EXTENDED TO NOVEMBER 15, 2023 Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

A F	or the	e 2022 calendar year, or tax year beginning ar	nd ending	_	
В с	heck if	C Name of organization		D Employer identific	cation number
	Addres change	HAMPTON ROADS COMMUNITY FOUNDATION			
]Name]change ∏Initial	_	1	54-20359	
	_lreturn _lFinal _return/	Number and street (or P.O. box if mail is not delivered to street address) 101 WEST MAIN STREET	Room/suite	E Telephone numbe 757-622-	7951
_	termin- ated Ameno	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	26,089,191.
	_return	NORFOLK, VA 25510		H(a) Is this a group re	
	⊥tiòn pendin	SAME AS C ABOVE		for subordinates H(b) Are all subordinates in	
ΙT	ax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527		list. See instructions
	Vebsit	THE THE PROPERTY OF THE PROPER	,	H(c) Group exemptio	
		organization: X Corporation Trust Association Other	L Year		1 State of legal domicile: VA
	_	Summary	<u> </u>	•	<u> </u>
9	1	Briefly describe the organization's mission or most significant activities: MAK	E LIFE	BETTER IN H	AMPTON
Activities & Governance		ROADS THROUGH LEADERSHIP, PHILANTHRO $\overline{ ext{PY}}$,	AND C	IVIC ENGAGEM	ENT.
š	2	Check this box if the organization discontinued its operations or dis	posed of mor	e than 25% of its net as	
νοί				3	15
8		Number of independent voting members of the governing body (Part VI, line 1b			14
ies	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a) $_{\dots}$			16
ivit		Total number of volunteers (estimate if necessary)			15
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	······		2,975,329. Current Year
		Ocatilesticas and speak (DotA)(III Pro-Ale)	<u> </u>	Prior Year 49,313,619.	17,410,371.
ıne		Contributions and grants (Part VIII, line 1h)		0.	0.
Revenue		Program service revenue (Part VIII, line 2g)		863,673.	817,205.
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		005,075.	017,203.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		50,177,292.	18,227,576.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		20,525,562.	23,863,147.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
s		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-1		2,294,974.	2,284,306.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	·,	0.	0.
bei		Total fundraising expenses (Part IX, column (D), line 25) 1,100,	767.		
ũ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,222,188.	1,631,094.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		24,042,724.	27,778,547.
	19	Revenue less expenses. Subtract line 18 from line 12		26,134,568.	-9,550,971.
Net Assets or Fund Balances				eginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)	<u>!</u>	530,909,320.	481,292,886.
at As	21	Total liabilities (Part X, line 26)		21,075,985.	
	22	Net assets or fund balances. Subtract line 21 from line 20	:	09,833,335.	458,720,777.
		Signature Block			
		Ities of perjury, I declare that I have examined this return, including accompanying sched			y knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of	wnich prepare	r nas any knowledge.	
C:		Signature of officer		I Date	
Sigr Here		RICHARD MATTHEWS, CFO		2410	
ner	•	Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid		MARK A. NELSON		if self-employ	P00358004
		Firm's name CAVANAUGH NELSON PLC			4-1967771
Use		Firm's address 999 WATERSIDE DRIVE, SUITE 2250			
		NORFOLK, VA 23510		Phone no.75	7-578-4900
Мау	the IF	as discuss this return with the preparer shown above? See instructions		······	X Yes No

	1990 (2022) HAMPION ROADS COMMONITY FOUNDATION 54-2055990 Page 2
Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	MAKE LIFE BETTER IN HAMPTON ROADS THROUGH LEADERSHIP, PHILANTHROPY,
	AND CIVIC ENGAGEMENT.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? 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 \$ 22,452,042. including grants of \$ 22,452,042.) (Revenue \$ THE FOUNDATION MAKES GRANTS TO NONPROFIT ORGANIZATIONS FROM
	UNRESTRICTED, FIELD-OF-INTEREST, DESIGNATED AND DONOR-ADVISED FUNDS,
	WITH THE PURPOSE OF IMPROVING LIFE IN SOUTHEASTERN VIRGINIA.
	WITH THE PURPOSE OF IMPROVING LIFE IN SOUTHEASTERN VIRGINIA.
	1 411 105 1 411 105
4b	(Code:) (Expenses \$ 1,411,105. including grants of \$ 1,411,105.) (Revenue \$ 1,411,105.)
	THE FOUNDATION PROVIDES SCHOLARSHIPS TO STUDENTS FROM SOUTHEASTERN
	VIRGINIA IN ACCORDANCE WITH THE TERMS OF THE APPROXIMATELY 78
	SCHOLARSHIP FUNDS IT HOLDS.
	1 250 270
4c	(Code:) (Expenses \$ 1,259,378 including grants of \$) (Revenue \$)
	THE FOUNDATION PROVIDES SUPPORT SERVICES TO NONPROFIT ORGANIZATIONS AND
	DONORS TO ENSURE EFFECTIVE GRANTMAKING.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 25,122,525.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			3,7
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			,
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	6	Х	
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	ь	21	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
0		8		X
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
5	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	Ť		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			3,7
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		Х	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Λ	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
14a b		144		
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		77	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	24a		x
h	Schedule K. If "No," go to line 25a	24a 24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	210		
·	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			7.7
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes, " complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			37
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		Х
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	"		
-	Part V, line 1	34	х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			X
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37		
38	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	_ 55		
	Check if Schedule O contains a response or note to any line in this Part V			
	. , , , , , , , , , , , , , , , , , , ,		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

(1022) HAMPTON ROADS COMMUNITY FOUNDATION Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				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 16							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b	Х					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За	Х					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b	Х					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		Х				
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 A	ccounts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		X				
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с						
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the								
	any contributions that were not tax deductible as charitable contributions?								
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts							
	were not tax deductible?		6b						
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		X				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	•							
	to file Form 8282?		7с		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e 7f		X				
f	J , J , , , , , , , , , , , , , , , , ,								
g									
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h						
8	,								
_	sponsoring organization have excess business holdings at any time during the year?								
9									
_	a Did the sponsoring organization make any taxable distributions under section 4966?								
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:		9b		Х				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter:	100							
	Gross income from members or shareholders	11a							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	110							
	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		12a						
	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.								
а	Is the organization licensed to issue qualified health plans in more than one state?		13a						
	Note: See the instructions for additional information the organization must report on Schedule O.								
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							
С	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? If "No," provide an explanation on Schedu		14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune								
	excess parachute payment(s) during the year?		15		X				
	If "Yes," see the instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16		X				
	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac								
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17						
	If "Yes," complete Form 6069.								

232005 12-13-22

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
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	40	Х	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40-	х	
40	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13 14	X	
14	Did the organization have a written document retention and destruction policy?	14		
15	Did the process for determining compensation of the following persons include a review and approval by independent			
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45.0	х	
	The organization's CEO, Executive Director, or top management official	15a	X	
D	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	15b		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
·va	taxable entity during the year?	16a		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	ioa		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed AL, AR, AK, CA, CO, CT, DC, FL, GA	,IL	, KS	, KY
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			
	for public inspection. Indicate how you made these available. Check all that apply.	y	,	
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	d fina	ncial	
	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			
	HAMPTON ROADS COMMUNITY FOUNDATION - 757-622-7951			
	101 W. MAIN STREET, SUITE 4500, NORFOLK, VA 23510			
23200	SEE SCHEDULE O FOR FULL LIST OF STATES	Form	990	(2022)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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.

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

- 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.

(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	(do	not c	Pos heck	more	than	one	Reportable	Reportable	Estimated
	hours per week	offic				is bot or/trus		compensation from	compensation from related	amount of other
	(list any	or director						the	organizations	compensation
	hours for related	e or dii	tee			Highest compensated employee		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	truste	al trus		yee	ubeu		1099-NEC)	1000 NEO)	and related
	below	In dividual trustee	Institutional trustee	ser	Key employee	hest co oloyee	ner	·		organizations
41)	line)	Indi	Inst	Officer	Key	en Hig	Би			
(1) DEBORAH M. DICROCE PRESIDENT, SECRETARY & CEO	40.00	X		х				364,645.	0.	19,003.
(2) LINDA M. RICE	40.00	^		^				304,043.	0.	19,003.
VICE PRESIDENT OF GRANT MA	40.00	┨				Х		199,371.	0.	12,641.
(3) RICHARD MATTHEWS	40.00							133,371.	•	12,011.
CFO		1		x				184,625.	0.	11,984.
(4) ROBIN FOREMAN-WHEELER	40.00							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,
VICE PRESIDENT FOR ADMINIS		1				Х		146,500.	0.	18,098.
(5) KAY A. STINE	40.00									
VICE PRESIDENT OF DEVELOPM						Х		147,400.	0.	9,468.
(6) L.D. BRITT, MD	0.50									
TREASURER		Х		Х				0.	0.	0.
(7) FRANK BATTEN JR.	0.50	١							_	0
DIRECTOR & VICE CHAIR	0 50	Х		Х				0.	0.	0.
(8) DAWN S. GLYNN	0.50	X						0.	0.	0.
(9) SHARON S. GOODWYN	0.50	^						0.	0.	0.
DIRECTOR & CHAIR	0.30	x		х				0.	0.	0.
(10) SUZANNE PURYEAR	0.50	122						0.	0.	<u> </u>
DIRECTOR		x						0.	0.	0.
(11) HOWARD P. KERN	0.50									
DIRECTOR		Х						0.	0.	0.
(12) THOMAS R. FRANTZ	0.50									
DIRECTOR		Х						0.	0.	0.
(13) MILES LEON	0.50									
DIRECTOR		Х						0.	0.	0.
(14) JAMES A. SQUIRES	2.00	١							_	0
DIRECTOR	0.50	Х						0.	0.	0.
(15) JOAN P. BROCK	0.50	Į.,						_	_	0
DIRECTOR (16) HOW TERRANDER OF TONES	0.50	Х						0.	0.	0.
(16) HON. JERRAULD C. JONES DIRECTOR	0.30	X						0.	0.	0.
(17) LEMUEL R. LEWIS	0.50	122						0.	0.	
DIRECTOR	0.30	x						0.	0.	0.
	1		L		L	_	L			= 000

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Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)				
(A) Name and title	(B) Average hours per week (list any	(do box offic	not c	Pos heck ss pe	ition more rson		one h an	(D) Reportable compensation from the	(E) Reportable compensation from related	other			of
	hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC 1099-NEC)	C/	frorga	perisar om the anizati d relate inizatio	e on ed
(18) CYNTHIA C. ROMERO, MD DIRECTOR	0.50	х						0.		0.			0.
(19) RONY THOMAS DIRECTOR	0.50	х						0.		0.			0.
										•			
1b Subtotal	l							1,042,541.		0.	7	1,19	94.
c Total from continuation sheets to Part VI								0.		0.			0.
d Total (add lines 1b and 1c)								1,042,541.		0.	7	1,19	<u> </u>
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wł	no r	eceived more than \$100	0,000 of reportable				5
compensation from the organization												Yes	No.
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s											3	100	X
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	ım of reportab	le co	omp	ensa	atior	n and	d otl		the organization	•••		Х	
5 Did any person listed on line 1a receive or a	accrue comper	nsat	ion f	rom	any	unr/					4	24	37
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedul	e J f	or su	ıch	pers	son .					5		X
Complete this table for your five highest co the organization. Report compensation for										ens	ation f	rom	
(A) Name and business			ONE		VICII	<u>01 W</u>		(B) Description of s		C	(C	;) nsatior	
								<u> </u>			•		
							1						
2 Total number of independent contractors (i	-	ot li	mite	d to		se lis	stec	d above) who received m	nore than				
\$100,000 of compensation from the organic	Lativil										Form	990 (2	022)

Form Pa					OADS	COMMUNI	TY FOUNDAT	ION	54-2035	996 Page 9
Га	I L V	ш					a in this Dart VIII			
-			Check if Schedule O	contains a re	sponse	or note to any iir	ie in this Part VIII	(B)	(C)	(D)
							Total revenue	Related or exempt function revenue	Unrelated	Revenue excluded
Sis	4	_	Federated campaigns	1.	а					000110110 0 12 0 1 1
an			Membership dues		b b					
E G			Fundraising events		c					
ifts ar A			Related organizations		d					
nils			Government grants (contr		e					
Sil			All other contributions, gifts,	- I						
out!		•	similar amounts not included		f	17,410,371.				
ie k		а	Noncash contributions included in		g \$	6,595,041.				
Contributions, Gifts, Grants and Other Similar Amounts		_	Total. Add lines 1a-1f	_			17,410,371.			
						Business Code	, ,			
e	2	а								
e		b								
Se enu		С								
Program Service Revenue		d								
rog		е								
ъ			All other program service							
_			Total. Add lines 2a-2f							
	3		Investment income (included the area included to th	•		•	740,916.			740,916.
	other similar amounts) 4 Income from investment of tax-exempt bond pro					740,310.			740,310.	
	5		Royalties	=						
			noyanies	(i) F	Real	(ii) Personal				
	6	а	Gross rents	6a						
			Less: rental expenses	6b						
			Rental income or (loss)	6c						
		d	Net rental income or (loss) <u></u>						
	7	а	Gross amount from sales of	()	urities	(ii) Other				
			assets other than inventory	7a 7,93	7,904					
ø.		b	Less: cost or other basis		1 (15					
venue			and sales expenses	-	1,615					
}eve		C C	Gain or (loss)		6,289		76,289.			76,289.
Other Re			Net gain or (loss)				70,203.			70,203.
Oth Oth	0	а	including \$	-	of					
_			contributions reported on							
			Part IV, line 18	, , , , , , , , , , , , , , , , , , ,	8a					
		b	Less: direct expenses							
			Net income or (loss) from							
	9	а	Gross income from gamin							
			Part IV, line 19			<u> </u>				
			Less: direct expenses							
			Net income or (loss) from		rities					
	10	а	Gross sales of inventory,		10					
		h	and allowances Less: cost of goods sold							
			Net income or (loss) from							
<u></u>			01 (1000) 110111			Business Code				
Miscellaneous Revenue	11	а								
lane		b								
Scel Rev		С								
Mis			All other revenue							
		е	Total. Add lines 11a-11d							

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817,205. Form **990** (2022)

18,227,576.

12 Total revenue. See instructions

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).

