Form 9	9	0
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# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

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

2015 Open to Public Inspection

OMB No. 1545-0047

Inter	hal Reve	nue Service Information a	about Form 990 a		IISUUCIOIIS	15 at www.11	s.gov/1	0////990.		1115	spection					
AF	or th	e 2015 calendar year, or tax year begi		- 1		, and endi	ng			5/30, <b>20</b>						
B	heck if a	C Name of organization HAMPTON RC	DADS EDUCAT	IONAI				D Employer ide			r					
<u></u>	_	IELECOMMUNICATIONS AS	UNICATIONS ASSOCIATION, INC.								54-0843118					
	Addre chang	e Doing business as						E Telephone n								
	Name	change Number and street (or P.O. box if mail is	ge Number and street (or P.O. box if mail is not delivered to street address) Room/suite													
	Initial							(757) 88	39 - 9	400						
	termir		and ZIP or foreign po	ostal code	9											
	Amen return	NORFOLK, VA 25500 150						G Gross receipt			42,254.					
	Applic pendi	ng	BERTEL SC	-				H(a) Is this a gro subordinate			Yes X No					
		5200 HAMPTON BOULEVAR	D NORFOLK,	VA 2	3508-15	07		H(b) Are all subor			Yes No					
<u> </u>		empt status: X 501(c)(3) 501(c) (	) ┥ (insert no	0.)	4947(a)(1)	or 52	27	lf "No," atta	ach a list	t. (see instructio	ons)					
		te: • WWW.WHRO.ORG				-		H(c) Group exer	•							
		of organization: X Corporation Trust	Association	Other 🕨	•	L Year of	of format	ion: 1961 <b>M</b>	State	of legal dom	icile: VA					
Pa	art I	Summary														
	1	Briefly describe the organization's mission of	-						ΗE 							
nce		CITIZENS IN THE COMMUNITIE					LHETK	NEED TO								
rna		TO BE ENGAGED, EDUCATED, ED														
Activities & Governance		Check this box ► if the organization of	•	•	•				1 1		2.4					
ڻ م		Number of voting members of the governing							3		34.					
es		Number of independent voting members of							4		33.					
viti		Total number of individuals employed in cal							5		<u> </u>					
Acti		Total number of volunteers (estimate if neces							6	1	45,661.					
		Total unrelated business revenue from Part V							7a		<u>45,661.</u> 77,589.					
	a	Net unrelated business taxable income from	Form 990-1, line a	34			<u></u>	Prior Year	7b		nt Year					
	•	Contributions and grants (Part )/III line 1b)						9,463,92	26		.07,416.					
anu		Contributions and grants (Part VIII, line 1h)						4,435,4			.66,854.					
Revenue	9	Program service revenue (Part VIII, line 2g)		781,14			61,905.									
Re		Investment income (Part VIII, column (A), lin Other revenue (Part VIII, column (A), lines 5						1,330,58			28,909.					
		Total revenue - add lines 8 through 11 (mus						16,011,10			65,084.					
		Grants and similar amounts paid (Part IX, col					_	10,011,10	0.	12,0	0.					
		Benefits paid to or for members (Part IX, colu							0.		0.					
	45	Salaries, other compensation, employee ben			6,969,6		7.1	.27,637.								
Expenses	16a		essional fundraising fees (Part IX, column (A), line 11e)								0.					
per	b	Total fundraising expenses (Part IX, column (	(D), line 25)	1,	807,460											
ŵ	17	Other expenses (Part IX, column (A), lines 11						6,599,12	21.	7,1	19,518.					
		Total expenses. Add lines 13-17 (must equa						13,568,79								
		Revenue less expenses. Subtract line 18 fror						2,442,3			82,071.					
Net Assets or Fund Balances								ning of Current			of Year					
sets	20	Total assets (Part X, line 16)						23,559,69	95.	21,3	64,072.					
d Ba	21	Total liabilities (Part X, line 26)						4,867,89	97.	4,7	73,526.					
Fun	22	Net assets or fund balances. Subtract line 2						18,691,79	98.	16,5	90,546.					
Pa	rt II	Signature Block														
Un	der per	nalties of perjury, I declare that I have examined th ct, and complete. Declaration of preparer (other tha	nis return, including	accomp	anying schedu	ules and state	ments, a	and to the best of	of my k	knowledge a	nd belief, it is					
	e, corre		IT Officer) is based of	i all inioi	mation of whi	ch preparer h	as any ki	lowiedge.								
0:-								09/0	)1/2	016						
Sig He		Signature of officer						Date								
пе	e	BERTEL SCHMIDT			PRESID	ENT & CI	ΞO									
		Type or print name and title	1-						<del></del>							
Paic	4	Print/Type preparer's name	Preparer's signatu	ire		Date		Check	_ "	PTIN						
	a parer	JOY M BIXLER						self-employ	-	P0055	8955					
	Only	Firm's name MCPHILLIPS, ROBER	RTS & DEANS	, PLC	1			Firm's EIN 🕨								
	-	Firm's address 150 BOUSH STREET, SUITE						Phone no.	757	640-719						
		RS discuss this return with the preparer show		tructions	6)				<u></u>	X Yes						
For	Paper	work Reduction Act Notice, see the separa	te instructions.							Form	990 (2015)					

For	m 990 (2015) Page <b>2</b>
Ρ	art III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO ENHANCE THE LIVES OF THE CITIZENS IN THE COMMUNITIES IT SERVES BY
	RESPONDING TO THEIR NEED TO BE ENGAGED, EDUCATED, ENTERTAINED AND
	ENLIGHTENED.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
•	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?
	services? Yes X No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
-	expenses. Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$4,370,008. including grants of \$) (Revenue \$7,888. )
τu	ATTACHMENT 1
4b	(Code:) (Expenses \$1,557,796. including grants of \$) (Revenue \$2,047,778. )
	ENGINEERING AND TECHNOLOGY - SERVING THE NEEDS OF THE COMMUNITY,
	PROVIDING INTERNET ACCESS TO SCHOOLS AND STUDENTS, AND
	TELECOMMUNICATIONS FOR CELL PHONE COMPANIES 24/7 365 DAYS A YEAR.
	PROVIDES TECHNOLOGY SERVICES TO THE INTERNAL STAFF AND PLATFORMS
	FOR STREAMING SERVICES.
4	(Carlas ) (Exercases & including grants of & ) (Devenue & )
4C	(Code:) (Expenses \$1,953,208. including grants of \$) (Revenue \$2,695,459. )
	EDUCATION - HRETA, INC., OWNED BY 19 VIRGINIA SCHOOL DIVISIONS,
	DELIVERS ONLINE EDUCATION AND MEDIA SERVICES, INCLUDING 24 ONLINE
	HIGH SCHOOL EDUCATION COURSES CORRELATED TO THE VIRGINIA STANDARDS
	OF LEARNING, AND A DIGITAL ASSET LIBRARY OF OVER 125,000 RICH
	MEDIA ELEMENTS PROVIDED TO OVER 159,000 REGISTERED TEACHERS AND
	STUDENTS, AND ALL SCHOOL DIVISIONS IN THE STATE. WE ALSO PROVIDE
	ONLINE HIGH SCHOOL AND COLLEGE DUAL CREDIT ADVANCED PLACEMENT
	COURSES, OFFERED THROUGH VIRTUAL VIRGINIA, AS A SERVICE OF THE
	VIRGINIA DEPARTMENT OF EDUCATION.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 2,834,104. including grants of \$ ) (Revenue \$ 181,064. )
4e	Total program service expenses $\blacktriangleright$ 10,715,116.
JSA	Form 990 (2015)
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Form 9	90 (2015)		F	age <b>3</b>
Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
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		Х
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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III.	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	-		
Ŭ	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
3	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	9		
10		10	x	
44	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Λ	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		37	
	complete Schedule D, Part VI	11a	Х	
D	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			37
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	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		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
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		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes." complete Schedule G. Part III	19		Х

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Part	V Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21		Х
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		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J.	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity 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 Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? 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
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI.	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	х	

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Par				
	Check if Schedule O contains a response or note to any line in this Part V			·L
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
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 152		37	
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)	0-	v	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X X	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Δ	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4.0		x
	account)?	4a		
D	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			
5	(FBAR).	5a		x
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50 50		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
0a	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
U U	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	•		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
ŭ	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		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
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.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	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			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
40-		12a		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	120		
ы 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
h	Enter the amount of reserves the organization is required to maintain by the states in which			
2	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form 9	AMPTON ROADS EDUCATIONAL54-0843	3118	F	Page <b>6</b>
Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.	See in	struc	
	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 34			
	If there are material differences in voting rights among members of the governing body, or if the governing			
_	body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent <b>1b</b> 33	2		
b				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2		x
3	any other officer, director, trustee, or key employee?	-		
3	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization make any significant changes to its governing documents since the proof of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
·u	one or more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Coa	9 <i>.)</i> Yes	No
		10a	100	X
	Did the organization have local chapters, branches, or affiliates?	TVa		21
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b		
110	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	Х	
11a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	114		
b 12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
-	describe in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a	Х	
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	4.0%		v
Sacti	organization's exempt status with respect to such arrangements?	16b		Х
17 19	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ <u>VA</u> , Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501/	-)(2)~	
18	available for public inspection. Indicate how you made these available. Check all that apply.           X         Own website         X         Upon request         Other (explain in Schedule O)	·		
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.		policy	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and record TOM MOREHOUSE 5200 HAMPTON BOULEVARD NORFOLK, VA 23508 757-889-9400	s:►		

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Page 7

Part VII	Independent Contractors	ana
	Check if Schedule O contains a response or note to any line in this Part VII	
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	<b>(B)</b> Average hours per week (list any	box,	unles	Pos neck ss pe d a d	erson	e than one is both an tor/trustee)		(D) Reportable compensation from	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
_(1)BERTEL SCHMIDT PRESIDENT & CEO	40.00	x		Х				221,399.	0.	12,886.
(2)LIST OF DIRECTORS ATTACHED DIRECTORS	1.00	x						0.	0.	0.
(3)THOMAS MOREHOUSE CHIEF FINANCIAL OFFICER	40.00	-		Х				121,286.	0.	2,710.
(4)VIRGINIA WERNER ASSISTANT SECRETARY	40.00	-		х				55,788.	0.	1,114.
_(5)PHILLIP PERDUE CHIEF DEVELOPMENT OFFICER	40.00	-			x			119,890.	0.	9,492.
_(6)DOUGLAS WEISS CHIEF OPERATING OFFICER	40.00	-			x			119,664.	0.	13,129.
_(7)DIANE ROGIC DIRECTOR OF CORPORATE SUPPORT	40.00	-				Х		161,890.	0.	3,535.
(8)BRIAN CALLAHAN VICE PRESIDENT OF EDUCATION	40.00					Х		104,245.	0.	9,960.
		-								
<u>(10)</u>	+	-								
(11)		-								
(12)		-								
(13)	+	-								
(14)		-								

Ο.

more than \$100,000 in compensation from the organization <b>&gt;</b>	4	
55 1.000		

8:02:57 AM V 15-6.8F

Total number of independent contractors (including but not limited to those listed above) who received

		+	-												
			_												
			-												
			_												
			_												
			_												
			_												
1b	Sub-total								904,162.		0.		52,826		
	Total from continuation sheets to Part VII, S	action A			• •	• •	• •		0.		0.			0.	
		=							904,162.		0.		52,8		
-	Total (add lines 1b and 1c)									<u> </u>			52,0	520.	
2	Total number of individuals (including but not				d ab	ove	e) who	o re	ceived more than	\$100,000 0	of				
	reportable compensation from the organization	n 🕨	6	5											
													Yes	No	
3	Did the organization list any former offic	er. directo	or. or	tru	stee	ə. k	kev e	ame	lovee, or highes	t compens	ated				
	employee on line 1a? If "Yes," complete Sched											3		Х	
4	For any individual listed on line 1a, is the sorganization and related organizations greater														
	individual										Such	4	x		
_											•••	-			
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Ye											5		X	
Se	ction B. Independent Contractors														
1	Complete this table for your five highest com compensation from the organization. Report c year.	pensated i compensati	ndepe on for	ende the	nt c cal	cont end	racto ar ye	rs tl ar e	hat received more nding with or with	than \$100 hin the orga	),000 of anizatior	i's tax			
	(A)								(B)			(C)			
										ompens					

## HAMPTON ROADS EDUCATIONAL

(B)

Average

hours per week (list any

hours for

related

organizations

below dotted line)

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

(C)

Position

(do not check more than one

box, unless person is both an

officer and a director/trustee)

Key

' employee

Former

Highest compensated employee

Officer

Institutional trustee

Individual trustee or director

(D)

Reportable

compensation

from

the

organization

(W-2/1099-MISC)

ATTACHMENT 2

2

Form 990 (2015)

(A)

Name and title

\_\_\_\_\_

Part VII

(E)

Reportable

compensation from

related

organizations

(W-2/1099-MISC)

Page 8

(F)

