

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2015**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A For the 2015 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>HAMPTON ROADS COMMUNITY FOUNDATION</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>101 WEST MAIN STREET 4500</b> City or town, state or province, country, and ZIP or foreign postal code <b>NORFOLK, VA 23510</b> <b>F</b> Name and address of principal officer: <b>TIM MCCARTHY</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>54-2035996</b> <b>E</b> Telephone number <b>757-622-7951</b> <b>G</b> Gross receipts \$ <b>19,092,279.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.HAMPTONROADSCF.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
<b>L</b> Year of formation: <b>1950</b>		<b>M</b> State of legal domicile: <b>VA</b>

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>THE HAMPTON ROADS COMMUNITY FOUNDATION IS A PERMANENT ENDOWMENT THAT MAKES GRANTS TO NONPROFIT</b>		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b>	<b>18</b>
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b>	<b>17</b>
<b>5</b>	Total number of individuals employed in calendar year 2015 (Part V, line 2a) .....	<b>5</b>	<b>16</b>
<b>6</b>	Total number of volunteers (estimate if necessary) .....	<b>6</b>	<b>40</b>
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b>	<b>0.</b>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34 .....	<b>7b</b>	<b>1,047,479.</b>
<b>8</b>	Contributions and grants (Part VIII, line 1h) .....	<b>8</b>	<b>16,333,832.</b>
<b>9</b>	Program service revenue (Part VIII, line 2g) .....	<b>9</b>	<b>0.</b>
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	<b>10</b>	<b>694,990.</b>
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	<b>11</b>	<b>0.</b>
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	<b>12</b>	<b>17,028,822.</b>
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	<b>13</b>	<b>14,455,818.</b>
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4) .....	<b>14</b>	<b>0.</b>
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	<b>15</b>	<b>1,549,551.</b>
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e) .....	<b>16a</b>	<b>0.</b>
<b>16b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>627,676.</b>	<b>16b</b>	<b>627,676.</b>
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	<b>17</b>	<b>865,985.</b>
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	<b>18</b>	<b>16,871,354.</b>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12 .....	<b>19</b>	<b>157,468.</b>
<b>20</b>	Total assets (Part X, line 16) .....	<b>20</b>	<b>306,857,619.</b>
<b>21</b>	Total liabilities (Part X, line 26) .....	<b>21</b>	<b>11,580,503.</b>
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20 .....	<b>22</b>	<b>295,277,116.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>TIM MCCARTHY, CFO</b> Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>MARK A. NELSON</b>	Preparer's signature Date
	Firm's name ▶ <b>CAVANAUGH NELSON PLC</b> Firm's address ▶ <b>999 WATERSIDE DRIVE, SUITE 2250 NORFOLK, VA 23510</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P00358004</b> Firm's EIN ▶ <b>54-1967771</b> Phone no. <b>757-578-4900</b>

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE FOUNDATION IS A PERMANENT ENDOWMENT THAT MAKES GRANTS TO NONPROFIT ORGANIZATIONS DEDICATED TO ENRICHING LIFE FOR SOUTHEASTERN VIRGINIA RESIDENTS. IT ALSO PROVIDES SCHOLARSHIPS FROM FUNDS ESTABLISHED FOR THAT PURPOSE BY DONORS. THE FOUNDATION SEEKS TO INSPIRE PHILANTHROPY

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] 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 \$ 17,861,038. including grants of \$ 17,861,038. ) (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.

4b (Code: ) (Expenses \$ 1,198,039. including grants of \$ 1,198,039. ) (Revenue \$ ) THE FOUNDATION PROVIDES SCHOLARSHIPS TO STUDENTS FROM SOUTHEASTERN VIRGINIA IN ACCORDANCE WITH THE TERMS OF THE APPROXIMATELY 60 SCHOLARSHIP FUNDS IT HOLDS.

4c (Code: ) (Expenses \$ 1,550,167. including grants of \$ ) (Revenue \$ ) THE FOUNDATION PROVIDES SUPPORT SERVICES TO NONPROFIT ORGANIZATIONS AND DONORS TO ENSURE EFFECTIVE GRANTMAKING.

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 20,609,244.

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	X	
<b>23</b> 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? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

**Note.** All Form 990 filers are required to complete Schedule O .....

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O check

Main table with columns for question numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes sub-questions for backup withholding, employee reporting, foreign accounts, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management delegation, significant changes, asset diversion, members, and meeting documentation.

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

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, written policies, conflict of interest, whistleblower, document retention, compensation, and joint ventures.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AL, AR, AK, AZ, CA, CO, CT, DC, FL, GA, IL, KS
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: HAMPTON ROADS COMMUNITY FOUNDATION - 757-622-7951 101 W. MAIN STREET, SUITE 4500, NORFOLK, VA 23510

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) L.D. BRITT, MD DIRECTOR	0.50	X					0.	0.	0.	
(2) PAUL O. HIRSCHBIEL, JR. DIRECTOR	0.50	X					0.	0.	0.	
(3) JOHN O. WYNNE DIRECTOR & CHAIRMAN	2.00	X		X			0.	0.	0.	
(4) HARRY T. LESTER DIRECTOR	0.50	X					0.	0.	0.	
(5) DEBORAH M. DICROCE PRESIDENT & SECRETARY	40.00	X		X			275,578.	0.	41,731.	
(6) JANE P. BATTEN DIRECTOR	0.50	X					0.	0.	0.	
(7) LOUIS F. RYAN DIRECTOR	0.50	X					0.	0.	0.	
(8) MACON F BROCK DIRECTOR	0.50	X					0.	0.	0.	
(9) ANDREW S FINE DIRECTOR	0.50	X					0.	0.	0.	
(10) GILBERT T. BLAND DIRECTOR	0.50	X					0.	0.	0.	
(11) R. BRUCE BRADLEY DIRECTOR & VICE CHAIR	0.50	X		X			0.	0.	0.	
(12) JOHN F. MALBON DIRECTOR	0.50	X					0.	0.	0.	
(13) VINCENT J. MASTRACCO, JR DIRECTOR	0.50	X					0.	0.	0.	
(14) CHARLES W. MOORMAN DIRECTOR	0.50	X					0.	0.	0.	
(15) JODY M WAGNER DIRECTOR & TREASURER	0.50	X		X			0.	0.	0.	
(16) SUSAN R. COLPITTS DIRECTOR	0.50	X					0.	0.	0.	
(17) SHARON S. GOODWYN DIRECTOR	0.50	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) SUZANNE PURYEAR DIRECTOR	0.50	X						0.	0.	0.
(19) TIM MCCARTHY CHIEF FINANCIAL OFFICER	40.00			X				100,620.	0.	19,089.
(20) LINDA M. RICE VICE PRESIDENT OF GRANT MA	40.00					X		160,098.	0.	10,479.
(21) SALLY HARTMAN VICE PRESIDENT OF COMMUNIC	40.00					X		108,283.	0.	8,019.
(22) KAY A. STINE VICE PRESIDENT OF DEVELOPM	40.00					X		106,486.	0.	7,196.
<b>1b Sub-total</b>								751,065.	0.	86,514.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								751,065.	0.	86,514.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **5**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
CONCURSIVE, 223 EAST CITY HALL AVENUE STE 401, NORFOLK, VA 23510	CONSULTING	339,275.
FSG, INC, 500 BOYLSTON STREET STE 600, BOSTON, MA 02116	CONSULTING	129,122.