Do	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	22 452 042	22 452 042		
	and domestic governments. See Part IV, line 21	22,452,042.	22,452,042.		
2	Grants and other assistance to domestic	1 411 105	1 411 105		
	individuals. See Part IV, line 22	1,411,105.	1,411,105.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	E00 2E6	115 572	116 100	40 10E
_	trustees, and key employees	580,256.	115,573.	416,488.	48,195
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1 205 466	F 4 7 C 4 1	401 004	446 001
7	Other salaries and wages	1,395,466.	547,641.	401,004.	446,821
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	100 004	CE 054	62 600	FA 0F2
9	Other employee benefits	179,724.	65,271.	63,600.	50,853
10	Payroll taxes	128,860.	43,555.	52,678.	32,627
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	82,990.		82,990.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	448,795.	211,528.	150,055.	87,212
12	Advertising and promotion	102,599.			102,599
13	Office expenses	372,100.	99,984.	154,186.	117,930
14	Information technology	13,771.		13,771.	
15	Royalties				
16	Occupancy	307,381.	96,610.	118,157.	92,614
17	Travel	31,507.	10,579.	10,964.	9,964
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	120,817.	26,447.	16,383.	77,987
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	32,106.	10,091.	12,341.	9,674
23	Insurance	22,042.		22,042.	
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 0.)				
а	DUES & SUBSCRIPTIONS	49,535.	2,274.	27,591.	19,670
b	OTHER EXPENSE	47,451.	29,825.	13,005.	4,621
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	27,778,547.	25,122,525.	1,555,255.	1,100,767
<u> </u>	Joint costs. Complete this line only if the organization				<u> </u>
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash - non-interest-bearing 1 43,918,834. 62,627,317. 2 Savings and temporary cash investments 7,196,919. 6,233,064. 3 Pledges and grants receivable, net 4 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 902,171. basis. Complete Part VI of Schedule D _____ | 10a | 814,048. 67,583. 88,123. b Less: accumulated depreciation _____ 10b 10c 7,632,802. 15,902,553. Investments - publicly traded securities 11 11 452,251,983. 412,404,676. 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets 1,132,716. Other assets. See Part IV, line 11 2,745,636. 15 15 530,909,320. 481,292,886. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 17 849,953. 1,075,132. 18 Grants payable 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 21,496,977. 20,226,032. 25 21,075,985. 26 22,572,109. 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 502,308,839. 452,152,818. Net assets without donor restrictions 27 27 7,524,496. 6,567,959. Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 29 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 509,833,335. 458,720,777. Total net assets or fund balances 32 32 530,909,320. 481,292,886. Total liabilities and net assets/fund balances ... Form **990** (2022)

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI					X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1				76.	
2	Total expenses (must equal Part IX, column (A), line 25)	2				47.	
3	Revenue less expenses. Subtract line 2 from line 1	3				71.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	509				
5	Net unrealized gains (losses) on investments	5	-41	. 30	6,7	34.	
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	-	-254,853			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	458	72	0,7	77.	
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII					X	
			_		Yes	No	
1	Accounting method used to prepare the Form 990: Cash Cash Other SEE SCH	0					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?			2b	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,					
	consolidated basis, or both:						
	Separate basis X Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,					
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule (D.				
За	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?			За		Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b			

SCHEDULE A

(Form 990)

Total

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

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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number

				COMMUNITY FO					4-2035996
Part	: T	Reason for Public	Charity Status.	(All organizations must c	omplete th	nis part.) S	See instruction	S.	
The or	gan	ization is not a private found							
1		A church, convention of ch			•	•			
2		A school described in sect	•			٠, ٨	Α Α,		
3 [A hospital or a cooperative				//b)/1)/A)/i	ii).		
4		A medical research organiz	. •				•	(iii) Enter	the hospital's name
- L		city, and state:	ation operated in 60	njanotion with a noopital	described	J 111 000110	170(5)(1)(7)	(III)I EIIIOI	the noopital o name,
5 [An organization operated for	or the benefit of a co	llogo or university owner	d or operat	tod by a a	ovornmontal u	nit doscrib	ood in
5 ∟				nege of drilversity owner	o opera	led by a g	overninentai u	riit uescrit	oeu III
م _٦	\neg	section 170(b)(1)(A)(iv). (C				70/I-\/4\/A\	4.3		
6 L	=	A federal, state, or local go							1.0. 1. 9. 1.
7 ∟		An organization that norma	•	ntial part of its support f	rom a gov	ernmental	unit or from tr	ne generai	public described in
	77	section 170(b)(1)(A)(vi). (C							
	X	A community trust describe							
9 ∟		An agricultural research org							
		or university or a non-land-o	grant college of agric	ulture (see instructions).	Enter the	name, city	y, and state of	the colleg	e or
_	_	university:							
10 L		An organization that norma							
		activities related to its exen	npt functions, subjec	t to certain exceptions;	and (2) no	more that	n 33 1/3% of it	ts support	from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) from	om busine	sses acqu	uired by the org	ganization	after June 30, 1975.
_		See section 509(a)(2). (Con	mplete Part III.)						
11 🛓	_	An organization organized a	and operated exclus	ively to test for public sa	fety. See s	section 50	09(a)(4).		
12 L		An organization organized a	and operated exclus	ively for the benefit of, to	perform t	the function	ons of, or to ca	rry out the	purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section :	509(a)(2).	See section 5	09(a)(3). 0	Check the box on
		lines 12a through 12d that	describes the type of	of supporting organizatio	n and com	nplete line:	s 12e, 12f, and	l 12g.	
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), t	ypically by	giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or truste	es of the s	supporting
		organization. You must o	complete Part IV, Se	ections A and B.					
b		Type II. A supporting org			tion with it	s support	ed organizatio	n(s), by ha	iving
		control or management of							
		organization(s). You mus							
С		Type III functionally inte	•		in connec	tion with.	and functional	lv integrate	ed with.
_		its supported organizatio						.,	
d		Type III non-functionally						ted organi	ization(s)
ŭ		that is not functionally int							
		requirement (see instruct						analleni	IVELIESS
_		Check this box if the orga	,	• '	,			II. Type III	
е		•					атурет, туре	ii, Type iii	
		functionally integrated, or				zation.			
		er the number of supported or ride the following information	•						
9		Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of	monetary	(vi) Amount of other
	,	organization	(,	(described on lines 1-10	in your governi Yes	ng document? No	support (see in:	-	support (see instructions)
				above (see instructions))	162	NO			,

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

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

Sec	ction A. Public Support	71	•	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	, ,	` '	` ,	, ,	` '	.,
	membership fees received. (Do not						
	include any "unusual grants.")	15,077,790.	15,495,864.	16,556,031.	29,252,377.	17,155,860.	93,537,922.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	15,077,790.	15,495,864.	16,556,031.	29,252,377.	17,155,860.	93,537,922.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						22,621,571.
	Public support. Subtract line 5 from line 4.						70,916,351.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	15,077,790.	15,495,864.	16,556,031.	29,252,377.	17,155,860.	93,537,922.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	454 045	000 410	262 444	000 600		
	and income from similar sources	454,245.	820,413.	363,141.	289,687.	1,235,198.	3,162,684.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10						96,700,606.
12	•					12	
13	First 5 years. If the Form 990 is for th	· ·	rst, second, third, t	fourth, or fifth tax	year as a section 5	501(c)(3)	
800	organization, check this box and storection C. Computation of Publ		roontogo				<u></u>
	<u> </u>			actume (f)		14	73.34 %
	Public support percentage for 2022 (15	73.34 %
	Public support percentage from 2021 33 1/3% support test - 2022. If the o					LI	
10a	stop here. The organization qualifies						
h	33 1/3% support test - 2021. If the o						
, L	and stop here. The organization qual						
170	10% -facts-and-circumstances tes						
17 6	and if the organization meets the fact						
	meets the facts-and-circumstances to						
h	10% -facts-and-circumstances tes	-			-	17a and line 15 is :	
i.	more, and if the organization meets the						10/0 01
	organization meets the facts-and-circ				-		
18	Private foundation. If the organization						
	Thrate louisdation. If the organization	an alla fiot officer a	557 OF HITE 10, 106	a, 100, 17a, 01 17k	o, or look it its box a		Earm 000) 2022

Schedule A (Form 990) 2022

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.)

Sec	etion A. Public Support	elow, please com	ipiete i ait ii.)				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and				, ,		,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
3	are not an unrelated trade or bus-						
1	Tax revenues levied for the organ-						
4	ization'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						
	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support			•			.
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	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						
	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						
13	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for the	L organization's f	I firet second third	fourth or fifth tax	Vear as a section	1 501(c)(3) organizat	ion
••	check this box and stop here	J	, , ,	•	•	()()	lori,
Sec	tion C. Computation of Publ		ercentage				
	Public support percentage for 2022 (I			column (f))		15	9
	Public support percentage from 2021					16	
	tion D. Computation of Investigation					1101	
	Investment income percentage for 20		<u>~</u> _			17	(
	Investment income percentage from 2					18	
	33 1/3% support tests - 2022. If the						
198		-					11 19 1101
	more than 33 1/3%, check this box a						<u> </u>
D	33 1/3% support tests - 2021. If the	•			•	•	
00	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n ala not check a	a box on line 14, 19	a, or 19b, check t	nis box and see i	nstructions	

232023 12-09-22

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer 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).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **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? *If* "Yes," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	_		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	_		
	8		
	9a		
	0.		
	9b		
	9c		
	10a		
	10b		
4	A /Earr	~ 000	

Par	rt IV Supporting Organizations (continued)			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion 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 or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office the supported organization of the organization of the discrete organization of the	cers,		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support	orted		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
0	the supported organization(s).			
Seci	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
•	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Sect	supported organizations played in this regard. etion E. Type III Functionally Integrated Supporting Organizations	<u></u>		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instru	uctions)		
' a	The organization satisfied the Activities Test. Complete line 2 below.	ctions).		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	v (see instructio	ns)	
2	Activities Test. Answer lines 2a and 2b below.	(See matraction	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	110
_	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
-	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Sche	edule	e A (Form 990) 2022	AMPTON	ROADS	COMMUNITY	FOU	NDATION	54-2035996	Page 6
Pa	rt V	Type III Non-Function	ally Integra	ted 509(a)(3) Supportin	g Orga	anizations		
1		Check here if the organization	satisfied the li	ntegral Part	Test as a qualifying	trust o	n Nov. 20, 1970 (explain	in Part VI). See instru	ictions.
		All other Type III non-function	ally integrated	supporting	organizations must	comple	te Sections A through E		
Sect	ion	A - Adjusted Net Income					(A) Prior Year	(B) Current \((optional)	
1	Ne	t short-term capital gain				1			
2	Re	coveries of prior-year distribution	S			2			
3	Oth	ner gross income (see instruction	s)			3			
4	Ad	d lines 1 through 3.				4			
5	De	preciation and depletion				5			
6	Ро	rtion of operating expenses paid	or incurred for	production	or				
	col	lection of gross income or for ma	nagement, cor	nservation,	or				
	ma	intenance of property held for pr	oduction of inc	ome (see ir	nstructions)	6			
7	Oth	ner expenses (see instructions)				7			
8	Ad	justed Net Income (subtract line	s 5, 6, and 7 fr	om line 4)		8			
Sect	ion	B - Minimum Asset Amount					(A) Prior Year	(B) Current \((optional)	
1	Ag	gregate fair market value of all no	n-exempt-use	assets (see					
	ins	tructions for short tax year or ass	ets held for pa	rt of year):					
а	Av	erage monthly value of securities				1a			

1b

1c

1d

2

3

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	
Sec	tion 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	

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

Schedule A (Form 990) 2022

b Average monthly cash balances

d Total (add lines 1a, 1b, and 1c)

(explain in detail in Part VI):

3 Subtract line 2 from line 1d.

instructions).

see instructions).

c Fair market value of other non-exempt-use assets

e Discount claimed for blockage or other factors

2 Acquisition indebtedness applicable to non-exempt-use assets

4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(continu}	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ıs	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ns	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
c	From 2019				
d	From 2020				
е	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, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
<u> </u>					

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2022

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
SPECIAL FUND #5	2,505,114.	571,102.
SPECIAL FUND #6	3,087,500.	1,153,488.
SPECIAL FUND #7	3,087,500.	1,153,488.
DAVID LANDSBERGER FUND	2,421,311.	487,299.
RYAN FUND	4,440,230.	2,506,218.
WYNNE FAMILY	6,299,404.	4,365,392.
MCKINNON FAMILY FUND	2,718,032.	784,020.
SNYDER FUND	2,950,000.	1,015,988.
THIEMEYER FUND	3,639,624.	1,705,612.
MCCLELLAN FAMILY FUND	5,450,575.	3,516,563.
NORFOLK SOUTHERN FUND	5,000,000.	3,065,988.
JAIN FAMILY FUND	2,333,964.	399,952.
FARRELL FUND	2,681,545.	747,533.
LEWIS FAMILY FUND	3,082,940.	1,148,928.
Total Excess Contributions to Schedule A, Part II, Line 5		22,621,571.

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Organization type (check one):

Schedule of Contributors

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

2022

2022

Schedule B (Form 990) (2022)

OMB No. 1545-0047

Name of the organization

HAMPTON ROADS COMMUNITY FOUNDATION

Employer identification number

54-2035996

Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 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).

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

HAMPTON ROADS COMMUNITY FOUNDATION

Employer identification number 54-2035996

Par			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	158	(b) Fulled and other accounts
2	Aggregate value of contributions to (during year)	7,571,142.	
3	Aggregate value of grants from (during year)	11,378,174.	
4	Aggregate value at end of year	147,904,331.	
5	Did the organization inform all donors and donor advisors in		ed funds
	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		-
	impermissible private benefit?		X Yes No
Par			
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) Preservation of	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic str		2c
a	Number of conservation easements included in (c) acquired	· · · · · · · · · · · · · · · · · · ·	
2	historic structure listed in the National Register Number of conservation easements modified, transferred, re		
3		neased, extinguished, or terminated by the	organization during the tax
4	year Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		
•	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
			Ç ,
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservat	tion easements during the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170((h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservat		
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial stateme	ents that describes the
D	organization's accounting for conservation easements.	(A.t. Illiatoria al Tura accesso au O	Uhan Olan Han Aasada
Pai	t III Organizations Maintaining Collections o		tner Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95	•	
	of art, historical treasures, or other similar assets held for pul	,	•
	service, provide in Part XIII the text of the footnote to its fina		
D	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furth	erance 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 tre		
~	the following amounts required to be reported under FASB A		gain, provide
а	Revenue included on Form 990, Part VIII, line 1		\$
	Assets included in Form 990, Part X		·
	For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 2022

