

Return of Organization Exempt From Income Tax

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

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

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

Open to Public Inspection

A For the **2019** calendar year, or tax year beginning 07/01, 2019, and ending 06/30, 2020

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <u>HAMPTON ROADS EDUCATIONAL TELECOMMUNICATIONS ASSOCIATION, INC.</u>				D Employer identification number <u>54-0843118</u>		
	Doing business as				E Telephone number <u>(757) 889-9400</u>		
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>5200 HAMPTON BOULEVARD</u>		City or town, state or province, country, and ZIP or foreign postal code <u>NORFOLK, VA 23508-1507</u>		G Gross receipts \$ <u>24,539,907.</u>		
	F Name and address of principal officer: <u>BERTEL SCHMIDT</u> <u>5200 HAMPTON BOULEVARD, NORFOLK, VA 23508-1507</u>				H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ▶ <u>WWW.WHRO.ORG</u>				H(c) Group exemption number ▶	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: <u>1961</u>		M State of legal domicile: <u>VA</u>		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>TO ENHANCE THE LIVES OF THE CITIZENS IN THE COMMUNITIES IT SERVES BY RESPONDING TO THEIR NEED TO TO BE ENGAGED, EDUCATED, ENTERTAINED AND ENLIGHTENED.</u>			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	<u>36</u>	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<u>36</u>	
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<u>140</u>	
	6	Total number of volunteers (estimate if necessary)	<u>500</u>	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	<u>175,845.</u>	
7b	Net unrelated business taxable income from Form 990-T, line 39			
Revenue	8	Contributions and grants (Part VIII, line 1h)	<u>6,347,870.</u>	<u>13,327,979.</u>
	9	Program service revenue (Part VIII, line 2g)	<u>4,667,028.</u>	<u>4,630,257.</u>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>418,636.</u>	<u>298,511.</u>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>1,853,016.</u>	<u>2,283,141.</u>
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>13,286,550.</u>	<u>20,539,888.</u>
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u>0.</u>
14		Benefits paid to or for members (Part IX, column (A), line 4)	<u>0.</u>	<u>0.</u>
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>7,228,470.</u>	<u>7,679,120.</u>
16a		Professional fundraising fees (Part IX, column (A), line 11e)	<u>0.</u>	<u>0.</u>
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>1,882,770.</u>		
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>7,109,835.</u>	<u>7,158,368.</u>
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>14,338,305.</u>	<u>14,837,488.</u>
19	Revenue less expenses. Subtract line 18 from line 12	<u>-1,051,755.</u>	<u>5,702,400.</u>	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	<u>23,210,959.</u>	<u>32,477,430.</u>
	21	Total liabilities (Part X, line 26)	<u>5,862,454.</u>	<u>9,054,421.</u>
	22	Net assets or fund balances. Subtract line 21 from line 20	<u>17,348,505.</u>	<u>23,423,009.</u>

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date	
	<u>BERTEL SCHMIDT</u>		<u>11/15/2020</u>	
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature	
	<u>JAMES E PRINCE III</u>		<u>JAMES E PRINCE III</u>	
	Firm's name ▶ <u>BDO USA, LLP</u>		Date	
	Firm's address ▶ <u>150 BOUSH STREET, SUITE 1100 NORFOLK, VA 23510</u>		Check <input type="checkbox"/> if self-employed PTIN <u>P00559346</u>	
Firm's EIN ▶ <u>13-5381590</u>		Phone no. <u>757-640-7190</u>		

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

ATTACHMENT 1

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

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 6,766,781. including grants of \$) (Revenue \$)

ATTACHMENT 2

4b (Code:) (Expenses \$ 2,218,626. including grants of \$) (Revenue \$)

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. PROVIDES TECHNOLOGY SERVICES TO THE INTERNAL STAFF AND PLATFORMS FOR STREAMING SERVICES. PROVIDES MAINTENANCE, REPAIR AND ENGINEERING SERVICES FOR TELEVISION AND RADIO STUDIOS AND OUR TRANSMITTERS LOCATED THROUGHOUT EASTERN VIRGINIA.

4c (Code:) (Expenses \$ 1,892,821. including grants of \$) (Revenue \$)

EDUCATION - HRETA, INC., OWNED BY 21 VIRGINIA SCHOOL DIVISIONS, DELIVERS EARLY LEARNING, TEACHER TRAINING, AND ONLINE CONTENT CREATION AND DISTRIBUTION SERVICES, INCLUDING 24 ONLINE HIGH SCHOOL EDUCATION COURSES CORRELATED TO THE VIRGINIA STANDARDS OF LEARNING, AND A DIGITAL ASSET LIBRARY OF OVER 163,000 RICH MEDIA ELEMENTS PROVIDED TO ALL 100,000 REGISTERED PUBLIC, PRIVATE AND HOME SCHOOL 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, A SERVICE OF THE VIRGINIA DEPARTMENT OF EDUCATION.

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 10,878,228.

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)? <i>If "Yes," complete Schedule A.</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V.</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	X	
b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		X
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		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? <i>If "Yes," complete Schedule D, Part IX.</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		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)? <i>If "Yes," complete Schedule D, Part X.</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?.		X
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? <i>If "Yes," complete Schedule F, Parts I and IV.</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		X
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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions).		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II.</i>		X

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Question text, and Yes/No response columns. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, and organizational transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 columns: Question number, Question text, and Yes/No response columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with 3 columns: Question, Yes, No. Rows include questions 2a through 16 regarding employee reporting, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (36), 1b (36), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed VA,
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BERTEL SCHMIDT PRESIDENT & CEO	40.00 0.	X		X				246,861.	0.	19,635.
(2) DIANE ROGIC DIR CORP SUPPORT	40.00 0.					X		174,997.	0.	16,019.
(3) THOMAS BURTON CDO	40.00 0.					X		142,896.	0.	5,700.
(4) THOMAS MOREHOUSE CHIEF FINANCIAL OFFICER	40.00 0.			X				130,414.	0.	5,830.
(5) HEATHER MAZZONI VP CONTENT	40.00 0.					X		113,501.	0.	18,843.
(6) JEFFREY SMITH DIR BUS INTELLIGENCE	40.00 0.					X		110,066.	0.	16,330.
(7) GLENN HICKMAN SR. RADIO FREQ ENG	40.00 0.					X		94,384.	0.	29,805.
(8) CHRIS GUNNUFSEN ENG & IT OFFICER	40.00 0.					X		103,682.	0.	12,886.
(9) ELMER SEWARD VP OF EDUCATION	40.00 0.					X		86,053.	0.	14,857.
(10) VIRGINIA WERNER ASSISTANT TO PRESIDENT	40.00 0.			X				61,730.	0.	3,488.
(11) LIST OF DIRECTORS ATTACHED DIRECTORS	0. 0.	X						0.	0.	0.
(12)										
(13)										
(14)										

