIRECTOR	NONE	X						NONE	NONE			NONE
BOIND PHRIBIN, DIRECTOR	NONE	1 21						110111	110111			110111
	†	1										
	†	1										
	†	1										
	†	1										
1h Sub-total							_					
1b Sub-total c Total from continuation sheets to Part VII. S	Section A	• • •	• •	• •	• •							
d Total (add lines 1b and 1c)	•											
2 Total number of individuals (including but not							re	ceived more than	\$100,000 of			
reportable compensation from the organizatio				.		o,c			Ψ. σσ,σσσ σ.			
											Yes	No
3 Did the organization list any former office	er directo	or or	· tri	ıcta	Δ	kov o	mn	Novee or highes	t companyated			
employee on line 1a? If "Yes," complete Sched										3		Х
, ,												
4 For any individual listed on line 1a, is the												
organization and related organizations gr individual										4	Х	
										-4		
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y										5		v
Section B. Independent Contractors	co, comple	10 001	ieut	iie J	, 101	Subil	ρ σ ι	3011				X
Complete this table for your five highest com	nensated i	nden	ande	nt i	COn	tracto	rs t	hat received more	than \$100 000 c	nf		
compensation from the organization. Report of												
year.		J				, J.			1.94410			
							1					

(A) SEE SCHEDULE O 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 in compensation from the organization ► 1

54-0843118

Part VIII Statement of Revenue

		Check if Schedule O contains a res	ponse or not	e to an	y line in this Part V	711 <u></u>		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns	а					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	b 5,155	,870.				
اغ ق	С	Fundraising events	С					
r ts	d	Related organizations	d					
<u>≘</u> `⊆	е	Government grants (contributions) . 1		,373.				
Sin	f	All other contributions, gifts, grants,						
e Ħ		and similar amounts not included above	1,266	,101.				
혈휲	g	Noncash contributions included in						
털	J		g \$					
နှင့်	h	Total. Add lines 1a-1f		. ▶	7,679,344.			
			Business	Code				
හු	2a	PROGRAM UNDERWRITING	517000		1,485,134.	1,485,134.		
ه ڲ	b	EDUCATION SERVICES	900099		1,179,258.	1,179,258.		
ა <u>ლ</u>	c	SCHOOL ASSESSMENTS	900099		744,378.	744,378.		
am	d	INTERNET SERVICE & WEB DESIGN	517000		134,080.	134,080.		
Program Service Revenue	e	PRODUCTION FEES	532000		16,726.	16,726.		
<u>۳</u> ا	f	All other program service revenue	532000		335,305.	335,305.		
	g	Total. Add lines 2a-2f		. ▶	3,894,881.			
	3	Investment income (including dividend						
	ŭ	other similar amounts)			317,776.			317,776.
	4	Income from investment of tax-exempt be		. [NONE			
	5	Royalties	-		1,940,910.			1,940,910.
		(i) Real	(ii) Pers					
	6a	Gross rents 6a 824,5	558.					
	b	Less: rental expenses 6b 797,5	523.					
	c	Rental income or (loss) 6c 27,0		NONE				
	d	Net rental income or (loss)		•	27,035.		27,035.	
	7a	Gross amount from (i) Securities		her	,,,,,,			
	<i>,</i> u	sales of assets	(,,==					
		other than inventory 7a 4,037,2	245.	NONE				
as l	b	Less: cost or other basis						
evenue	D	and sales expenses 7b 3,957,6	563.	1,462.				
Š	•	Gain or (loss) 7c 79,5		1,462.				
~ □	d	Net gain or (loss)			78,120.			78,120
Other				•	7071201			70,120
ŏ	8a	Gross income from fundraising						
		events (not including \$						
		of contributions reported on line	Ва	NONE				
			Bb .	NONE				
	b C	Net income or (loss) from fundraising eve	•		NONE			
		` /	11113	• •				
	9a	Gross income from gaming activities. See Part IV, line 19	9a	NONE				
			9b	NONE				
	b	Less: direct expenses Net income or (loss) from gaming activiti	•		NONE			
	C 100	` ' '			HOME			
	10a	Gross sales of inventory, less returns and allowances1	02	NONE				
			0b	NONE				
	b	Less: cost of goods sold			NONE			
		The second of th	Business		HOME			
, our		ADVERTISING REVENUE	541800	2340	67,282.		67,282.	
ne ne	11a	FCC REPACK INCOME WRITE OFF	900099		-123,180.		01,202.	-123,180
	b	- TI TIME INSUL MATERIAL	- 300033		123,100.			123,100
Miscellaneous Revenue	c d	All other revenue	-					
Ξ		Total. Add lines 11a-11d		. •	-55,898.			
	12	Total revenue. See instructions		. •	13,882,168.	3,894,881.	94,317.	2,213,626.

Form **990** (2021)

JSA 1E1051 1.000 8380KG P66B

54-0843118

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 responsible of the contains a responsible of the contains and the contains a responsible of the contains and th	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	NONE			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	NONE			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	NONE			
4	Benefits paid to or for members	NONE			
5	Compensation of current officers, directors, trustees, and key employees	477,344.	359,155.	52,787.	65,402.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE			
7	Other salaries and wages	6,441,345.	4,846,491.	712,313.	882,541.
	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	242,768.	180,416.	27,915.	34,437.
9	Other employee benefits	714,498.	601,106.	22,170.	91,222.
10	Payroll taxes	500,215.	380,369.	50,269.	69,577.
11	Fees for services (nonemployees):				
а	Management	NONE			
	Legal	64,435.	29,060.	32,038.	3,337.
	Accounting	166,149.	74,926.	82,626.	8,597.
	Lobbying	17,153.	7,736.	8,530.	887.
	Professional fundraising services. See Part IV, line 17.	NONE			42.051
1	Investment management fees	43,871.			43,871.
g	Other. (If line 11g amount exceeds 10% of line 25, column	700 024	F20 200	24 040	150 605
	(A), amount, list line 11g expenses on Schedule O.)	722,934.	529,380.	34,949.	158,605.
	Advertising and promotion	88,899. 218,754.	88,088.	1,203.	811. 40,960.
13	Office expenses	474,243.	176,591. 474,243.	1,203.	40,900.
14	Information technology	NONE	4/4,243.		
15 16	Royalties.	72,643.	55,246.	7,485.	9,912.
17	Occupancy	78,446.	33,318.	20,736.	24,392.
18	Payments of travel or entertainment expenses	70,110.	33,310.	20,730.	21,372.
10	for any federal, state, or local public officials	NONE			
19	Conferences, conventions, and meetings	103,149.	50,974.	49,250.	2,925.
20	Interest	52,470.	8,909.	43,561.	
21	Payments to affiliates	NONE	- /	-,	
22	Depreciation, depletion, and amortization	983,374.	759,149.	96,471.	127,754.
23	Insurance	196,894.	149,742.	20,287.	26,865.
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а	PUBLIC BROADCASTING SERVICE	1,265,357.	1,265,357.	NONE	NONE
b	UTILITIES	398,002.	302,689.	41,007.	54,306.
c	NPR FEES	383,213.	383,213.	NONE	NONE
d	POSTAGE AND SHIPPING	380,328.	98,200.	74.	282,054.
е	All other expenses	684,838.	174,132.	112,159.	398,547.
	Total functional expenses. Add lines 1 through 24e	14,771,322.	11,028,490.	1,415,830.	2,327,002.
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)				
					- 000 (see a)

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Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this P	art X					
			(A) Beginning of year		(B) End of year			
	1	Cash - non-interest-bearing	965,299.	1	453,390.			
	2	Savings and temporary cash investments	2,749,731.	2	3,729,628.			
	3	Pledges and grants receivable, net	1,483,901.	3	273,951.			
	4	Accounts receivable, net	888,185.	4	494,490.			
	5	Loans and other receivables from any current or former officer, director,						
		trustee, key employee, creator or founder, substantial contributor, or 35%						
		controlled entity or family member of any of these persons	NONE	5	NONE			
	6	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). NONE 6						
S	7	Notes and loans receivable, net	NONE	7	NONE			
Assets	8	Inventories for sale or use	17,099.	8	25,959.			
As	9	Prepaid expenses and deferred charges	118,416.	9	594,113.			
	_	Land, buildings, and equipment: cost or other	110,1101		0,71,210.			
		basis. Complete Part VI of Schedule D 10a 26,403,790.						
	h	Less: accumulated depreciation 10b 17,663,048.	8,143,728.	100	8,740,742.			
	11	Investments - publicly traded securities		11	11,897,916.			
	12	Investments - other securities. See Part IV, line 11	NONE		NONE			
	13	Investments - program-related. See Part IV, line 11.	NONE		NONE			
	14			14	612,058.			
	15	Intangible assets						
		Other assets. See Part IV, line 11		15	5,217,982.			
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	32,040,229.			
	17	Accounts payable and accrued expenses		17	1,145,035.			
	18	Grants payable	NONE		NONE			
	19	Deferred revenue		19	214,759.			
	20	Tax-exempt bond liabilities	NONE		NONE			
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE			
Liabilities	22	Loans and other payables to any current or former officer, director,						
Ħ		trustee, key employee, creator or founder, substantial contributor, or 35%						
į		controlled entity or family member of any of these persons	NONE		NONE			
_	23	Secured mortgages and notes payable to unrelated third parties		23	2,439,162.			
	24	Unsecured notes and loans payable to unrelated third parties	NONE	24	NONE			
	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	NONE		NONE			
	26	Total liabilities. Add lines 17 through 25	3,397,837.	26	3,798,956.			
ces		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.						
ılan	27	Net assets without donor restrictions	21,525,239.	27	19,390,669.			
Ä	28	Net assets with donor restrictions		28	8,850,604.			
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.						
ō	29	Capital stock or trust principal, or current funds		29				
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30				
\ss	31	Retained earnings, endowment, accumulated income, or other funds		31				
et /	32	Total net assets or fund balances		32	28,241,273.			
ž	33	Total liabilities and net assets/fund balances		33	32,040,229.			
_			,,		Form 990 (2021)			

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Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>				
1	Total revenue (must equal Part VIII, column (A), line 12)	1				<u>168</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	4,7	71,	<u>322</u> .
3	Revenue less expenses. Subtract line 2 from line 1	3				<u>154</u> .
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3	0,6	91,	<u>594</u> .
5	Net unrealized gains (losses) on investments	5	_	1,9	77,	<u>171</u> .
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9		4	<u>16,</u>	<u>004</u> .
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	2	8,2	41,	<u>273</u> .
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," exp	lain	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were com	oiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on	а			
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	_			3.5	
	the audit, review, or compilation of its financial statements and selection of an independent accountary			2c	Χ	
	If the organization changed either its oversight process or selection process during the tax year, ex	olain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fort	h in t	he			3.7
_	Single Audit Act and OMB Circular A-133?			3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under			ا م		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	alts .		3b		

Form **990** (2021)

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SCHEDULE A (Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Nam	of the	ne organization HAMPTON RO	ADS EDUCATION	NAL			Employer identifi	cation number
TEI	LEC(OMMUNICATIONS ASSOC						843118
Pa	rt I	Reason for Public Cha	rity Status. (All o	organizations must	complet	te this p	art.) See instructions	S.
The	orga	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, convention of chu	urches, or associa	tion of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).	
2		A school described in section	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	0).)		
3		A hospital or a cooperative	hospital service o	rganization described	in sectio	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	ation operated in	conjunction with a hos	spital de	scribed in	section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st	•	,	•		(// // /	. ,
5		An organization operated f		a college or universit	ty owned	d or ope	rated by a governme	ntal unit described in
		section 170(b)(1)(A)(iv). (C		J	•	•	, ,	
6		A federal, state, or local go		rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).	
7	X	An organization that norma	_			-		om the general public
-		described in section 170(b)	=	· ·		u gu		om me general palan
8		A community trust describe			Part II)			
9		An agricultural research org					Lin conjunction with a	land-grant college
·		or university or a non-land-	=			-		
		university:	gram conogo or ag	grioditaro (oco motrao)			name, only, and clare of	Tillo collogo ci
10		An organization that norma	lly receives (1) mo	ore than 331/3 % of its	support	from cor	ntributions membersh	in fees, and gross
. •		receipts from activities rela	ted to its exempt f	unctions, subject to c	ertain ex	ceptions	s; and (2) no more thar	n 331/3 % of its
		support from gross investm						businesses
11		acquired by the organization An organization organized a						
12	\vdash	An organization organized a	•		•			ry out the nurnoses o
		one or more publicly suppor	-	-	-			
		the box on lines 12a throug	=					
_		Type I. A supporting orga					·	=
а		the supported organization	•	•	•			
			• •	• • • • • • • • • • • • • • • • • • • •		ajority of	the directors of truste	es of the
		supporting organization.	•			مئا طئاس	aumantad araani-ati	an(a) hu havina
b		☐ Type II. A supporting org	-					
		control or management o			the sam	e persor	is that control of man	age the supported
_		organization(s). You must						lee trade armada al certala
С	_	☐ Type III functionally integ						ly integrated with,
		its supported organization		•				tad annani-atian(a)
d		Type III non-functionally			•		• •	• , ,
		that is not functionally inte		•			•	an attentiveness
		requirement (see instructi	,			•		L T III
е		Check this box if the orga						ı, туре ш
	En	functionally integrated, or ter the number of supported			porting c	organizat	ion.	
'		ovide the following information						
<u>g</u>		ame of supported organization	(ii) EIN	(iii) Type of organization	(iv) to the	organization	(v) Amount of monetary	(vi) Amount of
	(1) 14	ame or supported organization	(II) EIN	(described on lines 1-10	, ,	ur governing	support (see	other support (see
				above (see instructions))		ment?	instructions)	instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
_								
(E)								
Tota								

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,209,823.	6,347,728.	10,244,238.	11,615,599.	7,676,268.	42,093,656.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4	Total. Add lines 1 through 3	6,209,823.	6,347,728.	10,244,238.	11,615,599.	7,676,268.	42,093,656.
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).						2 267 277
6	Public support. Subtract line 5 from line 4						3,267,377.
	tion B. Total Support						38,826,279.
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	, , , , , ,	6,209,823.	6,347,728.	10,244,238.	11,615,599.	7,676,268.	42,093,656.
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,407,357.	2,154,626.	2,387,995.	2,189,714.	2,258,686.	10,398,378.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	NONE	NONE	114,208.	NONE	94,317.	208,525.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	NONE	615.	28,364.	9,774.	-123,180.	-84,427.
11	Total support. Add lines 7 through 10						52,616,132.
12	Gross receipts from related activities, etc. (s	ee instructions)				12	24,976,433.
13	First 5 years. If the Form 990 is for organization, check this box and stop here	<u> </u>					
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2021 (li		•			14	73.79 %
15	Public support percentage from 2020					15	71.29 %
16a	331/3% support test - 2021. If the org	ganization did n	ot check the bo	x on line 13, ar	nd line 14 is 33	1/3 % or more, cl	
	box and stop here. The organization quantum description of the stop here.	-		-			
b	331/3% support test - 2020. If the org						
	this box and stop here. The organization	-		_			
17a	10%-facts-and-circumstances test - 2	_					
	10% or more, and if the organization						-
	Part VI how the organization meets			=	· ·		upported
	organization						and line
b	10%-facts-and-circumstances test - 2	_	-				
	15 is 10% or more, and if the organization most					-	
	in Part VI how the organization meets			•	•		
10	organization						
18	Private foundation. If the organization						
	instructions						<u> – </u>

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.)