232051 09-01-22

Pai	t III Organizations Maintaining C	Collections of A	rt, Historical Tr	easures, or Oth	ner Simil	ar Asse	ts (contini	ued)
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of the	following that make	significant	use of its		_
	collection items (check all that apply):							
а	a Public exhibition d Loan or exchange program							
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	n how they further t	he organization's ex	empt purp	ose in Par	t XIII.	
5	During the year, did the organization solicit of	r receive donations	of art, historical trea	sures, or other simil	ar assets		_	
	to be sold to raise funds rather than to be m						Yes	No
Pai	t IV Escrow and Custodial Arran	-	ete if the organizatio	n answered "Yes" o	n Form 990	0, Part IV,	line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.						
1a	Is the organization an agent, trustee, custod		•				7	
	on Form 990, Part X?					L	Yes	X No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:					
							Amount	
	Beginning balance							
	Additions during the year							
е	Distributions during the year							
f	Ending balance						_	
	Did the organization include an amount on F				•	L	Yes	∐ No
$\overline{}$	If "Yes," explain the arrangement in Part XIII.							
Pai	t V Endowment Funds. Complete i					vooro book	(a) Four	vooro book
		(a) Current year	(b) Prior year	(c) Two years back	+		• ,	years back
	Beginning of year balance	508,223,736.	392,835,420.			293,403.		846,267.
	Contributions	17,220,812.	49,507,311.	, , , , , , , , , , , , , , , , , , ,		152,619.		363,657.
	Net investment earnings, gains, and losses	-30,909,513.	89,861,635.		+	30,793.		478,361.
	Grants or scholarships	23,367,751.	20,525,562.	23,649,505.	19,1	183,576.	17,	441,287.
е	Other expenditures for facilities	124 202	F.C. 710	75 730		C4 0F1		E0 040
	and programs	134,202.	56,718.	, , , , , , , , , , , , , , , , , , ,		64,251.		58,240.
	Administrative expenses	3,710,803.	3,398,350.			081,424.		938,633.
	End of year balance	467,322,279.	508,223,736.		300,3	947,564.	331,	293,403.
2	Provide the estimated percentage of the cur	rent year end balanc		a)) neid as:				
	Board designated or quasi-endowment	0/	_%					
	Permanent endowment	%						
С		%						
2-	The percentages on lines 2a, 2b, and 2c sho	•	-4:		41			
Sa	Are there endowment funds not in the posse	ession of the organiza	ation that are neid a	na administered for	trie		Г	Yes No
	organization by:							X
	(i) Unrelated organizations							X
h	(ii) Related organizations							
4	Describe in Part XIII the intended uses of the						_ 3 0	
	t VI Land, Buildings, and Equipm		Willett fullus.					
	Complete if the organization answere), Part IV, line 11a. S	See Form 990, Part)	K, line 10.			
	Description of property	(a) Cost or o	1	i	Accumulate	ed	(d) Book	value
	2000p.i.o. o. proporty	basis (investn			epreciation		, =, ===	
	Land	'						
	Buildings							
	Leasehold improvements		6	6,931.	63,0	95.	3	,836.
	Equipment			5,240.	750,9			,287.
	Other							
	. Add lines 1a through 1e. (Column (d) must e		X, column (B), line 1	(0c.)			88	,123.
		,	, , ,	,		Schedule	D (Form	990) 2022

Schedule D (Form 990) 2022 HAMPTON ROA	DS COMMUNITY	FOUNDATION	54-2035996 Page 3
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) ALTERNATIVE INVESTMENTS	412,404,676.	END-OF-YEAR	MARKET VALUE
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	412,404,676.		
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)			

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.

(7) (8) (9)

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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Other Liabilities. Part X

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)	FUNDS HELD FOR OTHERS	19,556,717.
(3)	OPERATING LEASE LIABILITY	1,940,260.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	21,496,977.

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... X

Schedule D (Form 990) 2022

Part XI Reconciliation of Revenue per Audited Financial Statem	nents With Revenue per F	Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.	
1 Total revenue, gains, and other support per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	··· —	
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		-
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	40	
a Investment expenses not included on Form 990, Part VIII, line 7b		-
b Other (Describe in Part XIII.) c Add lines 4a and 4b		10
 c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 		4c 5
Part XII Reconciliation of Expenses per Audited Financial States		_
Complete if the organization answered "Yes" on Form 990, Part IV, line 12	•	
Total expenses and losses per audited financial statements		1 1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	2a	
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	1	2e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b		4c
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5
Part XIII Supplemental Information.		
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part		4; Part X, line 2; Part XI,
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ac	dditional information.	
DADM II INE A.		
PART V, LINE 4:		
THE FOUNDATION APPLIES A SPENDING RATE EACH	VEXD MO THE END	AMENT DATANCE
THE FOUNDATION APPLIES A SPENDING RATE EACH	TEAR TO TIS ENDO	JWMENI BALIANCE
IN ORDER TO PROVIDE GRANTS AND SCHOLARSHIPS	TN THE COMMINITY	7
IN ORDER TO PROVIDE GRANTS AND SCHOLARSHIPS	IN THE COMMONITY	<u>.</u>
PART X, LINE 2:		
IMI A, DINI 2.		
INTERNAL REVENUE SERVICE REGULATIONS ACCORD	CERTAIN OHALIFY	ING COMMINITY
THE THE REVENUE BERVICE RECORDITIONS RECORD	CDIVITIN QUIDITI	ING COMMONITY
FOUNDATIONS SPECIAL STATUS AS PUBLICLY SUPPORT	ORTED CHARTTIES.	CONSEQUENTLY.
TOOMBITTOND BITTOND IN TODATON BOTT		CONDECTIVITI
THE HAMPTON ROADS COMMUNITY FOUNDATION IS NO	OT CLASSIFIED AS	A PRIVATE
FOUNDATION AND ACCORDINGLY NOT SUBJECT TO E	XCISE TAXES ON IT	rs net
INVESTMENT INCOME UNDER SECTION 4940 OF THE	INTERNAL REVENUE	E CODE. IN
		-
ADDITION, THE FOUNDATION AND ITS SUPPORTING	ORGANIZATION HAV	/E QUALIFIED
UNDER SECTION 501(C)(3) OF THE INTERNAL REV	ENUE CODE AS ORGA	ANIZATIONS

54-2035996 Page 5 HAMPTON ROADS COMMUNITY FOUNDATION Schedule D (Form 990) 2022 Part XIII Supplemental Information (continued) EXEMPT FROM TAXES ON NET INCOME, WITH THE EXCEPTION OF UNRELATED BUSINESS INCOME EARNED ON CERTAIN INVESTMENTS. THE FOUNDATION'S INVESTMENTS INCLUDE ALTERNATIVE INVESTMENTS THAT CAN GENERATE UNRELATED BUSINESS INCOME. THE TAXES ON SUCH INCOME IS GENERALLY IMMATERIAL TO THE FINANCIAL STATEMENTS AND WHEN APPLICABLE IS CHARGED AGAINST THE RELATED INVESTMENT INCOME. DURING THE YEAR ENDED DECEMBER 31,2022, THERE WERE NO ESTIMATED TAX PAYMENTS MADE FOR ESTIMATED UNRELATED TOTAL PAYMENTS FOR INCOME TAXES FOR UNRELATED BUSINESS BUSINESS INCOME. INCOME FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020 WERE \$1,064,000 AND \$1,062,509, RESPECTIVELY. IN ADDITION, DURING THE YEAR ENDED DECEMBER 31, 2020 THE FOUNDATION RECEIVED A REFUND \$367,465 OF PREVIOUSLY PAID INCOME TAX ON UNRELATED BUSINESS INCOME. THE FOUNDATION'S TAX RETURNS ARE GENERALLY SUBJECT TO EXAMINATION BY AUTHORITIES FOR A PERIOD OF THREE YEARS FROM THE DATE THEY ARE FILLED AND, CONSEQUENTLY, THE FOUNDATION'S TAX RETURNS FILED FOR THE YEARS DECEMBER 31, 2021, 2020, AND 2019 REMAIN SUBJECT TO EXAMINATION.

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Employer identification number Name of the organization 54-2035996 HAMPTON ROADS COMMUNITY FOUNDATION Part I **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X Yes criteria used to award the grants or assistance? No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments, Complete if the organization answered "Yes" on Form 990, Part IV. line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of (c) IRC section 1 (a) Name and address of organization (b) EIN (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) 200+ MEN FOUNDATION P.O. BOX 99013 72-1582328 501(C)(3) 21,930 EDUCATION NORFOLK, VA 23509 0 757 ACCELERATE (DBA 757 COLLAB) 400 GRANBY STREET SUITE 115 NORFOLK, VA 23507 46-3211492 501(C)(3) 10,000 ECONOMIC COMPETITIVENESS ACCESS COLLEGE FOUNDATION 2555 ELLSMERE AVENUE NORFOLK, VA 23513 54-1440734 501(C)(3) 262,670 0 EDUCATION ADVANCING AMERICAN FREEDOM FOUNDATION - 801 PENNSYLVANIA AVENUE NW, SUITE 930 - WASHINGTON DC 20004 87-2090900 501(C)(3) 15 000 PUBLIC AFFAIRS AMERICAN HEART ASSOCIATION - MID ATLANTIC - 4217 PARK PLACE COURT HEALTH GLEN ALLEN, VA 23060 13-5613797 501(C)(3) 71 445 0 AMERICAN RED CROSS OF COASTAL VIRGINIA - 611 W. BRAMBLETON AVENUE - NORFOLK, VA 23510-1000 54-0505864 501(C)(3) 102 755 0 HUMAN SERVICES

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

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

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

Schedule I (Form 990) 2022

Part II Continuation of Grants and Other	Assistance to Do	mestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RESILIENCE PROJECT							
14 PARK STREET							
FLORENCE, MA 01062	82-2133002	501(C)(3)	9,000.	0.			CIVIC ENGAGEMENT
AMERICANS FOR OXFORD INC.							
500 FIFTH AVENUE, 32ND FLOOR							
NEW YORK, NY 10110	52-1495060	501(C)(3)	86,500.	0.			EDUCATION
AN ACHIEVABLE DREAM VIRGINIA BEACH							
10858 WARWICK BLVD, SUITE A							
NEWPORT NEWS, VA 23601	46-3211492	501(C)(3)	290,483.	0.			EDUCATION
	10 011111		250,100.	-			
ARMED SERVICES YMCA OF HAMPTON							
ROADS - 1465 LAKESIDE RD							
VIRGINIA BEACH, VA 23455	54-0525308	501(C)(3)	15,500.	0.			EDUCATION
			,				
ASPEN HOPE CENTER							
PO BOX 1115							
BASALT, CO 81621	27-3703825	501(C)(3)	10,000.	0.			HEALTH
BLAKEY WEAVER COUNSELING CENTER							
INC - 129 N. SARATOGA STREET, STE.							
1 - SUFFOLK, VA 23434	46-4669421	501(C)(3)	29,000.	0.			MENTAL HEALTH
DOVIG C GIRLS GLUDG OF GOVERNING							
BOYS & GIRLS CLUBS OF SOUTHEAST							
VIRGINIA - 1300 DIAMOND SPRINGS	E4 0515564	F01/G1/31	20.000				
ROAD - VIRGINIA BEACH, VA 23455	54-0515764	501(C)(3)	32,000.	0.			HUMAN SERVICES
BOYS' HOME, INC.							
306 BOYS' HOME ROAD							
COVINGTON, VA 24426	54-0505870	501(C)(3)	83,583.	0.			HUMAN SERVICES
	34 0303070	551(5)(5)	03,303.	0.			TOTAL DERVICED
BRYN MAWR COLLEGE							
DEPARTMENT OF RUSSIAN							
BRYN MAWR, PA 19010-2899	23-1352621	501(C)(3)	25,000.	0.			EDUCATION
		1 / - /		· · ·	l	1	

Schedule I (Form 990)

Page 1

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BUSINESS CONSORTIUM FOR ARTS							
SUPPORT D.B.A. ARTS ALLIANCE -							
101 W. MAIN STREET - NORFOLK, VA							
23510	54-1437382	501(C)(3)	536,000.	0.			CULTURE
CAMP SUNSHINE							
35 ACADIA ROAD							
CASCO, ME 04015	22-2582877	501(C)(3)	10,000.	0.			HUMAN SERVICES
,			1 11,755.	-			
CAMPUS CRUSADE FOR CHRIST, INC.							
100 LAKE HART DRIVE							
ORLANDO, FL 32832	95-6006173	501(C)(3)	6,000.	0.			RELIGION
CAPE HENRY COLLEGIATE SCHOOL							
1320 MILL DAM ROAD							
VIRGINIA BEACH, VA 23454	54-0793766	501(C)(3)	127,000.	0.			EDUCATION
CHARCOT-MARIE-TOOTH ASSOCIATION							
P.O. BOX 105							
GLENOLDEN, PA 19036	22-2480896	501(C)(3)	15,000.	0.			HEALTH
CUIA MILAM ILAT I							
CHATHAM HALL							
800 CHATHAM HALL CIRCLE	E4 0505070	E01/G)/3)	25 000	0			EDUGATION
CHATHAM, VA 24531	54-0505878	501(C)(3)	25,000.	0.			EDUCATION
CHESAPEAKE BAY ACADEMY							
821 BAKER RD.							
VIRGINIA BEACH, VA 23462-1002	54-1522266	501(C)(3)	40,000.	0.			FACILITIES
CHESAPEAKE BAY FOUNDATION -	31 1322200		40,000.	•			
HAMPTON ROADS OFFICE - BROCK							
ENVIRONMENTAL CENTER - VIRGINIA							
BEACH, VA 23455	52-6065757	501(C)(3)	51,810.	0.			ENVIRONMENT
	32 0003737		31,010.	•			
CHESAPEAKE BAY FOUNDATION -							
MARYLAND OFFICE - SIX HERNDON AVE							
	I	I	I			1	

Assistance to Do	mestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	rt II.)	- Tai
(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
23-7202196	501(C)(3)	200,000.	0.			ANIMAL WELFARE
54-1893166	501(C)(3)	10,000.	0.			HEALTH
			_			
54-0506321	501(C)(3)	826,654.	0.			FACILITIES
45-4071729	501(C)(3)	13 040	0			CULTURE
45 40/1/25	501(0)(3)	13,040.	<u> </u>			COLIONE
237027179	501(C)(3)	9,000.	0.			EDUCATION
		,				
54-0575811	501(C)(3)	64,405.	0.			RELIGION
51-0243196	501(C)(3)	251,715.	0.			FACILITIES
F4 0F0C453	E01/G)/3)	6 410	_			DELTGTON
54-0506453	DUI(C)(3)	6,410.	0.			RELIGION
04-3512550	501(C)(3)	130 000	n			ENVIRONMENT
	(b) EIN 23-7202196 54-1893166 54-0506321 45-4071729 237027179 54-0575811 51-0243196	(b) EIN (c) IRC section if applicable (c) IRC section if applicabl	(b) EIN (c) IRC section if applicable (d) Amount of cash grant 23-7202196 501(c)(3) 200,000. 54-1893166 501(c)(3) 10,000. 54-0506321 501(c)(3) 826,654. 45-4071729 501(c)(3) 13,040. 237027179 501(c)(3) 9,000. 54-0575811 501(c)(3) 64,405. 51-0243196 501(c)(3) 251,715.	Assistance to Domestic Organizations and Domestic Governments (Sch. (b) EIN (c) IRC section if applicable (d) Amount of cash grant (e) Amount of noncash assistance 23-7202196 501(C)(3) 200,000. 0. 54-1893166 501(C)(3) 10,000. 0. 54-0506321 501(C)(3) 826,654. 0. 45-4071729 501(C)(3) 13,040. 0. 237027179 501(C)(3) 9,000. 0. 54-0575811 501(C)(3) 64,405. 0. 51-0243196 501(C)(3) 251,715. 0. 54-0506453 501(C)(3) 6,410. 0.	Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part (b) EIN (c) IRC section if applicable (d) Amount of cash grant (e) Amount of noncash assistance (b) Method of valuation (book, FMV, appraisal, other) 54-1893166 501(C)(3) 200,000. 0. 54-0506321 501(C)(3) 826,654. 0. 45-4071729 501(C)(3) 13,040. 0. 237027179 501(C)(3) 9,000. 0. 54-0575811 501(C)(3) 64,405. 0. 51-0243196 501(C)(3) 251,715. 0.	Assistance to Domestic Organizations and Domestic Governments (Schedule (Form 990), Part II.) (b) EIN (c) IRC section if applicable (d) Amount of cash grant (e) Amount of noncash assistance (f) Method of valuation (so, FMV, appraisal, other) (g) Description of non-cash assistance (e) Amount of noncash assistance (f) Method of valuation (so, FMV, appraisal, other) (g) Description of non-cash assistance (f) Method of valuation (so, FMV, appraisal, other) (f) Method of valuation (so, FMV, appraisal, other) (g) Description of non-cash assistance (f) Method of valuation (so, FMV, appraisal, other) (f) Method of valuation (so, FMV, appraisal, other) (g) Description of non-cash assistance (f) Method of valuation (so, FMV, appraisal, other) (f) Method of valuation (so, FMV, appraisal, other) (g) Description of non-cash assistance (f) Method of valuation (so, FMV, appraisal, other) (g) Description of non-cash assistance (g) Descr