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b	4,658,994.				
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions) . .	1e	3,083,740.				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	5,585,245.				
	g	Noncash contributions included in lines 1a-1f.	1g	\$				
	h	Total. Add lines 1a-1f			13,327,979.			
	Program Service Revenue	2a	EDUCATION SERVICES	Business Code	900099	2,353,403.	2,353,403.	
b		PROGRAM UNDERWRITING		517000	1,490,290.	1,490,290.		
c		SCHOOL ASSESSMENTS		900099	516,218.	516,218.		
d		INTERNET SERVICE & WEB DESIGN		517000	120,483.	120,483.		
e		PRODUCTION FEES		532000	22,100.	22,100.		
f		All other program service revenue			127,763.	127,763.		
g		Total. Add lines 2a-2f			4,630,257.			
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts).			309,063.		309,063.
	4	Income from investment of tax-exempt bond proceeds . .			0.			
	5	Royalties			2,078,932.		2,078,932.	
	6a	Gross rents	(i) Real	769,347.				
			(ii) Personal					
			6a					
	b	Less: rental expenses	6b	655,139.				
	c	Rental income or (loss)	6c	114,208.				
	d	Net rental income or (loss)			114,208.		114,208.	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	3,334,328.				
			(ii) Other		0.			
			7a					
	b	Less: cost or other basis and sales expenses . .	7b	3,277,789.	67,091.			
	c	Gain or (loss)	7c	56,539.	-67,091.			
	d	Net gain or (loss)			-10,552.		-10,552.	
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a		0.				
		b	Less: direct expenses	8b		0.		
		c	Net income or (loss) from fundraising events.			0.		
9a	Gross income from gaming activities. See Part IV, line 19	9a		0.				
		b	Less: direct expenses	9b		0.		
		c	Net income or (loss) from gaming activities.			0.		
10a	Gross sales of inventory, less returns and allowances	10a		0.				
		b	Less: cost of goods sold	10b		0.		
		c	Net income or (loss) from sales of inventory.			0.		
Miscellaneous Revenue	11a	ADVERTISING REVENUE	Business Code	541800	61,637.	61,637.		
	b	MISCELLANEOUS INCOME		900099	28,364.		28,364.	
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d			90,001.			
12	Total revenue. See instructions			20,539,888.	4,630,257.	175,845.	2,405,807.	

Part IX Statement of Functional Expenses

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

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

Table with 5 columns: (A) Total expenses, (B) Program service expenses, (C) Management and general expenses, (D) Fundraising expenses. Rows include categories like Grants, Salaries, Pension, Advertising, and Total functional expenses.

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,401,143.	1	3,575,473.
	2 Savings and temporary cash investments	0.	2	0.
	3 Pledges and grants receivable, net	430,518.	3	2,262,852.
	4 Accounts receivable, net.	549,328.	4	3,709,100.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges ATCH . 5	157,015.	9	198,936.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 27,147,797.			
	b Less: accumulated depreciation 10b 19,787,655.	4,698,778.	10c	7,360,142.
	11 Investments - publicly traded securities. ATCH . 6	11,748,991.	11	12,007,836.
	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	3,225,186.	15	3,363,091.
16 Total assets. Add lines 1 through 15 (must equal line 33)	23,210,959.	16	32,477,430.	
Liabilities	17 Accounts payable and accrued expenses	1,531,988.	17	2,145,720.
	18 Grants payable	0.	18	0.
	19 Deferred revenue. ATCH . 7	1,177,432.	19	625,547.
	20 Tax-exempt bond liabilities.	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	3,020,650.	23	4,684,103.
	24 Unsecured notes and loans payable to unrelated third parties.	132,384.	24	1,599,051.
	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.	5,862,454.	26	9,054,421.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	12,459,129.	27	16,366,403.
	28 Net assets with donor restrictions.	4,889,376.	28	7,056,606.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund.		30	
	31 Retained earnings, endowment, accumulated income, or other funds.		31	
	32 Total net assets or fund balances	17,348,505.	32	23,423,009.
33 Total liabilities and net assets/fund balances	23,210,959.	33	32,477,430.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	20,539,888.
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,837,488.
3	Revenue less expenses. Subtract line 2 from line 1	3	5,702,400.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	17,348,505.
5	Net unrealized gains (losses) on investments	5	108,996.
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 on Schedule O)	9	263,108.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	23,423,009.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

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

Employer identification number
54-0843118

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**.
Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

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

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

Section A. Public Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities; 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2018 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2019; 16b 33 1/3% support test - 2018; 17a 10%-facts-and-circumstances test - 2019; 17b 10%-facts-and-circumstances test - 2018; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

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

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, 2019, 2018. Row 15: Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)). Row 16: Public support percentage from 2018 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2019, 2018. Row 17: Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)). Row 18: Investment income percentage from 2018 Schedule A, Part III, line 17.

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11 a	
b A family member of a person described in (a) above?	11 b	
c 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>	11 c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	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 "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>	1	

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

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

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

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

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

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

ATTACHMENT 1

SCHEDULE A, PART II - ORGANIZATIONS RECEIVING ANY UNUSUAL GRANTS FOR 2019

<u>NAME OF CONTRIBUTOR</u>	<u>DATE</u>	<u>AMOUNT</u>	<u>EXPLANATION</u>
FCC	12/01/2019	3,083,740.	COMMUNICATIONS UPGRADES
TOTAL		3,083,740.	

ATTACHMENT 2

SCHEDULE A, PART II - OTHER INCOME

<u>DESCRIPTION</u>	<u>2015</u>	<u>2016</u>	<u>2017</u>	<u>2018</u>	<u>2019</u>	<u>TOTAL</u>
MISCELLANEOUS INCOME				615.	28,364.	28,979.
TOTALS				615.	28,364.	28,979.

Schedule of Contributors

2019

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization HAMPTON ROADS EDUCATIONAL TELECOMMUNICATIONS ASSOCIATION, INC.	Employer identification number 54-0843118
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Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization HAMPTON ROADS EDUCATIONAL TELECOMMUNICATIONS ASSOCIATION, INC.	Employer identification number 54-0843118
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CORPORATION FOR PUBLIC BROADCASTING 401 9TH ST NW WASHINGTON, DC 20004	\$ 1,657,371.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	MS. JANE BATTEN 8104 OCEANFRONT AVENUE VIRGINIA BEACH, VA 23451	\$ 3,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	JANE C. WHITEHEAD REVOCABLE TRUST 4847 CHEVY CHASE DRIVE CHEVY CHASE, MD 10815	\$ 399,010.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	FEDERAL COMMUNICATIONS COMMISSION 45 L STREET NW WASHINGTON, DC 20554	\$ 3,083,740.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HAMPTON ROADS EDUCATIONAL TELECOMMUNICATIONS ASSOCIATION, INC.	Employer identification number 54-0843118
--	---

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

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

Name of organization HAMPTON ROADS EDUCATIONAL TELECOMMUNICATIONS ASSOCIATION, INC.	Employer identification number 54-0843118
--	---

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

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

Employer identification number 54-0843118

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate values, and yes/no questions about donor advisement.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Includes rows for purpose(s) of easements, total number, acreage, and monitoring expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Line number, Description, and Amount. Includes rows for art collections, revenue, and assets.