Estimated

amount of

other

compensation

from the

organization

and related

organizations

			·		(A) Total revenue	<b>(B)</b> Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
tts Its	1a	Federated campaigns	1a					
iran oun	b	Membership dues		3,834,414.				
Contributions, Gifts, Grants and Other Similar Amounts	c	Fundraising events		· · ·				
	d	Related organizations						
	e	•						
	f							
		and similar amounts not included	•	2,273,002.				
d	g	Noncash contributions included i	·					
	h	Total. Add lines 1a-1f			6,107,416.			
anu				Business Code				
ver	2a	EDUCATION SERVICES		900099	2,481,482.	2,079,101.	402,381.	
e Re	b	PROGRAM UNDERWRITING		517000	1,546,717.	1,546,717.		
Program Service Revenue	c	SCHOOL ASSESSMENTS	900099	524,000.	524,000.			
	d	INTERNET SERVICE & WEB DE	SIGN	517000	236,493.	218,381.	18,112.	
am	e	PRODUCTION FEES		532000	28,075.	22,937.	5,138.	
bgr	f	All other program service rev	enue		350,087.	333,086.	17,001.	
Pr	g	Total. Add lines 2a-2f			5,166,854.			
	3	Investment income (inc	cluding dividen	nds, interest,				
		and other similar amounts).		•	553,378.			553,378.
	4	Income from investment of	tax-exempt bond	proceeds . 🕨	0.			
	5	Royalties		<u></u> ▶	1,011,780.			1,011,780.
			(i) Real	(ii) Personal				
	6a	Gross rents	708,912.					
	b	Less: rental expenses	757,090.					
	с	Rental income or (loss)	-48,178.					
	d	, ,			-48,178.		-48,178.	
	7a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	1,739,331.					
	b	Less: cost or other basis						
		and sales expenses	1,715,735.	15,069.				
	C	Gain or (loss)		-15,069.				
	d	Net gain or (loss)			8,527.			8,527.
an	8a	Gross income from fundra	0					
Other Revenu		••••••••••••••••••••••••••••••••••••••						
Re		of contributions reported on	,	05 000				
thei		See Part IV, line 18						
õ	b C	Less: direct expenses Net income or (loss) from fu			6,614.			6,614.
		Gross income from gaming	-		0,014.			0,014.
	9a	See Part IV, line 19						
	b	Less: direct expenses						
	C D	Net income or (loss) from g			0.			
	10a	Gross sales of invent	-					
		returns and allowances						
	b	Less: cost of goods sold						
	c	Net income or (loss) from sa	les of inventory		0.			
		Miscellaneous Revenu		Business Code				
	11a	ADVERTISING REVENUE		541800	51,207.		51,207.	
	b	WEB BANNER REVENUE		900099	5,700.	5,700.		
	с	MISCELLANEOUS INCOME		900099	1,786.	1,786.		
	d	All other revenue						
	е	Total. Add lines 11a-11d			58,693.			
	12	Total revenue. See instruction			12,865,084.	4,731,708.	445,661.	1,580,299.
JSA 5E105	1 1.000	)						Form <b>990</b> (2015)

Statement of Revenue

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

Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations mus				
Check if Schedule O contains a respo Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service	<b>(C)</b> Management and	<b>(D)</b> Fundraising
		expenses	general expenses	expenses
1 Grants and other assistance to domestic organizations	0.			
and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic	0.			
individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors,				
trustees, and key employees	686,145.	370,673.	149,115.	166,357
6 Compensation not included above, to disgualified	,			
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	5,213,400.	4,061,903.	418,559.	732,938
<ul> <li>8 Pension plan accruals and contributions (include</li> </ul>		_,,	,	
section 401(k) and 403(b) employer contributions)	0.			
	757,319.	601,160.	66,720.	89,439
9 Other employee benefits	470,773.	373,688.	41,453.	55,632
11 Fees for services (non-employees):	1.07.101		12,1001	00,002
	0.			
a Management	42,532.	1,953.	40,579.	
b Legalc Accounting	43,583.	2,001.	41,582.	
	0.	270011	11,002.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	0.			
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column	289,110.	95,177.	168,332.	25,601
(A) amount, list line 11g expenses on Schedule O.)	65,798.	56,192.	4,794.	4,812
12 Advertising and promotion	0.	50,192.	1,791.	1,012
13 Office expenses	0.			
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	142,826.	77,785.	30,076.	34,965
17 Travel	142,020.	11,105.	50,070.	54,505
<b>18</b> Payments of travel or entertainment expenses	0.			
for any federal, state, or local public officials	112,144.	56,116.	50,309.	5,719
I9 Conferences, conventions, and meetings	74,652.	5,601.	69,051.	5,715
20 Interest	0.	5,001.	0,051.	
21 Payments to affiliates	1,029,530.	772,963.	166,716.	89,851
22 Depreciation, depletion, and amortization	155,901.	122,539.	21,669.	11,693
23 Insurance	133,901.	122,335.	21,005.	11,000
24 Other expenses. Itemize expenses not covered				
above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column				
(A) amount, list line 24e expenses on Schedule O.)				
	1 177 205	1 177 205		
aPUBLIC_BROADCASTING_SERVICE	1,177,205. 494,782.	1,177,205.		
bNPR FEES	494,782.	494,782. 405,915.		
*				
dPROGRAM FEES - OTHER	345,656.	345,656.	455,624.	590,453
e All other expenses <u>ATCH</u> 3	2,739,884.	1,693,807.		
<b>25 Total functional expenses.</b> Add lines 1 through 24e <b>26 Joint costs.</b> Complete this line only if the	14,247,155.	10,715,116.	1,724,579.	1,807,460
organization reported in column (B) joint costs from a combined educational campai <u>gn</u> and				
fundraising solicitation. Check here $\blacktriangleright$ if				
following SOP 98-2 (ASC 958-720)	0.			Farm 000 (201

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Form 990 (2015)

Page	1	1
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	1 34	2015) Delenes Chest			Page I
Pa	rt X	Balance Sheet Chack if Schedula O contains a response or note to any line in this P	ort V		
		Check if Schedule O contains a response or note to any line in this P			
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	400,528.	1	899,883
	2	Savings and temporary cash investments	1,416,327.	2	0
	3	Pledges and grants receivable, net	3,137,600.	3	2,326,632
	4	Accounts receivable, net	560,487.	4	575,763
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
	_	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section	0.	5	0
	6	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary		_	
s	_	organizations (see instructions). Complete Part II of Schedule L	0.	6	0
Assets	7	Notes and loans receivable, net	0.	7	0
As	8	Inventories for sale or use Prepaid expenses and deferred charges ATCH 4	0.	8	0
	9	Prepaid expenses and deferred charges ATCH_4	188,437.	9	177,618
	10 a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 26,979,956.			
		Less: accumulated depreciation	7,142,070.		6,294,605.
	11	Investments - publicly traded securities ATCH 5	8,636,485.	11	9,163,640
	12	Investments - other securities. See Part IV, line 11	0.	12	0
	13	Investments - program-related. See Part IV, line 11	0.	13	0
	14	Intangible assets	0.	14	0
	15	Other assets. See Part IV, line 11	2,077,761.	15	1,925,931
	16	Total assets. Add lines 1 through 15 (must equal line 34)	23,559,695.	16	21,364,072
	17	Accounts payable and accrued expenses	950,343.	17	1,132,936
	18	Grants payable	0.	18	0
	19	Deferred revenue	382,191.	19	262,272
	20	Tax-exempt bond liabilities	0.	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0
es	22	Loans and other payables to current and former officers, directors,			
iii		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L	0.	22	0
-	23	Secured mortgages and notes payable to unrelated third parties	3,535,363.	23	3,348,318
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	30,000
	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	0.	25	0
	26	Total liabilities. Add lines 17 through 25	4,867,897.	26	4,773,526
ces		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
an	27	Unrestricted net assets	15,106,003.	27	13,676,497.
na	28	Temporarily restricted net assets	3,460,795.	28	2,789,049
	29	Permanently restricted net assets	125,000.	29	125,000
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here  and complete lines 30 through 34.			
ŝts	30	Capital stock or trust principal, or current funds		30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
À	32	Retained earnings, endowment, accumulated income, or other funds		32	
S	33	Total net assets or fund balances	18,691,798.	33	16,590,546
	34	Total liabilities and net assets/fund balances	23,559,695.	34	21,364,072

TAMPION ROADS EDUCATIONAL	AMPTON	ROADS	EDUCATIONAL
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Form 99	90 (2015)				Pa	ge <b>12</b>
Part						<u>90</u>
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			65,0	)84.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	4,2	47,1	L55.
3	Revenue less expenses. Subtract line 2 from line 1	3	-	-1,3	82,0	)71.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1	18,6	91,'	798.
5	Net unrealized gains (losses) on investments	5		-б	96,0	572.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-	22,	509.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	<u>33,</u> column (B))	10	1	16,5	90,5	546.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					X
			г		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," e	xplain	in			
-	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 con	piled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis			~	37	
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted or	na			
	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 o		-	2c	х	
	of the audit, review, or compilation of its financial statements and selection of an independent acc			20		
	If the organization changed either its oversight process or selection process during the tax year, e	xpiair	i In			
<b>n</b> -	Schedule O.	fort	. :			
sa	As a result of a federal award, was the organization required to undergo an audit or audits as se	rortr	i in	3a		x
h	the Single Audit Act and OMB Circular A-133?	orac	the	Ju		
D	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au			3b		
					000	<u> </u>

SCHEDULE A (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

 $\label{eq:complete} \begin{array}{l} \mbox{Complete if the organization is a section 501(c)(3) organization or a section} \\ 4947(a)(1) \mbox{ nonexempt charitable trust.} \end{array}$ 

► Attach to Form 990 or Form 990-EZ.

Depa	artment of the Treasury nal Revenue Service	Information		Attach to Form 990 or			is at www.irs.gov/form9	Open to Public 90. Inspection
	ne of the organization H					Siructions		tification number
	LECOMMUNICATION							-0843118
				organizations must o	complet	e this pa	art.) See instructions	
The	organization is not a	private fou	ndation because it	t is: (For lines 1 throu	gh 11, ch	neck only	one box.)	
1	A church, conve	ention of chu	urches, or associa	tion of churches desc	ribed in <b>s</b>	section 1	70(b)(1)(A)(i).	
2	A school describ	bed in <b>secti</b>	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990	9-EZ).)	
3	A hospital or a c	cooperative	hospital service o	organization described	in <b>sectio</b>	on 170(b)	(1)(A)(iii).	
4	A medical resea	arch organiz	ation operated in	conjunction with a ho	spital de	scribed i	n section 170(b)(1)(A)	(iii). Enter the
	hospital's name							
5		-		a college or universi	ty owne	d or ope	erated by a governme	ental unit described in
	section 170(b)(*							
6		-	-	rnmental unit describe				
7			-		ipport fr	om a go	vernmental unit or tro	om the general public
0			(1)(A)(vi). (Compl	b)(1)(A)(vi). (Complete	Dort II )			
8 9			-		-		contributions memb	ership fees, and gross
5								re than 331/3% of its
						•		tax) from businesses
				975. See section 509				,
10		-		usively to test for publ		-		
11	An organization	organized a	and operated excl	usively for the benefit	of, to pe	rform the	functions of, or to car	rry out the purposes of
	one or more put	blicly suppo	rted organizations	described in section	509(a)(1	) or sect	ion 509(a)(2). See see	ction 509(a)(3). Check
	the box in lines	11a through	n 11d that describe	es the type of support	ing orga	nization	and complete lines 11e	e, 11f, and 11g.
а			-	-	-		orted organization(s),	
		-			elect a m	najority o	f the directors or trus	tees of the supporting
	-		omplete Part IV, S					
b							supported organization	
		-		-	the sam	e persor	ns that control or man	age the supported
с	· ·	-	-	, Sections A and C.	atad in a	onnoctio	n with, and functional	lly intograted with
U				ns). You must comple				iy integrated with,
d		-					ection with its suppor	ted organization(s)
	••	-	• ·		•		oution requirement and	• • • •
		-		omplete Part IV, Sect				
е			-				hat it is a Type I, Type I	I, Type III
				tionally integrated sup	porting o	organizat	ion.	
f	Enter the number o							
g	Provide the followin	ig informatio		orted organization(s).	1		1	
	(i) Name of supported org	anization	(ii) EIN	(iii) Type of organization (described on lines 1-9		organization our governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))		ment?	instructions)	instructions)
					Yes	No		
					163	NO		
(A)								
(B)								
$\langle \mathbf{n} \rangle$								
(C)								
(D)								
(5)					ļ			
(E)								
Tot	al							
100	u1						1	1

OMB No. 1545-0047

2015

Schedule A (Form 990 or 990-EZ) 2015

54-0843118

Page 2

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	<b>(e)</b> 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	13,002,795.	5,923,977.	7,036,369.	9,463,926.	6,107,416.	41,534,483.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	13,002,795.	5,923,977.	7,036,369.	9,463,926.	6,107,416.	41,534,483.
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) ATCH 1						
6	<b>Public support.</b> Subtract line 5 from line 4.						3,450,726.
	tion B. Total Support						38,083,757.
	ndar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	13,002,795.	5,923,977.	7,036,369.	9,463,926.	6,107,416.	41,534,483.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,909,912.	1,874,179.	2,076,499.	2,234,277.	2,274,070.	10,368,937.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	92,462.	149,921.	111,189.	139,895.	66,837.	560,304.
11	Total support. Add lines 7 through 10						52,463,724.
12	Gross receipts from related activities, etc. (s	see instructions)				12	
13	First five years. If the Form 990 is f organization, check this box and stop here	<u></u>	<u></u>				
	tion C. Computation of Public Sup	•					
14	Public support percentage for 2015 (li					14	72.59%
15	Public support percentage from 2014					15	73.42%
16a	331/3% support test - 2015. If the o	-					
	this box and <b>stop here.</b> The organization			-			
b	331/3% support test - 2014. If the o						
47-	check this box and <b>stop here</b> . The orga						
17a	<b>10%-facts-and-circumstances test - 2</b> 10% or more, and if the organization	-					
	Part VI how the organization meets t					•	•
	organization			•			
h	10%-facts-and-circumstances test - 2						and line
, N	15 is 10% or more, and if the orga	-					
	Explain in Part VI how the organizati						
	supported organization				-	-	
18	Private foundation. If the organization	did not check a	a box on line 13,	16a, 16b, 17a	, or 17b, check	this box and see	
	instructions	<u></u>					<u> </u>

Schedule A (Form 990 or 990-EZ) 2015

#### Schedule A (Form 990 or 990-EZ) 2015

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

(Complete only if you checked the box on line 9 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.)

