



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

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

HAMPTON ROADS EDUCATIONAL
Instructions for Filing
Form 8879-TE
IRS e-file Signature Authorization for Form 990
For the year ended June 30, 2023

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

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

BDO USA
300 E. Main Street, Suite #1300
Norfolk VA 23510

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

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

Return of Organization Exempt From Income Tax

Department of the Treasury
Internal Revenue Service

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.

A For the **2022** calendar year, or tax year beginning 07/01/2022 and ending 06/30/2023

| | | | |
|--|--|---|--|
| 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</u> | | D Employer identification number <u>54-0843118</u> |
| | Doing business as <u>WHRO PUBLIC MEDIA</u> | | 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> | | G Gross receipts \$ <u>21,594,491.</u> |
| | City or town, state or province, country, and ZIP or foreign postal code <u>NORFOLK, VA 23508-1507</u> | | |
| | F Name and address of principal officer: <u>BERTEL SCHMIDT</u> | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <u>SAME AS "C" ABOVE</u> | | H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--|------------------------------------|
| 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 | H(c) Group exemption number |
|--|------------------------------------|

J Website: WWW.WHRO.ORG

K Form of organization: Corporation Trust Association Other **L** Year of formation: 1961 **M** State of legal domicile: VA

Part I Summary

| | |
|--|---|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: <u>IMPROVE THE CIVIC, EDUCATIONAL & CULTURAL LIFE OF THE CITIZENS OF EASTERN VA THROUGH THE PRODUCTION AND DISTRIB. OF IMPORTANT AND IMPACTFUL LOCAL, NATIONAL, AND EDUCATIONAL CONTENT.</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>34</u> |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) <u>33</u> |
| | 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) <u>146</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>87,898.</u> |
| 7b Net unrelated business taxable income from Form 990-T, Part I, line 11 <u>NONE</u> | |

| | | Prior Year | Current Year |
|----------------|---|--------------------|--------------|
| Revenue | 8 Contributions and grants (Part VIII, line 1h) <u>7,679,344.</u> | <u>8,859,914.</u> | |
| | 9 Program service revenue (Part VIII, line 2g) <u>3,894,881.</u> | <u>4,627,567.</u> | |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) <u>395,896.</u> | <u>313,856.</u> | |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <u>1,912,047.</u> | <u>2,028,866.</u> | |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <u>13,882,168.</u> | <u>15,830,203.</u> | |

| | | |
|--|---|-------------------|
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) <u>NONE</u> | <u>NONE</u> |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) <u>NONE</u> | <u>NONE</u> |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <u>8,376,170.</u> | <u>9,726,240.</u> |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) <u>NONE</u> | <u>NONE</u> |
| | b Total fundraising expenses (Part IX, column (D), line 25) <u>2,010,559.</u> | |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <u>6,395,152.</u> | <u>7,830,483.</u> | |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <u>14,771,322.</u> | <u>17,556,723.</u> | |
| 19 Revenue less expenses. Subtract line 18 from line 12 <u>-889,154.</u> | <u>-1,726,520.</u> | |

| | | Beginning of Current Year | End of Year |
|------------------------------------|--|---------------------------|-------------|
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) <u>32,040,229.</u> | <u>31,548,718.</u> | |
| | 21 Total liabilities (Part X, line 26) <u>3,798,956.</u> | <u>2,007,487.</u> | |
| | 22 Net assets or fund balances. Subtract line 21 from line 20. <u>28,241,273.</u> | <u>29,541,231.</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 <u>BERTEL SCHMIDT</u> | Date <u>PRESIDENT & CEO</u> |
| | Type or print name and title | |

| | | | | | |
|-------------------------------|--|--|----------------------------------|---|--------------------------|
| Paid Preparer Use Only | Print/Type preparer's name <u>MARC BERGER</u> | Preparer's signature <u>MARC BERGER</u> | Date | Check <input type="checkbox"/> if self-employed | PTIN <u>P01871563</u> |
| | Firm's name <u>BDO USA</u> | Firm's EIN <u>13-5381590</u> | Phone no. <u>757-640-7190</u> | | |
| | Firm's address <u>300 E. MAIN STREET, SUITE #1300 NORFOLK, VA 23510</u> | | | | |

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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

[] Yes [X] No

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

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

[] Yes [X] No

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

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

4a (Code:) (Expenses \$ 8,597,106. including grants of \$ NONE) (Revenue \$ 2,019,595.)

SEE SCHEDULE O

4b (Code:) (Expenses \$ 2,937,573. including grants of \$ NONE) (Revenue \$ 265,000.)

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 \$ 2,548,966. including grants of \$ NONE) (Revenue \$ 2,342,972.)

DELIVERS EARLY LEARNING, TEACHER TRAINING, AND ONLINE CONTENT CREATION AND DISTRIBUTION SERVICES, INCLUDING ONLINE HIGH SCHOOL EDUCATION COURSES CORRELATED TO THE VIRGINIA STANDARDS OF LEARNING, AND A DIGITAL ASSET LIBRARY OF TENS OF THOUSANDS OF RICH MEDIA ELEMENTS PROVIDED TO ALL REGISTERED PUBLIC, PRIVATE AND HOME SCHOOL TEACHERS AND STUDENTS, AND ALL SCHOOL DIVISIONS IN THE STATE.

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

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

4e Total program service expenses 14,083,645.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational activities, financial reporting, and compliance with various IRS sections.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

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, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

| Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | Yes | No |
|---|---|-----|----|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 146 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | X | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | X | |
| b | If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i> | X | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | X |
| b | If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | X |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | X | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | X | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year 7d | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | |
| 10 | Section 501(c)(7) organizations. Enter: | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 10a | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | |
| 11 | Section 501(c)(12) organizations. Enter: | | |
| a | Gross income from members or shareholders 11a | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b | | |
| c | Enter the amount of reserves on hand 13c | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? 14a | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 If "Yes," see the instructions and file Form 4720, Schedule N. | | X |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. 16 | | X |
| 17 | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? 17 If "Yes," complete Form 6069. | | |

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 (34), 1b (33), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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 (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 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