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

Schedule D (Form 990) 2019

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange program
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? **Yes** **No**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	11,244,033.	10,510,815.	10,858,797.	10,198,913.	10,037,237.
b Contributions	523,021.	276,590.	41,087.	36,013.	495,895.
c Net investment earnings, gains, and losses	433,218.	782,920.	782,243.	794,794.	-179,219.
d Grants or scholarships					
e Other expenditures for facilities and programs	384,279.	326,292.	171,312.	170,923.	155,000.
f Administrative expenses					
g End of year balance	11,815,993.	11,244,033.	11,510,815.	10,858,797.	10,198,913.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 97.4900 %
 - b** Permanent endowment ▶ 2.5100 %
 - c** Term endowment ▶ _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|---------------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		397,677.		397,677.
b Buildings		5,469,808.	4,668,921.	800,887.
c Leasehold improvements				
d Equipment		21,280,312.	15,118,734.	6,161,578.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				7,360,142.

Part VII Investments - Other Securities.

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 (including name of security)	(b) Book value	(c) Method of valuation: 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.) . ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: 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.) . ▶		

Part IX Other Assets.

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
(1) TOWER RIGHTS	706,215.
(2) SPLIT INTEREST AGREEMENT	2,656,876.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	3,363,091.

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)	
(8)	
(9)	
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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Part XIII Supplemental Information (continued)

PART V, LINE 4:

THE ENDOWMENT ASSETS ARE CONTROLLED BY THE BOARD OF DIRECTORS AND INVESTED IN A MANNER INTENDED TO PRODUCE A REAL RETURN, NET OF INFLATION AND INVESTMENT MANAGEMENT COSTS, OF AT LEAST 5% OVER THE LONG TERM. ANNUAL DISTRIBUTIONS FROM THE ENDOWMENT POOL USED TO FUND OPERATIONS EQUAL FOUR PERCENT OF A TRAILING TWELVE-QUARTER MOVING AVERAGE OF THE ENDOWMENT POOL FAIR MARKET VALUE FOR THE PERIOD ENDING ON DECEMBER 31 OF THE PREVIOUS YEAR.

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, 2020. 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 \$1,287,000 RELATED TO ITS UNRELATED

Part XIII Supplemental Information (continued)

BUSINESS INCOME AT JUNE 30, 2020. THESE CARRYFORWARDS WILL BEGIN TO EXPIRE IN VARYING AMOUNTS BEGINNING IN 2029.

WHRO'S INCOME TAX RETURNS ARE SUBJECT TO EXAMINATION BY TAXING AUTHORITIES, GENERALLY 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 2015.

PART XI LINE 2D AND PART XII LINE 2D

THE NET DECREASE OF \$947,156 REPORTED ON PART XI LINE 2D CONSISTS OF THE SUM OF (I) FACILITY RENTAL EXPENSES [\$655,139]; (II) LOSSES FROM SALES AND DISPOSITIONS OF REAL AND DEPRECIABLE ASSETS [\$67,091]; AND (III) THE CHANGE IN VALUE OF A SPLIT INTEREST AGREEMENTS [\$263,108] REDUCED BY FINANCIAL SERVICES FEES [\$38,182].

THE NET DECREASE OF \$684,048 REPORTED ON PART XII LINE 2D CONSISTS OF THE SUM OF (I) FACILITY RENTAL EXPENSES [\$655,139] AND (II) LOSSES FROM SALES AND DISPOSITIONS OF REAL PROPERTY AND DEPRECIABLE ASSETS [\$67,091], REDUCED BY FINANCIAL SERVICES FEES [\$38,182].

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

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

Employer identification number
54-0843118

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a	X	
2	X	
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2019

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 BERTEL SCHMIDT PRESIDENT & CEO	(i)	246,861.	0.	0.	6,902.	12,733.	266,496.	0.
	(ii)	0.	0.	0.				
2 DIANE ROGIC DIR CORP SUPPORT	(i)	174,997.	0.	0.	7,454.	8,565.	191,016.	0.
	(ii)	0.	0.	0.				
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

**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.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

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

Employer identification number
54-0843118

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 VETERAN'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

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

Employer identification number
54-0843118

REQUEST.

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

OTHER CHANGES IN NET ASSETS OR FUND BALANCES INCLUDES A CHANGE IN VALUE
OF SPLIT INTEREST AGREEMENT [\$263,108].

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 ACCEPTED.

ATTACHMENT 1

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

WHRO PUBLIC MEDIA PLAYS A SIGNIFICANT ROLE BUILDING INDIVIDUAL
ACTIVITY, COMMUNITY CAPACITY, AND NATIONAL AWARENESS. WE ARE COMMITTED
TO PROVIDE EDUCATIONAL AND ENLIGHTENING CONTENT THROUGH RADIO AND
TELEVISION TO EASTERN VIRGINIA. ADDITIONALLY, WHRO EDUCATION PROVIDES
A STATE-WIDE PROPULATION OF 286,000 STUDENTS AND 25,000 EDUCATORS,
INCLUDING MORE THAN 15 INDEPENDENT SCHOOLS, WITH SERVICES THAT RANGE
FROM STEM, TO PROFESSIONAL DEVELOPMENT FOR TEACHERS, TO STUDENT
LEARNING THROUGH ONLINE COURSES AND EMEDIAVA. VIEWED AS A LEADER IN
EDUCATIONAL PROGRAMS, WHRO PUBLIC MEDIA IS RECOGNIZED REGIONALLY,
STATEWIDE, AND NATIONALLY FOR PROGRAMS IT HAS CREATED.