54-2035996 HAMPTON ROADS COMMUNITY FOUNDATION Schedule I (Form 990) Page 1 Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (c) IRC section (g) Description of (a) Name and address of (b) EIN (d) Amount of (e) Amount of (f) Method of (h) Purpose of grant organization or government if applicable cash grant noncash valuation non-cash assistance or assistance (book, FMV. assistance appraisal, other) CLEVER COMMUNITIES IN ACTION PO BOX 55131 NORFOLK, VA 23505 45-2757014 501(C)(3) 29,000 0 HUMAN SERVICES COMMONWEALTH CATHOLIC CHARITIES 1601 ROLLING HILLS DRIVE RICHMOND, VA 23229 54-0505877 501(C)(3) 64,500 0 HUMAN SERVICES COMMUNITIES IN SCHOOLS OF HAMPTON ROADS - PO BOX 7784 - PORTSMOUTH VA 23707 26-2504678 501(C)(3) 105,290 0 EDUCATION COMMUNITY FOUNDATION OF JACKSON HOLE - P.O. BOX 574 - JACKSON, WY 83-0308856 501(C)(3) 6,000 0 OTHER 83001 COMMUNITY HARVEST OUTREACH P.O. BOX 533 WINDSOR, VA 23487 26-0186657 0 HUMAN SERVICES 501(C)(3) 6,000 COMMUNITY OF CHANGE 309 COUNTY ST., SUITE 203 PORTSMOUTH, VA 23704 81-2315327 501(C)(3) SPORTS/LEISURE 16,000 0 COMMUNITY OUTREACH COALITION 100 7TH STREET, SUITE 104 27-0782915 PORTSMOUTH, VA 23704 501(C)(3) 41 500 0 EDUCATION COMPLETE THE PUZZLE 4008 CLIPPER LANE PORTSMOUTH, VA 23703 83-2430355 501(C)(3) 10,000 0 HEALTH CONNECT WITH A WISH

OTHER

2492 N LANDING RD SUITE 102 VIRGINIA BEACH, VA 23456

46-5415099

501(C)(3)

10,000

0

Schedule I (Form 990) HAMPTON ROADS COMMUNITY FOUNDATION							54-2035996 Page 1	
Part II Continuation of Grants and Other	Assistance to Do	omestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	art II.)	1	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
CONSCIOUSNESS AND HEALING INITIATIVE - 6969 LA JOLLA BLVD LA JOLLA, CA 92037	82-3567961	501(C)(3)	15,000.	0.			HEALTH	
COUNCIL ON FOUNDATIONS P.O. BOX 715674 PHILADELPHIA, PA 19171-5674	13-6068327	501(C)(3)	8,250.	0.			OTHER	
COVER 3 FOUNDATION INC. 125 SOUTH COLLEGE DRIVE FRANKLIN, VA 23851	27-1957755	501(C)(3)	40,000.	0.			HUMAN SERVICES	
CREATIVE VISIONS FOUNDATION 18820 PACIFIC COAST HWY, STE. 201 MALIBU, CA 90265	39-1902814	501(C)(3)	15,000.	0.			culture	
CRISIS PREGNANCY CENTER OF TIDEWATER - P.O. BOX 119 - NORFOLK, VA 23501-0119	54-1267311	501(C)(3)	26,500.	0.			HUMAN SERVICES	
DON CAREY REECH FOUNDATION 505 THISTLEY LANE CHESAPEAKE, VA 23322	82-5147099	501(C)(3)	10,000.	0.			EDUCATION	
DUKE UNIVERSITY ALUMNI & DEVELOPMENT RECORDS DURHAM, NC 27708-0581	56-0532129	501(C)(3)	10,000.	0.			EDUCATION	
E3: ELEVATE EARLY EDUCATION P.O. BOX 3904 VIRGINIA BEACH, VA 23454	30-0759825	501(C)(3)	334,050.	0.			EDUCATION	
EASTERN SHORE COALITION AGAINST DOMESTIC VIOLENCE - 155 MARKET STREET - ONANCOCK, VA 23417	54-1234168	501(C)(3)	90,500.	0.			HUMAN SERVICES	

Part II Continuation of Grants and Other	Assistance to Do	mestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EASTERN SHORE COMMUNITY COLLEGE							
FOUNDATION - 29316 LANKFORD							
HIGHWAY - MELFA, VA 23410	54-1865751	501(C)(3)	34,275.	0.			EDUCATION
-							
EASTERN SHORE OF VIRGINIA BARRIER							
ISLANDS CENTER, INC PO BOX 206							
- MACHIPONGO, VA 23405	54-1763248	501(C)(3)	141,444.	0.			CULTURE
EXCHEDN CHODE OF VIDCINIX							
EASTERN SHORE OF VIRGINIA COMMUNITY FOUNDATION - P.O. BOX							
205 - ONLEY, VA 23418	20-3651144	501(C)(3)	265,758.	0.			OTHER
		001(0)(0)	200,700.	<u> </u>			
EASTERN SHORE PUBLIC LIBRARY							
FOUNDATION - P.O. BOX 554 -							
ACCOMAC, VA 23301	80-0542514	501(C)(3)	5,500.	0.			EDUCATION
EASTERN VIRGINIA MEDICAL SCHOOL							
PO BOX 1980							
NORFOLK, VA 23501	54-6055378	501(C)(3)	212,786.	0.			EDUCATION
EASTERN VIRGINIA MEDICAL SCHOOL							
FOUNDATION - P.O. BOX 5 - NORFOLK, VA 23501	23-7053028	501(C)(3)	1 172 057	0.			EDUCATION
VA 25501	23-7033028	501(C)(3)	1,172,957.	0.			EDUCATION
EDMARC HOSPICE FOR CHILDREN							
516 LONDON STREET							
PORTSMOUTH, VA 23704	54-1092904	501(C)(3)	13,500.	0.			HEALTH
·			,				
EGGLESTON SERVICES							
CORPORATE OFFICE							
NORFOLK, VA 23502	54-0602238	501(C)(3)	24,728.	0.			HUMAN SERVICES
EGGLESTON SERVICES FOUNDATION							
1611 INGLESIDE ROAD	01 4010170	E01/G)/3)	10.000	2			HIMAN GERMAGES
NORFOLK, VA 23502	81-4812173	DOT(C)(2)	10,000.	0.			HUMAN SERVICES

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ELEUTHERIAN MILLS-HAGLEY							
FOUNDATION INC - PO BOX 3630 -							
WILMINGTON, DE 19807	51-0070531	501(C)(3)	20,000.	0.			EDUCATION
ELIZABETH RIVER PROJECT							
5205 COLLEY AVE.							
NORFOLK, VA 23508	54-1663058	501(C)(3)	853,370.	0.			ENVIRONMENT
EMERGENCY ASSISTANCE FOUNDATION							
INC DEPT #9884 - ORLANDO, FL							
32885-9884	45-1813056	501(C)(3)	250,000.	0.			DISASTER RELIEF
EMPOWERMENT CENTER FOR CHILDREN			·				
YOUTH AND FAMILIES - 100 E OCEAN							
VIEW AVE APT 803 - NORFOLK, VA							
23503-1633	20-1448015	501(C)(3)	10,000.	0.			EDUCATION
ENVISION LEAD GROW, INC.							
1215 N MILITARY HIGHWAY, SUITE 730							
NORFOLK, VA 23502	81-4671522	501(C)(3)	25,500.	0.			HUMAN SERVICES
EQUI-KIDS THERAPEUTIC RIDING							
PROGRAM - 2626 HERITAGE PARK DRIVE	E4 1602046	E01/G)/2)	26 710	0			EDUCA ET ON
- VIRGINIA BEACH, VA 23456	54-1693046	501(C)(3)	36,710.	0.			EDUCATION
FAMILIES OF AUTISTIC CHILDREN OF							
TIDEWATER - 520 VIKING DRIVE -							
VIRGINIA BEACH, VA 23452	54-1824385	501(C)(3)	27,700.	0.			HUMAN SERVICES
		, ,	=1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
FIRST BAPTIST CHURCH OF NORFOLK							
418 EAST BUTE STREET							
NORFOLK, VA 23510	54-0544300	501(C)(3)	10,750.	0.			RELIGION
·			,				
FIRST PRESBYTERIAN CHURCH, NORFOLK							
820 COLONIAL AVENUE							
NORFOLK, VA 23507	54-0548000	501(C)(3)	29,604.	0.			RELIGION

Part II Continuation of Grants and Other	Assistance to Do	omestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	rt II.)	
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ETDOM DDECDYMEDIAN CUIDOU							
FIRST PRESBYTERIAN CHURCH, VIRGINIA BEACH - 300 36TH STREET -							
	54-0603000	501(C)(3)	126 000	0.			RELIGION
VIRGINIA BEACH, VA 23451 FOODBANK OF SOUTHEASTERN VIRGINIA	34-0003000	501(C/(3/	126,000.	0.			RELIGION
AND THE EASTERN SHORE - 800							
TIDEWATER DRIVE - NORFOLK, VA	F2 1210702	E01/Q\/3\	106 003	0			HIMAN GERVIGEG
23504	52-1219783	501(C)(3)	106,883.	0.			HUMAN SERVICES
FORKIDS, INC.							
1001 POINDEXTER STREET							
CHESAPEAKE, VA 23324-2444	54-1477799	501(C)(3)	226,351.	0.			HUMAN SERVICES
	01 11,,,,,,			•			
FOUNDATION FOR REHABILITATION							
EQUIPMENT & ENDOWMENT - P.O. BOX							
66207 - VIRGINIA BEACH, VA 23466	54-1934695	501(C)(3)	10,000.	0.			HEALTH
,							
FRANKLIN CITY PUBLIC SCHOOLS							
207 WEST SECOND AVENUE							
FRANKLIN, VA 23851		501(C)(3)	149,000.	0.			EDUCATION
,				- •			
FRANKLIN-SOUTHAMPTON AREA UNITED							
WAY - P.O. BOX 366 - FRANKLIN, VA							
23851	54-6043915	501(C)(3)	33,500.	0.			HUMAN SERVICES
			,				
FRIENDS OF THE NORFOLK PUBLIC							
LIBRARY - P.O. BOX 3234 - NORFOLK,							
VA 23514	54-1269002	501(C)(3)	6,000.	0.			EDUCATION
			, ,	-			
FRIENDS OF THE NORTHAMPTON FREE							
LIBRARY - P.O. BOX 639 -							
NASSAWADOX, VA 23413	54-1679571	501(C)(3)	5,330.	0.			EDUCATION
,			1,,,				
GALILEE EPISCOPAL CHURCH							
3928 PACIFIC AVENUE							
VIRGINIA BEACH, VA 23451	54-0614631	501(C)(3)	51,000.	0.			RELIGION
INGINIA BEACH, VA 23451	34-0014031	Por(C)(2)] 31,000.	<u> </u>			RELIGION Cobodula I /Farra

Part II Continuation of Grants and Other	Assistance to Do	mestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GHENT AREA MINISTRIES 1301 COLONIAL AVENUE, SUITE 2 NORFOLK, VA 23517	26-0082182	501(C)(3)	8,000.	0.			HUMAN SERVICES
G.I.R.L.S. CLUB 1062 W. MERCURY BLVD, SUITE 7237 HAMPTON, VA 23666	30-0869335	501(C)(3)	41,500.	0.			EDUCATION
GIRL SCOUT COUNCIL OF COLONIAL COAST - 912 CEDAR ROAD - CHESAPEAKE, VA 23322	54-1158412	501(C)(3)	6,667.	0.			OTHER
GIRLS ON THE RUN HAMPTON ROADS 5817 WESLEYAN DRIVE VIRGINIA BEACH, VA 23455	38-3777474	501(C)(3)	22,000.	0.			HEALTH
GORDON-CONWELL THEOLOGICAL SEMINARY - DEVELOPMENT OFFICE - SOUTH HAMILTON, MA 01982	04-2463847	501(C)(3)	50,000.	0.			EDUCATION
GOVERNOR'S SCHOOL FOR THE ARTS FOUNDATION - 254 GRANBY STREET - NORFOLK, VA 23510	54-1656477	501(C)(3)	17,890.	0.			CULTURE
GRACE EPISCOPAL CHURCH 1400 E. BRAMBLETON AVENUE NORFOLK, VA 23504	54-0647023	501(C)(3)	35,460.	0.			RELIGION
GRACELAND UNIVERSITY DEVELOPMENT OFFICE INDEPENDENCE, MO 64050	42-0707114	501(C)(3)	8,456.	0.			EDUCATION
GRYMES MEMORIAL SCHOOL 13775 SPICERS MILL ROAD ORANGE, VA 22980	54-0617529	501(C)(3)	20,000.	0.			EDUCATION