BERTEL SCHMIDT 5200 HAMPTON BOULEVARD NORFOLK, VA 23508
757-889-9400

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 X

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (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/CRO | 40.00 NONE | X | X | | | | 292,119. | NONE | 23,624. | |
| (2) DIANE ROGIC DIR CORP. SUPPORT | 40.00 NONE | | | | X | | 188,695. | NONE | 18,548. | |
| (3) THOMAS BURTON CDO | 40.00 NONE | | | | X | | 163,452. | NONE | 6,515. | |
| (4) HEATHER MAZZONI CHIEF CONTENT OFFICER | 40.00 NONE | | | | X | | 137,074. | NONE | 16,487. | |
| (5) GLENN HICKMAN DIRECTOR OF ENGINEERING | 40.00 NONE | | | | X | | 131,221. | NONE | 17,144. | |
| (6) AMY SOKOL CFO | 40.00 NONE | | | X | | | 124,474. | NONE | 5,310. | |
| (7) SHANNON SAWYER ASST TO PRESIDENT | 40.00 NONE | | | X | | | 48,801. | NONE | 1,951. | |
| (8) BRUCE JACOBSON BOARD CHAIR (AS ON 7/22) | 1.00 NONE | X | X | | | | NONE | NONE | NONE | |
| (9) CHRISTOPHER KASTNER BOARD VICE CHAIR | 1.00 NONE | X | X | | | | NONE | NONE | NONE | |
| (10) KELLI WEBB BOARD SECRETARY | 1.00 NONE | X | X | | | | NONE | NONE | NONE | |
| (11) YVONNE ALLMOND BOARD TREASURER | 1.00 NONE | X | X | | | | NONE | NONE | NONE | |
| (12) DR ELIE BRACY III BOARD MEMBER/DIRECTOR | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (13) DR MARCIA CONSTON BOARD MEMBER/DIRECTOR | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (14) SALLY DICKINSON BOARD MEMBER/DIRECTOR | 1.00 NONE | X | | | | | NONE | NONE | NONE | |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|------------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (15) LEE ENTSMINGER BOARD MEMBER/DIRECTOR | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (16) SALLY SICKINSON BOARD MEMBER/DIRECTOR | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (17) LUIS ESTRADA BOARD MEMBER/DIRECTOR | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (18) JAY FORD BOARD MEMBER/DIRECTOR | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (19) ERIC FOX BOARD MEMBER/DIRECTOR | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (20) SIBEL GALINDEZ BOARD MEMBER/DIRECTOR | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (21) GWEN GILBERT BOARD MEMBER (AS ON 7/22) | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (22) DR. OLWEN HERRON BOARD MEMBER (AS ON 7/22) | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (23) MARK JOHNSON BOARD MEMBER/DIRECTOR | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (24) ASHBY KILBORE BOARD MEMBER/DIRECTOR | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (25) GREG MCCRACKEN BOARD MEMBER/DIRECTOR | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| 1b Sub-total | | | | | | | 1,085,836. | NONE | 89,579. | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | NONE | NONE | NONE | |
| d Total (add lines 1b and 1c) | | | | | | | 1,085,836. | NONE | 89,579. | |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 6

| | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | | |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | | |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |

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

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (26) ASHLEY MCLEOD BOARD MEMBER/DIRECTOR | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (27) JOSE ' MOREY, MD BOARD MEMBER/DIRECTOR | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (28) CHINEDU OKALA BOARD MEMBER/DIRECTOR | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (29) EILEEN OLDS BOARD MEMBER/DIRECTOR | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (30) CARI PARRISH BOARD MEMBER/DIRECTOR | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (31) ROBERT REY BOARD MEMBER/DIRECTOR | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (32) ROBIN RICE BOARD MEMBER/DIRECTOR | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (33) ROB ROBINS BOARD MEMBER/DIRECTOR | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (34) DR. JONATHAN ROMERO BOARD MEMBER/DIRECTOR | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (35) WIN SHORT BOARD MEMBER/DIRECTOR | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (36) DR. AARON SPENCE BOARD MEMBER/DIRECTOR | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| 1b Sub-total | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | | | |

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

| | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | | |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | | |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |

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

Part VIII Statement of Revenue

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

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 | |
|--|---|---|--------------------|--|--|--------------------------------------|---|--|
| Contributions, Gifts, Grants, and Other Similar Amounts | 1a | Federated campaigns | 1a | | | | | |
| | b | Membership dues | 1b | 5,196,413. | | | | |
| | c | Fundraising events | 1c | | | | | |
| | d | Related organizations | 1d | | | | | |
| | e | Government grants (contributions) . . | 1e | NONE | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above . | 1f | 3,663,501. | | | | |
| | g | Noncash contributions included in lines 1a-1f | 1g | \$ | | | | |
| | h | Total. Add lines 1a-1f | | | 8,859,914. | | | |
| | Program Service Revenue | 2a | EDUCATION SERVICES | Business Code | | | | |
| | | | 900099 | 1,596,936. | 1,596,936. | | | |
| b | | PROGRAM UNDERWRITING | 517000 | 1,576,525. | 1,576,525. | | | |
| c | | SCHOOL ASSESSMENTS | 900099 | 746,036. | 746,036. | | | |
| d | | BROADCAST CHANNEL FEES | 532000 | 488,677. | 488,677. | | | |
| e | | PRODUCTION FEES | 532000 | 119,612. | 119,612. | | | |
| f | | All other program service revenue | 517000 | 99,781. | 99,781. | | | |
| g | | Total. Add lines 2a-2f | | | 4,627,567. | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | 363,933. | | | 363,933. | |
| | 4 | Income from investment of tax-exempt bond proceeds . | | NONE | | | | |
| | 5 | Royalties | | 1,940,968. | | | 1,940,968. | |
| | 6a | Gross rents | 6a | (i) Real | | | | |
| | | | | (ii) Personal | | | | |
| | | | | | 892,602. | | | |
| | b | Less: rental expenses | 6b | 881,871. | | | | |
| | c | Rental income or (loss) | 6c | 10,731. | NONE | | | |
| | d | Net rental income or (loss) | | | 10,731. | | | |
| | 7a | Gross amount from sales of assets other than inventory | 7a | (i) Securities | | | | |
| | | | | (ii) Other | | | | |
| | | | | | 4,832,340. | | | |
| | | | | | | | | |
| | b | Less: cost or other basis and sales expenses | 7b | 4,882,417. | | | | |
| | c | Gain or (loss) | 7c | -50,077. | | | | |
| d | Net gain or (loss) | | | -50,077. | | -50,077. | | |
| 8a | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | 8a | | NONE | | | | |
| | | | 8b | NONE | | | | |
| | | | c | Net income or (loss) from fundraising events | | NONE | | |
| 9a | Gross income from gaming activities. See Part IV, line 19 | 9a | | NONE | | | | |
| | | | 9b | NONE | | | | |
| | | | c | Net income or (loss) from gaming activities | | NONE | | |
| 10a | Gross sales of inventory, less returns and allowances | 10a | | NONE | | | | |
| | | | 10b | NONE | | | | |
| | | | c | Net income or (loss) from sales of inventory | | NONE | | |
| Miscellaneous Revenue | 11a | ADVERTISING REVENUE | Business Code | | | | | |
| | | | 541800 | 77,167. | | 77,167. | | |
| | b | | | | | | | |
| | c | | | | | | | |
| | d | All other revenue | | | | | | |
| e | Total. Add lines 11a-11d | | | 77,167. | | | | |
| 12 | Total revenue. See instructions | | | 15,830,203. | 4,627,567. | 87,898. | 2,254,824. | |