ATTACHMENT 2

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

BROADCAST AND DIGITAL CONTENT- WHRO IS THE THE LOCAL PUBLIC
TELEVISION BROADCASTER IN EASTERN VIRGINIA, PROVIDING QUALITY

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

Employer identification number
54-0843118

ATTACHMENT 2 (CONT'D)

TELEVISION PROGRAMMING ON FOUR CHANNELS 24 HOURS A DAY. FROM CHILDREN'S SHOWS LIKE SESAME STREET, DANIEL TIGER'S NEIGHBORHOOD AND READY, JET, GO! TO PBS SHOWCASE PROGRAMS LIKE NOVA, MASTERPIECE, PBS NEWSHOUR, AMERICAN EXPERIENCE AND FRONTLINE, WHRO-TV 15 PROVIDES QUALITY PROGRAMMING FOR ALL AGES. LOCAL BROADCASTS AND DIGITAL CONTENT INCLUDE, CURATE, CINEMA 15, MUSIC & MIGHT, LOCAL CONGRESSIONAL AND SENATORIAL DEBATES AND A DOCUMENTARIES SUCH AS #YOUNGSINGERSPROJECT AND COMEDY BOOTCAMP. WHRO BROADCASTS EDUCATIONAL TELEVISION THAT DELIGHTS CHILDREN WHILE BUILDING READING, SCIENCE, TECHNOLOGY AND MATH SKILLS, PROGRAMS FOR LIFE-LONG LEARNING, PUBLIC AFFAIRS ANALYSIS AND DOCUMENTARIES, PERFORMANCE PROGRAMMING CELEBRATING CULTURAL DIVERSITY AND THE COUNTRY, ACCLAIMED HISTORY, SCIENCE AND NATURE PROGRAMMING, AND THE BEST IN INDEPENDENT FILMS. WHRV 89.5 FM RADIO IS THE PLACE TO HEAR NPR PROGRAMS LIKE MORNING EDITION AND ALL THINGS CONSIDERED, AMERICAN PUBLIC MEDIA'S MARKETPLACE, AS WELL AS ALTERNATIVE, JAZZ AND FOLK MUSIC. CALL IN SHOWS HEARSAY WITH CATHY LEWIS AND ANOTHER VIEW HOSTED BY BARBARA HAMM LEE PROVIDE A FORUM TO THE OPEN EXCHANGE OF IDEAS AND OPINIONS. PODCASTS/BROADCASTS INCLUDE MIND OVER MANNERS, OUT THE BOX ALBUM OF THE WEEK, THIS WEEK IN MAL'S WORLD, OPENING NIGHT WITH REBECCA EVANS, BIRDNOTES, STROME BUSINESS MINUTE, EDUCATIONALLY SPEAKING, THE EMERGING LEADERS SMART PILL, WRITER'S BLOCK AND ARTS CONVERSATIONS. WHRO 90.3 FM RADIO PROVIDES 24-HOUR CLASSICAL MUSIC AND FINE ARTS PROGRAMMING AND IS AN IMPORTANT CONNECTION BETWEEN THE MANY FINE PERFORMING

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

Employer identification number
54-0843118

ATTACHMENT 2 (CONT'D)

ARTS ORGANIZATIONS IN THE AREA AND THE COMMUNITY THROUGH
PARTNERSHIPS TO RECORD AND BROADCAST CONCERTS, PROMOTE EVENTS, AND
HIGHLIGHT THE RICH CULTURAL OFFERINGS OF OUR REGION INCLUDING
BROADCASTS OF PERFORMANCES BY VISITING ARTISTS WITH THE VIRGINIA
ARTS FESTIVAL, VIRGINIA SYMPHONY AND VIRGINIA OPERA.

ATTACHMENT 3

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
PUBLIC BROADCASTING SERVICE PO BOX 751550 CHARLOTTE, NC 28275	PROGRAM FEES/DUES	1,143,393.
NATIONAL PUBLIC RADIO, INC. PO BOX 79540 BALTIMORE, MD 21279	PROGRAM FEES/DUES	577,847.
HARMONIC INC 4300 NORTH FIRST STREET SAN JOSE, CA 95134	IT SERVICES	402,932.
AMERICAN PUBLIC MEDIA PO BOX 70870 ST. PAUL, MN 55170	PROGRAM FEES/DUES	201,013.
INSTRUCTURE, INC 6330 SOUTH 3000 EAST, SUITE 700 SALT LAKE CITY, UT 84121	EDUCATIONAL SERVICES	141,635.

ATTACHMENT 4

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

Employer identification number
54-0843118

ATTACHMENT 4 (CONT'D)

FORM 990, PART IX - OTHER EXPENSES

<u>DESCRIPTION</u>	<u>(A) TOTAL EXPENSES</u>	<u>(B) PROGRAM SERVICE EXP.</u>	<u>(C) MANAGEMENT AND GENERAL</u>	<u>(D) FUNDRAISING EXPENSES</u>
EDUCATION SOFTWARE & LICENSES	405,007.	405,007.		
PROGRAM FEES - OTHER	331,800.	331,800.		
TELEPHONE AND BANDWIDTH	281,186.	205,482.	38,238.	37,466.
LISTING SERVICES & AUDIENCE RE	3,247.	3,247.		
REPAIRS & MAINTENANCE	190,558.	153,229.	24,421.	12,908.
TEMPORARY SERVICES AND GRAPHIC	8,958.	4,432.	4,526.	
FUNDRAISING PREMIUMS	102,711.	52.		102,659.
POSTAGE AND SHIPPING	326,718.	64,875.	7,891.	253,952.
PRODUCTION COSTS - OTHER	54,222.	53,672.		550.
MISCELLANEOUS	123,528.	58,020.	59,025.	6,483.
PAPER, PRINTING, & STATIONARY	168,931.	131,176.	719.	37,036.
DUES AND SUBSCRIPTIONS	188,944.	126,162.	49,536.	13,246.
SUPPLIES AND SUBSCRIPTIONS	74,859.	65,528.	8,019.	1,312.
CREDIT CARD AND BANK FEES	217,889.	3,090.	9,448.	205,351.
UTILITIES	185,398.	135,259.	30,855.	19,284.
STREAMING FEES	11,175.	10,625.		550.
CONSULTANT FEES	283,157.	51,834.	208,036.	23,287.
TOTALS	<u>2,958,288.</u>	<u>1,803,490.</u>	<u>440,714.</u>	<u>714,084.</u>

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

Employer identification number
54-0843118

ATTACHMENT 5

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>
PREPAID EXPENSES	185,662.
INVENTORY - PREMIUMS	13,274.
TOTALS	<u>198,936.</u>

ATTACHMENT 6

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>COST OR FMV</u>
INVESTMENTS	12,007,836.	FMV
TOTALS	<u>12,007,836.</u>	

ATTACHMENT 7

FORM 990, PART X - DEFERRED REVENUE

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>
DEFERRED REVENUE	625,547.
TOTALS	<u>625,547.</u>

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

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

Employer identification number 54-0843118

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Table with 6 columns: (a) Name, address, and EIN (if applicable) of disregarded entity; (b) Primary activity; (c) Legal domicile (state or foreign country); (d) Total income; (e) End-of-year assets; (f) Direct controlling entity. Rows 1-6 are empty.