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



**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	15,350,284.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....		1,847,933.				
	<b>h Total.</b> Add lines 1a-1f .....		15,350,284.				
<b>Program Service Revenue</b>	<b>2 a</b> _____ <b>Business Code</b>						
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		161,913.			161,913.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses .....					
		<b>c</b> Rental income or (loss) .....					
		<b>d</b> Net rental income or (loss) .....					
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
		3,580,082.					
		<b>b</b> Less: cost or other basis and sales expenses .....					
		3,298,158.					
	<b>c</b> Gain or (loss) .....						
	281,924.						
	<b>d</b> Net gain or (loss) .....			281,924.		281,924.	
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>					
<b>b</b> Less: direct expenses .....		<b>b</b>					
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>						
	<b>b</b> Less: direct expenses .....	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities .....						
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> _____							
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions. ....			15,794,121.	0.	0.	443,837.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	17,861,038.	17,861,038.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,198,039.	1,198,039.		
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, trustees, and key employees	437,019.	91,299.	308,004.	37,716.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	992,398.	470,193.	271,279.	250,926.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	108,570.	51,844.	29,441.	27,285.
10 Payroll taxes	90,263.	36,218.	35,346.	18,699.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	50,132.		50,132.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	799,602.	687,610.	75,674.	36,318.
12 Advertising and promotion	85,174.			85,174.
13 Office expenses	184,118.	60,072.	74,632.	49,414.
14 Information technology	14,829.	11,860.	2,969.	
15 Royalties				
16 Occupancy	153,082.	62,687.	54,941.	35,454.
17 Travel	26,510.	8,081.	8,571.	9,858.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	58,336.	12,852.	7,896.	37,588.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	49,361.	20,213.	17,716.	11,432.
23 Insurance	15,528.	1,908.	8,018.	5,602.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a OTHER EXPENSE	45,060.	33,283.	7,927.	3,850.
b DUES & SUBSCRIPTIONS	30,114.	2,047.	9,707.	18,360.
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	22,199,173.	20,609,244.	962,253.	627,676.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....	8,890,236.	<b>2</b>	11,599,920.
	<b>3</b> Pledges and grants receivable, net .....	19,062,263.	<b>3</b>	19,478,973.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 483,655.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 357,244.	173,864.	<b>10c</b> 126,411.
	<b>11</b> Investments - publicly traded securities .....	4,707,508.	<b>11</b>	4,497,009.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	273,279,677.	<b>12</b>	270,239,283.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	744,071.	<b>15</b>	681,131.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	306,857,619.	<b>16</b>	306,622,727.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	68,720.	<b>17</b>	93,721.
	<b>18</b> Grants payable .....	1,431,989.	<b>18</b>	3,825,238.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	10,079,794.	<b>25</b>	11,111,257.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	11,580,503.	<b>26</b>	15,030,216.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	275,865,844.	<b>27</b>	271,756,428.
	<b>28</b> Temporarily restricted net assets .....	19,411,272.	<b>28</b>	19,836,083.
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	295,277,116.	<b>33</b>	291,592,511.	
<b>34</b> Total liabilities and net assets/fund balances .....	306,857,619.	<b>34</b>	306,622,727.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	15,794,121.
2	Total expenses (must equal Part IX, column (A), line 25)	2	22,199,173.
3	Revenue less expenses. Subtract line 2 from line 1	3	-6,405,052.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	295,277,116.
5	Net unrealized gains (losses) on investments	5	5,483,145.
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 in Schedule O)	9	-2,762,698.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	291,592,511.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input checked="" type="checkbox"/> Other <u>SEE SCH O</u> If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2015)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Open to Public Inspection

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

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	5,942,573.	11,292,635.	17,226,620.	16,382,128.	15,409,795.	66,253,751.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	5,942,573.	11,292,635.	17,226,620.	16,382,128.	15,409,795.	66,253,751.
<b>5</b> 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) .....						20,116,920.
<b>6 Public support.</b> Subtract line 5 from line 4.						46,136,831.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>7</b> Amounts from line 4 .....	5,942,573.	11,292,635.	17,226,620.	16,382,128.	15,409,795.	66,253,751.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	1,084,973.	249,318.	376,561.	384,484.	425,070.	2,520,406.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						68,774,157.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	67.08 %
<b>15</b> Public support percentage from 2014 Schedule A, Part II, line 14 .....	<b>15</b>	60.63 %
<b>16a 33 1/3% support test - 2015.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2014.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2015.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2014.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2014 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2015.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally-Integrated Supporting Organizations**

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

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

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

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

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

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2015 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
<b>1</b> Distributable amount for 2015 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2015:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> From 2013			
<b>e</b> From 2014			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
<b>i</b> Carryover from 2010 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2015 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
<b>6</b> Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
<b>7 Excess distributions carryover to 2016.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b>			
<b>c</b> Excess from 2013			
<b>d</b> Excess from 2014			
<b>e</b> Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

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

[The area below the instructions contains horizontal lines for entering supplemental information. The lines are currently blank.]

**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.**

▶ **Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

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

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....	100	
2 Aggregate value of contributions to (during year) .....	8,012,294.	
3 Aggregate value of grants from (during year) .....	11,209,696.	
4 Aggregate value at end of year .....	73,458,958.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (e.g., recreation 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 qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

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

Schedule D (Form 990) 2015

532051  
11-02-15

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	282,824,413.	266,794,574.	237,012,800.	217,699,424.	214,922,651.
b Contributions	13,176,897.	16,322,094.	15,529,370.	12,923,335.	9,281,590.
c Net investment earnings, gains, and losses	5,896,531.	16,689,515.	30,561,066.	23,251,608.	8,031,635.
d Grants or scholarships	19,059,077.	14,495,927.	14,220,569.	14,828,186.	12,626,763.
e Other expenditures for facilities and programs	547,563.	125,587.	163,429.	172,616.	42,696.
f Administrative expenses	2,548,190.	2,360,256.	1,924,664.	1,860,765.	1,866,993.
g End of year balance	279,743,011.	282,824,413.	266,794,574.	237,012,800.	217,699,424.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  100.00 %
- b Permanent endowment  \_\_\_\_\_ %
- c Temporarily restricted endowment  \_\_\_\_\_ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(ii) related organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input type="checkbox"/>

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		58,258.	22,097.	36,161.
d Equipment		425,397.	335,147.	90,250.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				126,411.

**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	270,239,283.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	270,239,283.	

**Part VIII Investments - Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) FUNDS HELD FOR OTHERS	11,111,257.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	11,111,257.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 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 additional information.

**PART V, LINE 4:**

THE FOUNDATION INTENDS TO APPLY A SPENDING RATE EACH YEAR TO ITS ENDOWMENT BALANCE IN ORDER TO PROVIDE GRANTS AND SCHOLARSHIPS IN THE COMMUNITY

**PART X, LINE 2:**

INTERNAL REVENUE SERVICE REGULATIONS ACCORD CERTAIN QUALIFYING COMMUNITY FOUNDATIONS SPECIAL STATUS AS PUBLICLY SUPPORTED CHARITIES. CONSEQUENTLY, THE HAMPTON ROADS COMMUNITY FOUNDATION IS NOT CLASSIFIED AS A PRIVATE FOUNDATION AND ACCORDINGLY NOT SUBJECT TO EXCISE TAXES ON ITS NET INVESTMENT INCOME UNDER SECTION 4940 OF THE INTERNAL REVENUE CODE. IN ADDITION, THE FOUNDATION AND ITS SUPPORTING ORGANIZATION HAVE QUALIFIED UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AS ORGANIZATIONS



**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. THE FOUNDATION PAID \$5,500 AND \$335,500 DURING THE YEARS ENDED DECEMBER 31, 2015 AND 2014, RESPECTIVELY, AND EXPECTS TO PAY \$360,000 RELATED TO UNRELATED BUSINESS INCOME DURING THE YEAR ENDED DECEMBER 31, 2016. NO SUCH TAXES WERE PAID DURING THE YEAR ENDED DECEMBER 31, 2013.

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, 2014, 2013, AND 2012 REMAIN SUBJECT TO EXAMINATION.