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 X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

| | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | NONE | | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | NONE | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | NONE | | | |
| 4 Benefits paid to or for members | NONE | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 496,279. | 389,937. | 46,703. | 59,639. |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | NONE | | | |
| 7 Other salaries and wages | 7,488,933. | 5,884,213. | 704,763. | 899,957. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 283,379. | 217,955. | 29,560. | 35,864. |
| 9 Other employee benefits | 889,540. | 764,704. | 29,937. | 94,899. |
| 10 Payroll taxes | 568,109. | 452,400. | 46,879. | 68,830. |
| 11 Fees for services (nonemployees): | | | | |
| a Management | NONE | | | |
| b Legal | 30,242. | 24,399. | 2,482. | 3,361. |
| c Accounting | 148,689. | 119,961. | 12,205. | 16,523. |
| d Lobbying | NONE | | | |
| e Professional fundraising services. See Part IV, line 17 | NONE | | | |
| f Investment management fees | 42,100. | | | 42,100. |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) | 793,520. | 449,386. | 181,109. | 163,025. |
| 12 Advertising and promotion | 168,769. | 167,769. | | 1,000. |
| 13 Office expenses | 251,884. | 208,069. | 3,124. | 40,691. |
| 14 Information technology | 800,956. | 800,840. | 116. | |
| 15 Royalties | NONE | | | |
| 16 Occupancy | 177,063. | 160,757. | 6,928. | 9,378. |
| 17 Travel | 155,592. | 54,896. | 46,258. | 54,438. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | NONE | | | |
| 19 Conferences, conventions, and meetings | 150,834. | 114,578. | 22,989. | 13,267. |
| 20 Interest | 128,776. | 104,017. | 10,519. | 14,240. |
| 21 Payments to affiliates | NONE | | | |
| 22 Depreciation, depletion, and amortization | 1,029,087. | 825,668. | 86,424. | 116,995. |
| 23 Insurance | 207,199. | 164,436. | 18,168. | 24,595. |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) | | | | |
| a PUBLIC BROADCASTING SERVICE | 1,277,911. | 1,277,911. | | |
| b NPR FEES | 647,708. | 647,708. | | |
| c UTILITIES | 522,699. | 414,425. | 46,000. | 62,274. |
| d POSTAGE AND SHIPPING | 446,925. | 368,777. | 33,518. | 44,630. |
| e All other expenses _____ | 850,529. | 470,839. | 134,837. | 244,853. |
| 25 Total functional expenses. Add lines 1 through 24e | 17,556,723. | 14,083,645. | 1,462,519. | 2,010,559. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance Sheet

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

Table with columns for Assets, Liabilities, and Net Assets or Fund Balances. Rows include items like Cash, Accounts receivable, Investments, and Total assets/liabilities. Includes sub-rows 10a, 10b, 10c and 27-33.

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 | 15,830,203. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 17,556,723. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -1,726,520. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 28,241,273. |
| 5 | Net unrealized gains (losses) on investments | 5 | 1,236,720. |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | 1,789,758. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 29,541,231. |

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 on 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- 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)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization

HAMPTON ROADS EDUCATIONAL

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).)
- 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 on 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 | | | | | | |

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

Schedule A (Form 990) 2022

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: Calendar year (or fiscal year beginning in), (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (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; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (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; 11 Total support; 12 Gross receipts from related activities; 13 First 5 years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2022 (74.12%); 15 Public support percentage from 2021 Schedule A, Part II, line 14 (76.70%); 16a 33 1/3% support test - 2022 (checked); 16b 33 1/3% support test - 2021; 17a 10%-facts-and-circumstances test - 2022; 17b 10%-facts-and-circumstances test - 2021; 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

| Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b. | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6. | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|---|
| 15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2021 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|---|
| 17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)), | 17 | % |
| 18 Investment income percentage from 2021 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . .

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . .

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

| | 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</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).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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 line 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 on lines 11b and 11c below, the governing body of a supported organization? | | |
| b A family member of a person described on line 11a above? | | |
| c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i> | | |

Section B. Type I Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> | | |
| 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> | | |

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> | | |

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? | | |
| 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> | | |
| 3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i> | | |

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 governmental entity (see instructions). | | | |
| 2 Activities Test. Answer lines 2a and 2b 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> | | | |
| b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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> | | | |
| 3 Parent of Supported Organizations. Answer lines 3a and 3b 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>If "Yes" or "No," provide details in Part VI.</i> | | | |
| 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> | | | |

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 (<i>explain in detail in Part VI</i>): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d. | 3 | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by 0.035. | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |

| Section C - Distributable Amount | | | Current Year |
|---|---|----------|--------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | |
| 2 | Enter 0.85 of line 1. | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | |
| 4 | Enter greater of line 2 or line 3. | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | |

7 Check here if the current year is the organization's first as a non-functionally integrated 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 | 1 |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 |
| 4 | Amounts paid to acquire exempt-use assets | 4 |
| 5 | Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>) | 5 |
| 6 | Other distributions (<i>describe in Part VI</i>). See instructions. | 6 |
| 7 | Total annual distributions. Add lines 1 through 6. | 7 |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions. | 8 |
| 9 | Distributable amount for 2022 from Section C, line 6 | 9 |
| 10 | Line 8 amount divided by line 9 amount | 10 |

| Section E - Distribution Allocations (see instructions) | | (i) Excess Distributions | (ii) Underdistributions Pre-2022 | (iii) Distributable Amount for 2022 |
|---|---|-----------------------------|--|---|
| 1 | Distributable amount for 2022 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2022 | | | |
| a | From 2017 | | | |
| b | From 2018 | | | |
| c | From 2019 | | | |
| d | From 2020 | | | |
| e | From 2021 | | | |
| f | Total of lines 3a through 3e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2022 distributable amount | | | |
| i | Carryover from 2017 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 | Distributions for 2022 from Section D, line 7: \$ | | | |
| a | Applied to underdistributions of prior years | | | |
| b | Applied to 2022 distributable amount | | | |
| c | Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 | Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 6 | Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 7 | Excess distributions carryover to 2023. Add lines 3j and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| a | Excess from 2018 | | | |
| b | Excess from 2019 | | | |
| c | Excess from 2020 | | | |
| d | Excess from 2021 | | | |
| e | Excess from 2022 | | | |

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

SCHEDULE A, PART II - OTHER INCOME

| DESCRIPTION | 2018 | 2019 | 2020 | 2021 | 2022 | TOTAL |
|----------------------------|------|---------|--------|-----------|------|-----------|
| MISCELLANEOUS INCOME | 615. | 28,364. | 9,774. | NONE | NONE | 38,753. |
| FCC REPACK INCOME WRITEOFF | NONE | NONE | NONE | -123,180. | NONE | -123,180. |
| TOTALS | 615. | 28,364. | 9,774. | -123,180. | NONE | -84,427. |

**Schedule B
(Form 990)**

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization

Employer identification number

HAMPTON ROADS EDUCATIONAL

54-0843118

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), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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), 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).

| | |
|--|---|
| Name of organization <p style="text-align: center;">HAMPTON ROADS EDUCATIONAL</p> | Employer identification number <p style="text-align: center;">54-0843118</p> |
|--|---|

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 | \$ 1,915,803. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | BRUCE BRADLEY 5200 HAMPTON BOULEVARD NORFOLK, VA 23508-1507 | \$ 250,000. | 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.) |
| | | \$ | 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

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 <p style="text-align: center;">HAMPTON ROADS EDUCATIONAL</p> | Employer identification number <p style="text-align: center;">54-0843118</p> |
|--|---|

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 | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |

**SCHEDULE C
(Form 990)**

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2022

Open to Public Inspection

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury
Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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