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

Table with 7 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile (state or foreign country); (d) Exempt Code section; (e) Public charity status (if section 501(c)(3)); (f) Direct controlling entity; (g) Section 512(b)(13) controlled entity? (Yes/No). Rows 1-7 are empty.

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

Schedule R (Form 990) 2019

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) THE 1920S RADIO NETWORK LLC 2412 JOHNSTOWN RD CHESAPEAKE, VA 23322			N/A						
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

Sales of Business Property (Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

Department of the Treasury Internal Revenue Service

Attach to your tax return.

Attachment Sequence No. 27

Go to www.irs.gov/Form4797 for instructions and the latest information.

Table with 2 columns: Name of property and Identifying number. Row 1: EDUCATIONAL TELECOMMUNICATIONS ASSOCIATION, INC. 54-0843118

1 Enter the gross proceeds from sales or exchanges reported to you for 2019 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions. 1

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Most Property Held More Than 1 Year (see instructions)

Table with 7 columns: (a) Description of property, (b) Date acquired, (c) Date sold, (d) Gross sales price, (e) Depreciation allowed or allowable since acquisition, (f) Cost or other basis, plus improvements and expense of sale, (g) Gain or (loss) Subtract (f) from the sum of (d) and (e)

3 Gain, if any, from Form 4684, line 39 3
4 Section 1231 gain from installment sales from Form 6252, line 26 or 37 4
5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 5
6 Gain, if any, from line 32, from other than casualty or theft 6
7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows 7

Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

8 Nonrecaptured net section 1231 losses from prior years. See instructions 8
9 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions 9

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less): ATTACHMENT 1 -67,091.

11 Loss, if any, from line 7 11 ()
12 Gain, if any, from line 7 or amount from line 8, if applicable. 12
13 Gain, if any, from line 31 13
14 Net gain or (loss) from Form 4684, lines 31 and 38a 14
15 Ordinary gain from installment sales from Form 6252, line 25 or 36 15
16 Ordinary gain or (loss) from like-kind exchanges from Form 8824 16
17 Combine lines 10 through 16. 17 -67,091.

18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.

a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040 or Form 1040-SR), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions 18a
b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040 or Form 1040-SR), Part I, line 4 18b

For Paperwork Reduction Act Notice, see separate instructions.

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255
(see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A			
B			
C			
D			
These columns relate to the properties on lines 19A through 19D. ▶		Property A	Property B
20	Gross sales price (Note: See line 1 before completing.)	20	
21	Cost or other basis plus expense of sale	21	
22	Depreciation (or depletion) allowed or allowable	22	
23	Adjusted basis. Subtract line 22 from line 21	23	
24	Total gain. Subtract line 23 from line 20.	24	
25 If section 1245 property:			
a	Depreciation allowed or allowable from line 22	25a	
b	Enter the smaller of line 24 or 25a.	25b	
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.			
a	Additional depreciation after 1975. See instructions	26a	
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b	
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c	
d	Additional depreciation after 1969 and before 1976	26d	
e	Enter the smaller of line 26c or 26d	26e	
f	Section 291 amount (corporations only)	26f	
g	Add lines 26b, 26e, and 26f	26g	
27 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.			
a	Soil, water, and land clearing expenses	27a	
b	Line 27a multiplied by applicable percentage. See instructions	27b	
c	Enter the smaller of line 24 or 27b	27c	
28 If section 1254 property:			
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a	
b	Enter the smaller of line 24 or 28a	28b	
29 If section 1255 property:			
a	Applicable percentage of payments excluded from income under section 126. See instructions	29a	
b	Enter the smaller of line 24 or 29a. See instructions	29b	

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less
(see instructions)

		(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33	
34	Recomputed depreciation. See instructions	34	
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	

**Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))**

For calendar year 2019 or other tax year beginning 07/01, 2019, and ending 06/30, 2020.

2019

Department of the Treasury
Internal Revenue Service

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

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

Open to Public Inspection for
501(c)(3) Organizations Only

<p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section</p> <table style="width:100%;"> <tr> <td><input checked="" type="checkbox"/> 501(C)(3)</td> <td><input type="checkbox"/> 220(e)</td> </tr> <tr> <td><input type="checkbox"/> 408(e)</td> <td><input type="checkbox"/> 530(a)</td> </tr> <tr> <td><input type="checkbox"/> 408A</td> <td><input type="checkbox"/> 529(a)</td> </tr> </table> <p>C Book value of all assets at end of year <u>32,477,430.</u></p>	<input checked="" type="checkbox"/> 501(C)(3)	<input type="checkbox"/> 220(e)	<input type="checkbox"/> 408(e)	<input type="checkbox"/> 530(a)	<input type="checkbox"/> 408A	<input type="checkbox"/> 529(a)	Print or Type	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) HAMPTON ROADS EDUCATIONAL TELECOMMUNICATIONS ASSOCIATION, INC.</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 5200 HAMPTON BOULEVARD</p> <p>City or town, state or province, country, and ZIP or foreign postal code NORFOLK, VA 23508-1507</p> <p>F Group exemption number (See instructions.) ▶</p> <p>G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>	<p>D Employer identification number (Employees' trust, see instructions.) 54-0843118</p> <p>E Unrelated business activity code (See instructions.) 532000</p>
<input checked="" type="checkbox"/> 501(C)(3)	<input type="checkbox"/> 220(e)								
<input type="checkbox"/> 408(e)	<input type="checkbox"/> 530(a)								
<input type="checkbox"/> 408A	<input type="checkbox"/> 529(a)								

H Enter the number of the organization's unrelated trades or businesses. ▶ 2 Describe the only (or first) unrelated trade or business here ▶ ATCH 1. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subidiary controlled group? ▶ Yes No
If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ BERTEL SCHMIDT Telephone number ▶ 757-889-9400

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
c Balance ▶		1c		
2	Cost of goods sold (Schedule A, line 7)			
3	Gross profit. Subtract line 2 from line 1c			
4a	Capital gain net income (attach Schedule D)			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
c	Capital loss deduction for trusts			
5	Income (loss) from a partnership or an S corporation (attach statement)			
6	Rent income (Schedule C)	769,347.	655,139.	114,208.
7	Unrelated debt-financed income (Schedule E)			
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10	Exploited exempt activity income (Schedule I)			
11	Advertising income (Schedule J)			
12	Other income (See instructions; attach schedule)			
13	Total. Combine lines 3 through 12	769,347.	655,139.	114,208.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)		14
15	Salaries and wages		15
16	Repairs and maintenance		16
17	Bad debts		17
18	Interest (attach schedule) (see instructions)		18
19	Taxes and licenses		19
20	Depreciation (attach Form 4562)	20	
21	Less depreciation claimed on Schedule A and elsewhere on return	21a	21b
22	Depletion		22
23	Contributions to deferred compensation plans		23
24	Employee benefit programs		24
25	Excess exempt expenses (Schedule I)		25
26	Excess readership costs (Schedule J)		26
27	Other deductions (attach schedule)		27
28	Total deductions. Add lines 14 through 27		28
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13		114,208.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		30
31	Unrelated business taxable income. Subtract line 30 from line 29		114,208.