500	tion A Bublic Support			· · ·	•		
	tion A. Public Support	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
_	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(6) 2019	(u) 2020	(e) 2021	(I) Total
1	Gifts, grants, contributions, and membership fees						
2	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						
7 a	Amounts included on lines 1, 2, and 3						
L	received from disqualified persons						
b	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	tion B. Total Support	(-) 2017	(b) 2040	(=) 2010	(4) 2020	(-) 2024	(f) Total
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
iva	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						
	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						
4.5	(Explain in Part VI.)		1				<u> </u>
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)		1				504()(5)
14	First 5 years. If the Form 990 is for	ŭ	· ·		•		` ` ` ` _
0	organization, check this box and stop here.						<u></u>
	tion C. Computation of Public Supp			(f)\		T T	
15	Public support percentage for 2021 (line 8,					15	%
16	Public support percentage from 2020 Sche					16	%
	tion D. Computation of Investment			40 1 (0)		1	
17	Investment income percentage for 2021 (lin					17	%
18	Investment income percentage from 2020 S					•	%
19 a	331/3% support tests - 2021. If the or	-					
_	17 is not more than 331/3%, check this						
b	331/3% support tests - 2020. If the orga						. —
	line 18 is not more than 331/3%, check		•	•			
20	Private foundation. If the organization of	not check מוג	a box on line '	14, 19a, or 19b	, check this bo	ox and see instru	uctions -

JSA 1E1221 1.000 Schedule <u>A (Form 990) 2021</u> Page 4

Part IV **Supporting Organizations**

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

S

Sect	ion A. All Supporting Organizations		Yes	N
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	163	INC
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 lines 3b and 3c 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		
С	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 box 12a or 12b in Part I, answer lines 4b and 4c 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		
С	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)			
5a	purposes. Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the 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).	4c 5a		
b c	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 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? <i>If "Yes," provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section $4958(c)(3)(C)$), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	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 on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		
10 a	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

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

10b Schedule A (Form 990) 2021

10a

supporting organizations)? If "Yes," answer line 10b below.

determine whether the organization had excess business holdings.)

Part	Supporting Organizations (continued)			- 0 -
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
Secti	provide detail in Part VI. on B. Type I Supporting Organizations	11c		
5001.	on billypo i cupporting organizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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.			
Secti	on C. Type II Supporting Organizations	2		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	on o. Type ii oupporting 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		
Secti	on D. All Type III Supporting Organizations			
1	Did the expenientian provide to each of its supported expenientians, by the last day of the fifth month of the		Yes	No
•	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
•	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have	_		
·	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structi	ons).	
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. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	o inot	uotion	۵۱
С	The organization supported a governmental entity. Describe in Fait vi now you supported a governmental entity (se	e msu	Yes	
2	Activities Test. Answer lines 2a and 2b below.			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
-	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3h		

JSA 1E1230 1.000 Schedule A (Form 990) 2021

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations	S	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 (expla	in in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organ	izations n	nust complete Sectio	ns A through E.
Se	ection 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		
	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ection 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Se	ction C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
_	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	lly integra	ted Type III supporting	g organization
	(see instructions).	-		

Schedule A (Form 990) 2021

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Part	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Sect	ion D - Distributions				Current Year		
1	Amounts paid to supported organizations to accomplish ea	xempt purposes		1			
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed				
	organizations, in excess of income from activity			2			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	3			
4	4 Amounts paid to acquire exempt-use assets 4						
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI)		5			
6	Other distributions (describe in Part VI). See instructions.			6			
7	Total annual distributions. Add lines 1 through 6.			7			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive				
	(provide details in Part VI). See instructions.			8			
9	9 Distributable amount for 2021 from Section C, line 6						
10	10 Line 8 amount divided by line 9 amount						
		/i)	(ii)	ĺ	(iii)		

Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2021			
а	From 2016			
b	From 2017			
С	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2017			
b	Excess from 2018			
С	Excess from 2019			
d	Excess from 2020			
е	Excess from 2021			

Schedule A (Form 990) 2021

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Schedule A (Form 990 or 990-EZ) 2021 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.)

SCHEDULE A, PART II - OTHER IN	COME					
DESCRIPTION	2017	2018	2019	2020	2021	TOTAL
MISCELLANEOUS INCOME	NONE	615.	28,364.	9,774.	NONE	38,753.
FCC REPACK INCOME WRITEOFF	NONE	NONE	NONE	NONE	-123,180.	-123,180.
TOTALS	NONE	615.	28,364.	9,774.	-123,180.	-84,427.
	=========			=========	=========	=========

Schedule B (Form 990)

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service

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

| Comparison |

Organization type (check one).					
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
Check if your organizat	ion is covered by the General Rule or a Special Rule .				
Note: Only a section 50 instructions.	01(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See				
General Rule					
or more (in m	ization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 coney or property) from any one contributor. Complete Parts I and II. See instructions for determining a total contributions.				
Special Rules					
regulations un 16b, and that	ization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the nder sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.				
contributor, o literary, or ed	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.				
contribution, d contributions during the ye General Rule	ization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one luring the year, contributions exclusively for religious, charitable, etc., purposes, but no such totaled more than \$1,000. If this box is checked, enter here the total contributions that were received ar for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the applies to this organization because it received nonexclusively religious, charitable, etc., contributions 00 or more during the year				

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

Name of organization HAMPTON ROADS EDUCATIONAL TELECOMMUNICATIONS ASSOCIATION, INC.

Employer identification number 54-0843118

art I	Contributors	(see instructions).	Use duplicate copies	of Part I if additional	space is needed.
-------	--------------	---------------------	----------------------	-------------------------	------------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	N/A	\$1,754,680.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	N/A	\$1,711,409.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	N/A	\$1,075,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	N/A	\$300,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5_	N/A	\$182,373.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for

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Name of organization HAMPTON ROADS EDUCATIONAL TELECOMMUNICATIONS ASSOCIATION, INC.

Employer identification number 54-0843118

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of organization Employer identification number HAMPTON ROADS EDUCATIONAL TELECOMMUNICATIONS ASSOCIATION, INC. 54-0843118 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Schedule B (Form 990) (2021)

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SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

•	Section 501(c)(3) organizations	that have filed Form 5768 (election un	nder section 501(h)): Co	mplete Part II-A. Do not com	plete Part II-B.
•	Section 501(c)(3) organizations	that have NOT filed Form 5768 (elect	ion under section 501(h))): Complete Part II-B. Do no	t complete Part II-A.
If th	e organization answered "Yes,"	on Form 990, Part IV, line 5 (Proxy	Tax) (See separate in	nstructions) or Form 990-l	EZ, Part V, line 35c (Proxy
•	(See separate instructions), the Section 501(c)(4), (5), or (6) organized				
		ON ROADS EDUCATIONAL		Employer ide	ntification number
	o minima			' '	
	LECOMMUNICATIONS ASSO	organization is exempt under	section 501(c) or		343118 Dization
	<u>-</u>	<u> </u>			
1		he organization's direct and ind	irect political camp	aign activities in Part	iv. See instructions for
•	definition of "political campa			▶ ♠	
2		xpenditures. See instructions			
		campaign activities. See instruction campaign activities.	ons F01(a)(3)		
	-	_ 			
1	Enter the amount of any exc	cise tax incurred by the organization	on under section 495	5 > \$	
2		cise tax incurred by organization m			
3		a section 4955 tax, did it file Form			
					Yes No
	If "Yes," describe in Part IV.		(! FO4 (-)		<u>, </u>
Pa	-	organization is exempt under			<u>). </u>
1		xpended by the filing organization		•	
2	Enter the amount of the filin	ng organization's funds contributed	I to other organization	ons for section	
	527 exempt function activiti	es			
3	·	enditures. Add lines 1 and 2. En		rm 1120-POL,	
4	Did the filing organization file	e Form 1120-POL for this year?			Yes No
5		and employer identification number			
	organization made payment	ts. For each organization listed, er	nter the amount paid	d from the filing organiz	ation's funds. Also enter
		tributions received that were pron			
	as a separate segregated fur	nd or a political action committee (PAC). If additional sp	pace is needed, provide i	nformation in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's	contributions received and
				funds. If none, enter -0	promptly and directly delivered to a separate
					political organization.
					If none, enter -0
(1)					
(')			-		
(2)					
(-)			-		
(3)					
(4)			_		
(5)					
(6)					
		1	I	1	1

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

Schedule C (Form 990) 2021

Sch	edule C (Form 990) 2021 HAMPTO	N ROADS EDUCATIONAL	54-	-0843118 Page 2
Pä	cart II-A Complete if the organization section 501(h)).	on is exempt under section 501(c)(3) and	I filed Form 5768 (elec	tion under
4		longs to an affiliated group (and list in Part IV eand share of excess lobbying expenditures).	ach affiliated group mem	ber's name,
3	Check ▶ if the filing organization ch	ecked box A and "limited control" provisions app	oly.	
		ying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
k c	 Total lobbying expenditures to influence Total lobbying expenditures (add lines 1 Other exempt purpose expenditures 	public opinion (grassroots lobbying)		
f	Lobbying nontaxable amount. Enter th columns.	e amount from the following table in both		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e.		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.		
ç	Grassroots nontaxable amount (enter 25	5% of line 1f)		
	•	ess, enter -0		
		ss, enter -0-		
j	If there is an amount other than zero	on either line 1h or line 1i, did the organiza	ation file Form 4720	
	reporting section 4911 tax for this year?			Yes No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

	Lobbying Expenditures During 4-Year Averaging Period					
	Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column (e))					
С	Total lobbying expenditures					
d	Grassroots nontaxable amount					
е	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

Schedule C (Form 990) 2021

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Sche	dule C (Form 990) 2021 HAMPTON ROADS EDUCATIONAL			54-0843118 Page		
Par	Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).					
For	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(;	a)	(b)		
	cription of the lobbying activity.	Yes	No	Amount		
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
а	Volunteers?		Х			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.		Х			

	referendum, through the use of:			
а	Volunteers?		X	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.		X	
С	Media advertisements?		X	
d	Mailings to members, legislators, or the public?		X	
е	Publications, or published or broadcast statements?		X	
f	Grants to other organizations for lobbying purposes?	X		100,064
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i	Other activities?		X	
j	Total. Add lines 1c through 1i			100,064
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b	If "Yes," enter the amount of any tax incurred under section 4912			
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		Х	
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)), or s	section
		,		

501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	_1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of		
	political expenses for which the section 527(f) tax was paid).	_	
а	Current year	<u> 2a</u>	
	Carryover from last year		
	Total		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the		
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying		
	and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures. See instructions	5	

Supplemental Information Part IV

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

Open to Public

OMB No. 1545-0047

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service Name of the organization Employer identification number HAMPTON ROADS EDUCATIONAL TELECOMMUNICATIONS ASSOCIATION, INC. 54-0843118 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Nο Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a а 2b 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