Multiple horizontal lines for supplemental information.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Open to Public  
Inspection

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

**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 criteria used to award the grants or assistance?  Yes  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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACCESS COLLEGE FOUNDATION 7300 NEWPORT AVENUE, SUITE 500 NORFOLK, VA 23505	54-1440734	501(C)(3)	250.	0.			SUPPORT, UNSPECIFIED
ACCESS COLLEGE FOUNDATION 7300 NEWPORT AVENUE, SUITE 500 NORFOLK, VA 23505	54-1440734	501(C)(3)	1,000,000.	0.			SCHOLARSHIP FUNDS
ACCESS COLLEGE FOUNDATION 7300 NEWPORT AVENUE, SUITE 500 NORFOLK, VA 23505	54-1440734	501(C)(3)	1,500.	0.			SUPPORT, UNSPECIFIED
ACCESS COLLEGE FOUNDATION 7300 NEWPORT AVENUE, SUITE 500 NORFOLK, VA 23505	54-1440734	501(C)(3)	5,000.	0.			SUPPORT, UNSPECIFIED
ACCESS COLLEGE FOUNDATION 7300 NEWPORT AVENUE, SUITE 500 NORFOLK, VA 23505	54-1440734	501(C)(3)	50,000.	0.			SUPPORT, UNSPECIFIED
ACCESS COLLEGE FOUNDATION 7300 NEWPORT AVENUE, SUITE 500 NORFOLK, VA 23505	54-1440734	501(C)(3)	2,000.	0.			GEN/OPER SUPPORT

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

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

Schedule I (Form 990) (2015)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACCESS COLLEGE FOUNDATION 7300 NEWPORT AVENUE, SUITE 500 NORFOLK, VA 23505	54-1440734	501(C)(3)	10,000.	0.			GEN/OPER SUPPORT
ACCESS COLLEGE FOUNDATION 7300 NEWPORT AVENUE, SUITE 500 NORFOLK, VA 23505	54-1440734	501(C)(3)	35,760.	0.			SCHOLARSHIP FUNDS
ACCESS COLLEGE FOUNDATION 7300 NEWPORT AVENUE, SUITE 500 NORFOLK, VA 23505	54-1440734	501(C)(3)	9,210.	0.			SCHOLARSHIP FUNDS
ACCESS COLLEGE FOUNDATION 7300 NEWPORT AVENUE, SUITE 500 NORFOLK, VA 23505	54-1440734	501(C)(3)	100,000.	0.			PROGRAM DEVELOPMENT
AMERICAN COMMITTEE FOR SHAARE ZEDEK MEDICAL CENTER IN JERUSALEM - 55 WEST 39 STREET, 4TH FLOOR - NEW YORK, NY 10018	13-5645878	501(C)(3)	25,000.	0.			SUPPORT, UNSPECIFIED
AMERICAN RED CROSS OF COASTAL VIRGINIA - 611 W. BRAMBLETON AVENUE - NORFOLK, VA 23510	54-0505864	501(C)(3)	530.	0.			GEN/OPER SUPPORT
AMERICAN RED CROSS OF COASTAL VIRGINIA - 611 W. BRAMBLETON AVENUE - NORFOLK, VA 23510	54-0505864	501(C)(3)	10,000.	0.			SUPPORT, UNSPECIFIED
AMERICAN RED CROSS OF COASTAL VIRGINIA - 611 W. BRAMBLETON AVENUE - NORFOLK, VA 23510	54-0505864	501(C)(3)	2,000.	0.			SUPPORT, UNSPECIFIED
AMERICANS FOR OXFORD INC. 500 FIFTH AVENUE, 32ND FLOOR NEW YORK, NY 10110	52-1495060	501(C)(3)	50,000.	0.			GEN/OPER SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AN ACHIEVABLE DREAM MIDDLE AND HIGH SCHOOL, INC. - 10858 WARWICK BLVD. SUITE A - NEWPORT NEWS, VA 23601	54-1682144	501(C)(3)	200,000.	0.			GEN/OPER SUPPORT
AUXILIARY OF RIVERSIDE SHORE MEMORIAL HOSPITAL - PO BOX 17 - NASSAWADOX, VA 23413	51-0243749	501(C)(3)	7,300.	0.			SUPPORT, UNSPECIFIED
BANK STREET MEMORIAL BAPTIST CHURCH - 7036 CHESAPEAKE BLVD. - NORFOLK, VA 23513	54-0800821	501(C)(3)	5,000.	0.			GEN/OPER SUPPORT
BARRY ROBINSON SCHOOLS OF NORFOLK 1000 BOLLING AVENUE NORFOLK, VA 23508	54-2041314	501(C)(3)	5,000.	0.			SUPPORT, UNSPECIFIED
BARRY ROBINSON SCHOOLS OF NORFOLK 1000 BOLLING AVENUE NORFOLK, VA 23508	54-2041314	501(C)(3)	5,000.	0.			SUPPORT, UNSPECIFIED
BEACH HEALTH CLINIC 3396 HOLLAND ROAD, STE 102 VIRGINIA BEACH, VA 23452	54-1366960	501(C)(3)	2,000.	0.			GEN/OPER SUPPORT
BEACH HEALTH CLINIC 3396 HOLLAND ROAD, STE 102 VIRGINIA BEACH, VA 23452	54-1366960	501(C)(3)	2,000.	0.			SUPPORT, UNSPECIFIED
BEACH HEALTH CLINIC 3396 HOLLAND ROAD, STE 102 VIRGINIA BEACH, VA 23452	54-1366960	501(C)(3)	2,730.	0.			SUPPORT, UNSPECIFIED
BEACH HEALTH CLINIC 3396 HOLLAND ROAD, STE 102 VIRGINIA BEACH, VA 23452	54-1366960	501(C)(3)	13,000.	0.			PROGRAM DEVELOPMENT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BINA HIGH SCHOOL FOR GIRLS 425 WASHINGTON PARK NORFOLK, VA 23517	56-2620428	501(C)(3)	7,000.	0.			GEN/OPER SUPPORT
BON SECOURS DEPAUL HEALTH FOUNDATION - 150 KINGSLEY LANE - NORFOLK, VA 23505	54-1843876	501(C)(3)	5,000.	0.			GEN/OPER SUPPORT
BOYS & GIRLS CLUBS OF SOUTHEAST VIRGINIA - 3415 AZALEA GARDEN ROAD - NORFOLK, VA 23513	54-0515764	501(C)(3)	25,000.	0.			EQUIPMENT
BOYS & GIRLS CLUBS OF SOUTHEAST VIRGINIA - 3415 AZALEA GARDEN ROAD - NORFOLK, VA 23513	54-0515764	501(C)(3)	3,000.	0.			GEN/OPER SUPPORT
BOYS & GIRLS CLUBS OF SOUTHEAST VIRGINIA - 3415 AZALEA GARDEN ROAD - NORFOLK, VA 23513	54-0515764	501(C)(3)	30,000.	0.			PROGRAM DEVELOPMENT
BOYS & GIRLS CLUBS OF SOUTHEAST VIRGINIA - 3415 AZALEA GARDEN ROAD - NORFOLK, VA 23513	54-0515764	501(C)(3)	500.	0.			GEN/OPER SUPPORT
BOYS' HOME, INC. 306 BOYS' HOME ROAD COVINGTON, VA 24426	54-0505870	501(C)(3)	21,280.	0.			SUPPORT, UNSPECIFIED
BOYS' HOME, INC. 306 BOYS' HOME ROAD COVINGTON, VA 24426	54-0505870	501(C)(3)	500.	0.			SUPPORT, UNSPECIFIED
BOYS' HOME, INC. 306 BOYS' HOME ROAD COVINGTON, VA 24426	54-0505870	501(C)(3)	6,933.	0.			SUPPORT, UNSPECIFIED