For Paperwork Reduction Act Notice, see instructions.

Part III Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, and Amount. Includes lines 32-39 for unrelated business taxable income calculation.

Part IV Tax Computation

Table with 3 columns: Line number, Description, and Amount. Includes lines 40-45 for tax computation.

Part V Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Includes lines 46a-56 for tax and payments.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Line number, Description, and Yes/No columns. Includes lines 57-59 regarding foreign activities and tax-exempt interest.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature and Preparer Information section. Includes fields for officer signature (BERTEL SCHMIDT), date (11/15/2020), title (PRESIDENT & CEO), and preparer information (JAMES E PRINCE III, BDO USA, LLP).

May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [] No

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line		
3 Cost of labor	3		6 from line 5. Enter here and in Part		
4a Additional section 263A costs			I, line 2	7	
(attach schedule)	4a				
b Other costs (attach schedule)	4b		8 Do the rules of section 263A (with respect to		Yes No
5 Total. Add lines 1 through 4b	5		property produced or acquired for resale) apply		
			to the organization?		X

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1) TOWER RENTAL AND REVENUE SHARING
(2)
(3)
(4)

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1) ATCH 3	769,347.	655,139.
(2)		
(3)		
(4)		
Total	Total 769,347.	

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶

769,347.

(b) Total deductions.

Enter here and on page 1, Part I, line 6, column (B) ▶

655,139.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals ▶			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8 ▶				

Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

Totals ▶

Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).

Totals ▶

Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 25.

Totals ▶

Schedule J – Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						

Totals (carry to Part II, line (5)) . . . ▶

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I. ▶						
Totals, Part II (lines 1-5) ▶	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 26.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14 ▶			

**SCHEDULE M
(Form 990-T)**

**Unrelated Business Taxable Income from an
Unrelated Trade or Business**

OMB No. 1545-0047

2019

For calendar year 2019 or other tax year beginning 07/01, 2019, and ending 06/30, 2020.

Department of the Treasury
Internal Revenue Service

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

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

Open to Public Inspection for
501(c)(3) Organizations Only

Name of the organization

HAMPTON ROADS EDUCATIONAL

Employer identification number

54-0843118

Unrelated Business Activity Code (see instructions) ▶ 541800

Describe the unrelated trade or business ▶ ADVERTISING MEMBERSHIP PERIODICAL

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales				
b Less returns and allowances	c Balance ▶	1c		
2 Cost of goods sold (Schedule A, line 7)		2		
3 Gross profit. Subtract line 2 from line 1c		3		
4a Capital gain net income (attach Schedule D)		4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from a partnership or an S corporation (attach statement)		5		
6 Rent income (Schedule C)		6		
7 Unrelated debt-financed income (Schedule E)		7		
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)		8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9		
10 Exploited exempt activity income (Schedule I)		10		
11 Advertising income (Schedule J) <u>ATCH 4</u>		11 61,637.	188,953.	-127,316.
12 Other income (See instructions; attach schedule)		12		
13 Total. Combine lines 3 through 12		13 61,637.	188,953.	-127,316.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)		14		
15 Salaries and wages		15		
16 Repairs and maintenance		16		
17 Bad debts		17		
18 Interest (attach schedule) (see instructions)		18		
19 Taxes and licenses		19		
20 Depreciation (attach Form 4562)	20			
21 Less depreciation claimed on Schedule A and elsewhere on return	21a			21b
22 Depletion		22		
23 Contributions to deferred compensation plans		23		
24 Employee benefit programs		24		
25 Excess exempt expenses (Schedule I)		25		
26 Excess readership costs (Schedule J)		26		
27 Other deductions (attach schedule)		27		
28 Total deductions. Add lines 14 through 27		28		
29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13		29		-127,316.
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		30		
31 Unrelated business taxable income. Subtract line 30 from line 29		31		-127,316.

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

ORGANIZATION'S FIRST UNRELATED TRADE OR BUSINESS ACTIVITY

TOWER LEASE AND RELATED REVENUE SHARING

FORM 990-T: PART III - LINE 36 - PRIOR YEARS NET OPERATING LOSS DEDUCTION

LOSS YEAR ENDING	ORIGINAL LOSS	LOSS AVAILABLE IN CURRENT YEAR	LOSS CLAIMED IN CURRENT YEAR
06/30/2000			
06/30/2001			
06/30/2002			
06/30/2003			
06/30/2004			
06/30/2005			
06/30/2006			
06/30/2007			
06/30/2008			
06/30/2009			
06/30/2010			
06/30/2011			
06/30/2012			
06/30/2013			
06/30/2014			
06/30/2015	53,961.	16,108.	16,108.
06/30/2016	69,402.	69,402.	69,402.
06/30/2017	132,284.	132,284.	28,698.
06/30/2018	54,657.	54,657.	
TOTAL:	310,304.	272,451.	114,208.
NET OPERATING LOSS AVAILABLE FROM PRIOR YEARS			272,451.
TAXABLE INCOME (LINE 35 ON PAGE 2, 990T)			114,208.
NET OPERATING LOSS DEDUCTION			114,208.

SCHEDULE C - RENT INCOME DEDUCTIONSTOWER RENTAL AND REVENUE SHARING

MISCELLANEOUS	25,780.
COMPUTER MAINTENANCE CONTRACT	5,763.
DEPRECIATION	142,287.
SALARIES	188,051.
REPAIRS	58,975.
UTILITIES	200,285.
TELEPHONE & BANDWIDTH	22,624.
INTEREST AND TAXES	11,082.
SUPPLIES AND SUBSCRIPTIONS	292.
TOTAL	<u>655,139.</u>

ATTACHMENT 4

SCHEDULE M - SCHEDULE J ADVERTISING INCOME REPORTED ON A SEPARATE BASIS

<u>1</u> <u>NAME OF PERIODICAL</u>	<u>2</u> GROSS ADVERTISING INCOME	<u>3</u> DIRECT ADVERTISING COSTS	<u>4</u> ADVERTISING GAIN OR LOSS	<u>5</u> CIRCULATION INCOME	<u>6</u> READERSHIP COSTS	<u>7</u> EXCESS READERSHIP COSTS
WHRO MEMBER GUIDE	61,637.	188,953.				
	<u>61,637.</u>	<u>188,953.</u>	<u>-127,316.</u>			
	<u>61,637.</u>	<u>188,953.</u>				



Tel: 757-640-7190
Fax: 757-640-7297
www.bdo.com

Town Point Center
150 Boush Street, Suite 1100
Norfolk, VA 23510

Hampton Roads Educational
Telecommunications Association, Inc.
Instructions for Filing
Form 500
Virginia Corporation Income Tax
for the year ended June 30, 2020

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 June 15, 2021 with :

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.