		TON ROADS ED		0.1		-0843118 Page 2
	organizations Maintainir					
3	Using the organization's acquisition collection items (check all that apply		other records, che	ck any of the folio	wing that make s	ignificant use of its
_	Public exhibition	'):	d	or ovobongo progr	om	
a				or exchange progr	alli	
b	Scholarly research	ations	e Othe	·		
С 4	Preservation for future general		s and avalain how	thou further the c	raanization's ever	nnt nurnoss in Part
4	Provide a description of the organi XIII.	zation's collection	s and explain now	they further the c	nganizations exer	lipt pulpose ili Fait
5	During the year, did the organization	solicit or receive	donations of art his	etorical treasures o	r other similar	
3	assets to be sold to raise funds rathe					Yes No
Pa	rt IV Escrow and Custodial Ar		tamed do part or the	organization o con		100 110
. ~	Complete if the organizat		es" on Form 990.	Part IV. line 9. or	reported an amo	ount on Form
	990, Part X, line 21.		,			
1a	Is the organization an agent, trusto	ee, custodian or o	other intermediary	for contributions of	r other assets no	
	included on Form 990, Part X?		-			Yes No
b	If "Yes," explain the arrangement in					
					Amo	unt
С	Beginning balance			1c		
d	Additions during the year			1d		
е	Distributions during the year			1e		
f	Ending balance			1f		
2a	Did the organization include an amo	ount on Form 990,	Part X, line 21, for	escrow or custodia	al account liability?	Yes No
b	If "Yes," explain the arrangement in	Part XIII. Check h	nere if the explanation	n has been provided	d on Part XIII	
			ioro ii tiro espianatio	as seen premae	J OITT AIT AIII	
	rt V Endowment Funds.				JOHN AIT AIT	
		ion answered "Y	es" on Form 990,	Part IV, line 10.		
	rt V Endowment Funds.	ion answered "Y (a) Current year	es" on Form 990,	Part IV, line 10.	(d) Three years bad	k (e) Four years back
Ра 1а	Tt V Endowment Funds. Complete if the organizate Beginning of year balance	ion answered "Y (a) Current year	(b) Prior year	Part IV, line 10. (c) Two years back 11,244,033.	(d) Three years bac	k (e) Four years back
Pa 1a b	Endowment Funds. Complete if the organizate Beginning of year balance Contributions	ion answered "Y (a) Current year	es" on Form 990,	Part IV, line 10.	(d) Three years bad	k (e) Four years back
Pa 1a b	Beginning of year balance	ion answered "Y (a) Current year 16,014,653. 109,416.	es" on Form 990, (b) Prior year 11,815,993. 2,305,323.	Part IV, line 10. (c) Two years back 11,244,033. 523,021.	(d) Three years bad 10,510,815 276,590	k (e) Four years back 10,858,797. 41,087.
Pa 1a b c	Beginning of year balance Contributions	ion answered "Y (a) Current year	(b) Prior year	Part IV, line 10. (c) Two years back 11,244,033.	(d) Three years bac	k (e) Four years back 10,858,797. 41,087.
Pa 1a b c	Beginning of year balance Contributions	ion answered "Y (a) Current year 16,014,653. 109,416.	es" on Form 990, (b) Prior year 11,815,993. 2,305,323.	Part IV, line 10. (c) Two years back 11,244,033. 523,021.	(d) Three years bac 10,510,815 276,590	k (e) Four years back 10,858,797. 41,087.
Pa 1a b c	Beginning of year balance	ion answered "Y (a) Current year 16,014,653. 109,416.	(b) Prior year 11,815,993. 2,305,323. 2,432,976.	Part IV, line 10. (c) Two years back 11,244,033. 523,021. 433,218.	(d) Three years bac 10,510,815 276,590 782,920	k (e) Four years back 10,858,797. 41,087.
Pa 1a b c d e	Beginning of year balance	ion answered "Y (a) Current year 16,014,653. 109,416.	es" on Form 990, (b) Prior year 11,815,993. 2,305,323.	Part IV, line 10. (c) Two years back 11,244,033. 523,021.	(d) Three years bac 10,510,815 276,590	k (e) Four years back 10,858,797. 41,087.
Pa 1a b c d e	Beginning of year balance Contributions	ion answered "Y (a) Current year 16,014,653. 109,4161,628,170.	es" on Form 990, (b) Prior year 11,815,993. 2,305,323. 2,432,976.	Part IV, line 10. (c) Two years back 11,244,033. 523,021. 433,218.	(d) Three years bac 10,510,815 276,590 782,920	k (e) Four years back 10,858,797. 41,087. 782,243.
1a b c d e f g	Beginning of year balance Contributions	ion answered "Y (a) Current year 16,014,653. 109,4161,628,170. 627,982.	(b) Prior year 11,815,993. 2,305,323. 2,432,976. 539,639.	Part IV, line 10. (c) Two years back 11,244,033. 523,021. 433,218. 384,279.	(d) Three years bac 10,510,815 276,590 782,920 326,292	k (e) Four years back 10,858,797. 41,087. 782,243.
1a b c d e f g 2	Beginning of year balance Contributions	ion answered "Y (a) Current year 16,014,653. 109,4161,628,170. 627,982. 13,867,917. of the current year	(b) Prior year 11,815,993. 2,305,323. 2,432,976. 539,639. 16,014,653. end balance (line 15	Part IV, line 10. (c) Two years back 11,244,033. 523,021. 433,218. 384,279.	(d) Three years bac 10,510,815 276,590 782,920 326,292	k (e) Four years back 10,858,797. 41,087. 782,243.
Pa 1a b c d e f g 2 a	Beginning of year balance	ion answered "Y (a) Current year 16,014,653. 109,4161,628,170. 627,982. 13,867,917. of the current year ent ▶ 83.7100	(b) Prior year 11,815,993. 2,305,323. 2,432,976. 539,639. 16,014,653. end balance (line 15	Part IV, line 10. (c) Two years back 11,244,033. 523,021. 433,218. 384,279.	(d) Three years bac 10,510,815 276,590 782,920 326,292	k (e) Four years back 10,858,797. 41,087. 782,243.
1a b c d e f g 2 a b	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of Board designated or quasi-endowment Permanent endowment 16.29	ion answered "Y (a) Current year 16,014,653. 109,4161,628,170. 627,982. 13,867,917. of the current year ent ▶ 83.7100. 00 %	(b) Prior year 11,815,993. 2,305,323. 2,432,976. 539,639. 16,014,653. end balance (line 15	Part IV, line 10. (c) Two years back 11,244,033. 523,021. 433,218. 384,279.	(d) Three years bac 10,510,815 276,590 782,920 326,292	k (e) Four years back 10,858,797. 41,087. 782,243.
1a b c d e f g 2 a b	Beginning of year balance	ion answered "Y (a) Current year 16,014,653. 109,4161,628,170. 627,982. 13,867,917. of the current year ent ▶ 83.7100 %	(es" on Form 990, (b) Prior year 11,815,993. 2,305,323. 2,432,976. 539,639. 16,014,653. end balance (line 16)	Part IV, line 10. (c) Two years back 11,244,033. 523,021. 433,218. 384,279.	(d) Three years bac 10,510,815 276,590 782,920 326,292	k (e) Four years back 10,858,797. 41,087. 782,243.
1a b c d e f g 2 a b c	Beginning of year balance Contributions	ion answered "Y (a) Current year 16,014,653. 109,4161,628,170. 627,982. 13,867,917. of the current year ent ▶ 83.7100 00 % 6ad 2c should equal	(b) Prior year 11,815,993. 2,305,323. 2,432,976. 539,639. 16,014,653. end balance (line 16)	Part IV, line 10. (c) Two years back 11,244,033. 523,021. 433,218. 384,279. 11,815,993. g, column (a)) held a	(d) Three years bac 10,510,815 276,590 782,920 326,292 11,244,033	k (e) Four years back 10,858,797. 41,087. 782,243.
1a b c d e f g 2 a b c	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of Board designated or quasi-endowned Permanent endowment Permanent endowment NONE The percentages on lines 2a, 2b, and Are there endowment funds not in the	ion answered "Y (a) Current year 16,014,653. 109,4161,628,170. 627,982. 13,867,917. of the current year ent ▶ 83.7100 00 % 6ad 2c should equal	(b) Prior year 11,815,993. 2,305,323. 2,432,976. 539,639. 16,014,653. end balance (line 16)	Part IV, line 10. (c) Two years back 11,244,033. 523,021. 433,218. 384,279. 11,815,993. g, column (a)) held a	(d) Three years bac 10,510,815 276,590 782,920 326,292 11,244,033	k (e) Four years back 10,858,797. 41,087. 782,243.
1a b c d e f g 2 a b c	Beginning of year balance Contributions	ion answered "Y (a) Current year 16,014,653. 109,416. -1,628,170. 627,982. 13,867,917. of the current year ent ▶ 83.7100 00 % od 2c should equal the possession of the current the curren	(b) Prior year 11,815,993. 2,305,323. 2,432,976. 539,639. 16,014,653. end balance (line 1g) %	Part IV, line 10. (c) Two years back 11,244,033. 523,021. 433,218. 384,279. 11,815,993. g, column (a)) held a	(d) Three years bac 10,510,815 276,590 782,920 326,292 11,244,033	k (e) Four years back 10,858,797. 41,087. 782,243.
1a b c d e f g 2 a b c	Beginning of year balance Complete if the organizate the organizate segment of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of Board designated or quasi-endowment Permanent endowment 16 . 29 Term endowment NONE 9 The percentages on lines 2a, 2b, and Are there endowment funds not in the organization by:	ion answered "Y (a) Current year 16,014,653. 109,4161,628,170. 627,982. 13,867,917. of the current year ent ▶ 83.7100 00 % dod 2c should equal the possession of the current year.	(b) Prior year 11,815,993. 2,305,323. 2,432,976. 539,639. 16,014,653. end balance (line 10) %	Part IV, line 10. (c) Two years back 11,244,033. 523,021. 433,218. 384,279. 11,815,993. g, column (a)) held a	(d) Three years bac 10,510,815 276,590 782,920 326,292 11,244,033	k (e) Four years back 10,858,797. 41,087. 782,243. 171,312. 11,510,815.
Pa 1 a b c d e f g 2 a b c 3 a	Beginning of year balance Complete if the organizate Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of Board designated or quasi-endowment Permanent endowment 16 . 29 Term endowment NONE 9 The percentages on lines 2a, 2b, and Are there endowment funds not in the organization by: (i) Unrelated organizations	ion answered "Y (a) Current year 16,014,653. 109,4161,628,170. 627,982. 13,867,917. of the current year ent ▶ 83.7100 00 % dod 2c should equal the possession of t	(b) Prior year 11,815,993. 2,305,323. 2,432,976. 539,639. 16,014,653. end balance (line 16)	Part IV, line 10. (c) Two years back 11,244,033. 523,021. 433,218. 384,279. 11,815,993. g, column (a)) held a	(d) Three years bac 10,510,815 276,590 782,920 326,292 11,244,033 as:	k (e) Four years back 10,858,797. 41,087. 782,243. 171,312. 11,510,815.
Pa 1 a b c d e f g 2 a b c 3 a	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of Board designated or quasi-endowment Permanent endowment Permanent endowment The percentages on lines 2a, 2b, and Are there endowment funds not in the organization by: (i) Unrelated organizations If "Yes" on line 3a(ii), are the related Describe in Part XIII the intended use	ion answered "Y (a) Current year 16,014,653. 109,416. -1,628,170. 627,982. 13,867,917. of the current year ent ▶ 83.7100 % hd 2c should equal he possession of the organizations listed sees of	(b) Prior year 11,815,993. 2,305,323. 2,432,976. 539,639. 16,014,653. end balance (line 10). 100%. the organization that	Part IV, line 10. (c) Two years back 11,244,033. 523,021. 433,218. 384,279. 11,815,993. g, column (a)) held a	(d) Three years bac 10,510,815 276,590 782,920 326,292 11,244,033 as:	k (e) Four years back 10,858,797. 41,087. 782,243. 171,312. 11,510,815. Yes No 3a(i) 3a(ii)
Pa 1a b c d e f g 2 a b c 3a b	Beginning of year balance Complete if the organizate Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of Board designated or quasi-endowment Permanent endowment 16 . 29 Term endowment NONE 9 The percentages on lines 2a, 2b, and Are there endowment funds not in the organization by: (i) Unrelated organizations (ii) Related organizations If "Yes" on line 3a(ii), are the related Describe in Part XIII the intended us rt VI Land, Buildings, and Equi	ion answered "Y (a) Current year 16,014,653. 109,416. -1,628,170. 627,982. 13,867,917. of the current year ent > 83.7100 % nd 2c should equal the possession of the organizations listed sees of the organizations.	(b) Prior year 11,815,993. 2,305,323. 2,432,976. 539,639. 16,014,653. end balance (line 16) 0 % 100%. the organization that a second as required on Sociation's endowment for	Part IV, line 10. (c) Two years back 11,244,033. 523,021. 433,218. 384,279. 11,815,993. g, column (a)) held a	(d) Three years bac 10,510,815 276,590 782,920 326,292 11,244,033 as:	k (e) Four years back 10,858,797. 41,087. 782,243. 171,312. 11,510,815. Yes No 3a(i) 3a(ii) 3b
Pa 1a b c d e f g 2 a b c 3a b	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of Board designated or quasi-endowment Permanent endowment Permanent endowment The percentages on lines 2a, 2b, and Are there endowment funds not in the organization by: (i) Unrelated organizations If "Yes" on line 3a(ii), are the related Describe in Part XIII the intended use	ion answered "Y (a) Current year 16,014,653. 109,416. -1,628,170. 627,982. 13,867,917. of the current year ent > 83.7100 % nd 2c should equal he possession of the organizations listed sees of the organization answered "Year ent. tion answered "Year ent.	(b) Prior year 11,815,993. 2,305,323. 2,432,976. 539,639. 16,014,653. end balance (line 16) 0 % 100%. the organization that the organization that the organization that the organization for the organization of the organizat	Part IV, line 10. (c) Two years back 11,244,033. 523,021. 433,218. 384,279. 11,815,993. g, column (a)) held a	(d) Three years bac 10,510,815 276,590 782,920 326,292 11,244,033 as:	k (e) Four years back 10,858,797. 41,087. 782,243. 171,312. 11,510,815. Yes No 3a(i) 3a(ii) 3b

1a Land....... 377,677 377,677. 5,555,669. 4,988,392. 567,277. **b** Buildings c Leasehold improvements d Equipment..... 20,227,903. 12,674,656. 7,553,247. 242,541 242,541.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 8,740,742.

Schedule D (Form 990) 2021

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Schedule D (F	Form 990) 2021	HAMPTON ROADS	EDUCATIONAL	54	1-0843118	Page 3
Part VII	Investments - Ot					
				, Part IV, line 11b. See Form 990,		12.
	(a) Description of secu (including name o	rity or category f security)	(b) Book value	(c) Method of valuati Cost or end-of-year mark		
(1) Financi	al derivatives					
(2) Closely	held equity interests					
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G) (H)						
	n (h) must squal Form 000	Part V and (P) line 12.)				
Part VIII		Part X, col. (B) line 12.)				
rait viii			"Yes" on Form 990	, Part IV, line 11c. See Form 990,	Part X line 1	13
	(a) Description of i		(b) Book value	(c) Method of valuati		
	(a) Description of i	iiivesiiiieiit	(b) book value	Cost or end-of-year mark		
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	n (b) must equal Form 990,	Part X, col. (B) line 13.)				
Part IX	Other Assets.					
	Complete if the o	_		, Part IV, line 11d. See Form 990,		
			scription		(b) Book va	
	INTEREST AGREE	EMENT			4,980,	
	RED REVENUE				237,	316.
(3)						
(4)						
<u>(5)</u>						
(6)						
<u>(7)</u> (8)						
(9)						
	umn (b) must equal F	orm 990. Part X. col. (B) li	ine 15.).		5,217,	982.
Part X	Other Liabilities.	()	/			,,,,,
		organization answered	l "Yes" on Form 990), Part IV, line 11e or 11f. See Fori	m 990, Part አ	Κ,
	line 25.					
1.		(a) Descrip	tion of liability		(b) Book va	alue
(1) Feder	ral income taxes					
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Colum	nn (b) must equal Form 9	990, Part X, col. (B) line 25.)				