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BROADWATER ACADEMY PO BOX 546 EXMORE, VA 23350	54-0799130	501(C)(3)	500.	0.			SUPPORT, UNSPECIFIED
BROADWATER ACADEMY PO BOX 546 EXMORE, VA 23350	54-0799130	501(C)(3)	1,320.	0.			SUPPORT, UNSPECIFIED
BROADWATER ACADEMY PO BOX 546 EXMORE, VA 23350	54-0799130	501(C)(3)	15,210.	0.			SUPPORT, UNSPECIFIED
BROADWATER ACADEMY PO BOX 546 EXMORE, VA 23350	54-0799130	501(C)(3)	1,000.	0.			ANNUAL CAMPAIGN
BROADWATER ACADEMY PO BOX 546 EXMORE, VA 23350	54-0799130	501(C)(3)	500.	0.			SUPPORT, UNSPECIFIED
BRYN MAWR COLLEGE DEPARTMENT OF RUSSIAN BRYN MAWR, PA 19010	23-1352621	501(C)(3)	25,000.	0.			PROGRAM DEVELOPMENT
BUSINESS CONSORTIUM FOR ARTS SUPPORT - 101 W. MAIN STREET - NORFOLK, VA 23510	54-1437382	501(C)(3)	80,000.	0.			SUPPORT, UNSPECIFIED
BUSINESS CONSORTIUM FOR ARTS SUPPORT - 101 W. MAIN STREET - NORFOLK, VA 23510	54-1437382	501(C)(3)	460,000.	0.			GEN/OPER SUPPORT
CAT RESCUE, INC. 1917 BENEFIT ROAD CHESAPEAKE, VA 23322	54-1861487	501(C)(3)	15,000.	0.			GEN/OPER SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES OF EASTERN VIRGINIA, INC. - 5361-A VIRGINIA BEACH BLVD - VIRGINIA BEACH, VA 23462	54-0505879	501(C)(3)	25,000.	0.			PROGRAM DEVELOPMENT
CHATHAM HALL 800 CHATHAM HALL CIRCLE CHATHAM, VA 24531	54-0505878	501(C)(3)	25,000.	0.			PROGRAM DEVELOPMENT
CHESAPEAKE BAY ACADEMY 821 BAKER RD. VIRGINIA BEACH, VA 23462	54-1522266	501(C)(3)	35,000.	0.			PROGRAM DEVELOPMENT
CHESAPEAKE BAY ACADEMY 821 BAKER RD. VIRGINIA BEACH, VA 23462	54-1522266	501(C)(3)	1,500.	0.			SUPPORT, UNSPECIFIED
CHESAPEAKE BAY ACADEMY 821 BAKER RD. VIRGINIA BEACH, VA 23462	54-1522266	501(C)(3)	10,000.	0.			ANNUAL CAMPAIGN
CHESAPEAKE BAY FOUNDATION - HAMPTON ROADS OFF - BROCK ENVIRONMENTAL CENTER - VIRGINIA BEACH, VA 23455	52-6065757	501(C)(3)	8,000.	0.			SUPPORT, UNSPECIFIED
CHESAPEAKE BAY FOUNDATION - HAMPTON ROADS OFF - BROCK ENVIRONMENTAL CENTER - VIRGINIA BEACH, VA 23455	52-6065757	501(C)(3)	4,000.	0.			CAPITAL CAMPAIGN
CHESAPEAKE BAY FOUNDATION - HAMPTON ROADS OFF - BROCK ENVIRONMENTAL CENTER - VIRGINIA BEACH, VA 23455	52-6065757	501(C)(3)	10,000.	0.			SUPPORT, UNSPECIFIED
CHESAPEAKE BAY FOUNDATION - HAMPTON ROADS OFF - BROCK ENVIRONMENTAL CENTER - VIRGINIA BEACH, VA 23455	52-6065757	501(C)(3)	10,000.	0.			SUPPORT, UNSPECIFIED

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHESAPEAKE BAY FOUNDATION - HAMPTON ROADS OFF - BROCK ENVIRONMENTAL CENTER - VIRGINIA BEACH, VA 23455	52-6065757	501(C)(3)	1,000.	0.			CAPITAL CAMPAIGN
CHESAPEAKE BAY FOUNDATION - HAMPTON ROADS OFF - BROCK ENVIRONMENTAL CENTER - VIRGINIA BEACH, VA 23455	52-6065757	501(C)(3)	500.	0.			SUPPORT, UNSPECIFIED
CHESAPEAKE BAY FOUNDATION - HAMPTON ROADS OFF - BROCK ENVIRONMENTAL CENTER - VIRGINIA BEACH, VA 23455	52-6065757	501(C)(3)	20,000.	0.			CAPITAL CAMPAIGN
CHESAPEAKE CARE 2145 S. MILITARY HIGHWAY CHESAPEAKE, VA 23320	54-1642754	501(C)(3)	18,750.	0.			PROGRAM DEVELOPMENT
CHESAPEAKE HUMANE SOCIETY P.O. BOX 15061 CHESAPEAKE, VA 23328	23-7202196	501(C)(3)	60,000.	0.			GEN/OPER SUPPORT
CHILDREN'S HARBOR 702 LONDON STREET PORTSMOUTH, VA 23704	54-0506468	501(C)(3)	6,220.	0.			SUPPORT, UNSPECIFIED
CHILDREN'S HARBOR 702 LONDON STREET PORTSMOUTH, VA 23704	54-0506468	501(C)(3)	52,670.	0.			SUPPORT, UNSPECIFIED
CHILDREN'S HEALTH INVESTMENT PROGRAM - 1302 JEFFERSON STREET - CHESAPEAKE, VA 23324	54-1893166	501(C)(3)	9,000.	0.			PROGRAM DEVELOPMENT
CHILDREN'S HEALTH INVESTMENT PROGRAM - 1302 JEFFERSON STREET - CHESAPEAKE, VA 23324	54-1893166	501(C)(3)	9,862.	0.			PROGRAM DEVELOPMENT

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS - DEVELOPMENT & COMMUNITY RELATIONS - NORFOLK, VA 23507	54-0506321	501(C)(3)	5,000.	0.			PROGRAM DEVELOPMENT
CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS - DEVELOPMENT & COMMUNITY RELATIONS - NORFOLK, VA 23507	54-0506321	501(C)(3)	1,000.	0.			ANNUAL CAMPAIGN
CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS - DEVELOPMENT & COMMUNITY RELATIONS - NORFOLK, VA 23507	54-0506321	501(C)(3)	5,000.	0.			SUPPORT, UNSPECIFIED
CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS - DEVELOPMENT & COMMUNITY RELATIONS - NORFOLK, VA 23507	54-0506321	501(C)(3)	1,000.	0.			SUPPORT, UNSPECIFIED
CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS - DEVELOPMENT & COMMUNITY RELATIONS - NORFOLK, VA 23507	54-0506321	501(C)(3)	5,000.	0.			SUPPORT, UNSPECIFIED
CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS - DEVELOPMENT & COMMUNITY RELATIONS - NORFOLK, VA 23507	54-0506321	501(C)(3)	4,210.	0.			GEN/OPER SUPPORT
CHILDRENS LITERACY OF SUFFOLK 908 VIRGINIA AVE SUFFOLK, VA 23434	47-1752937	501(C)(3)	50,000.	0.			PROGRAM DEVELOPMENT
CHRIST AND ST. LUKE'S EPISCOPAL CHURCH - 560 WEST OLNEY ROAD - NORFOLK, VA 23507	54-0575811	501(C)(3)	44,737.	0.			SUPPORT, UNSPECIFIED
CHRIST AND ST. LUKE'S EPISCOPAL CHURCH - 560 WEST OLNEY ROAD - NORFOLK, VA 23507	54-0575811	501(C)(3)	4,374.	0.			ENDOWMENT FUNDS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHRIST AND ST. LUKE'S EPISCOPAL CHURCH - 560 WEST OLNEY ROAD - NORFOLK, VA 23507	54-0575811	501(C)(3)	2,440.	0.			BUILDING/RENOVATION
CHRIST AND ST. LUKE'S EPISCOPAL CHURCH - 560 WEST OLNEY ROAD - NORFOLK, VA 23507	54-0575811	501(C)(3)	1,000.	0.			GEN/OPER SUPPORT
CHURCH OF THE GOOD SHEPHERD 7400 HAMPTON BLVD. NORFOLK, VA 23505	54-0506453	501(C)(3)	500.	0.			GEN/OPER SUPPORT
CHURCH OF THE GOOD SHEPHERD 7400 HAMPTON BLVD. NORFOLK, VA 23505	54-0506453	501(C)(3)	2,500.	0.			GEN/OPER SUPPORT
CHURCH OF THE GOOD SHEPHERD 7400 HAMPTON BLVD. NORFOLK, VA 23505	54-0506453	501(C)(3)	3,720.	0.			EQUIPMENT
CIVIC LEADERSHIP INSTITUTE 4211 MONARCH WAY, SUITE 116 NORFOLK, VA 23508	54-1725580	501(C)(3)	24,600.	0.			PROGRAM DEVELOPMENT
COLUMBIA MUSEUM OF ART P.O. BOX 2068 COLUMBIA, SC 29202	57-6007869	501(C)(3)	25,000.	0.			SUPPORT, UNSPECIFIED
COMMUNITIES IN SCHOOLS OF HAMPTON ROADS - PO BOX 1668 - NORFOLK, VA 23501	26-2504678	501(C)(3)	10,000.	0.			GEN/OPER SUPPORT
COMMUNITIES IN SCHOOLS OF HAMPTON ROADS - PO BOX 1668 - NORFOLK, VA 23501	26-2504678	501(C)(3)	50,000.	0.			PROGRAM DEVELOPMENT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COUNCIL ON FOUNDATIONS 2121 CRYSTAL DRIVE ARLINGTON, VA 22202	13-6068327	501(C)(3)	28,260.	0.			GEN/OPER SUPPORT
CRISIS PREGNANCY CENTER OF TIDEWATER - P.O. BOX 119 - NORFOLK, VA 23501	54-1267311	501(C)(3)	100,000.	0.			CAPITAL CAMPAIGN
CRISPUS ATTUCKS CULTURAL CENTER, INC. - P.O. BOX 1272 - NORFOLK, VA 23501	54-1592263	501(C)(3)	50,000.	0.			PROGRAM DEVELOPMENT
D'ART CENTER 740 DUKE STREET NORFOLK, VA 23510	52-1372461	501(C)(3)	5,000.	0.			EMERGENCY FUNDS
E3: ELEVATE EARLY EDUCATION P.O. BOX 3904 VIRGINIA BEACH, VA 23454	30-0759825	501(C)(3)	62,500.	0.			CURRICULUM DEVELOP
E3: ELEVATE EARLY EDUCATION P.O. BOX 3904 VIRGINIA BEACH, VA 23454	30-0759825	501(C)(3)	299,940.	0.			GEN/OPER SUPPORT
EASTERN SHORE COMMUNITY COLLEGE FOUNDATION - 29300 LANKFORD HIGHWAY - MELFA, VA 23410	54-1865751	501(C)(3)	2,000.	0.			SUPPORT, UNSPECIFIED
EASTERN SHORE COMMUNITY COLLEGE FOUNDATION - 29300 LANKFORD HIGHWAY - MELFA, VA 23410	54-1865751	501(C)(3)	10,770.	0.			SUPPORT, UNSPECIFIED
EASTERN SHORE COMMUNITY COLLEGE FOUNDATION - 29300 LANKFORD HIGHWAY - MELFA, VA 23410	54-1865751	501(C)(3)	500,000.	0.			PROGRAM DEVELOPMENT