**2019 Virginia Corporation
 Income Tax Return**



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

Official Use Only

FISCAL or
 SHORT Year Filer: Beginning Date 07/01, 2019; Ending Date 06/30, 2020

Short Year Return Change in Accounting Period

FEIN 54-0843118	Name HAMPTON ROADS EDUCATIONAL	Check all that apply: <input type="checkbox"/> Initial Filer <input type="checkbox"/> Name Change <input type="checkbox"/> Mailing Address Change <input type="checkbox"/> Physical Address Change	
Mailing Address 5200 HAMPTON BOULEVARD			
City or Town NORFOLK	State VA	ZIP Code 23508	
Physical Address (if different from Mailing Address)		Entity Type Code NP	
Physical City or Town	State	ZIP Code	NAICS Code 583200
Date Incorporated 05/17/1961	State or Country of Incorporation VA	Description of Business Activity LEASING SERVICES	

Check Applicable Boxes	Final Return	Corporate Telecommunications Company
<input type="checkbox"/> Consolidated - Sch. 500AC Enclosed <input type="checkbox"/> Combined - Sch. 500AC Enclosed <input type="checkbox"/> Change in Filing Status <input type="checkbox"/> Sch. 500A Enclosed <input type="checkbox"/> Schedule 500AB Enclosed <input type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Certified Company Apportionment - Sch. 500AP Enclosed Enter number of affiliates _____	<input type="checkbox"/> Final Return - Check here and applicable boxes below. <input type="checkbox"/> Withdrawn <input type="checkbox"/> Dissolved - No longer liable for tax. Dissolved Date _____ <input type="checkbox"/> Merged Merger Date _____ <input type="checkbox"/> Merged FEIN # _____ <input type="checkbox"/> S Corp Effective _____	Enter amount from Form 500T, Line 7: _____ .00
Amended Return (Do not file this form to carry back a net operating loss. Use Form 500NOLD)		Noncorporate Telecommunications Company Check box and enter amount from Form 500T, Line 10: <input type="checkbox"/> _____ .00
<input type="checkbox"/> Amended Return - Check here and other applicable boxes. <input type="checkbox"/> Federal Audit - Enclose copy of IRS final determination. <input type="checkbox"/> Schedule 500A Changes <input type="checkbox"/> Schedule 500ADJ Changes	<input type="checkbox"/> Nonrefundable or Refundable Credit Change <input type="checkbox"/> Schedule 500AB Changes <input type="checkbox"/> Capital Loss Carryback <input type="checkbox"/> Other - Enclose explanation.	Electric Supplier Company Enter amount from Sch. 500EL, Line 7 or 14: _____ .00
Questions and Related Information		Home Service Contract Provider Enter amount from Form 500HS, Line 10. <input type="checkbox"/> Check box if a noncorporate HSCP. _____ .00

- A.** Have you made any payments to an affiliated corporation, a related individual, or other related entity for interest, royalties or other expenses related to intangible property (patents, trademarks, copyrights, and similar intangible property)? If yes, complete and enclose Schedule 500AB.
- Enter exception amount from Schedule 500AB, Line 8. **A.** _____ .00
- B.** Coalfield Employment Enhancement Tax Credit earned from 2019 Form 306, Line 11. **B.** _____ .00
- C.** If a net operating loss deduction was claimed in computing federal taxable income on the U.S. Corporation Income Tax Return, provide the requested information. If a NOL resulted from a merger, enter the FEIN of the company generating the NOL prior to the merger date.
- | | |
|---|--------------------------|
| (1) Year of Loss | _____ 2015 |
| (2) Federal NOL | _____ 114208. |
| (3) Percent of federal NOL used this year | _____ 33.607590 % |
- FEIN _____ SEE STATEMENT 1
 (If there are NOLs for more than one year, enclose a schedule for each year with the information requested in Section C.)
- D.** If pass-through entity withholding is claimed, enter the number of Schedules VK-1 and complete and enclose Schedule 500ADJ, Page 2. **D.** _____
- E.** Has your federal income tax liability been redetermined with the IRS and finalized for any prior year(s) that has not previously been reported to the Department? If yes, provide the year(s). Year _____
 Year _____
 Year _____
- F.** Location of corporation's books 5200 HAMPTON BLVD NORFOLK, VA 23508
 Contact for corporation's books BERTEL SCHMIDT Contact Phone Number 757-889-9400

2019 Virginia Form 500

Page 2

FEIN
54-0843118



INCOME

1. Federal taxable income (from enclosed federal return)	1.		.00
2. Total additions from Schedule 500ADJ, Section A, Line 7	2.		.00
3. Total (add Lines 1 and 2).	3.		.00
4. Total subtractions from Schedule 500ADJ, Section B, Line 10	4.		.00
5. Balance (subtract Line 4 from Line 3).	5.		.00
6. Savings and Loan Association's Bad Debt Deduction (see instructions).	6.		.00
7. Virginia taxable income (subtract Line 6 from Line 5)	7.		.00

TAX COMPUTATION

8. Apportionable Income (Schedule 500A Filers) - Complete Lines 8(a) through 8(d). See instructions.			
(a) Income subject to Virginia tax from Schedule 500A, Section B, Line 3(j)	8(a).		.00
(b) Apportionment factor percentage from Schedule 500A, Section B, Line 1 or Line 2(f).	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
9. Income tax [6% of Line 7 or 6% of Line 8(a)]	9.	NONE	.00

PAYMENTS AND CREDITS

10. Nonrefundable tax credits: Enter the amount from Schedule 500CR, Section 2, Part 1, Line 1B	10.		.00
11. Adjusted corporate tax (subtract Line 10 from Line 9)	11.	NONE	.00
12. 2019 estimated Virginia income tax payments including overpayment credit from 2018	12.		.00
13. Extension payment	13.		.00
14. Refundable tax credits from Schedule 500CR, Section 4, Part 1, Line 1A	14.		.00
15. Pass-through entity total withholding from Schedule 500ADJ, Section D	15.		.00
16. Total payments and credits (add Lines 12 through 15)	16.		.00

REFUND OR TAX DUE

17. Tax owed (if Line 11 is greater than Line 16, subtract Line 16 from Line 11)	17.	NONE	.00
18. Penalty (see instructions)	18.		.00
19. Interest (see instructions)	19.		.00
20. Additional charge from Form 500C, Line 17 (enclose Form 500C)	20.		.00
21. Total due (add Lines 17 through 20).	21.	NONE	.00
22. Overpayment (if Line 16 is greater than Line 11, subtract Line 11 from Line 16)	22.		.00
23. Amount to be credited to 2020 estimated tax.	23.		.00
24. Amount to be refunded (subtract Line 23 from Line 22)	24.		.00

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.