Part II Continuation of Grants and Other	Assistance to Do	omestic Organizations	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	rt II.)	
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GULF OF MAINE RESEARCH INSTITUTE 350 COMMERCIAL ST. PORTLAND, ME 04101	01-0504905	501(C)(3)	15,000.	0.			ENVIRONMENT
GURU NANAK FOUNDATION OF TIDEWATER 780 FINCK LN CHESAPEAKE, VA 23320	54-1427633	501(C)(3)	35,000.	0.			RELIGION
HABITAT FOR HUMANITY OF SHR, INC. 900 TIDEWATER DRIVE NORFOLK, VA 23504	54-1476409	501(C)(3)	104,228.	0.			FACILITIES
HAMPDEN-SYDNEY COLLEGE P.O. BOX 637 HAMPDEN-SYDNEY, VA 23943-0637	54-0505906	501(C)(3)	31,997.	0.			EDUCATION
HAMPTON ROADS CHAMBER FOUNDATION LEADERSHIP HAMPTON ROADS NORFOLK, VA 23510	51-0284315	501(C)(3)	10,000.	0.			EDUCATION
HAMPTON ROADS COMMUNITY FOUNDATION 101 W. MAIN STREET, SUITE 4500 NORFOLK, VA 23510	54-2035996	501(C)(3)	281,204.	0.			CIVIC ENGAGEMENT
HAMPTON ROADS EDUCATIONAL TELEVISION ASSOCIATION, INC. (WHRO) - 5200 HAMPTON BLVD - NORFOLK, VA 23508	54-0843118	501(C)(3)	107,634.	0.			EDUCATION
HAMPTON ROADS WORKFORCE FOUNDATION 999 WATERSIDE DRIVE, SUITE 1314 NORFOLK, VA 23510	20-2957424	501(C)(3)	79,000.	0.			HUMAN SERVICES
HAMPTON UNIVERSITY 200 WILLIAM R. HARVEY WAY HAMPTON, VA 23668	54-0505990	501(C)(3)	35,460.	0.			EDUCATION

Part II Continuation of Grants and Other						=/	
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HEALTHY CHESAPEAKE							
748 BATTLEFIELD BLVD. N							
CHESAPEAKE, VA 23320	54-1735279	501(C)(3)	10,000.	0.			HEALTH
HEARTS FULL OF GRACE INC.							
3604 BURNS CT.							
VIRGINIA BEACH, VA 23462	81-1652310	501(C)(3)	45,000.	0.			HUMAN SERVICES
HER, INC. (HELP AND EMERGENCY							
RESPONSE) - P.O. BOX 2187 -							
PORTSMOUTH, VA 23702-2187	52-1349827	501(C)(3)	34,706.	0.			FAMILY CHILD WEL
			10,,,,,,,,,				
HINDU TEMPLE OF HAMPTON ROADS							
217 SAMPSON CREEK ROAD							
CHESAPEAKE, VA 23322	52-1441451	501(C)(3)	5,001.	0.			RELIGION
, v. 20022	02 2112102	552(5)(5)	,,,,,,	•			
HOPE HOUSE FOUNDATION							
801 BOUSH ST., SUITE 302							
NORFOLK, VA 23510	54-0804383	501(C)(3)	101,791.	0.			HUMAN SERVICES
HORI OLIK, VII 20010	31 0001303	501(0)(3)	101,751.	•			HOIMIN BERNYTCHE
HORIZONS HAMPTON ROADS, INC.							
7336 GRANBY STREET							
NORFOLK, VA 23505	54-1946180	501(C)(3)	138,530.	0.			EDUCATION
NORTOLIK, VII 25505	34 1340100	501(0)(3)	130,330.	· ·			EBUCHTION
HOSPICE HOUSE OF HAMPTON ROADS							
P.O. BOX 683							
VIRGINIA BEACH, VA 23451	47-3431923	501(C)(3)	150,000.	0.			FACILITIES
THOTHIN DEMON, VA 20101	1, 3431323		150,000.	0.			-1101111110
HOUSE OF ESTHER ORGANIZATION INC							
5755 POPLAR HALL DRIVE	54-2062275	501/01/21	7 000				UIIMAN CEDUTCEC
NORFOLK, VA 23502	34-20022/3	501(C)(3)	7,000.	0.			HUMAN SERVICES
INTERNATIONAL MISSION BOARD OF THE							
SOUTHERN BAPTIST CONVENTION - 3806							
MONUMENT AVENUE - RICHMOND, VA	F4 0043030	E01/G)/3)	04 050				DEL TOTON
23230	54-0213930	501(C)(3)	21,953.	0.			RELIGION

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic G	overnments (Sch	edule I (Form 990), Pa	rt II.)			
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I. SHERMAN GREENE CHORALE, INC. 445 BATTLEFIELD BLVD. N. STE. D CHESAPEAKE, VA 23320	52-1238453	501(C)(3)	9,000.	0.			CULTURE		
ISLAND COMMUNITY HOUSE 6246 MUMFORD STREET CHINCOTEAGUE, VA 23336	83-3296419	501(C)(3)	311,000.	0.			CULTURE		
JACKSON-FEILD HOMES 546 WALNUT GROVE DR. JARRATT, VA 23867	54-0505920	501(C)(3)	65,711.	0.			HUMAN SERVICES		
JAMES E. NEWBY, JR., M.D. FOUNDATION - 301 RIVERVIEW AVENUE - NORFOLK, VA 23510	26-4288692	501(C)(3)	20,000.	0.			HEALTH		
JEWISH FAMILY SERVICE OF TIDEWATER 5000 CORPORATE WOODS DRIVE, #400 VIRGINIA BEACH, VA 23462	54-0854002	501(C)(3)	5,750.	0.			HUMAN SERVICES		
JUDEO-CHRISTIAN OUTREACH CENTER, INC 1053 VIRGINIA BEACH BLVD VIRGINIA BEACH, VA 23451	54-1417126	501(C)(3)	9,501.	0.			HUMAN SERVICES		
K5K A RUN FOR KENDRA INC. 1176 BIRDNECK LAKE DRIVE VIRGINIA BEACH, VA 23451	47-3909531	501(C)(3)	11,520.	0.			SCHOLARSHIPS		
KD ENTERTAINMENT 1700 E. OCEANVIEW AVE. NORFOLK, VA 23503	85-0831527	501(C)(3)	21,000.	0.			CULTURE		
KNOX AREA RESCUE MINISTRIES P.O. BOX 3310 KNOXVILLE, TN 37927-3310	62-0670972	501(C)(3)	21,953.	0.			HUMAN SERVICES		

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			J	assistance	(book, FMV, appraisal, other)		
AKE TAYLOR TRANSITIONAL CARE							
HOSPITAL - 1309 KEMPSVILLE ROAD -							
NORFOLK, VA 23502	54-1453192	501(C)(3)	20,000.	0.			HEALTH
LATINOS IN VIRGINIA EMPOWERMENT							
CENTER - 283 CONSTITUTION DRIVE -							
VIRGINIA BEACH, VA 23462	83-2446635	501(C)(3)	55,000.	0.			HUMAN SERVICES
L.D. BRITT, M.D. SCHOLARSHIP FUND							
PO BOX 11087							
NORFOLK, VA 23517	27-2915957	501(C)(3)	13,600.	0.			EDUCATION
LEGAL AID SOCIETY OF EASTERN							
VIRGINIA - 125 ST. PAUL'S BLVD -							
NORFOLK, VA 23510	54-0848499	501(C)(3)	9,000.	0.			HUMAN SERVICES
NONT 0111, VII 10010	31 0010133	301(0)(3)	3,000.	•			HOLLIN BERVIOLE
LES DAMES D'ASPEN, LTD							
0278 LARKSPUR LANE							
ASPEN, CO 81611	74-2401288	501(C)(3)	10,000.	0.			CULTURE
LGBT LIFE CENTER							
5360 ROBIN HOOD ROAD							
NORFOLK, VA 23513	54-1545157	501(C)(3)	23,000.	0.			HEALTH
LIFE ENRICHMENT CENTER OF NORFOLK							
230 WEST BUTE STREET							
NORFOLK, VA 23510	04-3751345	501(C)(3)	6,500.	0.			HUMAN SERVICES
IVNNUAVEN DIVED NOW							
LYNNHAVEN RIVER NOW							
3663 MARLIN BAY DRIVE	16-1647860	501(C)(3)	46,220.	0.			ENVIRONMENT
VIRGINIA BEACH, VA 23455	10-104/000	501(0)(3)	40,220.	0.			EN A TYOMETIN I
MANNA CAFE CI							
4484 2ND AVENUE							
CHINCOTEAGUE, VA 23336	824788132	501(C)(3)	5,200.	0.			HUMAN SERVICES

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARTIN COUNTY DEPARTMENT OF SOCIAL							
SERVICES - P.O. BOX 809 -							
WILLIAMSTON, NC 27892	56-6000317	501(C)(3)	17,950.	0.			HUMAN SERVICES
,			,				
MARY BALDWIN UNIVERSITY							
P.O. BOX 1500							
STAUNTON, VA 24402	54-0506319	501(C)(3)	10,659.	0.			EDUCATION
MERCY MEDICAL ANGELS							
101 W. MAIN ST.							
NORFOLK, VA 23510	52-1374161	501(C)(3)	9,000.	0.			HEALTH
WEDERN GOLLEGE GWIDTENDLE							
MERTON COLLEGE CHARITABLE							
CORPORATION - 2410 STATE HIGHWAY	22 2501570	E01/G)/3)	E0 000	0			EDUCATION
34 - MANASQUAN, NJ 08736	22-3581579	501(C)(3)	50,000.	0.			EDUCATION
METROPOLITAN OPERA ASSOCIATION,							
INC 30 LINCOLN CENTER - NEW							
YORK, NY 10023-6980	13-1624087	501(C)(3)	20,000.	0.			CULTURE
,			,				
MILITARY AVIATION MUSEUM							
1341 PRINCESS ANNE ROAD							
VIRGINIA BEACH, VA 23457	26-1290004	501(C)(3)	10,000.	0.			CULTURE
MOSAIC STEEL ORCHESTRA							
PO BOX 6333							
NORFOLK, VA 23508	41-2177286	501(C)(3)	25,000.	0.			CULTURE
NAMEL PRINCE FOUNDATION							
4508 RIVER SHORE ROAD	04 2500020	E01/G)/3\	10.000	2			ОШИПР
PORTSMOUTH, VA 23703	84-2569632	501(C)(3)	10,000.	0.			OTHER
NAPA VALLEY LITTLE LEAGUE DBA ST.							
HELENA LITTLE LEAGUE - PO BOX 241							
- ST. HELENA, CA 94574	94-6126932	501(C)(3)	50,000.	0.			SPORTS/LEISURE

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					appraisal, other)		
NAUTICUS FOUNDATION							
1 WATERSIDE DRIVE							
NORFOLK, VA 23510	54-1475802	501(C)(3)	31,220.	0.			CULTURE
NEIGHBORHOOD							
PO BOX 5731							
CHESAPEAKE, VA 23324	82-3268779	501(C)(3)	70,500.	0.			HUMAN SERVICES
NEW VISION YOUTH SERVICES, INC.							
P.O. BOX 2441							
CHESAPEAKE, VA 23327	37-1588168	501(C)(3)	125,500.	0.			HUMAN SERVICES
NORFOLK ACADEMY							
1585 WESLEYAN DRIVE							
NORFOLK, VA 23502-5591	54-0551901	501(C)(3)	597,692.	0.			EDUCATION
,			,				
NORFOLK BOTANICAL GARDEN, INC.							
6700 AZALEA GARDEN ROAD							
NORFOLK, VA 23518-5337	54-0788933	501(C)(3)	207,238.	0.			FACILITIES
NORFOLK COLLEGIATE SCHOOL							
7336 GRANBY STREET							
NORFOLK, VA 23505	54-0806413	501(C)(3)	33,543.	0.			EDUCATION
NORFOLK PUBLIC LIBRARY							
1155 PINERIDGE ROAD							
NORFOLK, VA 23502	54-6001455	501(C)(3)	23,530.	0.			EDUCATION
NORFOLK ROTARY CHARITIES							
414 WEST BUTE STREET							
NORFOLK, VA 23510	54-1918783	501(C)(3)	28,480.	0.			OTHER
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NORFOLK SPCA							
916 BALLENTINE BOULEVARD							
NORFOLK, VA 23504	54-0515759	501(C)(3)	106,619.	0.			ANIMAL WELFARE

(-) News and address of	(L) FIN	(-) IDO ti	(-D) A	(-) A	(6) Made and 6	(a) Description ((In) D
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NURSING CAP, INC.							
P.O. BOX 5593							
SUFFOLK, VA 23435	47-4386481	501(C)(3)	15,000.	0.			EDUCATION
OCCOHANNOCK ON THE BAY CAMP AND							
RETREAT CENTER - 9403 CAMP LANE -							
BELLE HAVEN, VA 23306	36-2167731	501(C)(3)	7,000.	0.			RELIGION
OHEF SHOLOM TEMPLE							
530 RALEIGH AVENUE							
NORFOLK, VA 23507	54-6002056	501(C)(3)	15,990.	0.			RELIGION
	01 0002000		10,550.	•			
OLD DOMINION ATHLETIC FOUNDATION							
4417 MONARCH WAY, 4TH FLOOR							
NORFOLK, VA 23529-0201	54-6051933	501(C)(3)	111,500.	0.			EDUCATION
OLD DOMINION UNIVERSITY			, -	-			
EDUCATIONAL FOUNDATION - 4417							
MONARCH WAY, 4TH FLOOR - NORFOLK,							
VA 23529	54-6052014	501(C)(3)	496,095.	0.			EDUCATION
			·				
OLD DONATION EPISCOPAL CHURCH							
4449 NORTH WITCHDUCK ROAD							
VIRGINIA BEACH, VA 23455	31-1629166	501(C)(3)	55,000.	0.			RELIGION
000000000000000000000000000000000000000							
OPERATION SMILE							
3641 FACULTY BLVD	F. 4.604	501/61/61	57.001	_			
VIRGINIA BEACH, VA 23453	54-1460147	501(C)(3)	67,381.	0.			HEALTH
ORPHAN HELPERS							
727 J. CLYDE MORRIS BLVD.							
NEWPORT NEWS, VA 23601	54-1995429	501(C)(3)	80,500.	0.			HUMAN SERVICES
	3 1 1 1 3 3 1 2 3	501(0)(3)	33,300.				DINVICED .
PARK PLACE SCHOOL							
107 SEEKEL STREET							
NORFOLK, VA 23505	54-1965765	501(C)(3)	67,340.	0.			EDUCATION

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARTNERSHIP DEVELOPMENT FOUNDATION							
719 HIGH STREET							
PORTSMOUTH, VA 23704	75-3193664	501(C)(3)	25,000.	0.			FACILITIES
PENINSULA COMMUNITY FOUNDATION OF							
VIRGINIA - 48 W. QUEENS WAY -							
HAMPTON, VA 23669	54-2057957	501(C)(3)	10,000.	0.			OTHER
PHILANTHROPY SOUTHEAST							
100 PEACHTREE STREET NW, SUITE 2080							
ATLANTA, GA 30303	56-0995114	501(C)(3)	9,140.	0.			OTHER
PIONEERS-USA							
10123 WILLIAM CAREY DRIVE							
ORLANDO, FL 32832	52-1206938	501(C)(3)	6,000.	0.			RELIGION
,			,				
PLACES AND PROGRAMS FOR CHILDREN							
1900 LLEWELLYN AVENUE							
NORFOLK, VA 23517	54-0506468	501(C)(3)	63,530.	0.			EDUCATION
PORTSMOUTH MUSEUMS FOUNDATION							
521 MIDDLE STREET	54-1703447	501(C)(3)	01 060	0.			CULTURE
PORTSMOUTH, VA 23704-3708	34-1703447	501(C)(3)	91,060.	0.			COLIURE
POSTPARTUM SUPPORT VIRGINIA, INC.							
P.O. BOX 7521							
ARLINGTON, VA 22207	26-3029233	501(C)(3)	12,500.	0.			HEALTH
PRIMEPLUS - NORFOLK SENIOR CENTER							
7300 NEWPORT AVENUE, SUITE 100							
NORFOLK, VA 23505	54-1118218	501(C)(3)	68,000.	0.			HEALTH
OUNTERN OF LIFE THE							
QUALITY OF LIFE INC.							
5602 VIRGINIA BEACH BLVD., STE 203	81-3330208	501(C)(3)	11 000	0.			MENTAL HEALTH
VIRGINIA BEACH, VA 23462	01-3330200	POT(C)(3)	11,000.	٠.		1	MENIAU DEAUID