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Page 3

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disgualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is f		ition's first, secc	nd, third, fourth	, or fifth tax y	ear as a sectior	n 501(c)(3)
	organization, check this box and stop here	<u></u>					· · · . ▶
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2015 (line 8	, column (f) divide	ed by line 13, colu	mn (f))		15	%
16	Public support percentage from 2014 Sche	edule A, Part III, lir	ne 15	<u></u>	<u></u>	16	%
Sec	tion D. Computation of Investme						
17	Investment income percentage for 2015 (li					17	%
18	Investment income percentage from 2014					18	%
19 a	331/3% support tests - 2015. If the or	ganization did n	ot check the box	k on line 14, an	d line 15 is mor	e than 331/3%,	and line
	17 is not more than 331/3%, check th	is box and <b>sto</b> r	<b>p here.</b> The org	anization qualifie	s as a publicly	supported organ	ization 🕨 📃
b	331/3% support tests - 2014. If the orga	anization did not	check a box on	line 14 or line 19	9a, and line 16 is	s more than 331/	3 %, and
	line 18 is not more than 331/3%, check		•	•			
20	Private foundation. If the organization	did not check	a box on line	14, 19a, or 19b			
JSA 5E122	1 1.000				5	Schedule A (Form 9	990 or 990-EZ) 2015

#### Page 4

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

### Part IV Supporting Organizations

(Complete only if you checked a box in line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

## Section A. All Supporting Organizations

- 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.
- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If* "Yes," *provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "*Yes*," *provide detail in Part VI.*
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in Part VI.*
- **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 supporting organizations)? *If* "Yes," *answer 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

10b Schedule A (Form 990 or 990-EZ) 2015

-	e A (Form 990 or 990-EZ) 2015		F	Page 5
Part	V Supporting Organizations (continued)			
			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 in (b) and (c)			
		11a		
		11b		
	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>	11c		
Secu	on B. Type i Supporting Organizations		Yes	No
	٦		162	NO
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
•		-		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If</i> "Yes," <i>explain in</i> <b>Part</b>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations	-		
<u></u>			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 <b>Part VI</b> 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			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
•	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
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 inst	tructie	ons):	
а	The organization satisfied the Activities Test. Complete line 2 below.		,	
b	The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instruc	tions).	
			Yes	
2	Activities Test. Answer (a) and (b) 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 <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
-	-			
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> 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		
•	-	20		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
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? <i>Provide details in Part VI.</i>	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
b	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		
	Schedule A (Form s		990-E7	Z) 2015
JSA				,

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015			Page
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ Check here if the organization satisfied the Integral Part Test as a qualifying			structions. All
other Type III non-functionally integrated supporting organizations must con			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2015

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	tions (continued)	Page
	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e			ourrent rear
2	Amounts paid to perform activity that directly furthers exer		od	
2	organizations, in excess of income from activity		eu	
3	Administrative expenses paid to accomplish exempt purpo	sees of supported organi	zatione	
 	Amounts paid to acquire exempt-use assets	ses of supported organi	20110115	
-4 5	Qualified set-aside amounts (prior IRS approval required)			
	Other distributions (describe in <b>Part VI</b> ). See instructions.			
6				
7	<b>Total annual distributions.</b> Add lines 1 through 6.	4h		
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
•	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
:	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
С				
d	From 2013			
е	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section			
	D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
<u>с</u>	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
U	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
0	and 4b from line 1 (if amount greater than zero, see			
7	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
0	and 4c.			
8	Breakdown of line 7:			
b				
C	Excess from 2013			
d	Excess from 2014			
е	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015

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Page **8** 

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

ATTACHMENT 1

SCHEDULE A, PART II - EXCESS CONTRIBUTIONS

(NOT OPEN TO PUBLIC INSPECTION)			EXCESS
	TOTAL	LESS 2% OF	CONTRIBUTION
CONTRIBUTOR NAME	CONTRIBUTION	LINE 11(F)	AMOUNT
JANE BATTEN	4,500,000.	1,049,274.	3,450,726.
TOTAL	4,500,000.		3,450,726.

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.         > Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.						
		HAMPTON ROADS EDUCATIO		s.gov/form990. Inspection Employer identification number		
TET		DNS ASSOCIATION, INC.		54-0843118		
-		-	sed Funds or Other Similar Funds or			
			"Yes" on Form 990, Part IV, line 6.			
		<u> </u>	(a) Donor advised funds	(b) Funds and other accounts		
1	Total number at e	nd of year				
2		of contributions to (during year)				
3		of grants from (during year)				
4		at end of year				
5		-	advisors in writing that the assets held in	n donor advised		
	funds are the orga	anization's property, subject to the	organization's exclusive legal control?	Yes No		
6	Did the organizati	ion inform all grantees, donors, a	nd donor advisors in writing that grant fur	nds can be used		
	only for charitable	e purposes and not for the bene	fit of the donor or donor advisor, or for an	ny other purpose		
			<u> </u>	YesNo		
Pa		tion Easements.				
			"Yes" on Form 990, Part IV, line 7.			
1		•	organization (check all that apply).	f a bistorially important land area		
		n of land for public use (e.g., rec of natural habitat		of a historically important land area		
		n of open space				
2			eld a qualified conservation contribution in t	the form of a conservation		
-	-	last day of the tax year.		Held at the End of the Tax Year		
а				2a		
b			s	2b		
c			historic structure included in (a)	2c		
d			) acquired after 8/17/06, and not on a			
			· · · · · · · · · · · · · · · · · · ·	2d		
3		-	sferred, released, extinguished, or termina	ated by the organization during the		
	tax year 🕨					
4	Number of states	where property subject to conse	rvation easement is located ►			
5	-		parding the periodic monitoring, inspection	-		
	violations, and enf	orcement of the conservation ea	sements it holds?	Yes 📖 No		
6	Staff and volunteer	hours devoted to monitoring, inspec	ting, handling of violations, and enforcing cons	ervation easements during the year		
	▶					
7			ting, handling of violations, and enforcing co	nservation easements during the year		
•	►\$					
8			2(d) above satisfy the requirements of sectio			
9			conservation easements in its revenue and			
3		5	f the footnote to the organization's financia	•		
		counting for conservation easeme				
Pa	rt III Organiza	tions Maintaining Collections	of Art, Historical Treasures, or Other	Similar Assets.		
	Complete	e if the organization answered	"Yes" on Form 990, Part IV, line 8.			
1a	If the organization works of art, hist	n elected, as permitted under Sf torical treasures, or other simila ovide, in Part XIII, the text of the fo	FAS 116 (ASC 958), not to report in its re ar assets held for public exhibition, educ potnote to its financial statements that desc	evenue statement and balance shee ation, or research in furtherance o ribes these items.		
b	If the organizatio works of art, hist public service, pro	n elected, as permitted under s torical treasures, or other simila ovide the following amounts relati	SFAS 116 (ASC 958), to report in its re ar assets held for public exhibition, educ ng to these items:	venue statement and balance shee ation, or research in furtherance o		
	(i) Revenue inclu	ded in Form 990, Part VIII, line 1		▶\$		
	(ii) Assets include	ed in Form 990, Part X		▶\$		
2	•		t, historical treasures, or other similar a	•		
			FAS 116 (ASC 958) relating to these items			
a h						
b For l	Paperwork Reduction	n Act Notice, see the Instructions for	Form 990.	\$ Schedule D (Form 990) 201		
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1	t III Organizations Maintaini	ng Collections of	Art Hist	orical T	reasure	s or (	Other Simil	ar Asse	ts (cont	
3	Using the organization's acquisition	-								,
•	collection items (check all that app			,	t any or		e mig mar e	c u e.g.		
а	Public exhibition	,	d	Loan d	or exchar	nge prod	rams			
b	Scholarly research		e	Other		0 1 0				
с	Preservation for future gene	erations		-						
4	Provide a description of the orga		s and expla	in how t	hey furth	her the	organization'	s exemp	t purpose	e in Part
	XIII.									
5	During the year, did the organization	on solicit or receive	donations of	f art, histo	orical tre	asures,	or other simil	ar		
	assets to be sold to raise funds rat	her than to be maint	ained as pa	rt of the c	organizat	tion's co	llection?		Yes	No
Par	t IV Escrow and Custodial A									
	Complete if the organizat 990, Part X, line 21.	tion answered "Yes	s" on Form	990, Pa	art IV, Iin	ne 9, or	reported an	amoun	t on Forn	n
1a	Is the organization an agent, truste	ee, custodian or oth	er intermed	iary for c	ontributio	ons or o	ther assets no	t		
	included on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangement i	in Part XIII and com	plete the foll	owing tab	ole:					
							A	mount		
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance				L	1f				
2a	Did the organization include an an								Yes	No No
	If "Yes," explain the arrangement i	in Part XIII. Check h	ere if the ex	planation	has bee	n provid	ed on Part XII			•
Par	t V Endowment Funds. Complete if the organiza	tion oneward "Va	o" on Earm	000 D	art IV/ lim	0.10				
	Complete il the organiza	(a) Current year	(b) Prior			years bac	k (d) Three y	oore book		ears back
		10,037,237.		9,024.		92,76		1,651.		$\frac{1}{02,220}$ .
	Beginning of year balance	495,895.		3,296.		02,61		2,979.		<u>60,528</u> .
	Contributions	495,095.	2,99.	5,290.	Ŧ	02,01	5. 50.	2,919.	3	00,520.
С	Net investment earnings, gains,	-179,219.	120	9,917.	6	28,64	1	8,871.		10,153.
	and losses	179,219.	10,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0	20,01	±•	0,071.		<u> </u>
	Grants or scholarships									
е	Other expenditures for facilities	155,000.	155	5,000.	1	55,00	0. 15	5,000.		
	and programs			,				5,736.		11,250.
	Administrative expenses End of year balance	10,198,913.	10,037	7,237.	7,0	69,02		2,765.		61,651.
g	Provide the estimated percentage									<u> </u>
2 a	Board designated or quasi-endown			; (iiiie ig,	column (	(a)) neiu	as.			
b		2300 %	_							
с	Temporarily restricted endowment	▶ 9.8200 %								
	The percentages on lines 2a, 2b, a	and 2c should equal	100%.							
3a	Are there endowment funds not in	the possession of the	he organiza	tion that	are held	and ad	ministered for	the		
	organization by:								Y	es No
	(i) unrelated organizations								3a(i)	X
	(ii) related organizations								3a(ii)	X
b	If "Yes" on line 3a(ii), are the relat	ed organizations liste	ed as require	d on Sch	edule R?				3b	
4	Describe in Part XIII the intended		ation's endov	vment fur	nds.					
Par	t VI Land, Buildings, and Equ Complete if the organiza	i <b>pment.</b> ation answered "Ye	es" on Forn	n 990 P	art IV li	ne 11a	See Form	990 Pai	rt X line	10
	Description of property	(a) Cost or	other basis stment)	(b) Cost c	or other basi ther)	is (C)	Accumulated epreciation		d) Book valu	
1a	Land			3	377,677	7.			37	7,677.
b	Buildings			5,3	58,507	7. 3	,980,740.		1,37	7,767.
С	Leasehold improvements									
d	Equipment	[		21,2	43,772	2. 16	,704,611.		4,53	9,161.
е	Other									
Tota	I. Add lines 1a through 1e. (Column	n (d) must equal Fori	m 990, Part .	X, columi	n (B), line	e 10c.)				4,605.
								Sched	lule D (Forn	n <b>990) 201</b> 5

Schedule D (Form 990) 2015 Page 3 **Investments - Other Securities.** Part VII Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely-held equity interests (3) Other\_\_\_ (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Investments - Program Related. Part VIII Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (b) Book value (c) Method of valuation: (a) Description of investment Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Part IX Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value 894,539. (1) TOWER RIGHTS (2) SPLIT INTEREST AGREEMENT 1,031,392. (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) 1,925,931 ► Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2)(3) (4) (5) (6)(7)

Total. (Column (b) must equal Form 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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII JSA 5E1270 1.000

(8)(9)

HAMPTON	ROADS	EDUCATIONAL

Schedu	le D (Form 990) 2015		Page <b>4</b>
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.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	12,934,709.
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.)		
e	Add lines 2a through 2d	2e	69,625.
3	Subtract line 2e from line 1	3	12,865,084.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)	1	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 12.</i> )	5	12,865,084.
Part		irn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	15,035,961.
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		
	Other losses.		
ک اہ	Other (Describe in Part XIII.)		
d		2e	788,806.
e	Add lines 2a through 2d	3	14,247,155.
3	Subtract line <b>2e</b> from line <b>1</b>		11/21//1001
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a			
b		4c	
° c	Add lines <b>4a</b> and <b>4b</b>	4C 5	14,247,155.
5 Dart	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)         XIII         Supplemental Information.	Э	14,24/,100.
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa	art V li	ne 4 <sup>.</sup> Part X line
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		

SEE PAGE 5

Part XIII Supplemental Information (continued)

PART V, LINE 4:

THE ENDOWMENT ASSETS ARE INVESTED IN A MANNER THAT IS INTENDED TO PRODUCE A REAL RETURN, NET OF INFLATION AND INVESTMENT MANAGEMENT COSTS, OF AT LEAST 5% OVER THE LONG TERM. THE FUNDS ARE CONTROLLED BY THE BOARD AND \$155,000 PER YEAR IS DISTRIBUTED TO FUND OPERATIONS.