By checking the box to the right, I (we) authorize the Department to discuss this return with the undersigned preparer.

Date	Signature of Officer	Title
		PRESIDENT & CEO
Printed Name of Officer		Phone Number
BERTEL SCHMIDT		757-889-9400
Print Preparer's Name and Firm Name		Preparer Phone Number
JAMES E PRINCE, III BDO USA, LLP		757-640-7190
Date	Individual or Firm, Signature of Preparer	Address of Preparer
11/18/2021		150 BOUSH STREET, SUITE 1100 NORFOLK, VA 23510
Preparer's FEIN, PTIN, or SSN		Approved Vendor Code
13-5381590		1062

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

**2019 Virginia
Schedule 500FED**

**Corporation Schedule of
Federal Line Items**



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

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

Name as shown on Virginia return HAMPTON ROADS EDUCATIONAL FEIN 54-0843118

Form 1120 - Deductions and Taxable Income

1. Federal Taxable Income before NOL and Special Deductions	1.	<u>114,208.00</u>
2. Net Operating Loss Deduction	2.	<u>114,208.00</u>
3. Special Deductions	3.	<u>.00</u>
4. Federal Taxable Income after NOL and Special Deductions	4.	<u>NONE.00</u>

Form 1120, Schedule C - Dividends and Special Deductions

5. Subpart F Income and/or Global Intangible Low-Taxed Income	5.	<u>.00</u>
6. Gross-Up for Foreign Taxes Deemed Paid	6.	<u>.00</u>

Form 1120, Schedule K or M-1

7. Tax Exempt Interest	7.	<u>.00</u>
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Form 5884 - Work Opportunity Credit

8. Salaries and Wages not deducted due to the WOTC	8.	<u>.00</u>
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Form 4562 - Special Depreciation Allowance and Other Depreciation

9. Special depreciation allowance for qualified property placed in service during the taxable year	9.	<u>.00</u>
10. Property subject to 168(f)(1) election	10.	<u>.00</u>
11. Other depreciation	11.	<u>.00</u>

Form 1118, Schedule A - Income or Loss Before Adjustments - Gross Income or Loss

12. Total: Dividends (Exclude Gross-Up)	12.	<u>.00</u>
13. Total: Dividends (Gross-up)	13.	<u>.00</u>
14. Total: Inclusions (Exclude Gross-up)	14.	<u>.00</u>
15. Total: Inclusions (Gross-up)	15.	<u>.00</u>
16. Total: Interest	16.	<u>.00</u>
17. Total: Gross Rents, Royalties, and License Fees	17.	<u>.00</u>
18. Total: Gross Income from Performance of Services	18.	<u>.00</u>
19. Total: Other	19.	<u>.00</u>
20. Total: Total Gross Income or Loss from Outside the US	20.	<u>.00</u>

Form 1118, Schedule A - Income or Loss Before Adjustments - Deductions

21. Total: Allocable - Rental, Royalty, and Licensing Expenses - Depreciation, Depletion, and Amortization	21.	<u>.00</u>
22. Total: Allocable - Rental, Royalty, and Licensing Expenses - Other Expenses	22.	<u>.00</u>
23. Total: Allocable - Expenses Related to Gross Income from Performance of Services	23.	<u>.00</u>
24. Total: Allocable - Other Allocable Deductions	24.	<u>.00</u>
25. Total: Total Allocable Deductions	25.	<u>.00</u>
26. Total: Apportioned Share of Deductions	26.	<u>.00</u>
27. Total: Net Operating Loss Deduction	27.	<u>.00</u>
28. Total: Total Deductions	28.	<u>.00</u>

Form 1118, Schedule A - Income or Loss Before Adjustments - Total Income

29. Total: Total Income or (Loss) Before Adjustments	29.	<u>.00</u>
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VIRGINIA FORM 500, PAGE 1 DETAIL

QUESTION C - NET OPERATING LOSS ADJUSTMENT

YEAR OF LOSS	RESULTED FROM MERGER	EIN	FEDERAL NOL	FEDERAL NOL UTILIZED IN CURRENT YEAR	NET VA MODIFICATION YEAR OF NOL	PERCENTAGE FED NOL UTILIZED	VA ADJ FOR FED NOL
2014			16,108	16,108	NONE	1.0000	NONE
2015			69,402	69,402	NONE	1.0000	NONE
2016			132,284	28,698	NONE	0.2169	NONE
2017			54,657		NONE		NONE
2018			67,377		NONE		NONE
				TOTAL VA ADJUSTMENT			NONE

FORM 990-T, EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN

=====

LINE 36 - DEDUCTION FOR NET OPERATING LOSS ARISING IN TAX YEARS BEFORE 1/1/2018 - LEASING ACTIVITY

YEAR ENDING	ORIGINAL NOL	AMOUNT AVAILABLE	AMOUNT USED	CONVERTED CONTRIBUTIONS	CARRYOVER TO NEXT YEAR
06/30/2009	39,413.	NONE	NONE		NONE
06/30/2013	34,566.	NONE	NONE		NONE
06/30/2015	53,961.	16,108.	16,108.		
06/30/2016	69,402.	69,402.	69,402.		
06/30/2017	132,284.	132,284.	28,698.		103,586.
06/30/2018	54,657.	54,657.			54,657.
06/30/2019	67,377.	67,377.			67,377.
TOTAL	451,660.	339,828.	114,208.		225,620.

Hampton Roads Educational Telecommunications
EIN 54-0843118
Form 990-T Exempt Organization Business Income Tax Return
Tax Year Ended June 30, 2020

Net Operating Loss Carryforwards
Unrelated Business Activity — Advertising

Year Ended	Original NOL	Net Operating Loss Carryforward to		
		Current Year	Applied	Next Year
6/30/2009	102,892	102,892	-	102,892
6/30/2010	144,566	144,566	-	144,566
6/30/2011	120,289	120,289	-	120,289
6/30/2012	144,398	144,398	-	144,398
6/30/2013	82,513	82,513	-	82,513
6/30/2014	56,631	56,631	-	56,631
6/30/2015	55,584	55,584	-	55,584
6/30/2016	117,553	117,553	-	117,553
6/30/2017	91,989	91,989	-	91,989
6/30/2018	127,585	127,585	-	127,585
6/30/2019	115,738	115,738	-	115,738
6/30/2020	127,316	127,316	-	127,316
	<u>1,287,054</u>	<u>1,287,054</u>	<u>-</u>	<u>1,287,054</u>