Part II Continuation of Grants and Other A	Assistance to Do	mestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RANDOLPH-MACON COLLEGE							
P.O. BOX 5005							
ASHLAND, VA 23005	54-0505940	501(C)(3)	38,470.	0.			EDUCATION
REGENT UNIVERSITY							
1000 REGENT UNIVERSITY DRIVE							
VIRGINIA BEACH, VA 23464	54-1061178	501(C)(3)	10,000.	0.			OTHER
REINVENT HAMPTON ROADS							
3 COMMERCIAL PLACE, SUITE 1320							
NORFOLK, VA 23510	81-0938538	501(C)(3)	300,000.	0.			OTHER
TORIOLIK, VII 23310	01 0330330	501(0)(3)	300,000.	<u> </u>			
ROBERT C. NUSBAUM HONORS COLLEGE							
NORFOLK STATE UNIVERSITY							
NORFOLK, VA 23504	23-7235954	501(C)(3)	56,250.	0.			EDUCATION
RVA HAMPTON ROADS MEGA REGION			, -	<u> </u>			
COLLABORATIVE D.B.A. RVA-757							
CONNECTS - 2601 FLOYD AVENUE -							
RICHMOND, VA 23220	84-4486132	501(C)(3)	100,000.	0.			OTHER
SAINT JAMES SCHOOL							
OFFICE OF DEVELOPMENT AND ALUMNI RE	}						
HAGERSTOWN, MD 21740	52-0591413	501(C)(3)	30,651.	0.			EDUCATION
CAMADIMAN HOUSE INC							
SAMARITAN HOUSE, INC. 2620 SOUTHERN BLVD.							
VIRGINIA BEACH, VA 23452	54-1291021	501(C)(3)	135,297.	0.			HUMAN SERVICES
TRGINIA BEACH, VA 25452	34-1231021	501(0/(3/	133,237.	0.			HOMAN SERVICES
SENIOR SERVICES OF SOUTHEASTERN							
VIRGINIA - 2551 ELTHAM AVENUE,							
SUITE Q - NORFOLK, VA 23513	54-6069786	501(C)(3)	50,000.	0.			HUMAN SERVICES
x, , , , , , , , , , , , , , , ,			30,000.	•			
SENTARA COLLEGE OF HEALTH SCIENCES							
CROSSWAYS I- SUITE 105							
CHESAPEAKE, VA 23320	54-1547408	501(C)(3)	10,700.	0.		1	EDUCATION

Part II Continuation of Grants and Other				,		,	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SENTARA HEALTH FOUNDATION							
6015 POPLAR HALL DRIVE							
NORFOLK, VA 23502	52-1271901	501(C)(3)	69,387.	0.			HEALTH
SETON YOUTH SHELTERS							
101 N. LYNNHAVEN RD., #101							
VIRGINIA BEACH, VA 23452	54-1250483	501(C)(3)	71,001.	0.			HUMAN SERVICES
SHEPHERDSTOWN BATTLEFIELD							
PRESERVATION ASSOCIATION - PO BOX							
1695 - SHEPHERDSTOWN, WV 25443	16-1776823	501(C)(3)	20,000.	0.			HISTORIC PRESERV
,							
SHOTGUN PLAYERS INC.							
1901 ASHBY AVENUE							
BERKELEY, CA 94703	94-3265879	501(C)(3)	7,440.	0.			CULTURE
a.v.o							
SIMON FAMILY JEWISH COMMUNITY							
CENTER - 5000 CORPORATE WOODS DR - VIRGINIA BEACH, VA 23462-4429	54-0535603	501(C)(3)	5,500.	0.			HUMAN SERVICES
VINGINIA BEACH, VA 23402 4425	34 0333003	501(0)(3)	3,300.	٠.			HOMAN BERVICES
SOUTHERN ENVIRONMENTAL LAW CENTER							
120 GARRETT STREET							
CHARLOTTESVILLE, VA 22902	52-1436778	501(C)(3)	10,000.	0.			ENVIRONMENT
STANDUP FOR KIDS - HAMPTON ROADS							
576 N. BIRDNECK ROAD, #125	22 244 4255	504 (5) (2)	1.5.000				
/IRGINIA BEACH, VA 23451	33-0414855	501(C)(3)	16,000.	0.			HUMAN SERVICES
ST. MARY'S CATHOLIC CHURCH							
1000 HOLT STREET							
NORFOLK, VA 23504	54-0538214	501(C)(3)	35,460.	0.			RELIGION
,			,				
ST. MARY'S HOME FOR DISABLED							
CHILDREN - 6171 KEMPSVILLE CIRCLE							
- NORFOLK, VA 23502	54-0505952	501(C)(3)	55,500.	0.			HUMAN SERVICES

Part II Continuation of Grants and Other	Assistance to De	mestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUFFOLK CENTER FOR CULTURAL ARTS							
110 WEST FINNEY AVENUE							
SUFFOLK, VA 23434	54-2051283	501(C)(3)	270,000.	0.			FACILITIES
SUFFOLK MEALS ON WHEELS							
SENTARA OBICI HOSPITAL							
SUFFOLK, VA 23434	54-1409613	501(C)(3)	8,000.	0.			HUMAN SERVICES
CHOAD DITIM DAVEDY THO							
SUGAR PLUM BAKERY, INC. 1353 LASKIN ROAD							
VIRGINIA BEACH, VA 23451	54-1330916	501(C)(3)	6,400.	0.			HUMAN SERVICES
VINCINIII DEMON, VII 20101	31 1330310	301(0)(3)	0,100.	<u> </u>			IOIMIN BENVIOLE
SURVIVOR VENTURES							
259 GRANBY STREET							
NORFOLK, VA 23510	83-2401527	501(C)(3)	100,000.	0.			HUMAN SERVICES
SYMPHONICITY - THE SYMPHONY							
ORCHESTRA OF VIRGINIA BEACH - 291							
INDEPENDENCE BLVD, SUITE 421 -							
VIRGINIA BEACH, VA 23462	52-1270466	501(C)(3)	5,380.	0.			CULTURE
T2 FITNESS FOUNDATION							
928 DIAMOND SPRINGS ROAD, SUITE 111							
VIRGINIA BEACH, VA 23455	83-2571349	501(C)(3)	30,000.	0.			HEALTH
TALMUDICAL ACADEMY OF NORFOLK							
612 COLONIAL AVENUE	40 1504700	E01/G)/2)	225 000	0			EDITO ET ON
NORFOLK, VA 23507	42-1594790	501(C)(3)	225,000.	0.			EDUCATION
TEENS WITH A PURPOSE							
700 E OLNEY ROAD							
NORFOLK, VA 23504	33-1207585	501(C)(3)	30,250.	0.			CULTURE
THE 3:20 SCHOLARSHIP							
27250 PITTS CREEK ROAD							
NEW CHURCH, VA 23415	82-4827655	501(C)(3)	14,500.	0.			SCHOLARSHIPS

Part II Continuation of Grants and Other	Assistance to Do	omestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	art II.)	i
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HE ACADEMY OF MUSIC							
P. O. BOX 11146							
NORFOLK, VA 23517	54-1764269	501(C)(3)	233,500.	0.			CULTURE
THE BARRY ROBINSON CENTER							
443 KEMPSVILLE ROAD							
NORFOLK, VA 23502	54-1038721	501(C)(3)	25,000.	0.			HEALTH
THE CHAS FOUNDATION							
7400 HAMPTON BLVD							
NORFOLK, VA 23505	46-0761549	501(C)(3)	15,000.	0.			HEALTH
THE GOLONIAL WILLIAMSDING							
THE COLONIAL WILLIAMSBURG							
FOUNDATION - P.O. BOX 1776 -	54-0505888	E01/G)/2)	0 720	0.			CULTURE
WILLIAMSBURG, VA 23187-1776	34-0303888	501(C)(3)	9,728.	0.			COLIURE
THE ENDEPENDENCE CENTER							
6300 EAST VIRGINIA BEACH BLVD.							
NORFOLK, VA 23502	54-1250288	501(C)(3)	45,524.	0.			EDUCATION
THE THE DANK GUNDED WHAT GOOD TO							
THE FELDMAN CHAMBER MUSIC SOCIETY P.O. BOX 6144							
NORFOLK, VA 23508	54-6054241	501(C)(3)	24,425.	0.			CULTURE
	31 0034241	501(0)(3)	21,123.	· · · · · · · · · · · · · · · · · · ·			COLICIA
THE GENIEVE SHELTER							
2480 PRUDEN BLVD, SUITE B							
SUFFOLK, VA 23434	54-1463053	501(C)(3)	10,000.	0.			HUMAN SERVICES
THE HERMITAGE MUSEUM AND GARDENS							
7637 NORTH SHORE ROAD							
NORFOLK, VA 23505	81-3329080	501(C)(3)	361,250.	0.			CULTURE
THE HURRAH PLAYERS							
485 ST. PAULS BLVD.							
NORFOLK, VA 23510	52-1409025	501(C)(3)	55,000.	0.			CULTURE

54-2035996 HAMPTON ROADS COMMUNITY FOUNDATION Schedule I (Form 990) Page 1 Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (a) Name and address of (c) IRC section (g) Description of (b) EIN (d) Amount of (e) Amount of (f) Method of (h) Purpose of grant organization or government if applicable cash grant noncash valuation non-cash assistance or assistance (book, FMV. assistance appraisal, other) THE MAURY FOUNDATION C/O SAUNDERS, MATTHEWS & PFITZNER NORFOLK, VA 23517 54-1396424 501(C)(3) 7,930 0 EDUCATION THE MICRONONPROFIT NETWORK 1712 ROKEBY AVE CHESAPEAKE, VA 23320 81-1444632 501(C)(3) 8,000 0 HUMAN SERVICES THE MUSE WRITERS CENTER 2200 COLONIAL AVE., SUITE 3 NORFOLK, VA 23517 56-2532348 501(C)(3) 24,500 0 CULTURE THE NATURE CONSERVANCY, VIRGINIA CHAPTER - 652 PETER JEFFERSON PARKWAY, STE. 190 -CHARLOTTESVILLE, VA 22911 53-0242652 501(C)(3) 30,000 0 ENVIRONMENT THE NAVIGATORS PO BOX 50500 84-6007896 0 RELIGION COLORADO SPRINGS, CO 80949 501(C)(3) 6,000 THE ORPHANETWORK 2624 SOUTHERN BLVD. VIRGINIA BEACH, VA 23452 54-1983817 501(C)(3) HUMAN SERVICES 20,000 0 THE READY ACADEMY CHRISTIAN SCHOOL 418 EAST BUTE STREET NORFOLK, VA 23510 20-5448338 501(C)(3) 7 930 0 EDUCATION THE SALVATION ARMY HAMPTON ROADS AREA COMMAND - P.O. BOX 388 -NORFOLK, VA 23501 58-0660607 501(C)(3) 149.887 0 HUMAN SERVICES THE SMITHSONIAN NATIONAL MUSEUM OF THE AMERICAN INDIAN - MEMBER SERVICES - WASHINGTON, DC

CULTURE

20026-3473

51,011

0

53-0206027

501(C)(3)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE UP CENTER							
150 BOUSH STREET							
NORFOLK, VA 23510	54-0674774	501(C)(3)	30,785.	0.			HEALTH
THE WILLIAMS SCHOOL							
419 COLONIAL AVENUE							
NORFOLK, VA 23507	51-0201345	501(C)(3)	57,931.	0.			EDUCATION
THRU THE BIBLE RADIO NETWORK							
P.O. BOX 7100							
PASADENA, CA 91109	95-6145276	501(C)(3)	6,000.	0.			RELIGION
TIDEWATER AFRICAN CULTURAL							
ALLIANCE - PO BOX 55009 - VIRGINIA							
BEACH, VA 23471	35-2644613	501(C)(3)	20,494.	0.			CULTURE
TIDEWATER ARTS OUTREACH							
809 BRANDON AVENUE, STE. 300	60 0500506	504 (5) (2)	11 750				
NORFOLK, VA 23517	68-0583526	501(C)(3)	11,750.	0.			CULTURE
TIDEWATER COMMUNITY COLLEGE							
EDUCATIONAL FOUNDATION - 121							
COLLEGE PLACE, STE. 622 - NORFOLK, VA 23510	F2 12170F6	E01/G)/2)	212 046	0			OWITED.
VA 23310	52-1217056	DU1(C)(3)	212,046.	0.			OTHER
TIDEWATER FRIENDS OF FOSTER CARE,							
INC 999 WATERSIDE DRIVE -							
NORFOLK, VA 23510	81-2887214	501(C)(3)	121,500.	0.			FAMILY CHILD WEL
,		-	1				
TIDEWATER YOUTH SERVICES							
FOUNDATION - 2404 AIRLINE							
BOULEVARD - PORTSMOUTH, VA 23701	54-1611793	501(C)(3)	23,500.	0.			HUMAN SERVICES
·							
TOGETHER WE CAN FOUNDATION							
5101 CLEVELAND STREET, SUITE 305							
VIRGINIA BEACH, VA 23462	26-3015863	501(C)(3)	49,250.	0.			EDUCATION

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					аррганов, отголу		
TRAILS OF PURPOSE							
2400 CAROLINA ROAD							
CHESAPEAKE, VA 23322	83-3883024	501(C)(3)	12,500.	0.			HEALTH
TROPHY CARES							
1615 NORVIEW AVENUE							
NORFOLK, VA 23518	83-4155769	501(C)(3)	8,000.	0.			EDUCATION
TUNNEL TO TOWERS FOUNDATION							
2361 HYLAN BLVD				_			
STATEN ISLAND, NY 10306	02-0554654	501(C)(3)	6,500.	0.			HUMAN SERVICES
UNION MISSION MINISTRIES							
P.O. BOX 3203							
NORFOLK, VA 23514	54-0506427	501(C)(3)	52,913.	0.			HUMAN SERVICES
,			, ,	<u> </u>			
UNION PRESBYTERIAN SEMINARY							
3401 BROOK ROAD							
RICHMOND, VA 23227	54-0506428	501(C)(3)	27,867.	0.			SCHOLARSHIPS
·							
UNITED JEWISH FEDERATION OF							
TIDEWATER - 5000 CORPORATE WOODS							
DRIVE - VIRGINIA BEACH, VA 23462	54-0535603	501(C)(3)	10,000.	0.			HUMAN SERVICES
UNITED WAY OF SOUTH HAMPTON ROADS							
2515 WALMER AVENUE							
NORFOLK, VA 23513	54-0506322	501(C)(3)	233,690.	0.			HUMAN SERVICES
UNIVERSITY OF VIRGINIA DARDEN							
SCHOOL OF BUSINESS - P.O. BOX 6550							
- CHARLOTTESVILLE, VA 22906-6500	54-6046419	501(C)(3)	35,000.	0.			EDUCATION
UNIVERSITY OF VIRGINIA - RECTOR							
AND VISITORS - P.O. BOX 400807 -	54-6001796	E01/G)/3)	115,500.	0.			EDUCATION
CHARLOTTESVILLE, VA 22904-4807] J= 0001/30	Por(C/(J/	113,300.	<u> </u>		I	PDOCKITON