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**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash 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 - 29300 LANKFORD HIGHWAY - MELFA, VA 23410	54-1865751	501(C)(3)	4,060.	0.			PROGRAM DEVELOPMENT
EASTERN SHORE OF VIRGINIA BARRIER ISLANDS CEN - PO BOX 206 - MACHIPONGO, VA 23405	54-1763248	501(C)(3)	24,530.	0.			SUPPORT, UNSPECIFIED
EASTERN SHORE OF VIRGINIA BARRIER ISLANDS CEN - PO BOX 206 - MACHIPONGO, VA 23405	54-1763248	501(C)(3)	250.	0.			SUPPORT, UNSPECIFIED
EASTERN SHORE OF VIRGINIA BARRIER ISLANDS CEN - PO BOX 206 - MACHIPONGO, VA 23405	54-1763248	501(C)(3)	63,220.	0.			SUPPORT, UNSPECIFIED
EASTERN SHORE OF VIRGINIA BARRIER ISLANDS CEN - PO BOX 206 - MACHIPONGO, VA 23405	54-1763248	501(C)(3)	500,000.	0.			PROGRAM DEVELOPMENT
EASTERN SHORE OF VIRGINIA BARRIER ISLANDS CEN - PO BOX 206 - MACHIPONGO, VA 23405	54-1763248	501(C)(3)	500.	0.			SUPPORT, UNSPECIFIED
EASTERN SHORE OF VIRGINIA COMMUNITY FOUNDATION - P.O. BOX 205 - ONLEY, VA 23418	20-3651144	501(C)(3)	25,969.	0.			BUILDING/RENOVATION
EASTERN SHORE OF VIRGINIA COMMUNITY FOUNDATION - P.O. BOX 205 - ONLEY, VA 23418	20-3651144	501(C)(3)	23,683.	0.			BUILDING/RENOVATION
EASTERN SHORE OF VIRGINIA COMMUNITY FOUNDATION - P.O. BOX 205 - ONLEY, VA 23418	20-3651144	501(C)(3)	30,000.	0.			BUILDING/RENOVATION

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**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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EASTERN SHORE OF VIRGINIA COMMUNITY FOUNDATION - P.O. BOX 205 - ONLEY, VA 23418	20-3651144	501(C)(3)	50,259.	0.			BUILDING/RENOVATION
EASTERN SHORE OF VIRGINIA COMMUNITY FOUNDATION - P.O. BOX 205 - ONLEY, VA 23418	20-3651144	501(C)(3)	70,000.	0.			BUILDING/RENOVATION
EASTERN SHORE OF VIRGINIA COMMUNITY FOUNDATION - P.O. BOX 205 - ONLEY, VA 23418	20-3651144	501(C)(3)	36,310.	0.			SUPPORT, UNSPECIFIED
EASTERN VIRGINIA MEDICAL SCHOOL FOUNDATION - P.O. BOX 5 - NORFOLK, VA 23501	23-7053028	501(C)(3)	5,000.	0.			GEN/OPER SUPPORT
EASTERN VIRGINIA MEDICAL SCHOOL FOUNDATION - P.O. BOX 5 - NORFOLK, VA 23501	23-7053028	501(C)(3)	1,000.	0.			ANNUAL CAMPAIGN
EASTERN VIRGINIA MEDICAL SCHOOL FOUNDATION - P.O. BOX 5 - NORFOLK, VA 23501	23-7053028	501(C)(3)	89,000.	0.			PROFESSORSHIPS
EASTERN VIRGINIA MEDICAL SCHOOL FOUNDATION - P.O. BOX 5 - NORFOLK, VA 23501	23-7053028	501(C)(3)	30,000.	0.			ENDOWMENT FUNDS
EASTERN VIRGINIA MEDICAL SCHOOL FOUNDATION - P.O. BOX 5 - NORFOLK, VA 23501	23-7053028	501(C)(3)	2,500.	0.			SUPPORT, UNSPECIFIED
EASTERN VIRGINIA MEDICAL SCHOOL FOUNDATION - P.O. BOX 5 - NORFOLK, VA 23501	23-7053028	501(C)(3)	10,000.	0.			ANNUAL CAMPAIGN

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**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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EASTERN VIRGINIA MEDICAL SCHOOL FOUNDATION - P.O. BOX 5 - NORFOLK, VA 23501	23-7053028	501(C)(3)	10,000.	0.			PROFESSORSHIPS
EASTERN VIRGINIA MEDICAL SCHOOL FOUNDATION - P.O. BOX 5 - NORFOLK, VA 23501	23-7053028	501(C)(3)	44,737.	0.			SUPPORT, UNSPECIFIED
EASTERN VIRGINIA MEDICAL SCHOOL FOUNDATION - P.O. BOX 5 - NORFOLK, VA 23501	23-7053028	501(C)(3)	58,333.	0.			ENDOWMENT FUNDS
EASTERN VIRGINIA MEDICAL SCHOOL FOUNDATION - P.O. BOX 5 - NORFOLK, VA 23501	23-7053028	501(C)(3)	2,500.	0.			SUPPORT, UNSPECIFIED
EASTERN VIRGINIA MEDICAL SCHOOL FOUNDATION - P.O. BOX 5 - NORFOLK, VA 23501	23-7053028	501(C)(3)	6,000.	0.			ENDOWMENT FUNDS
EASTERN VIRGINIA MEDICAL SCHOOL FOUNDATION - P.O. BOX 5 - NORFOLK, VA 23501	23-7053028	501(C)(3)	30,000.	0.			ENDOWMENT FUNDS
EASTERN VIRGINIA MEDICAL SCHOOL FOUNDATION - P.O. BOX 5 - NORFOLK, VA 23501	23-7053028	501(C)(3)	2,500.	0.			ENDOWMENT FUNDS
EASTERN VIRGINIA MEDICAL SCHOOL FOUNDATION - P.O. BOX 5 - NORFOLK, VA 23501	23-7053028	501(C)(3)	5,000.	0.			CAPITAL CAMPAIGN
EASTERN VIRGINIA MEDICAL SCHOOL FOUNDATION - P.O. BOX 5 - NORFOLK, VA 23501	23-7053028	501(C)(3)	30,000.	0.			PROGRAM DEVELOPMENT