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII JSA 1E1270 1.000

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Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.						
1	Total revenue, gains, and other support per audited financial statements	1	13,284,055.			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments					
b	Donated services and use of facilities					
С	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d	2e	-1,977,171.			
3	Subtract line 2e from line 1	3	15,261,226.			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b					
b	Other (Describe in Part XIII.)					
	Add lines 4a and 4b	4c	-1,379,058.			
5 Port	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu	5	13,882,168.			
Part	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements	1	15,734,376.			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
a	Donated services and use of facilities					
b	Prior year adjustments					
С.	Other losses 2c Other (Describe in Part XIII.) 2d 1,006,925.					
d		2e	1,006,925.			
	Add lines 2a through 2d	3	14,727,451.			
3 4	Subtract line 2e from line 1		11,727,131.			
	Investment expenses not included on Form 990, Part VIII, line 7b					
a b	Other (Describe in Part XIII.)					
	Add lines 4a and 4b	4c	43,871.			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	14,771,322.			
	XIII Supplemental Information.					
2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform					
DEE 1	SOLI DEMENTAL TAGE					

Schedule D (Form 990) 2021

Part XIII Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4:

THE ENDOWMENT ASSETS ARE CONTROLLED BY THE BOARD OF DIRECTORS AND INVESTED IN A MANNER INTENDED TO PRODUCE A REAL RETURN, NET OF INFLATION AND INVESTMENT MANAGEMENT COSTS, OF AT LEAST 5% OVER THE LONG TERM.

ANNUAL DISTRIBUTIONS FROM THE ENDOWMENT POOL USED TO FUND OPERATIONS EQUAL FOUR PERCENT OF A TRAILING TWELVE-QUARTER MOVING AVERAGE OF THE ENDOWMENT POOL FAIR MARKET VALUE FOR THE PERIOD ENDING ON DECEMBER 31 OF THE PREVIOUS YEAR.

SCHEDULE D, PART X, LINE 2:

WHRO IS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES. EXEMPT ORGANIZATIONS ARE SUBJECT TO TAX ON INCOME FROM REGULARLY CONDUCTED TRADE OR BUSINESS ACTIVITIES THAT ARE NOT SUBSTANTIALLY RELATED TO WHRO'S EXEMPT PURPOSE. WHRO HAS NET OPERATING LOSS CARRYFORWARDS OF APPROXIMATELY \$1,912,000 AND 1,447,000 RELATED TO ITS UNRELATED BUSINESS INCOME AT JUNE 30, 2022 AND 2021, RESPECTIVELY. APPROXIMATELY \$1,202,000 OF THESE LOSS CARRYFORWARDS WILL BEGIN TO EXPIRE IN TAX YEAR 2028 AND \$710,000 ARE UNLIMITED. DEFERRED TAX ASSETS WERE \$492,124 AND \$372,518 AT JUNE 30, 2022 AND 2021, RESPECTIVELY. VALUATION ALLOWANCES ARE ESTABLISHED WHEN NECESSARY TO REDUCE DEFERRED TAX ASSETS TO THE AMOUNT EXPECTED TO BE REALIZED. MANAGEMENT HAS RECORDED A VALUATION ALLOWANCE OF \$492,124 AND \$372,518 AT JUNE 30, 2022 AND 2021, RESPECTIVELY. THE INCREASE IN THE VALUATION ALLOWANCE WAS \$119,606 AND \$41,230 FOR THE YEAR ENDED JUNE 30, 2022 AND 2021, RESPECTIVELY. RETURNS ARE GENERALLY SUBJECT

Schedule D (Form 990) 2021

Part XIII Supplemental Information (continued)

TO EXAMINATIONS FOR THREE YEARS FROM THE DATE FILED. THIS PERIOD OF LIMITATIONS HAS EXPIRED FOR TAX YEARS PRIOR TO 2018. MANAGEMENT CONTINUALLY EVALUATES TAX POSITIONS REFLECTED IN WHRO'S TAX FILINGS AND DOES NOT BELIEVE THAT ANY MATERIAL UNCERTAIN TAX POSITIONS EXIST.

SCHEDULE D, PART XI LINE 4B:

THE NET (\$1,422,929) REPORTED ON PART XI LINE 2D CONSISTS OF THE SUM OF

(I) GIFTS IN-KIND (\$211,016); (II) LOSSES FROM SALES AND DISPOSITIONS OF

REAL AND DEPRECIABLE ASSETS (\$1,462); (III) THE CHANGE IN VALUE OF A

SPLIT INTEREST AGREEMENTS (\$416,004); (IV) RENTAL EXPENSES OF (\$797,523);

AND (V) PLEDGE BAD DEBT EXPENSE \$3,076.

SCHEDULE D, PART XII LINE 2D:

THE NET \$1,006,925 REPORTED ON PART XII LINE 2D CONSISTS OF THE SUM OF

(I) GIFTS IN-KIND \$211,016, (II) LOSSES FROM SALES AND DISPOSITIONS OF

REAL PROPERTY AND DEPRECIABLE ASSETS \$1,462, (III) RENTAL EXPENSES OF

\$797,523, ND (IV) PLEDGE BAD DEBT EXPENSE OF \$3,706.

SCHEDULE J (Form 990)

Compensation InformationFor certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

TELECOMMUNICATIONS ASSOCIATION, INC

HAMPTON ROADS EDUCATIONAL

Employer identification number 54-0843118

Part	Questions Regarding Compensation					
			Yes	No		
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form					
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or charter travel Housing allowance or residence for personal use					
	Travel for companions Payments for business use of personal residence					
	Tax indemnification and gross-up payments X Health or social club dues or initiation fees					
	Discretionary spending account Personal services (such as maid, chauffeur, chef)					
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment					
~	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to					
	explain	1b	X			
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all					
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line					
	1a?	2	Х			
3	Indicate which, if any, of the following the organization used to establish the compensation of the					
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a					
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.					
	X Compensation committee Written employment contract					
	Independent compensation consultant X Compensation survey or study					
	Form 990 of other organizations X Approval by the board or compensation committee					
4						
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:					
а	Receive a severance payment or change-of-control payment?	4a		Х		
_	b Participate in or receive payment from a supplemental nonqualified retirement plan?					
	c Participate in or receive payment from an equity-based compensation arrangement?					
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c		X		
	The real territor to any or miles the percent and provide the applicable amounts for each term in rate in					
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any					
Ū	compensation contingent on the revenues of:					
_	The organization?	5a		Х		
a		5b		X		
b	If "Yes" on line 5a or 5b, describe in Part III.	30		Λ		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any					
U	compensation contingent on the net earnings of:					
_	The organization?	60		Х		
a	Any related organization?	6a		X		
D		6b				
_	If "Yes" on line 6a or 6b, describe in Part III.					
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed	-		7.7		
•	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		X		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject					
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe					
_	in Part III	8		X		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in					
	Regulations section 53.4958-6(c)?	9				

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

Schedule J (Form 990) 2021

Schedule J (Form 990) 2021 HAMPTON ROADS EDUCATIONAL 54-0843118 Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 a	nd/or 1099-MISC and/or	1099-NEC compensation		(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
BERT SCHMIDT	(i)	240,875.	25,000.	14,400.	11,199.	9,571.	301,045.	NONE	
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
THOMAS BURTON	(i)	156,150.	500.	NONE	6,250.	NONE	162,900.	NONE	
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
DIANE ROGIC	(i)	84,448.	99,192.	NONE	6,262.	9,570.	199,472.	NONE	
3 DIR CORP SUPPORT	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
12	(ii)								
	(i)								
13	(ii)								
	(i)								
14	(ii)								
	(i)								
15	(ii)								
	(i)								
16	(ii)								

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

FORM 990, SCHEDULE J, LINE 1A:

DUES ARE PAID FOR BERT SCHMIDT AND TOM BURTON BUT ARE NOT INCLUDED IN W-2

AS COMPENSATION. THE MEMBERSHIPS ARE NOT USED FOR PERSONAL USE, BUT

RATHER MEETINGS FOR THE ORGANIZATION.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

54-0843118

HAMPTON ROADS EDUCATIONAL

FORM 990, PART VI, SECTION B, LINE 11:

THE RETURN IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM. THE RETURN IS
THEN REVIEWED BY WHRO PUBLIC MEDIA'S CFO AND IT IS ALSO REVIEWED BY KEY
MEMBERS OF WHRO'S LEADERSHIP. ANY UPDATES ARE SENT BACK TO THE
INDEPENDENT ACCOUNTING FIRM. THE FINAL VERSION IS MADE AVAILABLE TO ALL
BOARD OF DIRECTORS PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

ONCE A YEAR, DURING THE SEPTEMBER BOARD MEETING, WE POLL THE BOARD AND HAVE THEM FILL OUT AND SIGN A WRITTEN STATEMENT. ADDITIONALLY, WE HAVE A CONFLICT OF INTEREST STATEMENT FOR EMPLOYEES IN THE EMPLOYEE HANDBOOK.

THIS IS REVIEWED AND SIGNED OFF ON BY ALL EMPLOYEES ON AN ANNUAL BASIS.

FORM 990, PART VI, SECTION C, LINE 15A:

WHRO PUBLIC MEDIA SEEKS TO ENSURE THAT COMPENSATION IS REASONABLE UNDER SECTION 4958 AND REPRESENTS THE PART VI, FAIR MARKET VALUE FOR SERVICES RENDERED. WHRO PUBLIC MEDIA ROUTINELY UTILIZES BENCHMARK STUDIES AND INDEPENDENT REVIEW OF MARKET COMPENSATION DATA FROM BOTH NONPROFIT AND MEDIA ORGANIZATIONS, PREPARED BY COMPENSATION CONSULTANTS, AT THE TIME OF EMPLOYEE HIRING OR WHEN SPECIAL COMPENSATION ADJUSTMENTS ARE AWARDED.

WHRO PUBLIC MEDIA SETS COMPENSATION WITHIN THE RANGE OF THE GOING MARKET RATE. NO INDIVIDUAL HAVING A CONFLICT OF INTEREST UNDER WHRO PUBLIC MEDIA'S CONFLICT OF INTEREST POLICY IS PERMITTED TO PARTICIPATE IN THE COMPENSATION REVIEW OR DECISION MAKING PROCESS. WHRO PUBLIC MEDIA MAINTAINS ALL RECORDS REGARDING COMPENSATION DECISIONS.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection

Employer identification number

FORM 990, PART VI, SECTION C, LINE 19:

WE PUT THE ANNUAL REPORT (CONTAINING FINANCIALS) ON OUR WEBSITE.

OTHERWISE, EVERYTHING IS IN OUR PUBLIC FILE AND IS AVAILABLE UPON
REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

OTHER CHANGES IN NET ASSETS OR FUND BALANCES INCLUDES A CHANGE IN VALUE
OF SPLIT INTEREST AGREEMENT \$416,004

FORM 990, PART XII, LINE 2C:

THE INDEPENDENT AUDITORS MEET WITH THE AUDIT COMMITTEE EACH YEAR BEFORE
AND AFTER THE AUDIT. THE AUDIT IS REVIEWED WITH THE AUDITORS AND THE
AUDIT COMMITTEE BEFORE BEING ACCEPTED.

Name of the organization

HAMPTON ROADS EDUCATIONAL

54-0843118

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

WHRO PUBLIC MEDIA IS A NON-PROFIT PUBLIC MEDIA ENTERPRISE KNOWN FOR ITS PUBLIC SERVICE MISSION. WHRO PUBLIC MEDIA IS THE ONLY PUBLIC BROADCASTING STATION IN THE UNITED STATES OWNED BY A COLLABORATION OF 21 LOCAL PUBLIC SCHOOL DISTRICTS. THROUGH FOUR TV STATIONS WHRO TV-15, WHRO CREATE, WHRO WORLD, WHRO KIDS AND OUR EXPANSION INTO SIX RADIO CHANNELS, INCLUDING WHRO 90.3 FM WHRV 89.5, WFOS 88.7, WEBSITE, AND EDUCATIONAL CONTENT DELIVERED ONLINE TO MORE THAN 286,000 STUDENTS AND 25,000 TEACHERS, WHRO PUBLIC MEDIA ENRICHES THE LIVES OF THE PEOPLE OF EASTERN VIRGINIA AND NORTHEASTERN NORTH CAROLINA EVERY DAY. SINCE ITS FOUNDING IN 1961, THE OWNERSHIP HAS ESTABLISHED EDUCATIONAL PROGRAMMING AND SERVICES AS WHRO'S CORE MISSION. AS A LEADER IN UTILIZING EMERGING TECHNOLOGIES, TODAY WHRO EDUCATION DELIVERS MOST OF ITS EDUCATIONAL CONTENT ONLINE. WHRO EDUCATION'S LEADING EDGE INSTRUCTIONAL RESOURCES INCLUDE EMEDIAVA, AND ON-DEMAND DIGITAL MEDIA. WHRO EDUCATION ALSO OFFERS PROFESSIONAL DEVELOPMENT COURSES TO DIRECTLY ASSIST CLASSROOM TEACHERS WITH CONTINUING THEIR EDUCATION. WE ARE NOT A SCHOOL, BUT WE PROVIDE EDUCATION. WE ARE NOT A SOCIAL SERVICE AGENCY, BUT WE IMPROVE LIVES. WE ARE NOT A MUSEUM, SYMPHONY ORCHESTRA OR THEATRE, BUT WHRO PUBLIC MEDIA PROVIDES ARTS, CULTURE AND STRONG CONNECTIONS TO THE PAST. TO DO THIS, WE WORK WITH OTHER ORGANIZATIONS-MANY OF THEM IN OUR OWN COMMUNITY-THAT USE OUR BROADCAST AND OUTREACH EXPERTISE TO EXTEND THEIR WORK.