PART X, LINE 2:

WHRO IS A NOT-FOR-PROFIT CORPORATION, WHICH HAS BEEN DETERMINED BY THE INTERNAL REVENUE SERVICE TO BE EXEMPT FROM FEDERAL TAXES ON INCOME DERIVED FROM ACTIVITIES RELATED TO EXEMPT PURPOSES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. IT IS SUBJECT TO INCOME TAXES ON PROFITS, IF ANY, GENERATED FROM ACTIVITIES WHICH ARE UNRELATED TO ITS EXEMPT PURPOSE.

FASB ASC TOPIC 740, INCOME TAXES, PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. WHRO'S MANAGEMENT HAS EVALUATED THE IMPACT OF THE GUIDANCE TO ITS FINANCIAL STATEMENTS. MANAGEMENT IS NOT AWARE OF ANY MATERIAL UNCERTAIN TAX POSITIONS, AND HAS NOT ACCRUED THE EFFECT OF ANY UNCERTAIN TAX POSITIONS AS OF JUNE 30, 2016. WHRO RECOGNIZES INTEREST AND PENALTIES INCURRED, IF ANY, RELATED TO INCOME TAX POSITIONS AS OTHER INTEREST EXPENSE AND PENALTIES EXPENSE, RESPECTIVELY. WHRO HAS A NET OPERATING LOSS CARRYFORWARD OF APPROXIMATELY \$1,970,000 AND \$1,200,000 RELATED TO ITS UNRELATED BUSINESS INCOME AT JUNE 30, 2016 AND 2015, RESPECTIVELY, THAT WILL BEGIN TO EXPIRE IN 2029.

Schedule D (Form 990) 2015	HAMPTON ROADS EDUCATIONAL
Part XIII Supplemental	Information (continued)
WHRO'S INCOME TAX RET	FURNS ARE SUBJECT TO EXAMINIATION BY TAXING
AUTHORITIES, GENERALI	LY FOR A PERIOD OF THREE YEARS FROM THE DATE THEY
WERE FILED. WITH FEW	EXCEPTIONS, WHRO IS NO LONGER SUBJECT TO INCOME TAX

EXAMINATIONS BY FEDERAL, STATE, OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2012.

PART XI, LINE 2D - OTHER ADJUSTMENTS:	
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT	- 22,509
SPECIAL EVENT EXPENSE	89,276
TOWER RENTS EXPENSE	757,090
BROKER FEES EXPENSE	- 57,560
TOTAL TO SCHEDULE D, PART XI, LINE 2D	766,297

PART XII, LINE 2D - OTHER ADJUSTMENTS

SPECIAL EVENT EXPENSE	89,276
TOWER RENTS EXPENSE	757,090
BROKER FEES EXPENSE	- 57,560
TOTAL TO SCHEDULE D, PART XII, LINE 2D	788,806

	Supplemen	tal Information R	egarding	, Fundrai	sing or Gaming	Activities	OMB No. 1545-0047
SCHEDULE G (Form 990 or 990-EZ)	Complete if th	ne organization answer organization entered n				19, or if the	2015
Department of the Treasury			Attach to Form 990 or Form 990-EZ.				Open to Public
Internal Revenue Service		out Schedule G (Form S	990 or 990-E	Z) and its in:	structions is at www.ii	-	Inspection
Name of the organization	HAMPTON ROADS					Employer identificati	
TELECOMMUNICATIO						54-084311	
Bart	ng Activities. Com )-EZ filers are not i				"Yes" on Form	990, Part IV, line	17.
					activities Check a	all that apply	
<ul> <li>Indicate whether the organization raised funds through any of the following activities. Check all that apply.</li> <li>a Mail solicitations</li> <li>e Solicitation of non-government grants</li> </ul>							
b Internet and email solicitations f Solicitation of government grants							
c Phone solici		g			ising events	5	
d In-person so		9			loning overhe		
2a Did the organizat		r oral agreement w	ith any inc	lividual (in	cluding officers d	lirectors trustees	
	s listed in Form 990,						Yes No
	en highest paid indi						fundraiser is to be
compensated at	east \$5,000 by the o	organization.					
<b>(i)</b> Name and addru or entity (fu		(ii) Activity	custody o	draiser have r control of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	<b>(vi)</b> Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
U							
7							
-							
8							
9							
10							
Total	<u> </u>						
3 List all states in	which the organizat	ion is registered o	r licensed	I to solicit	contributions or	has been notified	it is exempt from

registration or licensing.

#### Schedule G (Form 990 or 990-EZ) 2015

Pa	rt I	Fundraising Events. Complete than \$15,000 of fundraising ever gross receipts greater than \$5,0	nt contributions and gros			
			(a) Event #1 A_CHEF'S_LIFE	(b) Event #2 STROLLING SUPP (event type)	(c) Other events	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	17,000.	42,014.	36,876.	95,890
Å	2 3	Less: Contributions Gross income (line 1 minus line 2)		42,014.	36,876.	95,890
	4	Cash prizes				
	5	Noncash prizes				
sasue	6	Rent/facility costs		4,958.	2,000.	6,958
Direct Expenses	7	Food and beverages				
Direc	8	Entertainment				
	9	Other direct expenses	14,296.	5,919.	62,103.	82,318
Pa	11	Direct expense summary. Add lines 2 Net income summary. Subtract line 1 Gaming. Complete if the orga	0 from line 3, column (d	)	<u> </u>	6,614
1 a		than \$15,000 on Form 990-E				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Ϋ́	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes%	9Yes% No	Yes%	
	7	Direct expense summary. Add lines 2	2 through 5 in column (d)	)		
	8	Net gaming income summary. Subtra	act line 7 from line 1, col	umn (d)	<b>.</b>	
9 a b	ls	nter the state(s) in which the organizat the organization licensed to conduct of "No," explain:	gaming activities in each	of these states?		_ Yes No
		Vere any of the organization's gaming "Yes," explain:	licenses revoked, suspe		g the tax year?	_ Yes No

Schedule G (Form 990 or 990-EZ) 2015

HAMPTON ROADS EDU	JCATIONAL
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<ul> <li>Schedule G (Form 990 or 990-EZ) 2015</li> <li>11 Does the organization conduct gaming activities with nonmembers?</li> <li>12 Is the organization a grantor, beneficiary or trustee of a trust or a r formed to administer charitable gaming?</li> <li>13 Indicate the percentage of gaming activity conducted in: <ul> <li>a The organization's facility</li> <li>b An outside facility</li> </ul> </li> <li>14 Enter the name and address of the person who prepares the organization's records:</li> </ul>	? Yes Yes member of a partnership or other entity Yes Yes Yes 13a 13a 13b	age 3 No No %
<ul> <li>12 Is the organization a grantor, beneficiary or trustee of a trust or a r formed to administer charitable gaming?</li> <li>13 Indicate the percentage of gaming activity conducted in: <ul> <li>a The organization's facility</li> <li>b An outside facility</li> </ul> </li> <li>14 Enter the name and address of the person who prepares the organization of the person of the person who prepares the organization of the person who prepares the organization of the person of the perso</li></ul>	member of a partnership or other entity	No %
<ul> <li>12 Is the organization a grantor, beneficiary or trustee of a trust or a r formed to administer charitable gaming?</li> <li>13 Indicate the percentage of gaming activity conducted in: <ul> <li>a The organization's facility</li> <li>b An outside facility</li> </ul> </li> <li>14 Enter the name and address of the person who prepares the organization of the person of the person who prepares the organization of the person who prepares the organization of the person of the perso</li></ul>	member of a partnership or other entity	%
<ul> <li>formed to administer charitable gaming?</li> <li>13 Indicate the percentage of gaming activity conducted in:</li> <li>a The organization's facility</li> <li>b An outside facility</li> <li>14 Enter the name and address of the person who prepares the organization</li> </ul>	Yes Yes 13a	%
<ul> <li>13 Indicate the percentage of gaming activity conducted in:</li> <li>a The organization's facility</li> <li>b An outside facility</li> <li>14 Enter the name and address of the person who prepares the organization</li> </ul>		%
<ul> <li>a The organization's facility</li> <li>b An outside facility</li> <li>14 Enter the name and address of the person who prepares the organization</li> </ul>		
<ul><li>b An outside facility</li><li>14 Enter the name and address of the person who prepares the organ</li></ul>		
14 Enter the name and address of the person who prepares the organ		
Name ►		
Address ►		
15 a Does the organization have a contract with a third party from	whom the organization receives gaming	
revenue?		No
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organ	nization ► \$ and the	
amount of gaming revenue retained by the third party <b>&gt;</b> \$		
<b>c</b> If "Yes," enter name and address of the third party:		
Name ►		
Address ►		
<b>16</b> Gaming manager information:		
Nama N		
Name ►		
Gaming manager compensation ► \$		
Description of services provided ►		
Director/officer Employee Indep	endent contractor	
17 Mandatory distributions:		
a Is the organization required under state law to make charitable	e distributions from the gaming proceeds to	
retain the state gaming license?		No
<b>b</b> Enter the amount of distributions required under state law to b		
or spent in the organization's own exempt activities during the tax y		
Part IV Supplemental Information. Provide the explanation re		
Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as ap		
(see instructions).		

SCHEDULE J (Form 990)			sation Information	C	MB No.	1545-0	047
Compensated Employees			2015				
► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.				3.	Open to	o Puk	olic
	► Attach to Form 990. ► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.					ectio	
Name	of the organization	HAMPTON ROADS EDUCATION	IAL	Employer identificatio	n numbe	r	
1		TIONS ASSOCIATION, INC.		54-084311	. 8		
Part	Question	s Regarding Compensation					
10	Chock the ap	propriate boy(oc) if the organization pro	ovided any of the following to or for a pers	on listed on Form		Yes	No
Id			provide any relevant information regarding				
		ss or charter travel	Housing allowance or residence for				
		or companions	Payments for business use of perso	•			
		emnification and gross-up payments	X Health or social club dues or initiation				
		onary spending account	Personal services (e.g., maid, chauff				
h	If any of the	have an line to are checked did th	ne organization follow a written policy re	aarding novmont			
b	or reimburse	ement or provision of all of the ex	penses described above? If "No," com	plete Part III to			
	explain		· · · · · · · · · · · · · · · · · · ·		1b	X	
2	-		to reimbursing or allowing expenses	-			
			D/Executive Director, regarding the items	s checked in line		x	
•					2		
3			nization used to establish the compensation at a pply. Do not check any boxes for metho				
			e CEO/Executive Director, but explain in Pa				
	Comper	nsation committee	Written employment contract				
	Indepen	dent compensation consultant	Compensation survey or study				
	Form 99	00 of other organizations	X Approval by the board or compensation	tion committee			
4		ar, did any person listed on Form 990, or a related organization:	Part VII, Section A, line 1a, with respect to	o the filing			
а			ayment?		4a		X
b	-		ntal nonqualified retirement plan?		4b		X
С	•		ased compensation arrangement?		4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	Only section	501(c)(3) $501(c)(4)$ and $501(c)(29)$ or	ganizations must complete lines 5–9.				
5	-		, line 1a, did the organization pay or accrue	anv			
•	•	n contingent on the revenues of:					
а		5			5a		Х
b	Any related o	rganization?			5b		X
		e 5a or 5b, describe in Part III.					
6			, line 1a, did the organization pay or accrue	any			
		n contingent on the net earnings of:					37
a h					6a		X X
b		rganization? e 6a or 6b, describe in Part III.			6b		
7			n A line to did the pressization and	do any non fived			
7			n A, line 1a, did the organization provi escribe in Part III		7		x
8			paid or accrued pursuant to a contract the				
	-		Regulations section 53.4958-4(a)(3)? If	-			
in Part III							
9		•	low the rebuttable presumption proced				
	Regulations s	ection 53.4958-6(c)?			9		

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

Schedule J (Form 990) 2015

Schedule J (Form 990) 2015

#### 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 are not 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 and/or 1099-MIS	C compensation	(C) Retirement and	<b>(D)</b> Nontaxable benefits	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	<b>(iii)</b> Other reportable compensation	other deferred compensation		(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
BERTEL SCHMIDT	(i)	196,999.	10,000.	14,400.	4,481.	8,405.	234,285.	0.
1 <sup>PRESIDENT &amp; CEO</sup>	(ii)	0.	0.	0.	Ο.	0.	0.	0 .
DIANE ROGIC	(i)	57,578.	100,532.	3,780.	3,237.	298.	165,425.	0.
2 <sup>DIRECTOR OF CORPORATE SUPPORT</sup>	(ii)	0.	0.	0.	Ο.	0.	0.	0 .
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2015

Schedule J (Form 990) 2015

## Part III Supplemental Information

Complete this part to 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.

## SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

2015

**Open To Public** 

Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service Name of the organization

HAMPTON ROADS EDUCATIONAL

Employer identification number 54-0843118

TELECOMMUNICATIONS	ASSOCIATION	TNC
THECOMPONENTIES	INDOCCTITION,	TINC .