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**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EDMARC 516 LONDON STREET PORTSMOUTH, VA 23704	54-1092904	501(C)(3)	3,000.	0.			SUPPORT, UNSPECIFIED
EDMARC 516 LONDON STREET PORTSMOUTH, VA 23704	54-1092904	501(C)(3)	19,500.	0.			CONSULTING SVC
ELIZABETH RIVER PROJECT 475 WATER STREET, STE. 103A PORTSMOUTH, VA 23704	54-1663058	501(C)(3)	100,000.	0.			BUILDING/RENOVATION
ELIZABETH RIVER PROJECT 475 WATER STREET, STE. 103A PORTSMOUTH, VA 23704	54-1663058	501(C)(3)	49,110.	0.			SUPPORT, UNSPECIFIED
ELIZABETH RIVER PROJECT 475 WATER STREET, STE. 103A PORTSMOUTH, VA 23704	54-1663058	501(C)(3)	6,250.	0.			ENDOWMENT FUNDS
ELIZABETH RIVER PROJECT 475 WATER STREET, STE. 103A PORTSMOUTH, VA 23704	54-1663058	501(C)(3)	4,740.	0.			SUPPORT, UNSPECIFIED
ELIZABETH RIVER PROJECT 475 WATER STREET, STE. 103A PORTSMOUTH, VA 23704	54-1663058	501(C)(3)	400.	0.			GEN/OPER SUPPORT
ELIZABETH RIVER PROJECT 475 WATER STREET, STE. 103A PORTSMOUTH, VA 23704	54-1663058	501(C)(3)	1,500.	0.			SUPPORT, UNSPECIFIED
ELIZABETH RIVER PROJECT 475 WATER STREET, STE. 103A PORTSMOUTH, VA 23704	54-1663058	501(C)(3)	2,500.	0.			ANNUAL CAMPAIGN

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**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ELIZABETH RIVER PROJECT 475 WATER STREET, STE. 103A PORTSMOUTH, VA 23704	54-1663058	501(C)(3)	2,000.	0.			SUPPORT, UNSPECIFIED
ELIZABETH RIVER PROJECT 475 WATER STREET, STE. 103A PORTSMOUTH, VA 23704	54-1663058	501(C)(3)	50,000.	0.			ENDOWMENT FUNDS
EQUI-KIDS THERAPEUTIC RIDING PROGRAM - 2626 HERITAGE PARK DRIVE - VIRGINIA BEACH, VA 23456	54-1693046	501(C)(3)	1,000.	0.			SUPPORT, UNSPECIFIED
EQUI-KIDS THERAPEUTIC RIDING PROGRAM - 2626 HERITAGE PARK DRIVE - VIRGINIA BEACH, VA 23456	54-1693046	501(C)(3)	1,000.	0.			SUPPORT, UNSPECIFIED
EQUI-KIDS THERAPEUTIC RIDING PROGRAM - 2626 HERITAGE PARK DRIVE - VIRGINIA BEACH, VA 23456	54-1693046	501(C)(3)	19,300.	0.			SUPPORT, UNSPECIFIED
EQUI-KIDS THERAPEUTIC RIDING PROGRAM - 2626 HERITAGE PARK DRIVE - VIRGINIA BEACH, VA 23456	54-1693046	501(C)(3)	5,040.	0.			SUPPORT, UNSPECIFIED
FAMILIES OF AUTISTIC CHILDREN OF TIDEWATER - 520 VIKING DR. - VIRGINIA BEACH, VA 23452	54-1824385	501(C)(3)	4,000.	0.			SUPPORT, UNSPECIFIED
FAMILIES OF AUTISTIC CHILDREN OF TIDEWATER - 520 VIKING DR. - VIRGINIA BEACH, VA 23452	54-1824385	501(C)(3)	3,000.	0.			PROGRAM DEVELOPMENT
FIRST BAPTIST CHURCH NORFOLK 418 EAST BUTE STREET NORFOLK, VA 23510	54-0544300	501(C)(3)	5,000.	0.			PROGRAM DEVELOPMENT

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**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST PRESBYTERIAN CHURCH, NORFOLK 820 COLONIAL AVENUE NORFOLK, VA 23507	54-0548000	501(C)(3)	500.	0.			GEN/OPER SUPPORT
FIRST PRESBYTERIAN CHURCH, NORFOLK 820 COLONIAL AVENUE NORFOLK, VA 23507	54-0548000	501(C)(3)	17,250.	0.			GEN/OPER SUPPORT
FIRST PRESBYTERIAN CHURCH, NORFOLK 820 COLONIAL AVENUE NORFOLK, VA 23507	54-0548000	501(C)(3)	4,374.	0.			ENDOWMENT FUNDS
FIRST PRESBYTERIAN CHURCH, NORFOLK 820 COLONIAL AVENUE NORFOLK, VA 23507	54-0548000	501(C)(3)	22,493.	0.			ENDOWMENT FUNDS
FIRST PRESBYTERIAN CHURCH, NORFOLK 820 COLONIAL AVENUE NORFOLK, VA 23507	54-0548000	501(C)(3)	221.	0.			ENDOWMENT FUNDS
FIRST PRESBYTERIAN CHURCH, VIRGINIA BEACH - 300 36TH STREET - VIRGINIA BEACH, VA 23451	54-0603000	501(C)(3)	25,000.	0.			ANNUAL CAMPAIGN
FIRST PRESBYTERIAN CHURCH, VIRGINIA BEACH - 300 36TH STREET - VIRGINIA BEACH, VA 23451	54-0603000	501(C)(3)	25,000.	0.			ANNUAL CAMPAIGN
FIRST PRESBYTERIAN CHURCH, VIRGINIA BEACH - 300 36TH STREET - VIRGINIA BEACH, VA 23451	54-0603000	501(C)(3)	25,000.	0.			ANNUAL CAMPAIGN
FIRST PRESBYTERIAN CHURCH, VIRGINIA BEACH - 300 36TH STREET - VIRGINIA BEACH, VA 23451	54-0603000	501(C)(3)	25,000.	0.			ANNUAL CAMPAIGN

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**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOODBANK OF SOUTHEASTERN VIRGINIA P.O. BOX 1940 NORFOLK, VA 23501	52-1219783	501(C)(3)	1,000.	0.			GEN/OPER SUPPORT
FOODBANK OF SOUTHEASTERN VIRGINIA P.O. BOX 1940 NORFOLK, VA 23501	52-1219783	501(C)(3)	5,000.	0.			ENDOWMENT FUNDS
FOODBANK OF SOUTHEASTERN VIRGINIA P.O. BOX 1940 NORFOLK, VA 23501	52-1219783	501(C)(3)	5,000.	0.			SUPPORT, UNSPECIFIED
FOODBANK OF SOUTHEASTERN VIRGINIA P.O. BOX 1940 NORFOLK, VA 23501	52-1219783	501(C)(3)	1,000.	0.			SUPPORT, UNSPECIFIED
FOODBANK OF SOUTHEASTERN VIRGINIA P.O. BOX 1940 NORFOLK, VA 23501	52-1219783	501(C)(3)	1,000.	0.			SUPPORT, UNSPECIFIED
FOODBANK OF SOUTHEASTERN VIRGINIA P.O. BOX 1940 NORFOLK, VA 23501	52-1219783	501(C)(3)	2,500.	0.			GEN/OPER SUPPORT
FOODBANK OF SOUTHEASTERN VIRGINIA P.O. BOX 1940 NORFOLK, VA 23501	52-1219783	501(C)(3)	5,000.	0.			SUPPORT, UNSPECIFIED
FOODBANK OF SOUTHEASTERN VIRGINIA P.O. BOX 1940 NORFOLK, VA 23501	52-1219783	501(C)(3)	5,000.	0.			SUPPORT, UNSPECIFIED
FOODBANK OF SOUTHEASTERN VIRGINIA P.O. BOX 1940 NORFOLK, VA 23501	52-1219783	501(C)(3)	2,000.	0.			SUPPORT, UNSPECIFIED