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

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."
- 2 Political campaign activity expenditures. See instructions \$ _____
- 3 Volunteer hours for political campaign activities. See instructions _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955. \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities. \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|---|--|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |

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

Schedule C (Form 990) 2022

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | (a) Filing organization's totals | (b) Affiliated group totals | | | | | | | | | | | | |
|---|--|--|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| 1a Total lobbying expenditures to influence public opinion (grassroots lobbying) | | | | | | | | | | | | | | |
| b Total lobbying expenditures to influence a legislative body (direct lobbying) | | | | | | | | | | | | | | |
| c Total lobbying expenditures (add lines 1a and 1b) | | | | | | | | | | | | | | |
| d Other exempt purpose expenditures | | | | | | | | | | | | | | |
| e Total exempt purpose expenditures (add lines 1c and 1d) | | | | | | | | | | | | | | |
| f Lobbying nontaxable amount. Enter the amount from the following table in both columns. | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 65%; text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | | | | | | | | |
| Not over \$500,000 | 20% of the amount on line 1e. | | | | | | | | | | | | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | | | | | | | | | | | | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | | | | | | | | | | | | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | | | | | | | | | | | | | |
| Over \$17,000,000 | \$1,000,000. | | | | | | | | | | | | | |
| g Grassroots nontaxable amount (enter 25% of line 1f) | | | | | | | | | | | | | | |
| h Subtract line 1g from line 1a. If zero or less, enter -0- | | | | | | | | | | | | | | |
| i Subtract line 1f from line 1c. If zero or less, enter -0- | | | | | | | | | | | | | | |
| j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | |

4-Year Averaging Period Under Section 501(h)

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

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|--|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) Total |
| 2a Lobbying nontaxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column (e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Table with 3 main columns: Description, (a) Yes/No, and (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; a Volunteers?; b Paid staff or management...; c Media advertisements?; d Mailings to members...; e Publications...; f Grants to other organizations...; g Direct contact with legislators...; h Rallies, demonstrations...; i Other activities?; j Total...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; b If "Yes," enter the amount of any tax incurred under section 4912; c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

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

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

Part IV Supplemental Information

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

Blank lines for providing supplemental information as required by the instructions.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2022

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

Employer identification number

HAMPTON ROADS EDUCATIONAL

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 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items., 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1., (ii) Assets included in Form 990, Part X., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1., b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2022

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 | 13,867,917. | 16,014,653. | 11,815,993. | 11,244,033. | 10,510,815. |
| b Contributions | 1,806,402. | 109,416. | 2,305,323. | 523,021. | 276,590. |
| c Net investment earnings, gains, and losses | 1,500,235. | -1,628,170. | 2,432,976. | 433,218. | 782,920. |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 2,888,779. | 627,982. | 539,639. | 384,279. | 326,292. |
| f Administrative expenses | | | | | |
| g End of year balance | 14,285,775. | 13,867,917. | 16,014,653. | 11,815,993. | 11,244,033. |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 86.0600 %
 - b Permanent endowment 13.9400 %
 - c Term endowment NONE %
- 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 | | 377,677. | | 377,677. |
| b Buildings | | 5,813,219. | 5,125,549. | 687,670. |
| c Leasehold improvements | | | | |
| d Equipment | | 18,923,038. | 11,282,561. | 7,640,477. |
| e Other | | 26,822. | | 26,822. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 8,732,646. |

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) SPLIT INTEREST AGREEMENT | 4,496,972. |
| (2) DEFERRED REVENUE | 461,766. |
| (3) RIGHT OF USE ASSET | 105,125. |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | 5,063,863. |

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) LEASE LIABILITIES | 105,125. |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 105,125. |

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)

SCHEDULE D, PART V, LINE 4:

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

SCHEDULE D, PART X, LINE 2:

WHRO IS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES. EXEMPT ORGANIZATIONS ARE SUBJECT TO TAX ON INCOME FROM REGULARLY CONDUCTED TRADE OR BUSINESS ACTIVITIES THAT ARE NOT SUBSTANTIALLY RELATED TO WHRO'S EXEMPT PURPOSE. WHRO HAS NET OPERATING LOSS CARRYFORWARDS OF APPROXIMATELY \$1,912,000 AND \$1,912,000 RELATED TO ITS UNRELATED BUSINESS INCOME AT JUNE 30, 2023 AND 2022, RESPECTIVELY. APPROXIMATELY \$1,202,000 OF THESE LOSS CARRYFORWARDS WILL BEGIN TO EXPIRE IN TAX YEAR 2028 AND \$710,000 ARE UNLIMITED. DEFERRED TAX ASSETS WERE \$492,124 AND \$492,124 AT JUNE 30, 2023 AND 2022, RESPECTIVELY. VALUATION ALLOWANCES ARE ESTABLISHED WHEN NECESSARY TO REDUCE DEFERRED TAX ASSETS TO THE AMOUNT EXPECTED TO BE REALIZED. MANAGEMENT HAS RECORDED A VALUATION ALLOWANCE OF \$492,124 AND \$492,124 AT JUNE 30, 2023 AND 2022, RESPECTIVELY. THE INCREASE IN THE VALUATION ALLOWANCE WAS \$119,606 AND \$119,606 FOR THE YEAR ENDED JUNE 30, 2023 AND 2022, RESPECTIVELY. RETURNS ARE GENERALLY

Part XIII Supplemental Information *(continued)*

SUBJECT TO EXAMINATIONS FOR THREE YEARS FROM THE DATE FILED. THIS PERIOD OF LIMITATIONS HAS EXPIRED FOR TAX YEARS PRIOR TO 2019. MANAGEMENT CONTINUALLY EVALUATES TAX POSITIONS REFLECTED IN WHRO'S TAX FILINGS AND DOES NOT BELIEVE THAT ANY MATERIAL UNCERTAIN TAX POSITIONS EXIST.

SCHEDULE D, PART XI LINE 2D:

THE NET \$2,671,629 REPORTED ON PART XI LINE 2D CONSISTS OF THE SUM OF (I) THE CHANGE IN VALUE OF A SPLIT INTEREST AGREEMENTS (\$358,547); (II) PLEDGE BAD DEBT EXPENSE \$2,148,305; AND RENTAL EXPENSES OF \$881,871

SCHEDULE D, PART XII, LINE 2D:

RENTAL EXPENSES OF \$881,871

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

HAMPTON ROADS EDUCATIONAL

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

2022

**Open to Public
Inspection**

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 checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" 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 |
|-----------|-----|----|
| 1b | X | |
| 2 | X | |
| 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) 2022

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 and/or 1099-NEC 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/CRO | (i) | 265,869. | 26,250. | NONE | 11,669. | 11,955. | 315,743. | NONE |
| | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| 2 DIANE ROGIC DIR CORP. SUPPORT | (i) | 86,917. | 101,778. | NONE | 7,538. | 11,010. | 207,243. | NONE |
| | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| 3 THOMAS BURTON CDO | (i) | 163,452. | NONE | NONE | 6,515. | NONE | 169,967. | NONE |
| | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| 4 HEATHER MAZZONI CHIEF CONTENT OFFICER | (i) | 137,074. | NONE | NONE | 5,477. | 11,010. | 153,561. | NONE |
| | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| 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.