Par	Part I Types of Property							
		<b>(a)</b> Check if applicable	<b>(b)</b> Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash contr			,
1	Art - Works of art.							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles	X	297.	131,208.	FMV			
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	49.	307,503.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►()							
26	Other ►()							
27	Other ►()							
28	Other ►()							
29	Number of Forms 8283 received				20			
	which the organization completed F	-orm 8283,	Part IV, Donee Acknowledg		29		Yes	No
20-	During the year, did the organizat	ion roccivo	by contribution any propo	rty reported in Part L line	e 1 through		162	NU
30a	28, that it must hold for at least th				- 1			
	to be used for exempt purposes for	-				30a		х
h	If "Yes," describe the arrangement in				•••••	50a		
	Does the organization have a		once policy that require	s the review of any r	on standard			
31	-					31		х
220	contributions? Does the organization hire or use					51		
JZd	•	•	•	•		32a	х	
h	contributions? If "Yes," describe in Part II.				•••••	52a	22	
33	If the organization did not report ar	amount in	column (c) for a type of pro	perty for which column (a)	is checked			
55	describe in Part II.							
For P	aperwork Reduction Act Notice, see the Inst	ructions for Fo	rm 990.		Schedule M	A (Forn	n 990)	(2015)

8380KG 2YVG 9/21/2016 8:02:57 AM V 15-6.8F

5E1298 1.000

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B:

WHRO USES A THIRD PARTY ORGANIZATION TO COLLECT DONATED CARS, SELL THEM

AND HANDLE THE LEGAL PAPERWORK.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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



Name of the organization HAMPTON ROADS EDUCATIONAL TELECOMMUNICATIONS ASSOCIATION, INC.

ADDITIONAL INITIATIVES INCLUDE:

THE WHRO VOICE, A RADIO READING SERVICE FOR THE VISUALLY AND PHYSICALLY CHALLENGED, FEATURING READINGS OF THE VIRGINIAN PILOT, THE DAILY PRESS, AND OTHER REGIONAL PUBLICATIONS. THE SCENE, WHICH SHOWCASES THE ARTS IN HAMPTON ROADS BY COVERING EMERGING ARTISTS WITH FEATURE WEBISODES. LET'S EAT, A BLOG OFFERING INSIGHTS FOR THE LOCAL FOODIE AND THE WHRO'S VETERAN'S PROJECT AND ONLINE FORUM WHICH FOSTERS DIALOGUE ABOUT VERTERAN'S ISSUES AND OFFERS RESOURCES AND SOLUTIONS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: PRODUCTION & PUBLIC INFORMATION PROGRAMS. TO PROVIDE PUBLIC INFORMATION AND TO SUPPORT THE ACTIVITIES OF WHRO.

FORM 990, PART VI, SECTION B, LINE 11: THE BOARD RECEIVES A COPY OF THE RETURN BY E-MAIL BEFORE THE RETURN IS FILED WITH THE IRS.

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.

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

HAMPTON ROADS EDUCATIONAL Name of the organization TELECOMMUNICATIONS ASSOCIATION, INC.

REQUEST.

JSA 5E1228 1.000

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT -22,509

#### FORM 990, PART XI, 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 APPROVED.

ATTACHMENT 1

#### FORM 990, PART III - PROGRAM SERVICE, LINE 4A

BROADCAST CONTENT - WHRO IS THE ONLY PUBLIC TELEVISION BROADCASTER IN SOUTHEASTERN VIRGINIA, PROVIDING QUALITY TELEVISION PROGRAMMING ON FOUR CHANNELS 24 HOURS A DAY. FROM CHILDREN'S SHOWS SUCH AS SESAME STREET, DANIEL TIGER'S NEIGHBORHOOD AND SUPER WHY! TO PBS SHOWCASE PROGRAMS LIKE NOVA, MASTERPIECE, PBS NEWSHOUR, AMERICAN EXPERIENCE AND THE MUCH BELOVED BRITISH COMEDIES, WHRO TV 15 PROVIDES QUALITY PROGRAMMING FOR ALL AGES. WHRO BROADCASTS EDUCATIONAL TELEVISION THAT DELIGHT CHILDREN WHILE BUILDING READING, SCIENCE, TECHNOLOGY AND MATH SKILLS. PROGRAMS FOR LIFE-LONG LEARNERS INCLUDE: PUBLIC AFFAIRS ANALYSIS AND DOCUMENTARIES, PERFORMANCES AND ACCLAIMED CUTURAL, HISTORY, SCIENCE, AND NATURE PROGRAMING. WHRV 89.5 FM RADIO IS THE REGION'S SOURCE FOR NPR PROGRAMS SUCH AS MORNING EDITION AND ALL THINGS CONSIDERED, AMERICAN PUBLIC MEDIA'S MARKETPLACE AND ALTERNATIVE, JAZZ AND FOLK MUSIC. HEARSAY WITH CATHY LEWIS AND ANOTHER VIEW HOSTED BY BARBARA HAMM LEE PROVIDE A FORUM FOR THE OPEN EXCHANGE

Schedule O (Form 990 or 990-EZ) 2015					
Name of the organization HAMPTON ROADS EDUCATIONAL	Employer identification number				
TELECOMMUNICATIONS ASSOCIATION, INC.	54-0843118				

ATTACHMENT 1 (CONT'D)

OF IDEAS AND OPINIONS. WHRO 90.3 FM RADIO OFFERS 24-HOUR CLASSICAL MUSIC AND FINE ARTS PROGRAMMING. THE CHANNEL PROVIDES AN IMPORTANT CONNECTION BETWEEN PERFORMING ARTS ORGANIZATIONS SUCH AS THE VIRGINIA ARTS FESTIVAL, THE VIRGINIA SYMPHONY AND THE VIRGINIA OPERA AND THE COMMUNITY THROUGH PARTNERSHIPS TO RECORD AND BROADCAST CONCERTS AND PROMOTE EVENTS.

ATTACHMENT 2

#### 990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
PUBLIC BROADCASTING SERVICE PO BOX 751550 CHARLOTTE, NC 28275	PROGRAM FEES/DUES	1,180,087.
NATIONAL PUBLIC RADIO, INC. PO BOX 79540 BALTIMORE, MD 21279	PROGRAM FEES/DUES	543,747.
DESIRE 2 LEARN 715 ST PAUL ST BALTIMORE, MD 21202	EDUCATIONAL SERVICES	267,191.
AMERICAN PUBLIC MEDIA PO BOX 70870 ST. PAUL, MN 55170	PROGRAM FEES/DUES	134,674.

FORM 990, PART IX - OTHER EXPENSES			ATTACHMENT 3	
DESCRIPTION	(A) TOTAL EXPENSES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
TELEPHONE AND BANDWIDTH	345,596.	296,530.	2,423.	46,643.
COMPUTER MAINTENANCE CONTRACTS	303,198.	267,757.	35,441.	

JSA 5E1228 1.000

Name of the organization HAMPTON ROADS EDUCATI TELECOMMUNICATIONS ASSOCIATION, INC.	ONAL		Employer identifica 54-08431	
FORM 990, PART IX - OTHER EXPENSES			ATTACHMENT 3	(CONT'D)
DESCRIPTION	(A) TOTAL EXPENSES	(B) PROGRAM SERVICE EXP.		(D) FUNDRAISING EXPENSES
LISTING SERVICES & AUDIENCE RE	4,084.	4,084.		
REPAIRS & MAINTENANCE	270,085.	156,693.	113,254.	138.
TEMPORARY SERVICES AND GRAPHIC	36,526.	26,634.	9,892.	
FUNDRAISING PREMIUMS	170,437.			170,437.
OFFSITE STORAGE RENT	76,564.	180.	71,486.	4,898.
POSTAGE AND SHIPPING	226,538.	49,298.	30,226.	147,014.
PRODUCTION COSTS - OTHER	52,967.	43,821.		9,146.
MISCELLANEOUS	53,176.	49,381.	2,329.	1,466.
PROPERTY TAXES	402.	30.	372.	
PAPER, PRINTING, AND STATIONAR	146,655.	103,530.	2,813.	40,312.
DUES AND SUBSCRIPTIONS	197,708.	141,931.	44,564.	11,213.
SUPPLIES AND SUBSCRIPTIONS	95,374.	75,400.	13,613.	6,361.
CREDIT CARD AND BANK FEES	197,777.	3,912.	72,493.	121,372.
UTILITIES	211,727.	124,406.	56,718.	30,603.
BAD DEBTS	850.			850.
STREAMING FEES	49,200.	49,200.		
INDEPENDENT CONTRACTORS AND TA	301,020.	301,020.		
TOTALS	2,739,884.	1,693,807.	455,624.	590,453.

Schedule O (Form 990 or 990-EZ) 2015	Page 2
Name of the organization HAMPTON ROADS EDUCATIONAL	Employer identification number
TELECOMMUNICATIONS ASSOCIATION, INC.	54-0843118
	ATTACHMENT 4
FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARG	ES
	ENDING
DESCRIPTION	BOOK VALUE
PREPAID EXPENSES	157,513.
INVENTORY - PREMIUMS	20,105.
TOTALS	177,618.
	ATTACHMENT 5
FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECUR	ITIES
	ENDING COST
DESCRIPTION	ENDINGCOSTBOOK VALUEOR FMV
INVESTMENTS	9,163,640. FMV
TOTALS	9,163,640.
<u>FORM 990, PART X - DEFERRED REVENUE</u>	ATTACHMENT 6
FORM 990, PART X - DEFERRED REVENUE	
	ENDING
<u>FORM 990, PART X - DEFERRED REVENUE</u> DESCRIPTION	

TOTALS

262,272.