Schedule O (Form 990 or 990-EZ) 2021

Name of the organization Employer identification number HAMPTON ROADS EDUCATIONAL 54-0843118

FORM 990, PART III - PROGRAM SERVICE

LINE 4A, PROGRAM SERVICE

BROADCAST AND DIGITAL CONTENT- WHRO PUBLIC MEDIA IS THE THE LOCAL PUBLIC TELEVISION BROADCASTER IN EASTERN VIRGINIA, PROVIDING QUALITY TELEVISION PROGRAMMING ON FOUR CHANNELS 24 HOURS A DAY. FROM CHILDREN'S SHOWS LIKE SESAME STREET, DANIEL TIGER'S NEIGHBORHOOD TO PBS SHOWCASE PROGRAMS LIKE NOVA, MASTERPIECE, PBS NEWSHOUR, AMERICAN EXPERIENCE AND FRONTLINE, WHRO -TV 15 PROVIDES QUALITY PROGRAMMING FOR ALL AGES. LOCAL BROADCASTS AND DIGITAL CONTENT INCLUDE, CURATE, AND DOCUMENTARIES SUCH AS CITY VOICES: HOMELESSNESS TO HOPEFULNESS. WHRO BROADCASTS EDUCATIONAL TELEVISION THAT DELIGHTS CHILDREN WHILE BUILDING READING, SCIENCE, TECHNOLOGY AND MATH SKILLS, PROGRAMS FOR LIFE-LONG LEARNING, PUBLIC AFFAIRS ANALYSIS AND DOCUMENTARIES, PERFORMANCE PROGRAMMING CELEBRATING CULTURAL DIVERSITY AND THE COUNTRY, ACCLAIMED HISTORY, SCIENCE AND NATURE PROGRAMMING, AND THE BEST IN INDEPENDENT FILMS. WHRV 89.5 FM RADIO IS THE PLACE TO HEAR NPR PROGRAMS LIKE MORNING EDITION AND ALL THINGS CONSIDERED, AMERICAN PUBLIC MEDIA'S MARKETPLACE, AS WELL AS ALTERNATIVE, JAZZ AND FOLK MUSIC. ANOTHER VIEW HOSTED BY BARBARA HAMM LEE PROVIDES A FORUM TO THE OPEN EXCHANGE OF IDEAS AND OPINIONS. PODCASTS/BROADCASTS INCLUDE OUT THE BOX ALBUM OF THE WEEK, OPENING NIGHT WITH REBECCA EVANS, BIRDNOTES, EDUCATIONALLY SPEAKING, THE EMERGING LEADERS SMART PILL, WRITER'S BLOCK AND ARTS CONVERSATIONS. WHRO 90.3 FM RADIO PROVIDES 24-HOUR CLASSICAL MUSIC AND FINE ARTS PROGRAMMING AND IS AN IMPORTANT CONNECTION BETWEEN THE MANY FINE PERFORMING ARTS ORGANIZATIONS IN THE AREA AND THE COMMUNITY THROUGH PARTNERSHIPS TO RECORD AND BROADCAST CONCERTS, PROMOTE EVENTS, AND HIGHLIGHT THE RICH CULTURAL OFFERINGS OF OUR REGION INCLUDING BROADCASTS OF PERFORMANCES BY VISITING ARTISTS.

Schedule O (Form 990 or 990-EZ) 2021

JSA.

Name of the organization Employer identification number 54-0843118 HAMPTON ROADS EDUCATIONAL

FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSATION

TAYLOR CONSTRUCTION 600 N. WITCHDUCK ROAD, SUITE 107

205,000. VIRGINIA BEACH, VA 23461 EDUCATIONAL SERVICES

Schedule O (Form 990 or 990-EZ) 2021

JSA



Tel: 757-640-7190 Fax: 757-640-7297 www.bdo.com Town Point Center 150 Boush Street, Suite 1100 Norfolk, VA 23510

Hampton Roads Educational
Telecommunications Association, Inc.
Instructions for Filing
Form 8879-TE
IRS e-file Signature Authorization for Form 990-T
For the year ended June 30, 2022

The original IRS E-file Signature Authorization form should be signed (use full name) and dated by an authorized officer of the organization.

Return your signed IRS e-file Signature Authorization Form 8879-TE to:

BDO USA, LLP 150 Boush Street, Suite 1100 Norfolk VA 23510

There is no tax due with the filing of this return.

Do NOT separately file Form 990-T with the Internal Revenue Service. Doing so will delay the processing of your return. We must receive your signed form before we can electronically transmit your return, which is due on or before May 15, 2023. We would appreciate you returning this form as soon as possible as this will expedite the processing of your return. The Internal Revenue Service will notify us when your return is accepted. Your return is not considered filed until the Internal Revenue Service confirms their acceptance, which may occur after the due date of your return.

No estimated tax payments for 2022 will be required, nor will you be subject to underpayment penalties because you have no 2021 tax liability.

Fori	_n 990-T	Ех	empt Organization Business Income Tax Return (and proxy tax under section 6033(e))	-	OMB No. 1545-0047
		For cale	ndar year 2021 or other tax year beginning $07/01$, 2021, and ending $06/30$, 20 23	2	2021
Depa	artment of the Treasury		► Go to www.irs.gov/Form990T for instructions and the latest information.		_
	nal Revenue Service	▶Do	not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).	. [Open to Public Inspection for 501(c)(3) Organizations Only
A	Check box if		Name of organization (Check box if name changed and see instructions.)	Emplo	oyer identification number
	address changed.		HAMPTON ROADS EDUCATIONAL	54-0	0843118
BΕ	xempt under section	Print			exemption number
Х	501(C)(3)	5200 HAMPTON BOULEVARD	(see in:	structions)	
	408(e) 220(e)	Туре	City or town, state or province, country, and ZIP or foreign postal code		
	408A 530(a)		NORFOLK, VA 23508-1507		Check box if
	529(a) 529A	C Book	value of all assets at end of year		an amended return.
G	Check organization t		X 501(c) corporation 501(c) trust 401(a) trust Other trust		
	Check if filing only to		Claim credit from Form 8941 Claim a refund shown on Form 243	39	
1 (Check if a 501(c)(3)	organiza	tion filing a consolidated return with a 501(c)(2) titleholding corporation		
			Schedules A (Form 990-T)		
			corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		
ı	f "Yes," enter the na	ame and	identifying number of the parent corporation		
L .	The books are in care	of 🕨 E	ERTEL SCHMIDT Telephone number ▶ 757-8	889-	9400
		5	200 HAMPTON BOULEVARD		
		N	ORFOLK, VA 23508		
Pa	rt I Total Unre	lated B	usiness Taxable Income		
1	Total of unrelat	ed busir	less taxable income computed from all unrelated trades or businesses (see		
	instructions)			1	27,035.
2				2	
3				3	27,035.
4			ee instructions for limitation rules)	4	
5			axable income before net operating losses. Subtract line 4 from line 3	5	27,035.
6	Deduction for net	operatin	g loss. See instructions	6	27,035.
7			less taxable income before specific deduction and section 199A deduction.		
	Subtract line 6 fro	m line 5		7	
8	Specific deduction	n (genera	ally \$1,000, but see instructions for exceptions)	8	1,000.
9			action. See instructions	9	,
10			s 8 and 9	10	1,000.
11			ble income. Subtract line 10 from line 7. If line 10 is greater than line 7,		
				11	NONE
Pa	rt II Tax Comp				
1			corporations. Multiply Part I, line 11 by 21% (0.21)	1	NONE
			rates. See instructions for tax computation. Income tax on the amount on	Ė	1.0112

7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies For Paperwork Reduction Act Notice, see instructions.

Alternative minimum tax (trusts only)

Part I, line 11 from:

3

4

5

6

Tax rate schedule or

Proxy tax. See instructions

Other tax amounts. See instructions

Tax on noncompliant facility income. See instructions

NONE Form **990-T** (2021)

3

4

5

6

7

JSA 1X2740 1.000

8380KG P66B 49

Schedule D (Form 1041)

Par	t III	Tax and Payments				<u> </u>	, 		<u> </u>
1 a	Foreign	tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a						
b	Other of	redits (see instructions)	1b						
			1c						
		or prior year minimum tax (attach Form 8801 or 8827)							
		redits. Add lines 1a through 1d				1e			
2		et line 1e from Part II, line 7			1	2		M	ONE
3		nounts due. Check if from: Form 4255 Form 8611 Form 8697 F			• • • •	-			<u> </u>
·	Other ai	Other (attach statement)				3			
4	Total to	xx. Add lines 2 and 3 (see instructions). Check if includes tax previously de			• • • •				
7						4		INT.	ONE
_		1294. Enter tax amount here net 965 tax liability paid from Form 965-A, Part II, column (k)			- '	5		TV	<u>JINE</u>
5					• • •	3			
	-	nts: A 2020 overpayment credited to 2021	6a						
		stimated tax payments. Check if section 643(g) election applies	6b						
		posited with Form 8868	6c						
	-	organizations: Tax paid or withheld at source (see instructions)	6d						
		, , , , , , , , , , , , , , , , , , ,	6e						
t		or small employer health insurance premiums (attach Form 8941)	6f						
g		redits, adjustments, and payments: Form 2439	_						
			6g						
7	-	ayments. Add lines 6a through 6g				7			
8	Estima	ed tax penalty (see instructions). Check if Form 2220 is attached			ullet	8			
9		. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed				9		N	<u>ONE</u>
10		yment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	d		▶	10			
11		e amount of line 10 you want: Credited to 2022 estimated tax		Refunde		11			
Par	t IV	Statements Regarding Certain Activities and Other Info							
1		time during the 2021 calendar year, did the organization have an int		_				Yes	No
	over a	financial account (bank, securities, or other) in a foreign country? If	"Yes	s," the organization	on ma	ıy hav	e to file		
	FinCEN	Form 114, Report of Foreign Bank and Financial Accounts. If "Yes,"	' en	ter the name of	the	foreign	country		
	here >								_X_
2	During	the tax year, did the organization receive a distribution from, or was it the	gra	ntor of, or transfe	ror to,	a fore	ign trust?		_X_
	If "Yes,	see instructions for other forms the organization may have to file.							
3	Enter tl	ne amount of tax-exempt interest received or accrued during the tax year		▶ \$ _					
4	Enter a	vailable pre-2018 NOL carryovers here $ ho$ \$ $\underline{\hspace{0.4cm}158$, 243 . Do not inclu	ıde a	ny post-2017 NOL	carryov	⁄er			
	shown	on Schedule A (Form 990-T). Don't reduce the NOL carryover sho	wn	here by any de	eductio	n rep	orted on		
	Part I, Ii	ne 6.							
5	Post-20	117 NOL carryovers. Enter available Business Activity Code and p	ost-2	2017 NOL carry	overs.	Don't	t reduce		
	the am	ounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for th	e tax	year. See instruction	ons.				
		Business Activity Code		Available post-2	017 N	OL carr	yover		
		541800	\$_	597,346.					
		532000	\$	83,542.					
			\$						
			\$						
6a	Did the	organization change its method of accounting? (see instructions)							X
b	If 6a	is "Yes," has the organization described the change on Form 990,	990-l	EZ, 990-PF, or f	Form	1128?	If "No,"		
	explain	in Part V							
Par	t V	Supplemental Information							
Provi	de the ex	planation required by Part IV, line 6b. Also, provide any other additional informa	tion.	See instructions.					
		nder penalties of perjury, I declare that I have examined this return, including accompanying					best of my I	knowled	ge and
Sigr) b	elief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all informati	ion of	which preparer has any k			IDC 4:	414:-	a true:
Her		SERTEL SCHMIDT 02/22/2023 PRESI	DEN	NT & CEO		•	IRS discuss preparer sh		
		ignature of officer Date 7 Title			_	instruction			No
	-	Print/Type preparer's name Preparer's signature	[Date	Chast	if	DTIN		
Paid		MARC BERGER		2/22/2023	Check self-er	mployed		7156	3
Prep		Firm's name ▶ BDO USA, LLP		-			13-5381		
Use	Only	Firm's address ▶ 150 BOUSH STREET, SUITE 1100, NORFOLK	7.7	'A 23510			57-640-7		
JSA		1 Sasious F 150 DOODII DIREEI, DUITE 1100, NORFOLK	, v	11 ZJJIV	i none	110. 73	Form 99		(2021)
1X274	1.000						-		

FORM 990T, PART I, LINE 6 DETAIL

LOSS YEAR ENDING	ORGINAL LOSS	LOSS AVAILABLE IN CURRENT YEAR	LOSS CLAIMED IN CURRENT YEAR			
06/30/2002		NONE	NONE			
06/30/2003		NONE	NONE			
06/30/2004		NONE	NONE			
06/30/2005		NONE	NONE			
06/30/2006		NONE	NONE			
06/30/2007		NONE	NONE			
06/30/2008		NONE	NONE			
06/30/2009		NONE	NONE			
06/30/2010		NONE	NONE			
06/30/2011		NONE	NONE			
06/30/2012		NONE	NONE			
06/30/2013		NONE	NONE			
06/30/2014		NONE	NONE			
06/30/2015		NONE	NONE			
06/30/2016		NONE	NONE			
06/30/2017	132,284.	103,586.	27,035.			
06/30/2018	54,657.	54,657.	NONE			
TOTAL:	 186,941.	 158,243.	 27,035.			
IOIAL.	=======	=======	=======			
NET OPERATING LOSS A	NET OPERATING LOSS AVAILABLE FROM PRIOR YEARS BEFORE 2018					
TAXABLE INCOME (LINE	158,243. 27,035.					
NET OPERATING LOSS D	DEDUCTION		27,035.			
			========			

STATEMENT 1

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0074

► Go to www.irs.gov/Form990T for instructions and the latest information.

Department of the Treasury Internal Revenue Service

A Name of the organization

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3).