FORM 990, SCHEDULE J, LINE 1A:

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

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

RATHER MEETINGS FOR THE ORGANIZATION.

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

HAMPTON ROADS EDUCATIONAL

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

2022

**Open to Public
Inspection**

Employer identification number

54-0843118

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

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

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

ONCE A YEAR, DURING THE SEPTEMBER BOARD MEETING, WE POLL THE BOARD AND HAVE THEM FILL OUT AND SIGN A WRITTEN STATEMENT. ADDITIONALLY, WE HAVE A CONFLICT OF INTEREST STATEMENT FOR EMPLOYEES IN THE EMPLOYEE HANDBOOK. THIS IS REVIEWED AND SIGNED OFF ON BY ALL EMPLOYEES ON AN ANNUAL BASIS.

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

WHRO PUBLIC MEDIA SEEKS TO ENSURE THAT COMPENSATION IS REASONABLE UNDER SECTION 4958 AND REPRESENTS THE PART VI, FAIR MARKET VALUE FOR SERVICES RENDERED. WHRO PUBLIC MEDIA ROUTINELY UTILIZES BENCHMARK STUDIES AND INDEPENDENT REVIEW OF MARKET COMPENSATION DATA FROM BOTH NONPROFIT AND MEDIA ORGANIZATIONS, PREPARED BY COMPENSATION CONSULTANTS, AT THE TIME OF EMPLOYEE HIRING OR WHEN SPECIAL COMPENSATION ADJUSTMENTS ARE AWARDED. WHRO PUBLIC MEDIA SETS COMPENSATION WITHIN THE RANGE OF THE GOING MARKET RATE. NO INDIVIDUAL HAVING A CONFLICT OF INTEREST UNDER WHRO PUBLIC MEDIA'S CONFLICT OF INTEREST POLICY IS PERMITTED TO PARTICIPATE IN THE COMPENSATION REVIEW OR DECISION MAKING PROCESS. WHRO PUBLIC MEDIA MAINTAINS ALL RECORDS REGARDING COMPENSATION DECISIONS.

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

HAMPTON ROADS EDUCATIONAL

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

2022

**Open to Public
Inspection**

Employer identification number

54-0843118

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

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

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

REQUEST.

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

OTHER CHANGES IN NET ASSETS OR FUND BALANCES INCLUDES PLEDGE BAD DEBT

EXPENSE \$2,148,305 AND A CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT

[\$358,547].

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.

Name of the organization

Employer identification number

HAMPTON ROADS EDUCATIONAL

54-0843118

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

=====

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

Name of the organization

Employer identification number

HAMPTON ROADS EDUCATIONAL

54-0843118

FORM 990, PART III - PROGRAM SERVICE

=====

LINE 4A, PROGRAM SERVICE

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



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
Instructions for Filing
Form 8879-TE
IRS e-file Signature Authorization for Form 990-T
For the year ended June 30, 2023

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

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

BDO USA
300 E. Main Street, Suite #1300
Norfolk VA 23510

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

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

No estimated tax payments for 2023 will be required, nor will you be subject to underpayment penalties because you have no 2022 tax liability.

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

For calendar year 2022 or other tax year beginning 07/01, 2022, and ending 06/30, 2023

2022

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

| | | | |
|---|--|--|--|
| A <input type="checkbox"/> Check box if address changed. | | Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) HAMPTON ROADS EDUCATIONAL | D Employer identification number 54-0843118 |
| B Exempt under section <input checked="" type="checkbox"/> 501(C)(3) <input type="checkbox"/> 408(e) 220(e) <input type="checkbox"/> 408A 530(a) <input type="checkbox"/> 529(a) 529A | Print or Type | Number, street, and room or suite no. If a P.O. box, see instructions. C/O BERTEL SCHMIDT 5200 HAMPTON BOULEVARD | E Group exemption number (see instructions) |
| | | City or town, state or province, country, and ZIP or foreign postal code NORFOLK, VA 23508 | |
| C Book value of all assets at end of year | | 31548718. | |
| 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 <input type="checkbox"/> State college/university |
| H Check if filing only to | <input type="checkbox"/> Claim credit from Form 8941 | <input type="checkbox"/> Claim a refund shown on Form 2439 | |
| I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation <input type="checkbox"/> | | | |
| J Enter the number of attached Schedules A (Form 990-T) | | | 2 |
| K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| If "Yes," enter the name and identifying number of the parent corporation | | | |
| L The books are in care of | BERTEL SCHMIDT | | Telephone number 757-889-9400 |
| | 5200 HAMPTON BOULEVARD | | |
| | NORFOLK, VA 23508 | | |

Part I Total Unrelated Business Taxable Income

| | | |
|--|----|---------|
| 1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions). | 1 | 10,731. |
| 2 Reserved | 2 | |
| 3 Add lines 1 and 2 | 3 | 10,731. |
| 4 Charitable contributions (see instructions for limitation rules) | 4 | |
| 5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 | 5 | 10,731. |
| 6 Deduction for net operating loss. See instructions. | 6 | 10,731. |
| 7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 | 7 | |
| 8 Specific deduction (generally \$1,000, but see instructions for exceptions) | 8 | 1,000. |
| 9 Trusts. Section 199A deduction. See instructions. | 9 | |
| 10 Total deductions. Add lines 8 and 9 | 10 | 1,000. |
| 11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero. | 11 | NONE |

Part II Tax Computation

| | | |
|---|---|------|
| 1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) | 1 | NONE |
| 2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041). | 2 | |
| 3 Proxy tax. See instructions | 3 | |
| 4 Other tax amounts. See instructions | 4 | |
| 5 Alternative minimum tax (trusts only). | 5 | |
| 6 Tax on noncompliant facility income. See instructions | 6 | |
| 7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies | 7 | NONE |

For Paperwork Reduction Act Notice, see instructions.

Part III Tax and Payments

| | | | |
|---|-----------|--|------|
| 1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) | 1a | | |
| b Other credits (see instructions) | 1b | | |
| c General business credit. Attach Form 3800 (see instructions) | 1c | | |
| d Credit for prior year minimum tax (attach Form 8801 or 8827) | 1d | | |
| e Total credits. Add lines 1a through 1d | 1e | | |
| 2 Subtract line 1e from Part II, line 7 | 2 | | NONE |
| 3 Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement) | 3 | | |
| 4 Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here | 4 | | NONE |
| 5 Current net 965 tax liability paid from Form 965-A, Part II, column (k) | 5 | | |
| 6a Payments: A 2021 overpayment credited to 2022 | 6a | | |
| b 2022 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/> | 6b | | |
| c Tax deposited with Form 8868 | 6c | | |
| d Foreign organizations: Tax paid or withheld at source (see instructions) | 6d | | |
| e Backup withholding (see instructions) | 6e | | |
| f Credit for small employer health insurance premiums (attach Form 8941) | 6f | | |
| g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 _____ <input type="checkbox"/> Form 4136 _____ <input type="checkbox"/> Other _____ Total | 6g | | |
| 7 Total payments. Add lines 6a through 6g | 7 | | |
| 8 Estimated tax penalty (see instructions). Check if Form 2220 is attached. <input type="checkbox"/> | 8 | | |
| 9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed | 9 | | NONE |
| 10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid. | 10 | | |
| 11 Enter the amount of line 10 you want: Credited to 2023 estimated tax Refunded | 11 | | |