The order of the transmission of transmiss	Form <b>990-T</b>	Ex	xempt Organiz						n	OMB NO	o. 1545-0687
Introduction         Denotes										<u>16</u> . 2015	
A       Check board       None of organization (								-		Open to Pu	blic Inspection for
	A Check box if										
Image: Section 1       1       54-0643118         Image: Section 2       5200       HAMPTON BOULEVARD       Emerge Section 2         Image: Section 2       5200       HAMPTON BOULEVARD       532000         Image: Section 2       6       Chart water of province, county, and ZIP or foreign possil code       532000         Image: Section 2       6       Chart water of province, county, and ZIP or foreign possil code       532000       541800         Image: Section 2       6       Chart water of province, county, and ZIP or foreign possil code       532000       541800         Image: Section 2       6       Chart water of province, county, and ZIP or foreign possil code       532000       541800         Image: Section 2       6       Chart water of province, county, and ZIP or foreign possil code       532000       541800         Image: Section 2       6       Chart water of province, county, and ZIP or foreign possil code       53200       541800         Image: Section 2       6       Chart water, and team or the parent corporation.       Image: Section 2       55200       541800         Image: Section 2       1       6       Battor 5       1       6       1       1       1       1       1       1       1       1       1       1       1       1	address chang	ed	- · _	 S EDUCA'	TION	AL			(Employ	yees' trust, see	instructions.)
Image: Section of the section of t	B Exempt under section		TELECOMMUNICA	ATIONS 2	ASSO	CIATION, INC.					
atoh       220(n)       Type       5200       HAMPTON BOILLEVARD       E       Understand business activity codes (maintook)         atoh       Saturation of year       F       Group exemption number (See instructions.)       53200       541800         21,364,072.       G       Check toganization promy unrested business activity.       B(16) (Soto)       401(a) must       Other trust         During the tax year, was the origination promy unrested business activity.       B(16) (Soto)       501(c) must       401(a) must       Other trust         During the tax year, was the origination promy unrested business activity.       Corporation       Sot(c) must       10 (C) Net       Ves.       No         The books are in care of b       TOM MORENDUSE       Telephone number b       757-889-9400         2010 the books are in care of b       TOM MORENDUSE       Telephone number b       757-889-9400         2010 the double activity.       c       c       c       c         2010 to books are in care of the parent corporation.       c       c       c       c         201 the doubs activity.       c       c       c       c       c       c         201 the doubs activity.       c       c       c       c       c       c       c       c       c       c	X 501(C)(3)	Print	Number, street, and room	n or suite no. I	f a P.O	. box, see instructions.			54-08	343118	
up 4											s activity codes
Boots wave at all assets at end of year         NORFOLK, VA. 23508-1507         532000         541800           at end of year         F Group semption number (See instructions.) ►         532000         541800           21, 364, 072.         G Check organization type ► X S01(c) cross of the semption number (See instructions.) ►         501(c) trust         401(a) trust         Other trust           H Describe the organization's primary unrelated business activity. ►         Image: Semicon of Semicon on Semicon One One Semicon One Semicon One One Semicon One Semicon One Semicon One One Semicon One Semicon One Semicon One One Semicon One One Semicon One Semicon One Semicon One One One Semicon One One One One Semicon One One One One One Semicon One One One One One One One One One On	408A 530		5200 HAMPTON	BOULEV	ARD				(See ins	structions.)	
at end of year       F       Group exemption number (Sie instructions.)         21, 364.072.       G       Check organization spin spin any unreleted business activity.         During the tax year, was the corporation a subsidiary in an alfiliated group or a parent-subsidiary controlled group?       Image: Check organization spin any unreleted business activity.         J       The books are in care of low Controlling on under the parent corporation.       Image: Check organization spin any unreleted business activity.       Image: Check organization spin any unreleted business activity.       Image: Check organization spin any unreleted business activity.       Image: Check organization spin any check organization sp	529(a)		City or town, state or pro	vince, countr	y, and Z	ZIP or foreign postal code	e				
1.3 64,072.       Check organization by EX       Solid (c) trust       401(a) trust       Other trust         H       Describe the organization by primary unrelated business activity.       >		s	NORFOLK, VA 2	23508-1	507				53200	00	541800
IDescribe the organization's primary uncleated business activity. <ul> <li>During the tax year, was the corporation a subsidiary in an affiliated group or a prent-subsidiary controlled group?</li> <li>The books are in care of ▶ TOM KOREHOUSE</li> <li>Telephone number ▶ 757-889-9400</li> <li>Telephone number ▶ 777-777, 910</li> <li>Telephone number ▶ 777, 910</li> <li>Telephone number ▶ 777, 911</li> <li>Telephone ∩ 777, 911</li></ul>					,						
During the tax year, was the corporation a sublidary in an affiliated group or a parent-subsidiary controlled group?       ▶ Yea X       No         If 'Yea,' enter the name and identifying number of the parent corporation. ▶       Yea X       Yea X       No         If 'Yea,' enter the name and identifying number of the parent corporation. ▶       Telephone number ▶ 757-889-9400       Yea X       No         If a Gross receipts or sales       C Balence ▶       (A) income       (B) Expenses       (C) Net         If a Gross receipts or sales       C Balence ▶       1       (A) income       (B) Expenses       (C) Net         If a Gross receipts or sales       C Balence ▶       1       (A) income       (B) Expenses       (C) Net         If a Gross receipts or sales       C Balence ▶       1       (A) income       (B) Expenses       (C) Net         If a Gross receipts or sales       C Balence ▶       1       (A) income       (B) Explored was and income (Schedule D)       (A) income       (A) income       (B) income (Schedule C)       (A) income       (B) income (Schedule C)       (A) income       (B) income (Schedule C)       (A) income       (B) in						rporation !	501(c)	trust	401(a)	trust	Other trust
II 'Yes,' enter the name and identifying number of the parent corporation.       The books are in case of ▶ TOM MOREHOUSE       Telephone number ▶ 757-889-9400         PartIL Unrelated Trade or Business Income       (A) Income       (B) Expenses       (C) Net         1a Gross receipts or sales       0       0       0       0         2 Cost of goods sold (Schedule A, line 7),       2       0       0       0         3 Gross profit. Subtract line 2 from line 1c       3       0       0       0         4 Capital gain net income (latch Schedule D)       4a       0       0       0         5 Income (loss) from partnembjes and Scorporators (uttach Form 477), 4b       4e       0       0       0         6 Rent income (Schedule C)       6       708,912.       757,091.       -48,179.         1 Interest, and test, setted test, finded b)       1       51,207.       0       0         1 Interest, and test, setted test, finded b)       1       1,207.       168,760.       -117,753.         1 Adventising income (Schedule I)       11       51,207.       12,225,851.       276,900.         1 Combine lines 3 through 12.       13       1,202.751.       925,851.       276,900.         2 Control toomice (See instructions, attach schedule I)       11       51,207.       14,21,2			· · · · · · · · · · · · · · · · · · ·								
J The books are in care of ▶ TOM MOREHOUSE         Telephone number ▶ 757-889-9400           Part I         Unrelated Trade or Business Income         (A) Income         (B) Expenses         (C) Net           1a Gross freqits or sales         c Baince ▶         1c         (A) Income         (B) Expenses         (C) Net           2         Cost of goods sold (Schedule A, line 7),					-		idiary co	ontrolled group?		▶∟	Yes X No
Part Unrelated Trade or Business Income       (A) Income       (B) Expenses       (C) Net         1a Gross receipts or sales       e Balance       1c				ne parent co	rporati					0400	
1a       Gross receipts or sales       c       a       a         b       Less reurs and allowances       c       a       a         2       Cost opods sold (Schedule A, line 7)       .       .       a         4a       Capital gain net income (attach Schedule D)       .       4a       .       .         4a       Capital loss deduction for trusts       .							lepnone				
b       Less returns and allowances       c       c       c         2       Cost of goods sold (Schedule A, line 7),, 2      , 3      , 4         Gross profit       Subtract line 2 from line 1c, 3      , 4      , 4         4       Capital gain not income (attach Schedule D)      , 4      , 4      , 4         5       Income (loss) from aptrachips and S componitors (attach statement)       5      , 4      , 4         6       Rent income (Schedule C),,, 6       7       7      , 4      , 4         7       Unrelated debt-financed income (Schedule E),, 7      , 7      , 7      , 7         7       Unrelated debt-financed income (Schedule E),, 7      , 7      , 1      , 1         10       Exploited exempt activity income (Schedule E),, 1       1      , 1      , 1      , 2         11       Advertising income (Schedule C),,, 1       1       1      , 2      , 2      , 2      , 2         11       Advertising income (Schedule C),, 1       1       1      , 2      , 2      , 2      , 2      , 2      , 2      , 2      , 2      , 2      , 2      , 2 <t< td=""><td></td><td></td><td></td><td>e</td><td></td><td>(A) income</td><td></td><td>(B) Expens</td><td>ses</td><td></td><td></td></t<>				e		(A) income		(B) Expens	ses		
2       Cost of goods sold (Schedule A, line 7)       2       2         3       Gross profit. Subtract line 2 from line 1c       3       3         4       Capital join net income (Statch Schedule D)       4a       4a         5       Income (Schedule C)       6       708, 912.       757, 091.         6       Rent income (Schedule C)       6       708, 912.       757, 091.       -48, 179.         7       Unrelated debt-financed income (Schedule E)       7       7       777, 701.       -48, 179.         7       Unrelated debt-financed income (Schedule E)       7       7       708, 912.       757, 091.       -48, 179.         7       Unrelated debt-financed income (Schedule E)       7       7       708, 912.       757, 091.       -48, 179.         7       Unrelated debt-financed income (Schedule E)       10       11.       51.207.       12.02, 751.       925, 851.       276.900.         7       13       1.202, 751.       925, 851.       276.900.       14       21.224.632.       142.632.       12.02.751.       925, 851.       276.900.         7       13       1.202, 751.       925, 851.       276.900.       14       21.224.632.       12.02.751.       925.851.       276.900.       14<				• Bolonoo	10						
3       Gross profit. Subtret line 2 from line 1c.       3       4         4       Capital gain net income (attach Schedule D)       4a       4a         5       Det gain (loss) (form 4772), Part II, line 17) (attach Form 477), especiation (loss) (form 4772), especiation (loss) (form form 4772), especiation (loss) (form form 4772), especiation (loss) (form form (loss) (form form (loss) (form 4772), especiation (loss) (form 4502), especintion (loss) (form 4502), especiation (loss) (form 45											
4a       4a       4a         b Net gain (loss) (form 4797, Part II, Ine 17) (attach Form 4797).       4b       4b         5       6       708, 912.       757, 091.       -48, 179.         6       Rent income (loss) from pathneships and S coporations (attach statement)       6       708, 912.       757, 091.       -48, 179.         7       Unrelated debt-financed income (Schedule E)       7       7       -48, 179.       -48, 179.         8       interest, annutles, toyatiles, and rents from controlled organizations (Bchedule E)       7       -48, 179.       -48, 179.         9       interest, annutles, toyatiles, and rents from controlled organizations (Bchedule E)       7       -48, 760.       -117, 553.         10       Exploited exempt activity income (Schedule I)       10       11       51, 207.       168, 760.       -117, 553.         12       442, 632.       ATCH 1       442, 632.       ACCH 1       442, 632.         17       13       1, 202, 75.       925, 851.       276, 900.         PartII       Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions, and trustees (Schedule K).       14       21, 224.       15         18       Bad debts.       19	-										
b         Net gain (loss) (form 4797, Part II, line 17) (attach Form 4797).         4b         4c           c         Capital loss deduction for trusts         -	•										
c         Capital loss deduction for trusts         4c         5           5         Income (Schedule C)         5         5           7         Unrelated debt-financed income (Schedule E)         6         708,912.         757,091.         -48,179.           7         Unrelated debt-financed income (Schedule E)         7         - <td></td>											
5       Income (loss) from partnerships and S corporations (attach statement)       5											
7       Unrelated debt-financed income (Schedule E)       7       8       1         8       Intrest, annuites, royalites, and rest from controlled organizations (Schedule G)       9       1         9       Investment income of a section SO1(6)(7), (9), or (17) organization (Schedule G)       1       1         11       Advertising income (Schedule J)       10       1         12       442, 632.       ATCH 1       442, 632.         13       1, 2, 207.       168, 760.       -117, 553.         14       Combine lines 3 through 12.       13       1, 202, 751.       9.25, 851.       276, 900.          13       1, 2, 224.       15       16          14       21, 224.       15       16          16       17       18       19          10       12       22       22       22          19       22       22       22       22          19       22       22       22       22       22       22											
7       Unrelated debt-financed income (Schedule E)       7       7       1         8       Interest, annuites, royatins, and rens from controlled organizations (Schedule G)       9       1         10       Exploited exempt activity income (Schedule I)       10       1         11       Advertising income (Schedule J)       11       51,207, 168,760, -117,553,         12       Other income (See instructions; attach schedule)       12       442,632, ATCH 1       442,632,         13       1,202,751, 925,851, 276,900,       Part 1       442,632,       16         Interest, directing, and trustees (Schedule I),       14       21,224,632,000,000,000,000,000,000,000,000,000,0	. ,	•		,	6	708,91	12.	75	7,091.		-48,179.
9       Investment income of a section 501(c)(7), (8), or (17) organization (Schedule G)       9       10         10       Exploited exempt activity income (Schedule I)       11       51, 207.       168, 760.       -117, 553.         11       Advertising income (Schedule J)       11       51, 207.       168, 760.       -117, 553.         12       442, 632.       ATCH       442, 632.       13       1, 202, 751.       925, 851.       276, 900.         PartII       Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)       14       21, 224.         12       Salaries and wages       15       16         13       Interest (attach schedule)       18       11         14       21, 224.       18       18         15       Interest (attach schedule)       18       11         16       18       12       20       20         20       Depreciation (attach Form 4562)       20       20       20         21       22       22       22       22       22         22       23       24       25       26       26       26       27         23       Contrib					7						
10       Exploited exempt activity income (Schedule I)       10       11       Advertising income (Schedule J)       11       11       51, 207.       168, 760.      117, 553.         12       0 ther income (See instructions; attach schedule)       12       442, 632.       ATCH 1       442, 632.         13       1, 202, 751.       925, 851.       276, 900.         Part II       Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions of of fireers, directors, and trustees (Schedule K).       14       21, 224.         13       1, 202, 751.       925, 851.       276, 900.         Part II       Compensation of officers, directors, and trustees (Schedule K).       14       21, 224.         14       Salaries and wages       15       16         17       Bad debts.       17       18         18       19       20       Charitable contributions (See instructions for limitation rules)       20         19       22a       22b       20       20         11       Excess endition calmed on Schedule A and elsewhere on return       23       24         19       22a       22b       22b         20       20       20       20         21       22a       22b <td>8 Interest, annuities, r</td> <td>oyalties, and re</td> <td>ents from controlled organization</td> <td>ns (Schedule F)</td> <td>8</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	8 Interest, annuities, r	oyalties, and re	ents from controlled organization	ns (Schedule F)	8						
11       Advertising income (Schedule J)       11       51, 207.       168, 760.       -117, 553.         12       Other income (See instructions; attach schedule)       12       442, 632.       ATCH 1       442, 632.         13       Total. Combine lines 3 through 12       13       1, 202, 751.       925, 851.       276, 900.         Part II       Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)       14       21, 224.         15       5alaries and wages       16       17         16       17       18       17       18         17       18       17       18       14       21, 224.         16       17       18       14       21, 224.       20         17       18       17       18       19       20       20         11       Depreciation claimed on Schedule A and elsewhere on return       22       22       22       22         18       22       22       23       24       24       24       24       24       25       26       26       27       28       633, 265.       29       654, 459.       30       -377, 589.       30	9 Investment income	of a section 50	01(c)(7), (9), or (17) organization	n (Schedule G)	9						
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Part II       Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)         14       Compensation of officers, directors, and trustees (Schedule K).       14       21,224.         15       16       16         17       16       17         18       17       18         19       Taxes and licenses       20         20       Charitable contributions (See instructions for limitation rules).       20         21       22a       22b         22 Less depreciation claimed on Schedule A and elsewhere on return       23         24       Contributions to deferred compensation plans       24         25       26       27         26       27       28         27       28       633,265.         28       29       654,489.         29       654,489.       30         21       28       633,265.         27       28       633,265.         28       633,265.       29         29       654,489.       30         20       29       654,489.         30       -377,589.       33         31					12						
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15       Salaries and wages       15         16       Repairs and maintenance       16         17       Bad debts       17         18       Interest (attach schedule)       18         19       Taxes and licenses       19         20       Charitable contributions (See instructions for limitation rules)       20         21       Depreciation (attach Form 4562)       21         22       Less depreciation claimed on Schedule A and elsewhere on return       22         23       24       22         24       23       24         25       25       26         26       27       28       633,265         27       28       633,265       29       654,489         30       -377,589       33       1,000       33       1,000         31       Unrelated business taxable income before net operating loss deduction. Subtract line 30       33       1,000         33       1,000       33       1,000       33       1,000         34       -377,589       34       -377,589       34       -377,589								/			
16       Repairs and maintenance       16         17       Bad debts       17         18       Interest (attach schedule)       18         19       Taxes and licenses       19         20       Charitable contributions (See instructions for limitation rules)       21         21       Depreciation (attach Form 4562)       21         22       Less depreciation claimed on Schedule A and elsewhere on return       23         23       Depletion       23         24       Contributions to deferred compensation plans       24         25       Employee benefit programs       26         27       Excess readership costs (Schedule J)       26         27       28       633, 265.         29       G54, 489.       30         30       -377, 589.       31         31       Net operating loss deduction (limited to the amount on line 30)       31         32       -377, 589.       33       1, 000.         33       1, 000.       33       1, 000.         34       -377, 589.       34       -377, 589.											
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					<u></u>	<u></u>			. 34	For	