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**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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FOODBANK OF SOUTHEASTERN VIRGINIA P.O. BOX 1940 NORFOLK, VA 23501	52-1219783	501(C)(3)	25,000.	0.			SUPPORT, UNSPECIFIED
FOODBANK OF SOUTHEASTERN VIRGINIA P.O. BOX 1940 NORFOLK, VA 23501	52-1219783	501(C)(3)	10,000.	0.			SEED MONEY
FORKIDS, INC. P.O. BOX 6044 NORFOLK, VA 23508	54-1477799	501(C)(3)	1,000.	0.			SUPPORT, UNSPECIFIED
FORKIDS, INC. P.O. BOX 6044 NORFOLK, VA 23508	54-1477799	501(C)(3)	46,810.	0.			SUPPORT, UNSPECIFIED
FORKIDS, INC. P.O. BOX 6044 NORFOLK, VA 23508	54-1477799	501(C)(3)	60,000.	0.			PROGRAM DEVELOPMENT
FORKIDS, INC. P.O. BOX 6044 NORFOLK, VA 23508	54-1477799	501(C)(3)	60,000.	0.			PROGRAM DEVELOPMENT
FORKIDS, INC. P.O. BOX 6044 NORFOLK, VA 23508	54-1477799	501(C)(3)	5,000.	0.			ANNUAL CAMPAIGN
FORKIDS, INC. P.O. BOX 6044 NORFOLK, VA 23508	54-1477799	501(C)(3)	10,000.	0.			PROGRAM DEVELOPMENT
FORKIDS, INC. P.O. BOX 6044 NORFOLK, VA 23508	54-1477799	501(C)(3)	10,000.	0.			SUPPORT, UNSPECIFIED

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FOUNDATION CENTER ATTN: MEMBERSHIP NEW YORK, NY 10003	20-2776974	501(C)(3)	5,371.	0.			GEN/OPER SUPPORT
FRANKLIN COOPERATIVE MINISTRY P.O. BOX 1214 FRANKLIN, VA 23851	54-1623576	501(C)(3)	5,000.	0.			SUPPORT, UNSPECIFIED
FRIENDS OF THE NORTHAMPTON FREE LIBRARY - P.O. BOX 639 - NASSAWADOX, VA 23413	54-1679571	501(C)(3)	250.	0.			SUPPORT, UNSPECIFIED
FRIENDS OF THE NORTHAMPTON FREE LIBRARY - P.O. BOX 639 - NASSAWADOX, VA 23413	54-1679571	501(C)(3)	2,400.	0.			SUPPORT, UNSPECIFIED
FRIENDS OF THE NORTHAMPTON FREE LIBRARY - P.O. BOX 639 - NASSAWADOX, VA 23413	54-1679571	501(C)(3)	2,480.	0.			SUPPORT, UNSPECIFIED
FRIENDS OF UNITED HATZALAH, INC. 208 EAST 51ST STREET, SUITE 303 NEW YORK, NY 10022	11-3533002	501(C)(3)	5,000.	0.			GEN/OPER SUPPORT
GIRLS ON THE RUN OF SOUTH HAMPTON ROADS - 921 FIRST COLONIAL ROAD, #1707 - VIRGINIA BEACH, VA 23454	38-3777474	501(C)(3)	2,000.	0.			GEN/OPER SUPPORT
GIRLS ON THE RUN OF SOUTH HAMPTON ROADS - 921 FIRST COLONIAL ROAD, #1707 - VIRGINIA BEACH, VA 23454	38-3777474	501(C)(3)	10,000.	0.			PROGRAM DEVELOPMENT
GOODWILL INDUSTRIES OF CENTRAL VIRGINIA - C/O GOODWILL INDUSTRIES OF HAMPTON ROADS - VIRGINIA BEACH, VA 23455	54-0455395	501(C)(3)	70,000.	0.			PROGRAM DEVELOPMENT

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GOVERNOR'S SCHOOL FOR THE ARTS FOUNDATION - 254 GRANBY STREET - NORFOLK, VA 23510	54-1656477	501(C)(3)	15,000.	0.			PROGRAM DEVELOPMENT
GOVERNOR'S SCHOOL FOR THE ARTS FOUNDATION - 254 GRANBY STREET - NORFOLK, VA 23510	54-1656477	501(C)(3)	5,000.	0.			SEED MONEY
GRYMES MEMORIAL SCHOOL 13775 SPICERS MILL ROAD ORANGE, VA 22980	54-0617529	501(C)(3)	20,000.	0.			BUILDING/RENOVATION
HAMPTON ROADS COMMUNITY HEALTH CENTER - 664 LINCOLN STREET - PORTSMOUTH, VA 23704	54-1626757	501(C)(3)	41,930.	0.			PROGRAM DEVELOPMENT
HAMPTON ROADS EDUCATIONAL TELEVISION ASSOCIATION, INC. (WHRO) - 5200 HAMPTON BLVD - NORFOLK, VA 23508	54-0843118	501(C)(3)	500.	0.			VIDEO/RADIO PRODUCT
HAMPTON ROADS EDUCATIONAL TELEVISION ASSOCIATION, INC. (WHRO) - 5200 HAMPTON BLVD - NORFOLK, VA 23508	54-0843118	501(C)(3)	15,000.	0.			PROGRAM DEVELOPMENT
HAMPTON ROADS EDUCATIONAL TELEVISION ASSOCIATION, INC. (WHRO) - 5200 HAMPTON BLVD - NORFOLK, VA 23508	54-0843118	501(C)(3)	5,000.	0.			SUPPORT, UNSPECIFIED
HAMPTON ROADS EDUCATIONAL TELEVISION ASSOCIATION, INC. (WHRO) - 5200 HAMPTON BLVD - NORFOLK, VA 23508	54-0843118	501(C)(3)	860.	0.			SUPPORT, UNSPECIFIED
HAMPTON ROADS EDUCATIONAL TELEVISION ASSOCIATION, INC. (WHRO) - 5200 HAMPTON BLVD - NORFOLK, VA 23508	54-0843118	501(C)(3)	1,750.	0.			SUPPORT, UNSPECIFIED

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HAMPTON ROADS EDUCATIONAL TELEVISION ASSOCIATION, INC. (WHRO) - 5200 HAMPTON BLVD - NORFOLK, VA 23508	54-0843118	501(C)(3)	5,000.	0.			GEN/OPER SUPPORT
HAMPTON ROADS EDUCATIONAL TELEVISION ASSOCIATION, INC. (WHRO) - 5200 HAMPTON BLVD - NORFOLK, VA 23508	54-0843118	501(C)(3)	50,000.	0.			SUPPORT, UNSPECIFIED
HAMPTON ROADS EDUCATIONAL TELEVISION ASSOCIATION, INC. (WHRO) - 5200 HAMPTON BLVD - NORFOLK, VA 23508	54-0843118	501(C)(3)	10,000.	0.			ANNUAL CAMPAIGN
HAMPTON ROADS EDUCATIONAL TELEVISION ASSOCIATION, INC. (WHRO) - 5200 HAMPTON BLVD - NORFOLK, VA 23508	54-0843118	501(C)(3)	2,000.	0.			SUPPORT, UNSPECIFIED
HAMPTON UNIVERSITY OFFICE OF DEVELOPMENT HAMPTON, VA 23668	54-0505990	501(C)(3)	39,900.	0.			PIANO
HARVARD UNIVERSITY WEATHERHEAD CENTER CAMBRIDGE, MA 02138	04-2103580	501(C)(3)	25,000.	0.			GEN/OPER SUPPORT
HER, INC. (HELP AND EMERGENCY RESPONSE) - P.O. BOX 2187 - PORTSMOUTH, VA 23702	52-1349827	501(C)(3)	34,000.	0.			PROGRAM DEVELOPMENT
HORIZONS HAMPTON ROADS 7336 GRANBY STREET NORFOLK, VA 23505	54-1946180	501(C)(3)	10,000.	0.			PROGRAM DEVELOPMENT
HORIZONS HAMPTON ROADS 7336 GRANBY STREET NORFOLK, VA 23505	54-1946180	501(C)(3)	50,430.	0.			SUPPORT, UNSPECIFIED