B Employer identification number

17 Deduction for net operating loss. See instructions	_HA	MPTON ROADS EDUCATIONAL TELECOMMUNIC	ATI	ONS ASSO	54-0843	118		
E Describe the unrelated trade or business ▶ADVERTISING MEMBERSHIP PERIODICAL Part Unrelated Trade or Business Income								
Part Unrelated Trade or Business Income	C Ur	related business activity code (see instructions) ► 541800			D Sequence:	1	of	
Part Unrelated Trade or Business Income	- D-	and the the considered trade on business N 2 DVIDDET CINIC MI						
1a Gross receipts or sales b Less returns and allowances c Balance b 2 Cost of goods sold (Part III, line 8)	E DE	Scribe the unrelated trade of business ADVERTISING ME	- IMBE	KSHIP PER	RIODICAL			
b Less returns and allowances	Par	Unrelated Trade or Business Income		(A) Income	(B) Exp	enses	(C) Net
b Less returns and allowances	1a	Gross receipts or sales						
2 Cost of goods sold (Part III, line 8)		· · · · · · · · · · · · · · · · · · ·	1c					
3 Gross profit. Subtract line 2 from line 1c	2		2					
1120)). See instructions. 4a	3		3					
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions capital loss deduction for trusts. c Capital loss deduction for trusts. 5 Income (loss) from a partnership or an S corporation (attach statement). 6 Rent income (Part IV) 7 Unrelated debt-financed income (Part V). 8 Interest, annuities, royalties, and rents from a controlled organization (Part VII). 9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VIII). 10 Exploited exempt activity income (Part VVIII). 11 Advertising income (Part IX). 12 Other income (see instructions; attach statement). 12 Other income (see instructions; attach statement). 13 Total. Combine lines 3 through 12. 14 Salaries and wages 15 Compensation of officers, directors, and trustees (Part X). 16 Interest (attach statement). See instructions 17 Salaries and maintenance 18 Bad debts 19 Depletion. 10 Exploited trusts 10 Excess exempt expenses (Part III). 11 Employee benefit programs 11 Employee benefit programs 12 Excess exempt expenses (Part IXI). 13 Excess exempt expenses (Part IXI). 14 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C). 15 Total deductions. Add lines 1 through 14. 16 Urrelated business taxable income. Subtract line 17 from line 16. 17 Deduction for net operating loss. See instructions 18 Urrelated business taxable income. Subtract line 17 from line 16. 18 Urrelated business taxable income. Subtract line 17 from line 16. 18 Urrelated business taxable income. Subtract line 17 from line 16.	4a	Capital gain net income (attach Sch D (Form 1041 or Form						
c Capital loss deduction for trusts		1120)). See instructions	4a					
5 Income (loss) from a partnership or an S corporation (attach statement). 6 Rent income (Part IV). 7 Unrelated debt-financed income (Part V). 8 Interest, annuities, royalties, and rents from a controlled organization (Part VI). 9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VIII). 10 Exploited exempt activity income (Part VIII). 11 Advertising income (Part IX). 12 Other income (see instructions; attach statement). 13 Total. Combine lines 3 through 12. 14 Total. Combine lines 3 through 12. 15 Salaries and wages 1 Compensation of officers, directors, and trustees (Part X). 1 Salaries and wages. 2 Salaries and wages. 3 Repairs and maintenance. 4 Bad debts 5 Interest (attach statement). See instructions 1 Interest (attach Statement). See instructions 1 Depreciation (attach Form 4562). See instructions 1 Depreciation (attach Form 4562). See instructions 1 Contributions to deferred compensation plans 1 Depreciation (attach Form 4562). See instructions 1 Excess exempt expenses (Part VIII). 1 Second (attach Form 4562). See instructions 1 Contributions to deferred compensation plans 1 Depreciation (attach Form 4562). See instructions 1 Contributions to deferred compensation plans 1 Depreciation (attach Form 4562). See instructions 1 Contributions to deferred compensation plans 1 Depreciation (attach Form 4562). See instructions 1 Contributions to deferred compensation plans 1 Depreciation (attach Form 4562). See instructions 1 Depreciation	b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b					
Statement	С	Capital loss deduction for trusts	4c					
6 Rent income (Part IV) 6 6 7 7 8 8 8 8 8 8 8 8	5	Income (loss) from a partnership or an S corporation (attach						
7		statement)	5					
Interest, annuities, royalties, and rents from a controlled organization (Part VI). Investment income of section 501(c)(7), (9), or (17) organizations (Part VII). Exploited exempt activity income (Part VIII). Advertising income (Part IX). Other income (see instructions; attach statement). Total. Combine lines 3 through 12. Total. Combine lines 3 through 12. Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income Compensation of officers, directors, and trustees (Part X). Salaries and wages. Repairs and maintenance. Bad debts. Interest (attach statement). See instructions Taxes and licenses. Depreciation (attach Form 4562). See instructions Ease depreciation claimed in Part III and elsewhere on return. Bab Bab Depletion. Contributions to deferred compensation plans. Interest (attach statement) and elsewhere on return. Bab Bab Depletion. Contributions to deferred compensation plans. Interest (attach statement) and elsewhere on return. Bab Bab Depletion. Contributions to deferred compensation plans. Interest (attach statement) and elsewhere on return. Bab Bab Depletion.	6	Rent income (Part IV)	6					
Organization (Part VI).	7	Unrelated debt-financed income (Part V)	7					
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	8	Interest, annuities, royalties, and rents from a controlled						
Organizations (Part VII). Supplied exempt activity income (Part VIII). 10 10 11 10 12 12 12 13 14 15 16 17 18 16 18 18 18 18 18 18		organization (Part VI)	8					
Exploited exempt activity income (Part VIII).	9	Investment income of section 501(c)(7), (9), or (17)						
11 Advertising income (Part IX). 11 67, 281. 261, 393. -194, 112. 12 13 67, 281. 261, 393. -194, 112. 13 Total. Combine lines 3 through 12. 13 67, 281. 261, 393. -194, 112. Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income 1 Compensation of officers, directors, and trustees (Part X). 1 2 3 Repairs and maintenance. 3 3 4 4 5 Interest (attach statement). See instructions 5 6 7 Depreciation (attach Form 4562). See instructions 7 8 Less depreciation claimed in Part III and elsewhere on return 8a 8b 9 0 Contributions to deferred compensation plans 10 11 Excess exempt expenses (Part VIII) 12 12 13 13 14 15 14 15 14 16 194,112. 10 11 12 13 14 15 15 16 17 17 17 18 18 194,112. 194,112. 194,112. 194,112. 195 196 197 198 198 1		organizations (Part VII)	9					
12	10	Exploited exempt activity income (Part VIII)	10					
13	11		-	67,28	31. 261	,393.	-19	<u>4,112.</u>
Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income 1 Compensation of officers, directors, and trustees (Part X) 1 2 Salaries and wages 2 3 Repairs and maintenance 3 4 Bad debts 4 5 Interest (attach statement). See instructions 5 6 Taxes and licenses 6 7 Depreciation (attach Form 4562). See instructions 7 8 Less depreciation claimed in Part III and elsewhere on return 8a 9 Depletion 9 10 Contributions to deferred compensation plans 10 11 Excess exempt expenses (Part VIII) 12 12 Excess readership costs (Part IX) 13 14 Total deductions (attach statement) 14 15 Total deductions. Add lines 1 through 14 15 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) 16 -194,112. 17 Deduction for net operating loss. See instructions. 17 <td< td=""><td>12</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	12							
directly connected with the unrelated business income 1 Compensation of officers, directors, and trustees (Part X) 1 2 2 3 3 4 4 4 4 4 4 5 5 5 6 6 7 7 7 8 1 6 1 1 1 1 1 1 1 1								<u>4,112.</u>
1 Compensation of officers, directors, and trustees (Part X) 1 2 Salaries and wages 2 3 Repairs and maintenance 3 4 Bad debts 4 5 Interest (attach statement). See instructions 5 6 Taxes and licenses 6 7 Depreciation (attach Form 4562). See instructions 7 8 Less depreciation claimed in Part III and elsewhere on return 8a 8b 9 Contributions to deferred compensation plans 9 10 Employee benefit programs 10 11 Excess exempt expenses (Part VIII) 12 12 Excess readership costs (Part IX) 13 14 Other deductions (attach statement) 14 15 Total deductions. Add lines 1 through 14 15 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) 16 -194,112 17 Deduction for net operating loss. See instructions 17 18 Unrelated business taxable income. Subtract line 17 from line 16. 18 -194,112	Pai			nitations on de	ductions. Ded	uctions m	nust be	
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Contributions to deferred compensation plans	8	·						
Employee benefit programs		Depletion						
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13 Excess readership costs (Part IX)								
Other deductions (attach statement)		· · · · · · · · · · · · · · · · · · ·						
Total deductions. Add lines 1 through 14	-	· · · · · · · · · · · · · · · · · · ·						
Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)								
column (C) 16 -194,112. 17 Deduction for net operating loss. See instructions 17 18 Unrelated business taxable income. Subtract line 17 from line 16. 18 -194,112.								
17 Deduction for net operating loss. See instructions	16	·						4 110
18 Unrelated business taxable income. Subtract line 17 from line 16		` '					-19	<u>4,112.</u>
							1 ^	1 110
For Paperwork Reduction Act Notice, see instructions. Schedule A (Form 990-T) 2021		Unrelated business taxable income. Subtract line 17 from line apperwork Reduction Act Notice, see instructions.	16					

Schedule A (Form 990-T) 2021 Page

	till Cost of Goods Sold	Enter method of inver	ntory valuation ►		rage Z
1	Inventory at beginning of year			1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total . Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. E				
9	Do the rules of section 263A (with respect to pro				Yes No
Par					
1	Description of property (property street address, A B C D				
		Α	В	С	
2	Rent received or accrued		_		
a	From personal property (if the percentage of				
u	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property				
	exceeds 50% or if the rent is based on profit or				
	income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c colu	mns A through D. Enter h	here and on Part I, line 6, o	column (A)	
	_				
4	Deductions directly connected with the income				
	in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through	D. Enter here and on Par	t I, line 6, column (B)	▶ .	
Par	t VI Unrelated Debt-Financed Income	(see instructions)			
1	Description of debt-financed property (street add	ress, city, state, ZIP code)). Check if a dual-use. See	instructions.	
	Α				
	В				
	с —				
	D		_	•	
	_	Α	В	С	D
2	Gross income from or allocable to debt -				
	financed property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
a	Straight line depreciation (attach statement).				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt - financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
_	financed property (attach statement)	%	%	%	0/
6	Divide line 4 by line 5	%	%	%	<u>%</u>
7	Gross income reportable. Multiply line 2 by line 6 L	ah D) Enter here and	Part Lline 7 column (A)	<u> </u>	
8	Total gross income (add line 7, columns A throu	gii שן. בוונפו nere and on	rait i, line /, column (A)	· · · · · · · · · • • .	
9	Allocable deductions. Multiply line 3c by line 6				
9 10	Total allocable deductions. Add line 9, columns	A through D. Enter boro	and on Part Lline 7 colum	nn (R)	
11	Total dividends-received deductions included in	•	•	` '	
	. J.L. dividende received deductions included in				

Schedule A (Form 990-T) 2021

chedule A (Form 990-T) 2021 Page 3

Dort VI Interest An	muities Davelt	ion and Dont	s from Controlled Organ	inations (and instructions)	Page 3		
interest, An	nuities, Royait	ies, and Rent	s from Controlled Organ	ntrolled Organizations			
Name of controlled organization	2. Employer identification number	3. Net unrelate income (loss) (see instruction	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5		
(1)							
(2)							
(3)							
(4)							
	•	Nonexe	empt Controlled Organizatio	ons			
7. Taxable income	ine	Net unrelated come (loss) e instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10		
(1)							
(2)							
(3)							
(4)							
Totals			•	Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)		
			(7), (9), or (17) Organiza	ation (see instructions)			
1. Description of income		ount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)		
(1)							
(2)							
(3)							
(4)							
Totals	Enter he	ounts in column 2. ere and on Part I, 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)		
		/ Income. Oth	er Than Advertising Inco	me (see instructions)			
 Description of exploi 		,	<u> </u>				
•		om trade or bus	iness. Enter here and on Pa	art I. line 10. column (A)	2		
			nrelated business income. El	, , , , , , , , , , , , , , , , , , , ,			
line 10, column (B)					3		
, , ,	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete						
, ,	lines 5 through 7						
5 Gross income from a					5		
	•				6		
7 Excess exempt exp	enses. Subtract I	ine 5 from line	6, but do not enter more	than the amount on line			
4. Enter here and on	Part II, line 12	<u> </u>			7		

Schedule A (Form 990-T) 2021 Page 4

Par	t IX A	dvertisin	g Income					
1	Name(s)	of periodic	al(s). Check	box if reporting	two or more periodicals or	n a consolidated ba	asis.	
	Α 📗	WHRO	PUBLIC	MEDIA	MEMBER GUIDE			
	В							
	С							
	D							
Enter	amounts	for each pe	riodical listed	above in the co	orresponding column.			
					Α	В	С	D
2	Gross a	dvertising in	come		67,281.			
а	Add colu	ımns A thro	ough D. Enter	here and on Pa	rt I, line 11, column (A).			. ▶ <u>67,281.</u>
3	Direct a	dvertising c	osts by period	lical	261,393.			
а	Add colu	ımns A thro	ough D. Enter	here and on Pa	rt I, line 11, column (B).			. ► <u>261,393.</u>
				,				
4	Advertis	ing gain (los	ss). Subtract li	ine 3 from line				
	2. For a	ny column	in line 4 sh	owing a gain,				
	complete	e lines 5 th	rough 8. For	any column in				
	line 4 sh	owing a los	ss or zero, do	not complete				
		-		on line 8	-194,112.			
5	Readers	hip costs.						
6								
7				6 is less than				
	line 5, su	ubtract line	6 from line 5.	If line 5 is less				
8				owed as a				
				ving a gain on				
				line 7				
а				-	the greater of the line			on
								<u> </u>
Par	t X C	ompensa	tion of Off	icers, Direct	ors, and Trustees (s	see instructions)		
							3. Percentage	4. Compensation
		1. Na	me		2. Title		of time devoted	attributable to
							to business	unrelated business
(1)							%	
(2)							%	
(3)							%	
(4)							%	
							70	
Tota	I. Enter h	ere and o	n Part II, line	1				
				ation (see in				
				,	,			

JSA 1X2753 1.000 8380KG P66B

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0074

► Go to www.irs.gov/Form990T for instructions and the latest information.