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Form	990-T (20	015)	HAMPTON ROAL	DS EDUCAT	ION	AL				54-0	843118		Page <b>2</b>
Par	t III	<b>Tax Computation</b>											
35	Organ	izations Taxable as	Corporations. S	ee_instructio	ns fo	or tax com	nputatio	on. Controlled gr	oup				
	membe	rs (sections 1561 and 1	563) check here 🕨	See ins	tructio	ons and:							
а	Enter y	our share of the \$50,0	)00, \$25,000, and	\$9,925,000	taxabl	e income b	rackets	(in that order):					
	(1) \$					3) \$							
b		rganization's share of: (1)	Additional 5% tax (n/	ot more than s	\$11.7 <u></u>	50)	\$						
	(2) Add	itional 3% tax (not more	than \$100.000)				\$						
с		tax on the amount on lin								35c			
36	Trusts	Taxable at Trust						. Income tax					
	the am	ount on line 34 from:	Tax rate schedule	or s	chedu	ule D (Form 1	041)			36			
37		ax. See instructions							-	37			
38	-	tive minimum tax								38			
39		Add lines 37 and 38 to lin											
Par		Tax and Payment											
		tax credit (corporations		usts attach Fo	rm 11	16)	40a						
		credits (see instructions).											
		Il business credit. Attach											
		for prior year minimum ta											
		redits. Add lines 40a thro								40e			
41		ct line 40e from line 39 .								41			
42	Other ta	xes. Check if from: Forn	n 4255 Eorm 861		8697	Eorm 88	866	Other (attach sched	(مار	42			
43		ax. Add lines 41 and 42						-		43			0.
-		nts: A 2014 overpayment					1 1		•••				
		stimated tax payments .											
		posited with Form 8868.											
	0	organizations: Tax paid			,								
	•	withholding (see instruct	,										
		or small employer health					441						
g		credits and payments:		2439			44 ~						
45										45			
45		ayments. Add lines 44a t								45			
46		ted tax penalty (see instru								40			
47		e. If line 45 is less than the											
48 49		e amount of line 45 is larger				amount over	paid _	Refunde		48 49			
Par		Statements Rega				Other Inf	orma						
1 1		time during the 2015 cal									financial	Yes	No
•		t (bank, securities, or othe										100	
		nd Financial Accounts. If Y	, 0		•		nave to		114, Г	ceport o	rroreign		x
2		the tax year, did the orga		-			antor of	or transforor to	forei				X
2	•					vas it tile yra			TUTE	Jir ilusi	· · · · ·		
2		see instructions for other t	0			www.							
$\frac{3}{\text{Sch}}$		he amount of tax-exempt A - Cost of Goods											
					1			Noor		6			
1 2	Purchas	ry at beginning of year	2					year <b>sold.</b> Subtract					
2			3		1								
		labor nal section 263A costs	3		1			Enter here and		7			
4 a			10					of section 263A			neet to	Yes	No
<b>b</b>		schedule)	4a		8							163	
р 5		costs (attach schedule)	4b		1			ed or acquired					x
<u> </u>		nder penalties of perjury, I dec	•	this return incl	udina a			? and statements and to				and he	
Çia.	tr	ue, correct, and complete. Declara											
Sig				1							RS discuss		
Her		BERTEL SCHMIDT		Date		Title	JULCU	ENT & CEO			preparer sh ons)? X <b>Ye</b>		below No
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		NORF	OLK, VA 2351								Form <b>99</b>	50-1	(2015)
JSA													

Page 3

Form	990-T	(2015)
1 01111	330-1	12010

(1) TOWER RENT (2) (3) (4) (a) From personal property (if for personal property is mo more than 5 (1) (2) (3) (4) Total (c) Total income. Add totals of here and on page 1, Part I, lin Schedule E - Unrelated 1. Description of (1) (2) (3) (4) (4)	of columns 2(a) and 2(the formula to the formula to	(b) F percent 50% o 	From real and personal pro age of rent for personal pro r if the rent is based on pro	operty ofit or 7 7 7 7 0r	vexceeds income) 08,912. 08,912. 08,912. 08,912. (a) Straight	in columns 2 ATTAC: (b) Total deducti Enter here and c Part I, line 6, colu eductions directly co	2(a) and 2(b HMENT ions. on page 1, umn (B) ▶ onnected w nced propert	757,09
<ul> <li>(3)</li> <li>(4)</li> <li>(a) From personal property (if for personal property is momer than 5</li> <li>(1)</li> <li>(2)</li> <li>(3)</li> <li>(4)</li> <li>Total</li> <li>(c) Total income. Add totals of here and on page 1, Part I, Iir</li> <li>Schedule E - Unrelated</li> <li>1. Description of</li> <li>(1)</li> <li>(2)</li> <li>(3)</li> </ul>	the percentage of rent re than 10% but not 0%) of columns 2(a) and 2(t re 6, column (A)	(b) F percent 50% o 	ee instructions)	operty ofit or 7 7 7 7 0r	vexceeds income) 08,912. 08,912. 08,912. 08,912. (a) Straight	in columns 2 ATTAC: (b) Total deducti Enter here and c Part I, line 6, colu aductions directly co debt-finar line depreciation	2(a) and 2(b HMENT ions. on page 1, umn (B) ▶ onnected w nced propert	) (attach schedule) 3 757,09 757,09 ith or allocable to y Other deductions
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<ul> <li>(4)</li> <li>(a) From personal property (if for personal property is momer than 5 more than 5</li> <li>(1)</li> <li>(2)</li> <li>(3)</li> <li>(4)</li> <li>Total</li> <li>(c) Total income. Add totals of here and on page 1, Part I, lin</li> <li>Schedule E - Unrelated</li> <li>1. Description of</li> <li>(1)</li> <li>(2)</li> <li>(3)</li> </ul>	the percentage of rent re than 10% but not 0%) of columns 2(a) and 2(t re 6, column (A)	(b) F percent 50% o 	ee instructions)	operty ofit or 7 7 7 7 0r	vexceeds income) 08,912. 08,912. 08,912. 08,912. (a) Straight	in columns 2 ATTAC: (b) Total deducti Enter here and c Part I, line 6, colu aductions directly co debt-finar line depreciation	2(a) and 2(b HMENT ions. on page 1, umn (B) ▶ onnected w nced propert	) (attach schedule) 3 757,09 757,09 ith or allocable to y Other deductions
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(1) (2) (3)				Jeu				
(2) (3)					(attac	h schedule)	(	attach schedule)
(2) (3)								
(3)								
(4)								
<ol> <li>Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</li> </ol>	5. Average adjus of or allocat debt-financed p (attach sche	ole to property	6. Column 4 divided by column 5			come reportable 2 x column 6)		Ilocable deductions in 6 x total of columns 3(a) and 3(b))
(1)				%				
(2)				%				
(3)				%				
(4)				%				
Totals Total dividends-received ded	uctions included in co	olumn 8			Part I, line	and on page 1, 7, column (A).	Enter h Part I,	here and on page <sup>-</sup> line 7, column (B)
Schedule F - Interest, /	Annuities, Rovaltie	es, and R	ents From Contro	lled	Organizat	ions (see instru	uctions)	
		-	xempt Controlled Or		-			
1. Name of controlled organization	2. Employer identification nur	mber	3. Net unrelated income (loss) (see instructions)	<b>4</b> . T	otal of specified	<b>5.</b> Part of column specified		6. Deductions direct connected with incor in column 5
(1)				1				
(2)								
(3)								
(4)								
Nonexempt Controlled Or	ganizations							
7. Taxable Income	8. Net unrelated (loss) (see instr		9. Total of specific payments made		incluc	art of column 9 that i led in the controlling zation's gross incom	) coi	<ol> <li>Deductions directly nnected with income in column 10</li> </ol>
(1)								
(2)								
(3)								
(4)								
					Enter	columns 5 and 10. here and on page 1, I, line 8, column (A).	, En	dd columns 6 and 11. ter here and on page 1, art I, line 8, column (B).

Form 990-T (2015)		ROADS ED							843118	Page 4
Schedule G - Investment Ir	ncome of a Sec	ction 501(c	)(7),	(9), or (17) Orga	nizati	ion (see inst	truct	ions)		
1. Description of income	2. Amount o	f income		3. Deductions directly connected (attach schedule)		4. Set-asides (attach schedule)			<ol> <li>Total de and set-asi plus d</li> </ol>	des (col. 3
(1)										
(2)										
(3)										
(4)										
	Enter here and Part I, line 9, c								Enter here ar Part I, line 9	nd on page 1, , column (B).
Totals										
Schedule I - Exploited Exe	empt Activity In	come, Othe	er Th	an Advertising In	com	<b>e</b> (see instru	ctior	ns)		
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expense directly connected v production unrelated business inc	es with of	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. ( fror is i	Gross income n activity that not unrelated siness income		6. Expenses ttributable to column 5	exp (colum column mor	ss exempt enses n 6 minus 5, but not e than mn 4).
(1)										
(2)										
(3)										
(4)										
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here an page 1, Par line 10, col.	rt I,				on p	here and bage 1, , line 26.		
Totals ► Schedule J - Advertising Ir	como (ano instr	( )								
		,		idated Decia						
Part I Income From Per	Iodicals Report	ted on a Co	nsoi	Idated Basis			1			
1. Name of periodical	2. Gross advertising income	<b>3.</b> Direct advertising c		<ol> <li>Advertising gain or (loss) (col.</li> <li>minus col. 3). If a gain, compute cols. 5 through 7.</li> </ol>	5.	5. Circulation 6. Readership income costs		costs ( minus co not m	s readership column 6 blumn 5, but ore than mn 4).	
(1)										
(2)				-						
(3)				-						
(4)				-					-	
Totals (carry to Part II, line (5))										
Part II Income From Pe 2 through 7 on a l	riodicals Repo	rted on a S s.)	Sepa	rate Basis (For e	each	periodical I	iste	d in Part	II, fill in	columns
1. Name of periodical	2. Gross advertising income	<b>3.</b> Direct advertising c		<ol> <li>Advertising gain or (loss) (col.</li> <li>minus col. 3). If a gain, compute cols. 5 through 7.</li> </ol>	5.	Circulation income	n <b>6.</b> Readership costs		costs ( minus co not m	s readership column 6 olumn 5, but ore than umn 4).
(1) WHRO MEMBER GUIDE	51,207.	168,76	i0.	-117,553.						
(2)										
(3)										
(4)										
Totals from Part I							-			
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here an page 1, Par line 11, col.	rt I, (B).	-					on	here and bage 1, I, line 27.
Totals, Part II (lines 1-5)	51,207.	168,7				<u>,</u>				
Schedule K - Compensation	on of Officers, L	Directors, a	nd I	<b>rustees</b> (see instru 2. Title		3. Percent of time devoted t			ensation attrib	
(1) ATCH 4						business	0.1			
							%			
(2)							%			
$\frac{(3)}{(4)}$							%			
(4) Total Enter have and an page 4. E	) ort       4.4						%			01 004
Total. Enter here and on page 1, F	art II, IINE 14			<u></u>			. ►			21,224.
JSA									Form 99	<b>0-T</b> (2015)

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ATTACHMENT 1

## PART I - LINE 12 - OTHER INCOME

EDUCATIONAL PROGRAM REVENUE	115,879.
EQUIPMENT AND FACILITY LEASE	29,725.
BROADCAST FEES	297,028.
PART I - LINE 12 - OTHER INCOME	442,632.

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ATTACHMENT 2

## FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

EDUCATIONAL PROGRAM REVENUE DIRECT EXPENSES	207,510.
EQUIPMENT AND FACILITY LEASE DIRECT EXPENSES	57,381.
BROADCAST FEES DIRECT EXPENSES	368,374.
PART II - LINE 28 - OTHER DEDUCTIONS	633,265.

## SCHEDULE C - RENT INCOME DEDUCTIONS

ATTACHMENT 3

#### TOWER RENT

SALARIES	244,310.
DEPRECIATION	169,870.
UTILITIES AND TELEPHONE	208,881.
BANDWIDTH	61,476.
REPAIRS	62,228.
FUEL	5,337.
PROPERTY TAXES	2,807.
SUPPLIES AND OTHER COSTS	2,182.
TOTAL	<u> </u>

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ATTACHMENT 4

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#### SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

NAME AND ADDRESS	TITLE	BUSINESS <u>PERCENT</u>	COMPENSATION
BERTEL SCHMIDT 5200 HAMPTON BOULEVARD NORFOLK, VA 23508-1507	PRESIDENT & CEO	0	0.
PHILLIP PERDUE 5200 HAMPTON BOULEVARD NORFOLK, VA 23508-1507	CHIEF DEVELOPMENT OFFICER	0	0.
THOMAS MOREHOUSE 5200 HAMPTON BOULEVARD NORFOLK, VA 23508-1507	CHIEF FINANCIAL OFFICER	6.000000	7,277.
DOUGLAS WEISS 5200 HAMPTON BOULEVARD NORFOLK, VA 23508-1507	CHIEF OPERATING OFFICER	0	0.
DIANE ROGIC 5200 HAMPTON BOULEVARD NORFOLK, VA 23508-1507	DIRECTOR OF CORPORATE SUPPORT	0	0.
LIST OF DIRECTORS ATTACHED 5200 HAMPTON BOULEVARD NORFOLK, VA 23508-1507	DIRECTORS	0	0.
VIRGINIA WERNER 5200 HAMPTON BOULEVARD NORFOLK, VA 23508-1507	ASSISTANT SECRETARY	25.000000	13,947.
BRIAN CALLAHAN 5200 HAMPTON BOULEVARD NORFOLK, VA 23508-1507	VICE PRESIDENT OF EDUCATION	0	0.