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

| | | | |
|---|-----------------------------------|--|-----------|
| 1 At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here _____ | Yes | | No |
| 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file. | | | X |
| 3 Enter the amount of tax-exempt interest received or accrued during the tax year \$ _____ | | | |
| 4 Enter available pre-2018 NOL carryovers here \$ <u>131,208</u> . Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6. | | | |
| 5 Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions. | | | |
| Business Activity Code | Available post-2017 NOL carryover | | |
| 541800 | \$ 818,620. | | |
| 532000 | \$ 83,542. | | |
| _____ | \$ _____ | | |
| _____ | \$ _____ | | |
| 6a Did the organization change its method of accounting? (see instructions) | | | X |
| b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V. | | | |

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

| | | | | |
|-------------------------------|--|--|---|-----------|
| Sign Here | 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. | | | |
| | BERTEL SCHMIDT Signature of officer | | PRESIDENT & CEO Title | |
| Paid Preparer Use Only | Print/Type preparer's name | | Check <input type="checkbox"/> if self-employed | PTIN |
| | MARC BERGER | | | P01871563 |
| | Firm's name BDO USA | | Firm's EIN 13-5381590 | |
| | Firm's address 300 E. MAIN STREET, SUITE #1300, NORFOLK, VA 23510 | | Phone no. 757-640-7190 | |

FORM 990T, PART I, LINE 6 DETAIL
 =====

| LOSS YEAR ENDING | ORIGINAL LOSS | LOSS AVAILABLE IN CURRENT YEAR | LOSS CLAIMED IN CURRENT YEAR |
|---|---------------|-----------------------------------|---------------------------------|
| 06/30/2003 | | NONE | NONE |
| 06/30/2004 | | NONE | NONE |
| 06/30/2005 | | NONE | NONE |
| 06/30/2006 | | NONE | NONE |
| 06/30/2007 | | NONE | NONE |
| 06/30/2008 | | NONE | NONE |
| 06/30/2009 | | NONE | NONE |
| 06/30/2010 | | NONE | NONE |
| 06/30/2011 | | NONE | NONE |
| 06/30/2012 | | NONE | NONE |
| 06/30/2013 | | NONE | NONE |
| 06/30/2014 | | NONE | NONE |
| 06/30/2015 | | NONE | NONE |
| 06/30/2016 | | NONE | NONE |
| 06/30/2017 | 132,284. | 76,551. | 10,731. |
| 06/30/2018 | 54,657. | 54,657. | NONE |
| ----- | | | |
| TOTAL: | 186,941. | 131,208. | 10,731. |
| ===== | | | |
| NET OPERATING LOSS AVAILABLE FROM PRIOR YEARS BEFORE 2018 | | | 131,208. |
| TAXABLE INCOME (LINE 5 ON PAGE 1, 990-T) | | | 10,731. |
| | | | ----- |
| NET OPERATING LOSS DEDUCTION | | | 10,731. |
| | | | ===== |

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

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

OMB No. 1545-0047

2022

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**

| | |
|---|---|
| A Name of the organization HAMPTON ROADS EDUCATIONAL | B Employer identification number 54-0843118 |
| C Unrelated business activity code (see instructions) 541800 | D Sequence: 1 of 2 |

E 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 (Part III, line 8) | 2 | | |
| 3 Gross profit. Subtract line 2 from line 1c | 3 | | |
| 4a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions. | 4a | | |
| b Net gain (loss) (Form 4797) (attach Form 4797). See instructions | 4b | | |
| c Capital loss deduction for trusts. | 4c | | |
| 5 Income (loss) from a partnership or an S corporation (attach statement) | 5 | | |
| 6 Rent income (Part IV) | 6 | | |
| 7 Unrelated debt-financed income (Part V) | 7 | | |
| 8 Interest, annuities, royalties, and rents from a controlled organization (Part VI). | 8 | | |
| 9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII). | 9 | | |
| 10 Exploited exempt activity income (Part VIII). | 10 | | |
| 11 Advertising income (Part IX) | 11 | 77,167. | 298,441. |
| 12 Other income (see instructions; attach statement) | 12 | | |
| 13 Total. Combine lines 3 through 12 | 13 | 77,167. | 298,441. |

| Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income. | | | |
|---|-----------|--|-----------|
| 1 Compensation of officers, directors, and trustees (Part X) | 1 | | |
| 2 Salaries and wages | 2 | | |
| 3 Repairs and maintenance | 3 | | |
| 4 Bad debts | 4 | | |
| 5 Interest (attach statement). See instructions | 5 | | |
| 6 Taxes and licenses | 6 | | |
| 7 Depreciation (attach Form 4562). See instructions | 7 | | |
| 8 Less depreciation claimed in Part III and elsewhere on return | 8a | | |
| 9 Depletion | 9 | | |
| 10 Contributions to deferred compensation plans | 10 | | |
| 11 Employee benefit programs | 11 | | |
| 12 Excess exempt expenses (Part VIII) | 12 | | |
| 13 Excess readership costs (Part IX) | 13 | | |
| 14 Other deductions (attach statement) | 14 | | |
| 15 Total deductions. Add lines 1 through 14 | 15 | | |
| 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) | 16 | | -221,274. |
| 17 Deduction for net operating loss. See instructions | 17 | | |
| 18 Unrelated business taxable income. Subtract line 17 from line 16. | 18 | | -221,274. |

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

Part III Cost of Goods Sold

Enter method of inventory valuation

| | | | |
|---|--|---|--|
| 1 | Inventory at beginning of year | 1 | |
| 2 | Purchases | 2 | |
| 3 | Cost of labor | 3 | |
| 4 | Additional section 263A costs (attach statement) | 4 | |
| 5 | Other costs (attach statement) | 5 | |
| 6 | Total. Add lines 1 through 5 | 6 | |
| 7 | Inventory at end of year | 7 | |
| 8 | Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 | 8 | |
| 9 | Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

| | | | | | |
|---|--------------------------|--|--|--|--|
| A | <input type="checkbox"/> | | | | |
| B | <input type="checkbox"/> | | | | |
| C | <input type="checkbox"/> | | | | |
| D | <input type="checkbox"/> | | | | |

| | A | B | C | D |
|---|---|---|---|---|
| 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) | | | | |
| c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D | | | | |
| 3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) | | | | |
| 4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) | | | | |
| 5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) | | | | |