Department of the Treasury Internal Revenue Service

A Name of the organization

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). 501(c)(3) Organizations Only

B Employer identification number

Describe the unrelated trade or business ►TOWER LEASE AND RELATED REVENUE SHARING Cost	HA	MPTON ROADS EDUCATIONAL TELECOMMUNIC	ATI	ONS ASSO	54-08431	18		
Part Unrelated Trade or Business ►TOWER LEASE AND RELATED REVENUE SHARTING	• 11e	prolated husiness activity and (see instructions) > F22000	2	of	2			
Part Unrelated Trade or Business Income	J UI	ilelated busiless activity code (see ilistractions) > 532000			D Sequence.		UI .	
Part Unrelated Trade or Business Income	E De	escribe the unrelated trade or business►TOWER_LEASE_AN	D R	ELATED RE	VENUE SHA	RING		
b Less returns and allowances								(C) Net
2 Cost of goods sold (Part III, line 8). 2 3 Gross profit. Subtract line 2 from line 1c	1a	Gross receipts or sales						
2 Cost of goods sold (Part III, line 8). 2 3 Gross profit. Subtract line 2 from line 1c			1c					
4a Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions 4b Net gain (loss) (Form 4797) (attach Form 4797). See instructions 4b	2		2					
1120)). See instructions 4a	3	Gross profit. Subtract line 2 from line 1c	3					
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions c Capital loss deduction for trusts	4a	Capital gain net income (attach Sch D (Form 1041 or Form						
c Capital loss deduction for trusts		1120)). See instructions	4a					
5	b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b					
Statement Stat	С	Capital loss deduction for trusts	4c					
6 Rent income (Part IV) 6 824,558 797,523 27,035 7 Unrelated debt-financed income (Part V) 7	5	Income (loss) from a partnership or an S corporation (attach						
Total compensation of officers, and rustees (Part X) Total Compensation of officers, and rustees (Part X) Total Compensation of officers, and rustees (Part X) Total connected with the unrelated business income of officers (Part X) Total connected with the unrelated business income of officers (Part X) Total connected with the unrelated business income officers (Part X) Total connected with the unrelated business income officers (Part X) Total connected with the unrelated business income officers (Part X) Total connected with the unrelated business income officers (Part X) Total connected with the unrelated business income officers (Part X) Total connected with the unrelated business income officers (Part X) Total connected with the unrelated business income officers (Part X) Total connected with the unrelated business income officers (Part X) Total connected with the unrelated business income officers (Part X) Total connected with the unrelated business income officers (Part X) Total connected with the unrelated business income officers (Part X) Total connected with the unrelated business income officers (Part X) Total connected with the unrelated business income officers (Part X) Total connected with the unrelated business income officers (Part X) Total connected with the unrelated business income of connected with the unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) Total column (C) Total column (Part II) Total		statement)	5					
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI). 9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII). 10 Exploited exempt activity income (Part VIII). 11	6	Rent income (Part IV)		824,55	58. 797 <i>,</i>	<u>523.</u>		<u>27,035.</u>
Organization (Part VI).	7		7					
9	8	· · · · · · · · · · · · · · · · · · ·						
organizations (Part VII)			8					
Exploited exempt activity income (Part VIII).	9							
Advertising income (Part IX).		` ,						
1								
1		- · · · · · · · · · · · · · · · · · · ·						
Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income 1 Compensation of officers, directors, and trustees (Part X) 1 2 Salaries and wages 2 3 Repairs and maintenance 3 4 Had debts 4 5 Interest (attach statement). See instructions 5 6 Taxes and licenses 6 7 Depreciation (attach Form 4562). See instructions 7 8 Less depreciation claimed in Part III and elsewhere on return 8a 9 Depletion 9 10 Contributions to deferred compensation plans 10 11 Employee benefit programs 11 12 Excess exempt expenses (Part VIII) 12 13 Excess readership costs (Part IX) 13 14 Total deductions, Add lines 1 through 14 15 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) 16 27,035 17 Deduction for net operating loss. See instructions 17 18 Unrelated business taxable income. Subtract line 17 from line 16 18 27,035				224 ==				
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2 Salaries and wages 2 3 Repairs and maintenance 3 4 Bad debts 4 5 Interest (attach statement). See instructions 5 6 Taxes and licenses 6 7 Depreciation (attach Form 4562). See instructions 7 8 Less depreciation claimed in Part III and elsewhere on return 8a 9 Contributions to deferred compensation plans 10 11 Employee benefit programs 11 12 Excess exempt expenses (Part VIII) 12 13 Excess readership costs (Part IX) 13 Other deductions (attach statement) 14 15 Total deductions. Add lines 1 through 14 15 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) 16 27,035. 17 Deduction for net operating loss. See instructions 17 18 Unrelated business taxable income. Subtract line 17 from line 16. 18 27,035.	Pal			litations on de	auctions. Deau	ctions r	nust be	
3 Repairs and maintenance 3 4 Bad debts 4 5 Interest (attach statement). See instructions 5 6 Taxes and licenses 6 7 Depreciation (attach Form 4562). See instructions 7 8 Less depreciation claimed in Part III and elsewhere on return 8a 9 Contributions to deferred compensation plans 10 11 Employee benefit programs 11 12 Excess exempt expenses (Part VIII) 12 13 Excess readership costs (Part IX) 13 14 Other deductions (attach statement) 14 15 Total deductions. Add lines 1 through 14 15 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) 16 27,035 17 Deduction for net operating loss. See instructions 17 18 Unrelated business taxable income. Subtract line 17 from line 16. 18 27,035	1	Compensation of officers, directors, and trustees (Part X)				. 1		
4 Bad debts 4 5 Interest (attach statement). See instructions 5 6 Taxes and licenses 6 7 Depreciation (attach Form 4562). See instructions 7 8 Less depreciation claimed in Part III and elsewhere on return 8a 8b 9 Contributions to deferred compensation plans 10 11 Employee benefit programs 11 12 Excess exempt expenses (Part VIII) 12 13 Excess readership costs (Part IX) 13 14 Other deductions (attach statement) 14 15 Total deductions. Add lines 1 through 14 15 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) 16 27,035 17 Deduction for net operating loss. See instructions 17 18 Unrelated business taxable income. Subtract line 17 from line 16. 18 27,035	2	Salaries and wages				. 2		
5 Interest (attach statement). See instructions 5 6 Taxes and licenses 6 7 Depreciation (attach Form 4562). See instructions 7 8 Less depreciation claimed in Part III and elsewhere on return 8a 8b 9 Depletion 9 10 Contributions to deferred compensation plans 10 11 Employee benefit programs 11 12 Excess exempt expenses (Part VIII) 12 13 Excess readership costs (Part IX) 13 14 Other deductions (attach statement) 14 15 Total deductions. Add lines 1 through 14 15 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) 16 27,035 17 Deduction for net operating loss. See instructions 17 18 Unrelated business taxable income. Subtract line 17 from line 16. 18 27,035	3	Repairs and maintenance				. 3		
6 Taxes and licenses 6 7 Depreciation (attach Form 4562). See instructions 7 8 Less depreciation claimed in Part III and elsewhere on return 8a 9 Depletion 10 Contributions to deferred compensation plans 10 11 Employee benefit programs 11 12 Excess exempt expenses (Part VIII) 12 13 Excess readership costs (Part IX) 13 14 Other deductions (attach statement) 14 15 Total deductions. Add lines 1 through 14 15 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) 16 27,035 17 Deduction for net operating loss. See instructions 17 18 Unrelated business taxable income. Subtract line 17 from line 16. 18 27,035	4							
7 Depreciation (attach Form 4562). See instructions 7 8 Less depreciation claimed in Part III and elsewhere on return 8a 9 Depletion 9 10 Contributions to deferred compensation plans 10 11 Employee benefit programs 11 12 Excess exempt expenses (Part VIII) 12 13 Excess readership costs (Part IX) 13 14 Other deductions (attach statement) 14 15 Total deductions. Add lines 1 through 14 15 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) 16 27,035 17 Deduction for net operating loss. See instructions 17 18 Unrelated business taxable income. Subtract line 17 from line 16. 18 27,035	5	Interest (attach statement). See instructions				. 5		
8 Less depreciation claimed in Part III and elsewhere on return. 8a 8b 9 Depletion. 9 10 Contributions to deferred compensation plans. 10 11 Employee benefit programs. 11 12 Excess exempt expenses (Part VIII) 12 13 Excess readership costs (Part IX) 13 14 Other deductions (attach statement) 14 15 Total deductions. Add lines 1 through 14 15 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) 16 27,035. 17 Deduction for net operating loss. See instructions. 17 18 Unrelated business taxable income. Subtract line 17 from line 16. 18 27,035.				1 1		. 6		
9 Depletion. 9 10 Contributions to deferred compensation plans. 10 11 Employee benefit programs. 11 12 Excess exempt expenses (Part VIII). 12 13 Excess readership costs (Part IX). 13 14 Other deductions (attach statement). 14 15 Total deductions. Add lines 1 through 14. 15 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C). 16 27,035. 17 Deduction for net operating loss. See instructions. 17 18 Unrelated business taxable income. Subtract line 17 from line 16. 18 27,035.		·						
10 Contributions to deferred compensation plans 10 11 Employee benefit programs 11 12 Excess exempt expenses (Part VIII) 12 13 Excess readership costs (Part IX) 13 14 Other deductions (attach statement) 14 15 Total deductions. Add lines 1 through 14 15 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) 16 27,035. 17 Deduction for net operating loss. See instructions 17 18 Unrelated business taxable income. Subtract line 17 from line 16. 18 27,035.	-	·		,				
Employee benefit programs								
12 Excess exempt expenses (Part VIII) 12 13 Excess readership costs (Part IX) 13 14 Other deductions (attach statement) 14 15 Total deductions. Add lines 1 through 14 15 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) 16 27,035 17 Deduction for net operating loss. See instructions 17 18 Unrelated business taxable income. Subtract line 17 from line 16. 18 27,035								
Excess readership costs (Part IX)								
Other deductions (attach statement)		· · · · · · · · · · · · · · · · · · ·						
Total deductions. Add lines 1 through 14								
Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)								
column (C) 16 27,035. 17 Deduction for net operating loss. See instructions 17 18 Unrelated business taxable income. Subtract line 17 from line 16. 18 27,035.								
Deduction for net operating loss. See instructions	0					I		27 025
Unrelated business taxable income. Subtract line 17 from line 16	17							<u> 41,033.</u>
		·						27 035
							A (Forn	

Schedule A (Form 990-T) 2021 Page

	till Cost of Goods Sold	Enter method of inver	tory valuation >		rage Z
1	Inventory at beginning of year			1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement				
5	Other costs (attach statement)				
6	Total . Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6.				
9	Do the rules of section 263A (with respect to pr				Yes No
Par	Rent Income (From Real Property				
1	Description of property (property street address,				
	A 5200 HAMPTON BOULE	•			
	В				
	С				
	D				
		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property				
	exceeds 50% or if the rent is based on profit or				
	income)	824,558.			
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D	824,558.			
3	Total rents received or accrued. Add line 2c cold	umns A through D. Enter h	nere and on Part I, line 6, o	column (A)	824,558.
	ſ				
4	Deductions directly connected with the income				
	in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through	D. Enter here and on Par	t I, line 6, column (B)	▶_	797,523.
=		<i>(</i>			
Par		'			
1	Description of debt-financed property (street add	Iress, city, state, ZIP code)	. Check if a dual-use. See	instructions.	
	<u>A</u> — — — — — — — — — — — — — — — — — — —				
	B — —				
	C				
		Α	В	С	
2	Gross income from or allocable to debt -				
-	financed property				
3	Deductions directly connected with or allocable				
J	to debt-financed property				
а	Straight line depreciation (attach statement).				
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b,				
·	columns A through D)				
4	Amount of average acquisition debt on or allocable				
•	to debt - financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
•	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6	,,,	70	۶۵	,,
8	Total gross income (add line 7, columns A through	ugh D). Enter here and on	Part I, line 7, column (A)		
	_ , , , , , , , , , , , , , , , , , , ,				
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns	A through D. Enter here	and on Part I, line 7, colum	nn (B)	
11	Total dividends-received deductions included in	•	·	` '	

Schedule A (Form 990-T) 2021

Dort VI Interest An	muities Davelt	ion and Dont	s from Controlled Organ	inations (and instructions)	Page 3		
interest, An	nuities, Royait	ies, and Rent	s from Controlled Organ	ntrolled Organizations			
Name of controlled organization	2. Employer identification number	3. Net unrelate income (loss) (see instruction	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5		
(1)							
(2)							
(3)							
(4)							
	•	Nonexe	empt Controlled Organizatio	ons			
7. Taxable income	ine	Net unrelated come (loss) e instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10		
(1)							
(2)							
(3)							
(4)							
Totals			•	Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)		
			(7), (9), or (17) Organiza	ation (see instructions)			
1. Description of income		ount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)		
(1)							
(2)							
(3)							
(4)							
Totals	Enter he	ounts in column 2. ere and on Part I, 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)		
		/ Income. Oth	er Than Advertising Inco	me (see instructions)			
 Description of exploi 		,	<u> </u>				
•		om trade or bus	iness. Enter here and on Pa	art I. line 10. column (A)	2		
			nrelated business income. El	, , , , , , , , , , , , , , , , , , , ,			
line 10, column (B)					3		
, , ,	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete						
, ,	lines 5 through 7						
5 Gross income from a					5		
	•				6		
7 Excess exempt exp	enses. Subtract I	ine 5 from line	6, but do not enter more	than the amount on line			
4. Enter here and on	Part II, line 12	<u> </u>			7		

Schedule A (Form 990-T) 2021 Page 4

Par	t IX Advertising Income							
1	Name(s) of periodical(s). Check box if	f reporting	g two or more periodicals o	n a consolidated bas	sis.			
	Α							
	В							
	c							
F-14-1	D		arrage and in a caluman					
⊨nter	amounts for each periodical listed above	ve in the c						
			A	В	С	D		
2	Gross advertising income							
а	Add columns A through D. Enter here	and on Pa	art I, line 11, column (A)			. ▶		
3	Direct advertising costs by periodical							
а	Add columns A through D. Enter here					. ▶		
			(=/:			<u> </u>		
4	Advertising gain (loss). Subtract line 3	from line						
-								
	2. For any column in line 4 showing							
	complete lines 5 through 8. For any c							
	line 4 showing a loss or zero, do not							
	lines 5 through 7, and enter zero on lin							
5	Readership costs							
6	Circulation income							
7	Excess readership costs. If line 6 is	less than						
	line 5, subtract line 6 from line 5. If line							
	than line 6, enter zero							
8	Excess readership costs allowed							
Ü	deduction. For each column showing							
	· · · · · · · · · · · · · · · · · · ·	-						
	line 4, enter the lesser of line 4 or line							
а	Add line 8, columns A through [-			on		
	Part II, line 13					-		
Par	t X Compensation of Officers	s, Direc	tors, and Trustees (s	see instructions)				
	<u> </u>		,	,	3. Percentage	4. Compensation		
	1. Name		2. Title		of time devoted	attributable to		
	I. Name		z. ride					
					to business	unrelated business		
(1)					%			
(2)					%			
(3)					%			
(4)					%			
(- /					70			
Tota	I. Enter here and on Part II, line 1				▶			
Pai	t XI Supplemental Informatio	n (see ir	nstructions)					

Schedule A (Form 990-T) 2021

JSA 1X2753 1.000 8380KG P66B

SCHEDULE A: RENTAL INCOME PART IV - LINE 4 DETAIL

UTILITIES	288,269.
SALARIES	286,717.
DEPRECIATION	166,570.
REPAIRS	31,617.
TOOLS AND EQUIPMENT	10,308.
REAL ESTATE TAXES	8,908.
FUEL	4,363.
SUPPLIES	771.