TOTAL COMPENSATION

21,224.

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#### FEDERAL FOOTNOTES

NET OPERATING LOSS CARRYFORWARDS TO 2015 AND 2016

HAMPTON ROADS EDUCATIONAL TELECOMMUNICATIONS ASSOCIATION, INC. (WHRO) REPORTED ON FORM 990-T EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN FOR THE YEAR ENDED JUNE 30, 2015 (THE 2014 FORM 990-T) A NET OPERATING LOSS (NOL) TOTALING \$673,836. THE NOL INCLUDED DEDUCTIONS REPORTED ON LINES 14 THROUGH 28 OF PART II TOTALING \$380,797.

WHRO DETERMINED AFTER FILING ITS 2014 FORM 990-T THAT ALL OF THE DEDUCTIONS REPORTED IN PART II WERE SUBSTANTIALLY RELATED TO THE EXERCISE AND PERFORMANCE OF THE EDUCATIONAL PURPOSES THAT CONSTITUTE THE BASIS OF ITS EXEMPTION FROM TAX UNDER SECTION 501 OF THE INTERNAL REVENUE CODE. THUS, NONE OF DEDUCTIONS REPORTED IN PART II OF THE 2014 FORM 990-T ARE RELATED TO THE CONDUCT OF AN UNRELATED BUSINESS ACTIVITY, AND NONE ARE ALLOWABLE IN DETERMINING THE AMOUNT THE NOL CARRYFORWARD TO THIS 2015 FORM 990-T.

STATEMENT 3 INCLUDED WITH THE 2014 FORM 990-T REPORTED AN NOL CARRYFORWARD TO THE TAX YEAR TOTALING \$880,786. A STATEMENT ATTACHED TO THIS FORM 990-T RESTATES THE AMOUNT OF THE NOL REPORTED ON PAGE ONE OF THE 2014 FORM 990-T AND THE AMOUNT OF THE NOL CARRYFORWARD TO THIS 2015 FORM 990-T.

# Hampton Roads Educational Telecommunications Association, Inc. EIN 54-0843118 Form 990-T Exempt Organization Business Income Tax Return Tax Year Ended June 30, 2016

NOL reported on page one of 6/30/2015 Form 990-T Less deducts reported on lines 14-28 in Part II <b>Restated NOL incurred in tax year 6/30/2015</b>	\$ 673,836 (380,797)	\$ 293,039
NOL's Reported on Form 990-T for tax years:		
6/30/2009	\$ 55,594	
6/30/2010	395,119	
6/30/2011	136,417	
6/30/2012	119,861	
6/30/2013	134,607	
6/30/2014	39,170	 880,768
NOL carryforward to this tax year ended 06/30/2016		\$ 1,173,807
NOL incurred in tax year 6/30/2016		377,589
NOL carryforward to tax year ended 06/30/2017		\$ 1,551,396



An Independent Member of the BDO Seidman Alliance

Hampton Roads Educational Telecommunications Association, Inc. Instructions for Filing Form 500 Virginia Corporation Income Tax for the year ended June 30, 2016

The original return should be signed (using full name and title) and dated on page 2 by an authorized officer of the corporation.

There is no tax due for the current year.

The original return should be filed on or before December 15, 2016 with the following:

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

To document the timely filing of your tax return(s), we suggest that you obtain and retain proof of mailing. Proof of mailing can be accomplished by sending the tax return(s) by registered or certified mail (metered by the U.S. Postal Service) or through the use of an IRS approved delivery method provided by an IRS designated private delivery service.

	Attention: Return must be filed el	ectronically. Use this	form only if yo	u have an	approved	waiver	Offic	ial Use Only
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	Short Year Return Change in Accoun							
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	•						Physica	I Address Char
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Phv	sical City or Town			State		ZIP Cod	e	NAICS
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### 2015 Virginia Form 500

54-0843118

FEIN\_



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Page 2 INCOME Federal taxable income (from attached federal return) -377,589.00 1 2 Total additions from Schedule 500ADJ, Section A, Line 7 .00 589.00 3 Total subtractions from Schedule 500ADJ, Section B, Line 10 \_\_\_\_\_ 4 \_\_\_\_ 4 00 589.00 5 -377, Savings and Loan Association's Bad Debt Deduction (see Instructions) 6 \_ 6 .00 7 Virginia taxable income (subtract Line 6 from Line 5) -377,589.00 TAX COMPUTATION Multistate Corporation - If business conducted within and without Virginia (Multistate Corporation), attach Schedule 500A and complete Lines 8(a) through 8(d). If entire business conducted in Virginia, skip to Line 9. (a) Income subject to Virginia tax from Schedule 500A, Section B, Line 3(j) .00 (b) Apportionment factor percentage from Schedule 500A, Section B, Line 1 or Line 2(g). 8(b) % (c) Nonapportionable investment function income from Schedule 500A, Section B, Line 3(c) \_\_\_\_\_ 8(c) \_\_\_\_ .00 (d) Nonapportionable investment function loss from Schedule 500A, Section B, Line 3(e) 8(d) .00 Income tax [6% of Line 7 or 6% of Line 8(a)] \_\_\_\_\_9 \_\_\_\_ 9 NONE.00 PAYMENTS AND CREDITS 10 .00 NONE.00 Adjusted corporate tax (subtract Line 10 from Line 9) 11 12 .00 13 .00 Refundable tax credits from Schedule 500CR, Part XXXV, Line 147 14 .00 14 Pass-Through Entity total withholding from Schedule 500ADJ, Section D 15 .00 15 Total payments and credits (add Lines 12 through 15). .00 16 REFUND OR TAX DUE Tax owed (if Line 11 is greater than Line 16, subtract Line 16 from Line 11) \_\_\_\_\_ 17 \_ 17 NONE.00 18 .00 19 .00 Additional charge from Form 500C, Line 17 (attach Form 500C) 20 20 .00 Total due (add Lines 17 through 20). 21 \_ 21 NONE.00 22 Overpayment (if Line 16 is greater than Line 11, subtract Line 11 from Line 16) 22 .00 Amount to be credited to 2016 estimated tax 23 \_ .00 23

I, the undersigned president, vice-president, treasurer, assistant treasurer, chief accounting officer, or other officer duly authorized to act on behalf of the corporation for which this return is made, declare under the penalties provided by law that this return (including any accompanying schedules and statements) has been examined by me and is, to the best of my knowledge and belief, a true, correct, and complete return, made in good faith, for the taxable year stated, pursuant to the income tax laws of the Commonwealth of Virginia. If prepared by a person other than the taxpayer, this declaration is based on all information of which he or she has any knowledge.

Amount to be refunded (subtract Line 23 from Line 22) 24

Date	Signature of Officer		Title
			PRESIDENT & CEO
Printed Name of Officer			Phone Number
BERTEL SCHMII	DT		757-889-9400
Print Preparer's Name ar	nd Firm Name		Phone Number
JOY M BIXLER	MCPHILLIPS, ROBE	RTS & DEANS	,750C640-7190
Date Individual of Firm, Signature of Preparer Address of Prepare		Address of Preparer	150 BOUSH STREET, SUITE 1100
		NORFOLK, VA	23510
Preparer's FEIN, PTIN or SSN Appr		Approved Vendor Code	
54-1921942		1062	

VA DEPT OF TAXATION 2601004 (REV 09/15)

24

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

# **Schedule of Adjustments**



Na	me as shown on Virginia return <u>HAMPTON ROADS EDUCATIONAL</u>	FEIN	ــــــــــــــــــــــــــــــــــــــ	54-0843118
S	ection A - Additions to Federal Taxable Income			
1.	Fixed Date Conformity Addition (depreciation - see instructions)		1	.00
	Fixed Date Conformity Addition (other - see instructions).			
3.	Taxable Addition from Schedule 500AB, Line 10		3	.00
4.	Net Income tax and other taxes that are based on, measured by or c	omputed with		
	reference to net income		4	.00
5.	Interest on state obligations other than Virginia		5	.00
6.	Other Additions to federal taxable income	Code		Amount
		6a		.00
	6a-6c Refer to instructions for the Other Addition Codes.	6b		.00
		6c		.00
7.	Total Additions (Add Lines 1 - 5 and 6a - 6c. Enter here and on Form	500, Line 2.)	7	.00
_				
S	ection B - Subtractions from Federal Taxable Income			
1.	Fixed Date Conformity Subtraction (depreciation - see instructions)		1	.00
2.	Fixed Date Conformity Subtraction (other - see instructions)			
3.	Income from obligations or securities of the U.S. exempt from state			
	but not from federal income taxes		3	.00
4.	Foreign dividend gross-up (IRC § 78)			
5.	Refund or credit of income taxes included in federal taxable income			
6.	Subpart F Income (IRC § 951)			
7.				
	(see instructions for limitations)		7	.00
8.				
	of the voting stock, to the extent remaining in federal taxable income		8	.00
9.		Code		Amount
		9a		.00
	9a-9c Refer to instructions for the Other Subtraction Codes.	9b		.00
		9c		.00
10	. Total Subtractions (Add Lines 1 - 8 and 9a - 9c. Enter here and on Fo		. 10	.00
	,	. ,		
S	ection C - Amended Return			
	you are filing an amended return, complete Section C to dete ditional payment.	rmine if you will receive an ac	ditional ref	und or if you need to make an
1	Add amount paid with original return plus additional tax paid after it	was filed (Do not		
	include amount paid from Form 500, Line 20.)		1	.00
2	Add Line 1 from above and Line 16 from Form 500 and enter the tot			
2. 3.				.00

### Explanation of Changes to Income and Modifications

Attach explanation for amending return. Provide the Line reference from the Form 500 for which a change is reported and give the reason for each change. Show any computation in detail and attach any applicable schedules.

# Attach Schedule 500ADJ to Your Virginia Corporation Return, Form 500.

Va. Dept. of Taxation 2601001 REV 09/15 1062

5D5602 1.000

# Schedule of Federal Line Items



Nam	e as shown on Virginia return _ HAMPTON ROADS EDUCATIONAL	FEIN	54-0843118
Fo	rm 1120, Deductions and Taxable Income		
1.	Domestic Production Activities Deduction	1	.00
2.	Federal Taxable Income before NOL and Special Deductions	2	-377,589.00
3.	Net Operating Loss Deduction		NONE .00
4.	Special Deductions	4	.00
5.	Federal Taxable Income after NOL and Special Deductions		-377,589.00
Fo	rm 1120, Schedule C, Dividends and Special Deductions		
6.	Subpart F Income		
7.	Foreign Dividend Gross-Up	7	.00
Fo	rm 1120, Schedule K or M-3		
8.	Tax Exempt Interest		.00
Eo	rm 5884		
9.	Salaries and Wages not deducted due to the WOTC	9	.00
-	-		
	rm 4562 - Special Depreciation Allowance and Other Depreciation		
10.	Special depreciation allowance for qualified property placed in service during		00
11	taxable year Property subject to 168(f)(1) election		
	Other depreciation		
	rm 1118, Schedule A, Income or Loss Before Adjustments - Gross Inc		
13.	Total: Deemed Dividends (Exclude Gross-up)		
14. 15.	Total: Deemed Dividend (Gross-up) Total: Other Dividends (Exclude Gross-up)		
16.	Total: Other Dividends (Gross-up)		
17.	Total: Interest		
18.	Total: Gross Rents, Royalties, and License Fees		
19.	Total: Gross Income from Performance of Services		
20. 21	Total: Other Total: Total Gross Income or Loss from Outside the US		
<u> </u>			.00
	rm 1118, Schedule A, Income or Loss Before Adjustments - Deduction	ons	
22.	Total: Definitely Allocable - Rental, Royalty, and Licensing Expenses -	00	00
23	Depreciation, Depletion, and Amortization Total: Definitely Allocable - Rental, Royalty, and Licensing Expenses -		.00
20.	Other Expenses	23	.00
24.	Total: Definitely Allocable - Expenses Related to Gross Income from		
	Performance of Services		.00
25.	Total: Definitely Allocable - Other Definitely Allocable Deductions		
26. 27.	Total: Total Definitely Allocable Deductions Total: Apportioned Share of Deductions not Definitely Allocable		
28.	Total: Net Operating Loss Deduction		
29.	Total: Total Deductions		
Ea	rm 1118, Schedule A, Income or Loss Before Adjustments - Total Inc	ome	
-	Total: Total Income or (Loss) Before Adjustments		.00
50.			.00

# Attach Schedule 500FED to Your Virginia Corporation Return, Form 500.

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

Va. Dept. of Taxation 2601002 REV 08/15 1062 5D5605 1.000 6339KV 2YVG 09/14/2016 13:54:51 V15-6.7F 54-0843118