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

| | | | | | |
|---|--------------------------|--|--|--|--|
| A | <input type="checkbox"/> | | | | |
| B | <input type="checkbox"/> | | | | |
| C | <input type="checkbox"/> | | | | |
| D | <input type="checkbox"/> | | | | |

| | A | B | C | D |
|---|---|---|---|---|
| 2 Gross income from or allocable to debt-financed property | | | | |
| 3 Deductions directly connected with or allocable to debt-financed property | | | | |
| a Straight line depreciation (attach statement) | | | | |
| b Other deductions (attach statement) | | | | |
| c Total deductions (add lines 3a and 3b, columns A through D) | | | | |
| 4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) | | | | |
| 5 Average adjusted basis of or allocable to debt-financed property (attach statement) | | | | |
| 6 Divide line 4 by line 5 | % | % | % | % |
| 7 Gross income reportable. Multiply line 2 by line 6 | | | | |
| 8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) | | | | |
| 9 Allocable deductions. Multiply line 3c by line 6 | | | | |
| 10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) | | | | |
| 11 Total dividends - received deductions included in line 10 | | | | |

Part VI 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 Part I, line 8, column (A) | Add columns 6 and 11. Enter here and on Part I, line 8, column (B) |
| Totals | | | | |

Part VII 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 statement) | 4. Set-asides (attach statement) | 5. Total deductions and set-asides (add columns 3 and 4) |
|--------------------------|---------------------|---|----------------------------------|---|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| | | Add amounts in column 2. Enter here and on Part I, line 9, column (A) | | Add amounts in column 5. Enter here and on Part I, line 9, column (B) |
| Totals | | | | |

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

| | | |
|---|--|---|
| 1 | Description of exploited activity: _____ | |
| 2 | Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) | 2 |
| 3 | Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) | 3 |
| 4 | Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 | 4 |
| 5 | Gross income from activity that is not unrelated business income | 5 |
| 6 | Expenses attributable to income entered on line 5 | 6 |
| 7 | Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 | 7 |

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

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

OMB No. 1545-0047

2022

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**

| | |
|---|---|
| A Name of the organization HAMPTON ROADS EDUCATIONAL | B Employer identification number 54-0843118 |
| C Unrelated business activity code (see instructions) 532000 | D Sequence: 2 of 2 |

E Describe the unrelated trade or business TOWER LEASE AND RELATED REVENUE SHARING

| 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 (Part III, line 8) | | | |
| 3 | Gross profit. Subtract line 2 from line 1c | | | |
| 4a | Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions | | | |
| 4b | Net gain (loss) (Form 4797) (attach Form 4797). See instructions | | | |
| 4c | Capital loss deduction for trusts | | | |
| 5 | Income (loss) from a partnership or an S corporation (attach statement) | | | |
| 6 | Rent income (Part IV) | 794,759. | 784,028. | 10,731. |
| 7 | Unrelated debt-financed income (Part V) | | | |
| 8 | Interest, annuities, royalties, and rents from a controlled organization (Part VI) | | | |
| 9 | Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) | | | |
| 10 | Exploited exempt activity income (Part VIII) | | | |
| 11 | Advertising income (Part IX) | | | |
| 12 | Other income (see instructions; attach statement) | | | |
| 13 | Total. Combine lines 3 through 12 | 794,759. | 784,028. | 10,731. |

| Part II | Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income. | | |
|----------------|---|-----------|-------------------|
| 1 | Compensation of officers, directors, and trustees (Part X) | | 1 |
| 2 | Salaries and wages | | 2 |
| 3 | Repairs and maintenance | | 3 |
| 4 | Bad debts | | 4 |
| 5 | Interest (attach statement). See instructions | | 5 |
| 6 | Taxes and licenses | | 6 |
| 7 | Depreciation (attach Form 4562). See instructions | 7 | |
| 8 | Less depreciation claimed in Part III and elsewhere on return | 8a | 8b |
| 9 | Depletion | | 9 |
| 10 | Contributions to deferred compensation plans | | 10 |
| 11 | Employee benefit programs | | 11 |
| 12 | Excess exempt expenses (Part VIII) | | 12 |
| 13 | Excess readership costs (Part IX) | | 13 |
| 14 | Other deductions (attach statement) | | 14 |
| 15 | Total deductions. Add lines 1 through 14 | | 15 |
| 16 | Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) | | 16 10,731. |
| 17 | Deduction for net operating loss. See instructions | | 17 |
| 18 | Unrelated business taxable income. Subtract line 17 from line 16. | | 18 10,731. |

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

Part III Cost of Goods Sold Enter method of inventory valuation

| | | | |
|---|--|---|--|
| 1 | Inventory at beginning of year | 1 | |
| 2 | Purchases | 2 | |
| 3 | Cost of labor | 3 | |
| 4 | Additional section 263A costs (attach statement) | 4 | |
| 5 | Other costs (attach statement) | 5 | |
| 6 | Total. Add lines 1 through 5 | 6 | |
| 7 | Inventory at end of year | 7 | |
| 8 | Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 | 8 | |
| 9 | Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

| | |
|---|--|
| A | <input type="checkbox"/> 5200 HAMPTON BOULEVARD, NORFOLK, VA 23508 |
| B | <input type="checkbox"/> |
| C | <input type="checkbox"/> |
| D | <input type="checkbox"/> |

| | A | B | C | D |
|---|--------------------|---|---|---|
| 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) | 794,759. | | | |
| c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D | 794,759. | | | |
| 3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) | 794,759. | | | |
| 4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) | STMT 1 784,028. | | | |
| 5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) | 784,028. | | | |

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

| | |
|---|--------------------------|
| A | <input type="checkbox"/> |
| B | <input type="checkbox"/> |
| C | <input type="checkbox"/> |
| D | <input type="checkbox"/> |

| | A | B | C | D |
|---|---|---|---|---|
| 2 Gross income from or allocable to debt-financed property | | | | |
| 3 Deductions directly connected with or allocable to debt-financed property | | | | |
| a Straight line depreciation (attach statement) | | | | |
| b Other deductions (attach statement) | | | | |
| c Total deductions (add lines 3a and 3b, columns A through D) | | | | |
| 4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) | | | | |
| 5 Average adjusted basis of or allocable to debt-financed property (attach statement) | | | | |
| 6 Divide line 4 by line 5 | % | % | % | % |
| 7 Gross income reportable. Multiply line 2 by line 6 | | | | |
| 8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) | | | | |
| 9 Allocable deductions. Multiply line 3c by line 6 | | | | |
| 10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) | | | | |
| 11 Total dividends - received deductions included in line 10 | | | | |

Part VI 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) | | | | |
| Totals | | | Add columns 5 and 10. Enter here and on Part I, line 8, column (A) | Add columns 6 and 11. Enter here and on Part I, line 8, column (B) |

Part VII 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 statement) | 4. Set-asides (attach statement) | 5. Total deductions and set-asides (add columns 3 and 4) |
|--------------------------|---------------------|---|----------------------------------|---|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| Totals | | Add amounts in column 2. Enter here and on Part I, line 9, column (A) | | Add amounts in column 5. Enter here and on Part I, line 9, column (B) |

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

| | | |
|---|--|---|
| 1 | Description of exploited activity: _____ | |
| 2 | Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) | 2 |
| 3 | Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) | 3 |
| 4 | Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7. | 4 |
| 5 | Gross income from activity that is not unrelated business income. | 5 |
| 6 | Expenses attributable to income entered on line 5 | 6 |
| 7 | Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 | 7 |