TOTAL DEDUCTIONS 797,523.

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FEDERAL FOOTNOTES

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PRE 1/1/2018 NOLS

06/30/2017 - \$ 76,551 06/30/2018 - \$ 54,657

NET OPERATING LOSS UTILIZED FROM 06/30/2017 FOR THE YEAR ENDING 06/30/2022: \$27,035

NET OPERATING LOSS AVAILABLE FOR THE 2022 TAX YEAR: \$131,208

POST 1/1/2018 NOLS - BY SILO

SILO 1 - RENTAL INCOME

06/30/2019 - \$67,377 06/30/2021 - \$16,165

NET OPERATING LOSS AVAILABLE FOR THE 2022 TAX YEAR: \$83,542

SILO 2 - ADVERTISING INCOME

06/30/2019 - \$115,738

06/30/2020 - \$127,316

06/30/2021 - \$160,180

06/30/2022 - \$194,112

NET OPERATING LOSS AVAILABLE FOR THE 2022 TAX YEAR: \$597,346

STATEMENT 1



Tel: 757-640-7190 Fax: 757-640-7297 www.bdo.com Town Point Center 150 Boush Street, Suite 1100 Norfolk, VA 23510

Hampton Roads Educational
Telecommunications Association, Inc.
Instructions for Filing
Form VA-8879C
Virginia Corporation Income Tax Declaration for Electronic Filing
for the year ended June 30, 2022

The original form should be signed (using full name and title) and dated by an authorized officer of the corporation.

The signed form should be returned on or before June 15, 2023 to:

BDO USA, LLP Email to: NorfolkEfile@bdo.com Or fax to: 757-640-7297

We must receive your signed Form VA-8879C before we can electronically transmit your return.

There is no tax due for the current year.

DO NOT separately file Form 500 with the state of Virginia. Doing so will delay the processing of your return.

The state of Virginia will notify us when your return has been accepted. Your return is not considered filed until the state confirms its acceptance.

Form 500 Department of Taxation P.O. Box 1500 Richmond, VA 23218-1500

2021 Virginia Corporation Income Tax Return



Attention: Return must be filed electronically. Use this form only if you have an approved waiver.

Do not file this form to carry back a net operating loss. Use Form 500NOLD.

Official Use Only

FISC. SHO		07/01 . 2021: E r	nding Date	06/30 .	2022					
	Short Year Return Change in Account									
FEIN	Name					Check all t	hat apply:			
54-	0843118 HAMPTON	ROADS EDUCATI	IONAL			Initial Filer				
Maili	ng Address					Nan	ne Change			
52	00 HAMPTON BOULEVARD					Mail	ling Address Change			
City	or Town		State	ZIP Code		Phy	sical Address Change			
NO	RFOLK		VA	23508						
Phys	ical Address (if different from Mailing Address)					Entity Type Coo	le			
			T -			NP				
Phys	ical City or Town		State ZIP Co			NAICS Code				
D-4-	Jan 200 200 200 200 200 200 200 200 200 20		Description of Business	A - th du .		583200				
	·	ountry of Incorporation	Description of Business	•						
05/	17/1961 VA		LEASING SERV	ICES						
Ch	eck Applicable Boxes	Final Return			Corporate	a Talacommu	nications Company			
		Tiliai Ketuili			Corporate Telecommunications Company					
ш	Consolidated - Sch. 500AC Enclosed		Final Return - Check here and applicable			Enter amount from Form 500T, Line 7:				
		boxes below.								
ш	Combined - Sch. 500AC Enclosed	l —					.00			
\Box	0	Withdi	└── Withdrawn				Noncorporate Telecommunications Company			
ш	Change in Filing Status	│ □			Check box and enter amount from Form 500T, Line					
\Box	Sch. 500A Enclosed	Dissol	ved - No longer liable f	or tax.	Check box	and enter amou	ant nom Form 5001, Line 10			
ш	Scii. 500A Eliciosed	Discol	und Data.							
	Sch. 500AB Enclosed	DISSOI	Dissolved Date:			.00				
ш	Scn. 500AB Enclosed	Merge	☐ м			Electric Supplier Company				
	Nonprofit Corporation	i wierge	u				. 500EL, Line 7 or 14:			
_	Nonpront Corporation	Merger Date:					•			
	Certified Company Apportionment -	Merge	Merger Date:				.00			
	Sch. 500AP Enclosed	Merge	Merged FEIN:			Home Service Contract Provider				
	Enter number of affiliates:				Enter amount from Form 500HS, Line 10:					
	Amended Return (See instructions)	S Corp	S Corp Effective:			Check box if a noncorporate HSCP.				
	Enter reason code:						.00			
Que	estions and Related Information									
	Have you made any payments to an a	offiliated corporation	n a rolated individua	d or other	rolated on	tity for intore	ect royalties or other			
Α.	expenses related to intangible proper enclose Schedule 500AB.	erty (patents, trade	marks, copyrights, a	ind similar	intangible	property)?	If yes, complete and			
	Enter ex	ception amount fr	om Schedule 500AB	8, Line 8.	Α		.00			
B.	Coalfield Employment Enhancement	Tax Credit earned f								
C.	If a net operating loss deduction wa			Year of Los			2017			
	taxable income on the U.S. Corporat			Federal NO			27035.			
	the requested information. If a NOL resulted from a merger, enter the (3) Percent of fe									
	FEIN of the company generating the I	NOL prior to the me	erger date.	NOL used	this year		4.191349 %			
	FEIN				. (0 1 0 \			
	(If there are NOLs for more than one	-			ntormation	requested in	Section C.)			
D. If pass-through entity withholding is claimed, enter the number of Schedules VK-1 and										
_	complete and enclose Schedule 500									
E.	for any prior year(s) that has not pro-	peen redetermined	en redetermined with the IRS and finalized busly been reported to the Department? If							
	yes, provide the year(s).	Judy been reported to the Department: II			Year .					
F	Location of corporation's books 520	יום אסייםאגע חו	UD MODEOTE TA	23500	Year .					
r.					— nna Numba	or 757-889	9-9400			
Contact for corporation's books BERTEL SCHMIDT Contact Phone Number 757-889-9400					<i></i>					

Va. Dept. of Taxation 2601004 Rev. 07/21

2021 Virginia Form 500

Page 2

FEIN 54-0843118



INC	OME					
1.				1.	NONE .c	00
2.	Total additions from Schedule 500ADJ, Section A, Line 7			2.		00
3.	Total (add Lines 1 and 2).			3.		00
4.	Total subtractions from Schedule 500ADJ, Section B, Line 10			4.		00
5.	Balance (subtract Line 4 from Line 3)			5.		00
6.	Savings and Loan Association's Bad Debt Deduction (see instructions)			6.		00
7.	,			7.		00
	COMPUTATION			٠. ر	TVOTVE .0	<i>,</i> ∪
8.		hrough 8(d). See inst	ructions			
0.	(a) Income subject to Virginia tax from Schedule 500A, Section B, Line	3 ()		8(a)	0	00
	(b) Apportionment factor percentage from Schedule 500A, Section B,	0,		` ′ [%
	(c) Nonapportionable investment function income from Schedule 500	` ,		` ′ [00
	(d) Nonapportionable investment function loss from Schedule 500A, S		,	` ′ [00
9	Income tax [6% of Line 7 or 6% of Line 8(a)]	. ,		9.		00
	MENTS AND CREDITS			٥. ر	1,01,1	<u>.</u>
10.	Nonrefundable tax credits: Enter the amount from Schedule 500CR, Se	ection 2. Part 1. Line	1B	10.	.0	00
11.	Adjusted corporate tax (subtract Line 10 from Line 9)			11.		00
12.	2021 estimated Virginia income tax payments including overpayment			12.		00
13.	Extension payment			13.		00
14.	Refundable tax credits from Schedule 500CR, Section 4, Part 1, Line 1/			14.		00
15.	Pass-through entity total withholding from Schedule 500ADJ, Section [15.		00
16.				16.		00
	FUND OR TAX DUE					_
17.	Tax owed (if Line 11 is greater than Line 16, subtract Line 16 from Line	: 11)		17.	NONE .c	00
18.	Penalty (see instructions)			18.		00
19.	Interest (see instructions)			19.	.0	00
20.	Additional charge from Form 500C, Line 17 (enclose Form 500C)			20.	.0	00
21.	Total due (add Lines 17 through 20).			21.	NONE .c	00
22.	Overpayment (if Line 16 is greater than Line 11, subtract Line 11 from			22.	.0	00
23.	Amount to be credited to 2022 estimated tax			23.	.0	00
24.				24.	.0	00
	<u> </u>					_
his retur	dersigned president, vice-president, treasurer, assistant treasurer, chief accounting in is made, declare under the penalties provided by law that this return (including of my knowledge and belief, a true, correct, and complete return, made in good fai a. If prepared by a person other than the taxpayer, this declaration is based on all in	any accompanying so th, for the taxable year	hedules and statemen stated, pursuant to the	ts) has be income	peen examined by me and is,	to
By chec	king the box to the right, I (we) authorize the Department to discuss	this return with the u	undersigned prepar	er	x	
Deptærer's	FEIN, PTIN, or SN gnature of Officer	Title			<u> </u>	
02/22	2/2023		PRESIDENT 8	cec)	
	Name of Officer	<u> </u>	Phone Number			┪
BERT	EL SCHMIDT		757-889-940	00		
Print Pr	eparer's Name and Firm Name		Preparer Phone Num	ber		╛
MARC	BERGER BDO USA, LLP		757-640-719	90		
Date	Individual or Firm, Signature of Preparer	Address of Preparer	150 BOUSH ST	REET	', SUITE 1100	\neg
2/22/2	1023 / Mack So	NORFOLK, V				
Preparer	's FEIN, PTIN, or SSN	Approved Vendor C				\exists
13-5	381590	1062				

IMPORTANT: INCLUDE A COPY OF YOUR FEDERAL RETURN WITH THIS RETURN

1D5612 1.000

1062

2021 Virginia **Schedule 500FED**

Corporation Schedule of Federal Line Items



Enclose Schedule 500FED with your Virginia Corporation Income Tax Return, Form 500.

Schedule 500FED does not replace the requirement to enclose a complete federal Form 1120 with your Virginia return.

Name	e as shown on Virginia return HAMPTON ROADS EDUCATIONAL	EIN _	54-0843118	
For	m 1120 - Deductions and Taxable Income			
1. 2. 3.	Federal Taxable Income before NOL and Special Deductions	. 3	1 2 3 4	27,035.00
For	m 1120, Schedule C - Dividends and Special Deductions			
5.	Subpart F Income and/or Global Intangible Low-Taxed Income		5 6	
For	m 1120, Schedule K or M-1			
7.	Tax Exempt Interest	. 7	7	.00
For	m 5884 - Work Opportunity Credit			
8.	Salaries and Wages not deducted due to the WOTC	. 8	3	.00
For	m 4562 - Special Depreciation Allowance and Other Depreciation			
10.	Special depreciation allowance for qualified property placed in service during the taxable year Property subject to 168(f)(1) election	. 10		.00
For	m 1118, Schedule A - Income or Loss Before Adjustments - Gross Income or L	.oss		
13. 14. 15. 16. 17. 18.	Total: Dividends (Exclude Gross-Up). Total: Dividends (Gross-up) Total: Inclusions (Exclude Gross-up). Total: Inclusions (Gross-up) Total: Interest. Total: Gross Rents, Royalties, and License Fees. Total: Gross Income from Performance of Services. Total: Other. Total: Total Gross Income or Loss from Outside the US	13 14 15 16 17 18	3	.00 .00 .00 .00 .00 .00
		. ~`	,	.00
21. 22. 23. 24. 25. 26. 27.	m 1118, Schedule A - Income or Loss Before Adjustments - Deductions Total: Allocable - Rental, Royalty, and Licensing Expenses - Depreciation, Depletion, and Amortization	22 23 24 25 26	2	.00 .00 .00 .00 .00
For	m 1118, Schedule A - Income or Loss Before Adjustments - Total Income			
29.	Total: Total Income or (Loss) Before Adjustments	. 29)	.00

Va. Dept. of Taxation 2601002 Rev. 07/21 1062