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF VIRGINIA-VIRGINIA							
ATHLETICS FOUNDATION - P.O. BOX							
400833 - CHARLOTTESVILLE, VA 22904	54-0517188	501(C)(3)	10,900.	0.			RECREATION
URBAN LEAGUE OF HAMPTON ROADS							
7300 NEWPORT AVENUE							
NORFOLK, VA 23505	54-1083985	501(C)(3)	105,000.	0.			EDUCATION
URBAN RENEWAL CENTER							
820 COLONIAL AVE							
NORFOLK, VA 23507	82-2610132	501(C)(3)	50,000.	0.			HUMAN SERVICES
USS JOHN WARNER RECREATION FUND							
UNIT 100399 BOX 1							
FPO, AE 09583	APPLIED FOR	501(C)(3)	6,500.	0.			OTHER
			,,,,,,	•			
USTA MID-ATLANTIC SECTION, INC.							
620 HERNDON PARKWAY, SUITE 290							
HERNDON, VA 20170	54-1472806	501(C)(3)	20,000.	0.			SPORTS/LEISURE
UVA'S COLLEGE AT WISE							
DEVELOPMENT OFFICE							
WISE, VA 24293	54-1638774	501(C)(3)	15,000.	0.			EDUCATION
•			, ,				
VB HOME NOW							
104 N. WITCHDUCK ROAD							
VIRGINIA BEACH, VA 23462	81-1460498	501(C)(3)	50,000.	0.			HUMAN SERVICES
VETERAN SAILING							
227 JOLLY ROGER DRIVE							
KEY LARGO, FL 33037	81-3502346	501(C)(3)	6,000.	0.			OTHER
	-1 0000010		3,000.				
VILLAGE FAMILY							
PO BOX 41141							
NORFOLK, VA 23541	47-2122684	501(C)(3)	10,000.	0.			FOOD, NUTRITION

Assistance to Do	mestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	rt II.)	
(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
			_			
52-1272309	501(C)(3)	307,965.	0.			EDUCATION
54-1786140	501(C)(3)	450,918.	0.			CULTURE
: 54-1708340	501(C)(3)	19,490.	0.			HUMAN SERVICES
47-1396707	501(C)(3)	30 000	0			EDUCATION
51-0242962	501(C)(3)		0.			HEALTH
54-6061532	501(C)(3)	216,347.	0.			ANIMAL WELFARE
54-0787787	501(C)(3)	40,000.	0.			RELIGION
20-3188273	501(C)(3)	10,000.	0.			EDUCATION
		67,460.	0.			ENVIRONMENT
	(b) EIN 52-1272309 54-1786140 47-1396707 51-0242962 54-6061532 54-0787787	(b) EIN (c) IRC section if applicable 52-1272309 501(C)(3) 54-1786140 501(C)(3) 54-1708340 501(C)(3) 47-1396707 501(C)(3) 51-0242962 501(C)(3) 54-6061532 501(C)(3)	(b) EIN (c) IRC section if applicable (d) Amount of cash grant (2) 52-1272309 501(c)(3) 307,965. 54-1786140 501(c)(3) 450,918. 54-1708340 501(c)(3) 19,490. 47-1396707 501(c)(3) 30,000. 51-0242962 501(c)(3) 11,000. 54-6061532 501(c)(3) 216,347. 54-0787787 501(c)(3) 40,000.	(b) EIN (c) IRC section if applicable (d) Amount of cash grant (e) Amount of noncash assistance 52-1272309 501(C)(3) 307,965. 0. 54-1786140 501(C)(3) 450,918. 0. 54-1708340 501(C)(3) 19,490. 0. 47-1396707 501(C)(3) 30,000. 0. 51-0242962 501(C)(3) 11,000. 0. 54-6061532 501(C)(3) 216,347. 0. 54-0787787 501(C)(3) 40,000. 0. 20-3188273 501(C)(3) 10,000. 0.	(b) EIN (c) IRC section if applicable (d) Amount of cash grant (e) Amount of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) 52-1272309 501(c)(3) 307,965. 0. 54-1786140 501(c)(3) 450,918. 0. 47-1396707 501(c)(3) 19,490. 0. 51-0242962 501(c)(3) 11,000. 0. 54-6061532 501(c)(3) 216,347. 0. 54-0787787 501(c)(3) 40,000. 0. 20-3188273 501(c)(3) 10,000. 0.	if applicable cash grant noncash assistance (valuation) (book, FMV, appraisal, other) non-cash assistance 52-1272309 501(C)(3) 307,965. 0. 54-1786140 501(C)(3) 450,918. 0. 54-1708340 501(C)(3) 19,490. 0. 47-1396707 501(C)(3) 30,000. 0. 51-0242962 501(C)(3) 11,000. 0. 54-6061532 501(C)(3) 216,347. 0. 54-0787787 501(C)(3) 40,000. 0. 20-3188273 501(C)(3) 10,000. 0.

Page 1 Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (c) IRC section (g) Description of (a) Name and address of (b) EIN (d) Amount of (e) Amount of (f) Method of (h) Purpose of grant organization or government if applicable cash grant noncash valuation non-cash assistance or assistance (book, FMV. assistance appraisal, other) VIRGINIA ENGINEERING FOUNDATION PO BOX 400256 CHARLOTTESVILLE, VA 22904-4256 54-6052945 501(C)(3) 75,000 0 EDUCATION VIRGINIA HUMANITIES 946 GRADY AVE. STE. 100 CHARLOTTESVILLE, VA 22903 54-1435523 501(C)(3) 60,660 0 OTHER VIRGINIA LEAGUE FOR PLANNED PARENTHOOD - 201 N. HAMILTON STREET - RICHMOND, VA 23221 54-0505973 501(C)(3) 26,250 0 HEALTH VIRGINIA LEGAL AID SOCIETY P. O. BOX 6200 LYNCHBURG, VA 24505 51-0226448 501(C)(3) 72,490 0 HUMAN SERVICES VIRGINIA MUSEUM OF CONTEMPORARY ART (MOCA) - 2200 PARKS AVENUE -VIRGINIA BEACH, VA 23451 23-7112328 OTHER 501(C)(3) 7,667 0 VIRGINIA MUSEUM OF FINE ARTS FOUNDATION - 200 N. BOULEVARD -RICHMOND, VA 23220 510205333 CULTURE 501(C)(3) 88,000 0 VIRGINIA OPERA P.O. BOX 2580 NORFOLK, VA 23501 54-0985006 501(C)(3) 378 592 0 CULTURE VIRGINIA PUBLIC ACCESS PROJECT P.O. BOX 1472 RICHMOND, VA 23218 54-1825691 501(C)(3) 10,000 0 CIVIC ENGAGEMENT VIRGINIA STAGE COMPANY P.O. BOX 3770 NORFOLK, VA 23514 54-0839234 501(C)(3) 112,167 0 CULTURE

Schedule I (Form 990)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VIRGINIA SUPPORTIVE HOUSING							
P.O. BOX 8585							
RICHMOND, VA 23226	54-1444564	501(C)(3)	35,250.	0.			OTHER
·			,				
VIRGINIA SYMPHONY ORCHESTRA							
150 BOUSH ST STE 201							
NORFOLK, VA 23510-1626	54-6000598	501(C)(3)	723,469.	0.			CULTURE
VIRGINIA TECH FOUNDATION							
902 PRICES FORK ROAD							
BLACKSBURG, VA 24061	54-0721690	501(C)(3)	19,412.	0.			EDUCATION
VIDGINIA MUDOLOGICAL CUNTUADU							
VIRGINIA THEOLOGICAL SEMINARY							
FINANCE OFFICE	F4 050500F	E01/G)/2)	10 400	0			
ALEXANDRIA, VA 22304	54-0505937	501(C)(3)	18,480.	0.			SCHOLARSHIPS
VIDOINIA WESTEVAN INTVEDSIMV							
VIRGINIA WESLEYAN UNIVERSITY 5817 WESLEYAN DRIVE							
	54-6039600	501(C)(3)	94,000.	0.			EDUCATION
VIRGINIA BEACH, VA 23455	34-6039600	501(C)(3)	94,000.	0.			EDUCATION
VIRGINIA ZOOLOGICAL SOCIETY							
3500 GRANBY STREET							
NORFOLK, VA 23504	51-0253147	501(C)(3)	16,000.	0.			EDUCATION
			25,300.	-			
WALK IN IT, INC.							
P.O. BOX 1447							
SUFFOLK, VA 23439	20-5652131	501(C)(3)	55,000.	0.			EDUCATION
WESLEY COMMUNITY SERVICE CENTER,							
INC P.O. BOX 1396 - PORTSMOUTH,							
VA 23705	54-0805728	501(C)(3)	280,000.	0.			FACILITIES
WESTERN TIDEWATER FREE HEALTH							
CLINIC - 2019 MEADE PARKWAY -							
SUFFOLK, VA 23434	26-3302837	501(C)(3)	175,000.	0.			FACILITIES

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WESTERN TIDEWATER TENNIS							
ASSOCIATION - 136 WYNNWOOD DRIVE -							
FRANKLIN, VA 23851	27-5251837	501(C)(3)	15,000.	0.			RECREATION
WESTMINSTER-CANTERBURY OF HAMPTON							
ROADS FOUNDATION - 3100 SHORE							
DRIVE - VIRGINIA BEACH, VA 23451	54-1666603	501(C)(3)	125,490.	0.			HUMAN SERVICES
WESTVILLE CHRISTIAN CHURCH (DOC)							
C/O BOARD OF TRUSTEES CHAIR							
MATHEWS, VA 23109-0469	54-1060460	501(C)(3)	6,620.	0.			OTHER
WOODBERRY FOREST SCHOOL							
117 WOODBERRY STATION							
WOODBERRY FOREST, VA 22989	54-0519590	501(C)(3)	90,860.	0.			EDUCATION
YMCA OF SOUTH HAMPTON ROADS							
920 CORPORATE LANE							
CHESAPEAKE, VA 23320	54-0445205	501(C)(3)	34,930.	0.			HUMAN SERVICES
	01 0110200		51,555.	•			
YMCA OF THE CHESAPEAKE							
111- 1 E. DOVER STREET							
EASTON, MD 21601	52-0646895	501(C)(3)	17,000.	0.			HUMAN SERVICES
YOUNG AUDIENCES OF VIRGINIA D.B.A.							
ARTS FOR LEARNING - 420 NORTH							
CENTER DRIVE, SUITE 239 - NORFOLK,							
VA 23502-4067	54-6063377	501(C)(3)	133,130.	0.			CULTURE
VOLING INTEGRADE CROSS							
YOUNG INVESTORS GROUP							
P.O. BOX 8808	83-1718879	501(C)(3)	0 000	_			EDUCATION
NORFOLK, VA 23503	03-1/100/9	DUI(C)(3)	8,000.	0.			EDUCATION
YOUTH OUTREACH URBAN RESOURCES AND							
SERVICES MINISTRY (YOURS) - P.O.							
BOX 2536 - NORFOLK, VA 23501	22-3913720	501(C)(3)	10,000.	0.			HUMAN SERVICES

Part II Continuation of Grants and Oth	ner Assistance to Do	mestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	rt II.)	, ago
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YWCA OF SOUTH HAMPTON ROADS							
606 W. 29TH ST., STE. 140							
NORFOLK, VA 23508	54-0506491	501(C)(3)	185,038.	0.			FAMILY CHILD WEL

GRANTEE REPORTS ARE REVIEWED BY STAFF AND THE STATUS IS REPORTED TO THE

Schedule I (Form 990) 2022 HAMP TON KOADS	COMMONTIT	FOUNDALIC)TA		34-2033330	Page
Part III Grants and Other Assistance to Domestic Individual Part III can be duplicated if additional space is needed.		organization answ	ered "Yes" on Form 9	990, Part IV, line 22.		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash as	sistance
SCHOLARSHIPS FOR INDIVIDUALS ATTENDING SPECIFIC						
COLLEGES OR ENROLLED IN SPECIFIC AREAS OF STUDY	413	1,411,105.	0.			
Part IV Supplemental Information. Provide the information re-	Uquired in Part I, lin	L ne 2; Part III, columr	l (b); and any other a	l dditional information.		
PART I, LINE 2:						
GRANTS ARE APPROVED BY THE BOARD (OF DIRECT	ORS AND AF	RE MADE IN	ACCORDANCE		
WITH THE DONOR'S INTENT AS DESCRI	BED IN EA	CH FUND AG	GREEMENT.	FOR GRANTS		
FROM UNRESTRICTED AND FIELD OF IN	TEREST FU	NDS, A PRE	E-GRANT INO	UIRY IS MADE		
BY STAFF WHICH MAY INCLUDE A REVI		-	ROPOSAL AND			
VISIT. ONCE AWARDED, THE GRANTEE						
·						
FUNDS, TYPICALLY AT SIX MONTH INT	ERVALS UN	TIL THE EN	ID OF THE G	RANT PERIOD.		

BOARD OF DIRECTORS.

Part IV Supplemental Information
FOR SCHOLARSHIP AWARDS, STUDENTS ARE SENT SCHOLARSHIP GUIDELINES AND
POLICIES WITH THEIR AWARD. IN ORDER TO RENEW THEIR AWARD, STUDENTS MUST
SUBMIT A RENEWAL FORM AND TRANSCRIPT WHICH DOCUMENTS THEIR ATTENDANCE.
CHECKS ARE SENT DIRECTLY TO UNIVERSITY FINANCIAL AID OFFICES. ANY UNUSED
FUNDS ARE RETURNED TO THE FOUNDATION.

Schedule I (Form 990)

SCHEDULE J (Form 990)

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.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

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

HAMPTON ROADS COMMUNITY FOUNDATION

Employer identification number 54-2035996

Questions Regarding Compensation Part I No Yes 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Health or social club dues or initiation fees Tax indemnification and gross-up payments Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain _____ 1b 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? 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. Compensation committee Written employment contract X Compensation survey or study Independent compensation consultant X Form 990 of other organizations X Approval by the board or compensation committee 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: X a Receive a severance payment or change-of-control payment? X b Participate in or receive payment from a supplemental nonqualified retirement plan? 4b X 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: Х a The organization? 5a $\overline{\mathbf{x}}$ **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: Х a The organization? 6a X **b** Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III Х If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

LHA 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.