SCHEDULE A: RENTAL INCOME
PART IV - LINE 4 DETAIL
=====

| | |
|-------------------------|----------|
| UTILITIES | 372,783. |
| SALARIES | 269,060. |
| REPAIRS AND MAINTENANCE | 104,897. |
| FUEL | 19,430. |
| TAXES | 9,249. |
| SUPPLIES | 6,141. |
| TRAINING FEES | 2,250. |
| CONSULTANT FEES | 218. |

TOTAL DEDUCTIONS

784,028.
=====

FEDERAL FOOTNOTES

=====

PRE 1/1/2018 NOLS
06/30/2017 - \$ 65,820
06/30/2018 - \$ 54,657

NET OPERATING LOSS UTILIZED FROM 06/30/2017 FOR THE YEAR ENDING
06/30/2023: \$10,731
NET OPERATING LOSS AVAILABLE FOR THE 2023 TAX YEAR: \$120,477

POST 1/1/2018 NOLS - BY SILO

SILO 1 - RENTAL INCOME

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

NET OPERATING LOSS UTILIZED FOR THE YEAR ENDING 06/30/2023 TAX YEAR:
NONE
NET OPERATING LOSS AVAILABLE FOR THE 2023 TAX YEAR: \$83,542

SILO 2 - ADVERTISING INCOME

06/30/2019 - \$115,738
06/30/2020 - \$127,316
06/30/2021 - \$160,180
06/30/2022 - \$194,112
06/30/2023 - \$221,274

NET OPERATING LOSS UTILIZED FOR THE YEAR ENDING 06/30/2023 TAX YEAR:
NONE
NET OPERATING LOSS AVAILABLE FOR THE 2023 TAX YEAR: \$818,620



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

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

Hampton Roads Educational
Telecommunications Association, Inc.
Instructions for Filing
Form VA-8879C
Virginia Corporation Income Tax Declaration for Electronic Filing
for the year ended June 30, 2023

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

The signed form should be returned on or before to:

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

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

There is no tax due for the current year.

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

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

Form 500

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

**2022 Virginia Corporation
Income Tax Return**



**Attention: Return must be filed electronically. Use this form only if you have an approved waiver.
Do not file this form to carry back a net operating loss. Use Form 500NOLD.**

| |
|-------------------|
| Official Use Only |
|-------------------|

FISCAL or
SHORT Year Filer: **Beginning Date** 07/01, 2022; **Ending Date** 06/30, 2023
 Short Year Return Change in Accounting Period

| | | | |
|--|--|---|--|
| FEIN <u>54-0843118</u> | Name <u>HAMPTON ROADS EDUCATIONAL</u> | | 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 <u>5200 HAMPTON BOULEVARD</u> | | | |
| City or Town <u>NORFOLK</u> | State <u>VA</u> | ZIP Code <u>23508</u> | |
| Physical Address (if different from Mailing Address) | | | Entity Type Code <u>NP</u> |
| Physical City or Town | State | ZIP Code | NAICS Code <u>583200</u> |
| Date Incorporated <u>05/17/1961</u> | State or Country of Incorporation <u>VA</u> | Description of Business Activity <u>LEASING SERVICES</u> | |

| Check Applicable Boxes | Final Return | Corporate Telecommunications Company |
|--|---|--|
| <input type="checkbox"/> Consolidated - Sch. 500AC Enclosed | <input type="checkbox"/> Final Return - Check here and applicable boxes below. | Enter amount from Form 500T, Line 7: <u>.00</u> |
| <input type="checkbox"/> Combined - Sch. 500AC Enclosed Combined / Consolidated Filers - Enter number of affiliates: _____ | <input type="checkbox"/> Withdrawn | Noncorporate Telecommunications Company |
| <input type="checkbox"/> Change in Filing Status | <input type="checkbox"/> Dissolved - No longer liable for tax. Dissolved Date: _____ | Check box and enter amount from Form 500T, Line 10: <input type="checkbox"/> <u>.00</u> |
| <input type="checkbox"/> Sch. 500A Enclosed | <input type="checkbox"/> Merged Merger Date: _____ | Electric Supplier Company |
| <input type="checkbox"/> Sch. 500AB Enclosed | <input type="checkbox"/> Merged FEIN: _____ | Enter amount from Sch. 500EL, Line 7 or 14: <u>.00</u> |
| <input checked="" type="checkbox"/> Nonprofit Corporation | <input type="checkbox"/> S Corp Effective: _____ | Home Service Contract Provider |
| <input type="checkbox"/> Certified Company Apportionment - Sch. 500AP Enclosed | | Enter amount from Form 500HS, Line 10: <input type="checkbox"/> Check box if a noncorporate HSCP. <u>.00</u> |
| <input type="checkbox"/> Amended Return (See instructions) | | |
| <input type="checkbox"/> Enter reason code: _____ | | |

Questions and Related Information

- 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. _____ **.00**
- B. RESERVED FOR FUTURE USE**
- 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 | <u>2017</u> |
| (2) Federal NOL | <u>10731.</u> |
| (3) Percent of federal NOL used this year | <u>1.472918 %</u> |
- 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

2022 Virginia Form 500

Page 2

FEIN
54-0843118



INCOME

| | | | |
|---|----|------|-----|
| 1. Federal taxable income (from enclosed federal return) | 1. | NONE | .00 |
| 2. Total additions from Schedule 500ADJ, Section A, Line 7 | 2. | | .00 |
| 3. Total (add Lines 1 and 2) | 3. | NONE | .00 |
| 4. Total subtractions from Schedule 500ADJ, Section B, Line 10 | 4. | | .00 |
| 5. Balance (subtract Line 4 from Line 3) | 5. | NONE | .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. | NONE | .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. 2022 estimated Virginia income tax payments including overpayment credit from 2021 | 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 2023 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 |
| MARC BERGER BDO USA, LLP | | 757-640-7190 |
| Date | Individual or Firm, Signature of Preparer | Address of Preparer |
| | MARC BERGER | 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

**2022 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. _____ | 10,731 .00 |
| 2. Net Operating Loss Deduction, | 2. _____ | 10,731 .00 |
| 3. Special Deductions | 3. _____ | .00 |
| 4. Federal Taxable Income after NOL and Special Deductions | 4. _____ | NONE .00 |

Form 1120, Schedule C - Dividends and Special Deductions

| | | |
|---|----------|-----|
| 5. Subpart F Income and/or Global Intangible Low-Taxed Income | 5. _____ | .00 |
| 6. Gross-Up for Foreign Taxes Deemed Paid, | 6. _____ | .00 |

Form 1120, Schedule K or M-1

| | | |
|----------------------------------|----------|-----|
| 7. Tax Exempt Interest | 7. _____ | .00 |
|----------------------------------|----------|-----|

Form 5884 - Work Opportunity Credit

| | | |
|---|----------|-----|
| 8. Salaries and Wages not deducted due to the WOTC. | 8. _____ | .00 |
|---|----------|-----|

Form 4562 - Special Depreciation Allowance and Other Depreciation

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

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

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

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

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

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

| | | |
|--|-----------|-----|
| 29. Total: Total Income or (Loss) Before Adjustments | 29. _____ | .00 |
|--|-----------|-----|