		(B) Breakdown of W	/-2 and/or 1099-MISo compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation			compensation			reported as deferred on prior Form 990
(1) DEBORAH M. DICROCE	(i)	364,645.	0.	0.	0.	19,003.		0.
PRESIDENT, SECRETARY & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) LINDA M. RICE	(i)	199,371.	0.	0.	0.	12,641.	212,012.	0.
VICE PRESIDENT OF GRANT MA	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) RICHARD MATTHEWS	(i)	184,625.	0.	0.	0.	11,984.	196,609.	0.
CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ROBIN FOREMAN-WHEELER	(i)	146,500.	0.	0.	0.	18,098.	164,598.	0.
VICE PRESIDENT FOR ADMINIS	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) KAY A. STINE	(i)	147,400.	0.	0.	0.	9,468.	156,868.	0.
VICE PRESIDENT OF DEVELOPM	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Employer identification number

	HAMPTON ROAD	S COMM	UNITY FOU	NDATION		54	4-2035	996	
Pai	rt I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported of Form 990, Part VIII, lin	n	Method noncash co	(d) of determir ntribution a		:s
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	X	57	6,595,04	41.EX	CHANGE	HIGH/	LOW	AV
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other $_{\dots}$								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ()								
26	Other ()								
27	Other ()								
28	Other ()								
29	Number of Forms 8283 received by the organ			• • • • • • • • • • • • • • • • • • •					
	for which the organization completed Form 82	283, Part V, [Oonee Acknowledg	gement 29					
								Yes	No
30a	During the year, did the organization receive b					3, that it			
	must hold for at least 3 years from the date of								37
	exempt purposes for the entire holding period	?					30a		X
b	If "Yes," describe the arrangement in Part II.					_		37	
31	Does the organization have a gift acceptance					s?	31	Х	
32a	32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash								
	contributions?						32a	Х	
	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in o	column (c) fo	r a type of propert	y for which column (a) i	s checked	,			
	describe in Part II.								
LHA	For Paperwork Reduction Act Notice, see	tne Instruc	tions for Form 99	U.		Sched	ule M (Fori	n 990)	, 2022

232141 09-09-22

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
SCHEDULE M, LINE 32B:
THE ORGANIZATION HAS ESTABLISHED A TYPE 1 SUPPORTING ORGANIZATION NAMED
FOUNDATION REALTY, EIN 65-131738, FOR THE PURPOSE OF RECEIVING AND
LIQUIDATING CERTAIN NON-CASH GIFTS SUCH AS REAL ESTATE. ADDITIONALLY,
IF THE ORGANIZATION WAS TO RECEIVE A NON-CASH GIFT THAT REQUIRED
LIQUIDATION EXPERTISE, SUCH AS REAL ESTATE OR ART, THE ORGANIZATION
MIGHT CHOOSE TO ENGAGE SUCH THIRD PARTY BROKER ON A CASE BY CASE BASIS.
THE ORGANIZATON HAS NOT USED THE ABOVE NAMED SUPPORTING ORGANIZATION OR
ANY OTHER THIRD PARTY THIS TAXABLE YEAR FOR THE STATED PURPOSES.

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

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 Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

HAMPTON ROADS COMMUNITY FOUNDATION

Employer identification number 54-2035996

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

A COPY OF FORM 990 IS PROVIDED TO ALL DIRECTORS PRIOR TO FILING. UPON RECEIVING THE COPY OF FORM 990, DIRECTORS ARE GIVEN A SPECIFIED TIME PERIOD DURING WHICH THEY CAN CONTACT THE ORGANIZATION'S CHIEF FINANCIAL OFFICER TO QUESTION OR COMMENT ON ANY ASPECT OF THE FORM. THE FORM IS ALSO REVIEWED BY THE AUDIT COMMITTEE BEFORE FILING.

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

ON A YEARLY BASIS, EVERY EMPLOYEE, DIRECTOR, COMMITTEE MEMBER AND/OR OFFICER ("DISCLOSING PARTY") COMPLETES A DISCLOSURE STATEMENT WHICH ADDRESSES POSSIBLE CONFLICTS OF INTEREST. THE DISCLOSING PARTY MUST STATE ALL BUSINESS RELATIONSHIPS IN TO WHICH THAT PARTY OR THAT PARTY'S IMMEDIATE FAMILY MEMBER(S) HAVE ENTERED THAT MIGHT GIVE RISE TO A POSSIBLE CONFLICT FOUNDATION. THE DISCLOSING PARTY MUST ALSO SET FORTH ALL RELATIONSHIPS WITH POTENTIAL GRANTEES BY LISTING ALL CHARITABLE OR CIVIC INVOLVEMENT IN WHICH THE PARTY HOLDS AN OFFICIAL POSITION SUCH AS A DIRECTOR OR TRUSTEE, AND ALL CHARITABLE AND CIVIC INVOLVEMENTS IN WHICH THE PARTY HOLDS AN UNOFFICIAL ROLE SUCH AS A VOLUNTEER, ADVISOR OR ADVOCATE. THE DISCLOSING PARTY IS ALSO REMINDED THAT IF AT ANY TIME HE OR SHE BECOMES AWARE OF ANY CONFLICT OF INTEREST, THAT CONFLICT MUST BE DISCLOSED AND ABSTENTION FROM VOTING SHOULD FOLLOW IF APPROPRIATE. A LIST OF DISCLOSED POSSIBLE CONFLICTS OF INTEREST OF BOTH DIRECTORS AND STAFF MEMBERS IS DISTRIBUTED AT THE BOARD OF DIRECTORS REGULARLY SCHEDULED MEETINGS TO SERVE AS A REMINDER TO ALL PRESENT. FURTHER, IF A BUSINESS RELATIONSHIP CONFLICT INTEREST EXISTS PURSUANT TO POLICY DEFINITION, THE DISCLOSING PARTY, MAY NOT BE PRESENT FOR DEBATE AND MUST ABSTAIN FROM VOTING ON DIRECTOR, LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2022

232211 10-28-22

Schedule O (Form 990) 2022 Page 2

Name of the organization HAMPTON ROADS COMMUNITY FOUNDATION **Employer identification number** 54-2035996

ANY ACTION RELATING TO THAT RELATIONSHIP. IF A CONFLICT OF INTEREST EXISTS WITH A POTENTIAL GRANTEE, THE DISCLOSING PARTY, IF A DIRECTOR, MAY BE PRESENT FOR DEBATE BUT SHALL ABSTAIN FROM VOTING ON ANY ACTION RELATING TO THAT GRANTEE. IF A CONFLICT WITH A POTENTIAL GRANTEE EXISTS BETWEEN A POTENTIAL GRANTEE AND STAFF MEMBER, THAT STAFF MEMBER MAY NOT SERVE AS PROGRAM OFFICER IN RELATION TO THAT GRANT AND THE DIRECTORS SHALL BE INFORMED OF THE CONFLICT AT THE TIME THE GRANT APPLICATION IS BEING CONSIDERED.

FORM 990, PART VI, SECTION B, LINE 15:

THE CEO'S COMPENSATION IS DETERMINED BY THE BOARD IN EXECUTIVE SESSION AFTER THE BOARD IS PRESENTED WITH COMPARABILITY DATA AND HAS THE OPPORTUNITY TO DELIBERATE. IN DETERMINING COMPENSATION FOR OTHER EMPLOYEES, THE PRESIDENT REVIEWS COMPARABILITY DATA AND SETS A TOTAL FIGURE FOR COMPENSATION IN CONNECTION WITH THE BUDGET PROCESS. THE BOARD'S EXECUTIVE COMMITTEE APPROVES OR MODIFIES THE BUDGET WHICH IS THEN PRESENTED TO THE FULL BOARD FOR CONSIDERATION AND ADOPTION.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL,AR,AK,CA,CO,CT,DC,FL,GA,IL,KS,KY,ME,MD,MA,MN,MI,NH,NM,NJ,NY,NC,ND,OH,OK OR, PA, RI, SC, TN, UT, VA, WA, WV, WI, HI, NV

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

AUDITED FINANCIAL STATEMENTS AND FORM 990 RETURNS ARE AVAILABLE FOR VIEWING ON THE ORGANIZATION'S WEB SITE. OUR GOVERNING DOCUMENTS (ARTICLES OF INCORPORATION AND BYLAWS), AS WELL AS OUR CONFLICT OF INTEREST POLICY, ARE AVAILABLE FOR PUBLIC INSPECTION IN OUR OFFICES VIA A BINDER WHICH IS RETAINED IN A PUBLIC SPACE AND LABELED THE "PUBLIC ACCESS FOLDER". OUR

Schedule O (Form 990) 2022 Page **2**

Name of the organization HAMPTON ROADS COMMUNITY FOUNDATION	Employer identification number 54-2035996
OFFICES ARE OPEN GENERALLY 9:00 TO 5:00 MONDAY THROUGH FR	IDAY. STAFF
MEMBERS ARE AWARE OF THE LOCATION AND AVAILABILITY OF THE	PUBLIC ACCESS
FOLDER.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
NET ASSETS RELEASED FROM RESTRICTIONS	-1,414,843.
CHANGES IN VALUE OF FUTURE INTERESTS	458,306.
CURRENT YEAR CHANGE IN FUNDS HELD FOR OTHERS	289,315.
TRANSFERS - GRANT EXPENSE	468,000.
NEW LEASE STANDARD ADJUSTMENT	-55,631.
TOTAL TO FORM 990, PART XI, LINE 9	-254,853.
FORM 990, PART XII, LINE 1: PART XII, LINE 1: THE TAX RETURN IS PREPARED USING THE M ACCRUAL ACCOUNTING METHOD	ODIFIED
FORM 990, PART XII, LINE 2C:	
PART XII, LINE 2C: PROCESS HAS NOT CHANGED FROM PRIOR YE	AR.
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232212 10-28-22 Schedule O (Form 990) 2022

SCHEDULE R (Form 990)

Name of the organization

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

HAMPTON ROADS COMMUNITY FOUNDATION

2022 Open to Public Inspection

Employer identification number 54-2035996

OMB No. 1545-0047

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (a) (b) (c) (d) (e) (f) Name, address, and EIN (if applicable) Primary activity Legal domicile (state or Total income End-of-year assets Direct controlling of disregarded entity entity foreign country) Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II organizations during the tax year. (a) (b) (c) (d) (e) (f) (g) Section 512(b)(13) Legal domicile (state or **Exempt Code** Public charity Direct controlling Name, address, and EIN Primary activity controlled of related organization section status (if section entity entity? foreign country) 501(c)(3)) Yes No SUPPORTING ORGANIZATION OF FOUNDATION REALTY - 65-1317338 HAMPTON ROADS 101 W MAIN STREET SUITE 4500 THE HAMPTON ROADS COMMUNITY Х NORFOLK, VA 23510 COMMUNITY FOUNDATION VIRGINIA 501(C)(3) 509(A)(3)(B) FOUNDATION

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

	, ,		T	1			1		1		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	Disprop	ortionate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera	or Percentage
of related organization		(state or	entity	(related, unrelated,	income	end-of-year	1	itions?	amount in box	manag	ownership
		foreign country)		sections 512-514)		assets	Yes	No	K-1 (Form 1065)	Yes N	_
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sect 512(b contri enti	ti) tion b)(13) rolled tity?
		country)		or tracty		400010		Yes	No
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Yes No

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

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

1	During the tax year, did the organization engage in any of the following transactions with or	one or more re	elated organizations listed i	n Parts II-IV?						
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Х			
	Gift, grant, or capital contribution to related organization(s)				1b		Х			
С	Gift, grant, or capital contribution from related organization(s)				1c		Х			
d	Loans or loan guarantees to or for related organization(s)				1d		X			
е	Loans or loan guarantees by related organization(s)				1e		X			
f	Dividends from related organization(s)				1f		X			
g	Sale of assets to related organization(s)				1g		Х			
h	Purchase of assets from related organization(s)				1h		X			
i Exchange of assets with related organization(s)										
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X			
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X			
I	Performance of services or membership or fundraising solicitations for related organization				11		X			
m Performance of services or membership or fundraising solicitations by related organization(s)										
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х				
0	Sharing of paid employees with related organization(s)				10	Х				
р	Reimbursement paid to related organization(s) for expenses				1 p		X			
q	Reimbursement paid by related organization(s) for expenses				1q		Х			
	Other transfer of cash or property to related organization(s)				1r		Х			
S	Other transfer of cash or property from related organization(s)				1s	X				
2	If the answer to any of the above is "Yes," see the instructions for information on who must	ıst complete ti	nis line, including covered r	relationships and transaction thresholds.						
		(b) ansaction ype (a-s)	(c) Amount involved	(d) Method of determining amount inv	olved					
1)]	FOUNDATION REALTY	ន	581,000.	CASH TRANSFER						
2)										
3)										
4)										
5)										
3)										
2016	62 00 14 22	75		Schedule F	R (For	ກ ໑໑ຐ	1 2022			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are al partners 501(c)(orgs.	sec. (3) ?	(f) Share of total income	(g) Share of end-of-year assets	Disprotion allocat	por- ate ions?	Gener mana partr Yes	ral or Faging ner?	(k) Percentage ownership

UNRELATED BUSINESS INCOME

CARRYOVER DATA TO 2023

Name HAMPTON ROADS COMMUNITY FOUNDATION	Employer Identification Number 54-2035996
Based on the information provided with this return, the following are possible carryover amounts to next year.	
SECTION 1231 LOSS - UBIT FROM PASSTHROUGH INVESTMENTS	306,271.
BECTION 1231 LODD OBTI TROM TROBITMOOGII TRVIDTMENTO	
	-

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ype a	and Entity: PRE-	2018 NOL FED			DETAIL CA	ARRYOVER SCH	EDULE				
ection (382 Annual Limitation		Section 382 Carryover								
/ear Origi- ated	Original Carryover Amount	Total Amount Used	Amount Used for 12/31/15	Amount Used for 12/31/18	Amount Used for 12/31/19	Amount Used for	Amoun Used fo				
2016 2017	Amount 707,773. 978,592.	707,773. 978,592.	707,773. 340,706.	467,818.	170,068.						
etail ype	E Amount S Used for B C	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amou Used

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ype and	d Entity: PRIO	R YEAR MINIMU	M TAX FED Section 382 Carryover		DETAIL C	ARRYOVER SCH					
rear Origi- ated	Original Carryover	Total Amount Used	Amount Used for 12/31/19	Amount Used for	Amoun Used fo						
2015	Amount 12,950. 41,809.	12,950. 41,809.	12,950. 41,809.								
Detail S	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amoui Used f
Type B	Used IOI	Osed IOI	Osed for	Osed for	OSEC IOI	OSEC IOI	Osed Idi	OSEC TOT	OSEC TOT	Osed Ioi	0360

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