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HORIZONS HAMPTON ROADS 7336 GRANBY STREET NORFOLK, VA 23505	54-1946180	501(C)(3)	1,250.	0.			GEN/OPER SUPPORT
HORIZONS HAMPTON ROADS 7336 GRANBY STREET NORFOLK, VA 23505	54-1946180	501(C)(3)	1,000.	0.			SUPPORT, UNSPECIFIED
HOWARD & GEORGEANNA JONES FOUNDATION FOR REPRODUCTIVE MEDICINE - 1340 N. GREAT NECK ROAD, STE. 1272-400 - VIRGINIA	54-1265842	501(C)(3)	5,000.	0.			SUPPORT, UNSPECIFIED
HOWARD & GEORGEANNA JONES FOUNDATION FOR REPRODUCTIVE MEDICINE - 1340 N. GREAT NECK ROAD, STE. 1272-400 - VIRGINIA	54-1265842	501(C)(3)	410.	0.			SUPPORT, UNSPECIFIED
HUMANKIND 150 LINDEN AVENUE LYNCHBURG, VA 24503	54-0346118	501(C)(3)	6,470.	0.			SUPPORT, UNSPECIFIED
ISLE OF WIGHT ARTS LEAGUE 1620 MAGRUDER ROAD SMITHFIELD, VA 23430	54-1889006	501(C)(3)	350.	0.			PIANO
ISLE OF WIGHT ARTS LEAGUE 1620 MAGRUDER ROAD SMITHFIELD, VA 23430	54-1889006	501(C)(3)	38,730.	0.			PIANO
JACKSON-FEILD HOMES DEVELOPMENT OFFICE RICHMOND, VA 23221	54-0505920	501(C)(3)	500.	0.			SUPPORT, UNSPECIFIED
JACKSON-FEILD HOMES DEVELOPMENT OFFICE RICHMOND, VA 23221	54-0505920	501(C)(3)	13,866.	0.			SUPPORT, UNSPECIFIED

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**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JACKSON-FEILD HOMES DEVELOPMENT OFFICE RICHMOND, VA 23221	54-0505920	501(C)(3)	6,470.	0.			SUPPORT, UNSPECIFIED
JOY MINISTRIES P.O. BOX 65036 VIRGINIA BEACH, VA 23464	54-1514185	501(C)(3)	20,000.	0.			PROGRAM DEVELOPMENT
JUDEO-CHRISTIAN OUTREACH CENTER 1053 VIRGINIA BEACH BLVD. VIRGINIA BEACH, VA 23451	54-1417126	501(C)(3)	52,808.	0.			PROGRAM DEVELOPMENT
JUNIOR ACHIEVEMENT OF GREATER HAMPTON ROADS - 6325 N. CENTER DRIVE - NORFOLK, VA 23502	54-0799839	501(C)(3)	5,000.	0.			PROGRAM DEVELOPMENT
KAD RIVKAH HACHNOSOS KALLAH FUND, INC. - 5101 17TH AVENUE - BROOKLYN, NY 11204	52-1557612	501(C)(3)	25,000.	0.			GEN/OPER SUPPORT
KAD RIVKAH HACHNOSOS KALLAH FUND, INC. - 5101 17TH AVENUE - BROOKLYN, NY 11204	52-1557612	501(C)(3)	10,000.	0.			SUPPORT, UNSPECIFIED
KNOX AREA RESCUE MINISTRIES P.O. BOX 3310 KNOXVILLE, TN 37927	62-0670972	501(C)(3)	3,000.	0.			SUPPORT, UNSPECIFIED
KNOX AREA RESCUE MINISTRIES P.O. BOX 3310 KNOXVILLE, TN 37927	62-0670972	501(C)(3)	5,000.	0.			SUPPORT, UNSPECIFIED
KNOX AREA RESCUE MINISTRIES P.O. BOX 3310 KNOXVILLE, TN 37927	62-0670972	501(C)(3)	5,000.	0.			SUPPORT, UNSPECIFIED

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LEGAL AID SOCIETY OF EASTERN VIRGINIA - 125 ST. PAUL'S BLVD - NORFOLK, VA 23510	54-0848499	501(C)(3)	102,587.	0.			PROGRAM DEVELOPMENT
LEGENDS OF ASPEN COMMUNITY FOUNDATION - 400 EAST MAIN STREET - ASPEN, CO 81611	47-1050606	501(C)(3)	5,000.	0.			SUPPORT, UNSPECIFIED
LEGENDS OF ASPEN COMMUNITY FOUNDATION - 400 EAST MAIN STREET - ASPEN, CO 81611	47-1050606	501(C)(3)	5,000.	0.			GEN/OPER SUPPORT
LONE STAR PARALYSIS FOUNDATION 1215 RED RIVER, 1ST FLOOR AUSTIN, TX 78701	74-2931329	501(C)(3)	5,000.	0.			GEN/OPER SUPPORT
LOVING AND CARING FOR THE HOMELESS P.O. BOX 10434 VIRGINIA BEACH, VA 23450	54-1759035	501(C)(3)	3,000.	0.			PROGRAM DEVELOPMENT
LOVING AND CARING FOR THE HOMELESS P.O. BOX 10434 VIRGINIA BEACH, VA 23450	54-1759035	501(C)(3)	3,000.	0.			PROGRAM DEVELOPMENT
LYNNHAVEN RIVER NOW 3663 MARLIN BAY DRIVE VIRGINIA BEACH, VA 23455	16-1647860	501(C)(3)	5,000.	0.			GEN/OPER SUPPORT
LYNNHAVEN RIVER NOW 3663 MARLIN BAY DRIVE VIRGINIA BEACH, VA 23455	16-1647860	501(C)(3)	1,000.	0.			SUPPORT, UNSPECIFIED
LYNNHAVEN RIVER NOW 3663 MARLIN BAY DRIVE VIRGINIA BEACH, VA 23455	16-1647860	501(C)(3)	5,000.	0.			CONSULTING SVC

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LYNNHAVEN RIVER NOW 3663 MARLIN BAY DRIVE VIRGINIA BEACH, VA 23455	16-1647860	501(C)(3)	2,500.	0.			SUPPORT, UNSPECIFIED
LYNNHAVEN RIVER NOW 3663 MARLIN BAY DRIVE VIRGINIA BEACH, VA 23455	16-1647860	501(C)(3)	1,000.	0.			SUPPORT, UNSPECIFIED
LYNNHAVEN RIVER NOW 3663 MARLIN BAY DRIVE VIRGINIA BEACH, VA 23455	16-1647860	501(C)(3)	15,780.	0.			GEN/OPER SUPPORT
MARTIN COUNTY DEPARTMENT OF SOCIAL SERVICES - P.O. BOX 809 - WILLIAMSTON, NC 27892	56-6000317	GOVT ENTIT	16,930.	0.			GEN/OPER SUPPORT
MARY BALDWIN COLLEGE OFFICE OF INSTITUTIONAL ADVANCEMENT STAUNTON, VA 24402	54-0506319	501(C)(3)	881.	0.			ENDOWMENT FUNDS
MARY BALDWIN COLLEGE OFFICE OF INSTITUTIONAL ADVANCEMENT STAUNTON, VA 24402	54-0506319	501(C)(3)	7,355.	0.			SUPPORT, UNSPECIFIED
MARY BALDWIN COLLEGE OFFICE OF INSTITUTIONAL ADVANCEMENT STAUNTON, VA 24402	54-0506319	501(C)(3)	1,233.	0.			SUPPORT, UNSPECIFIED
MEALS ON WHEELS OF VIRGINIA BEACH 3750 SENTARA WAY VIRGINIA BEACH, VA 23452	23-7364149	501(C)(3)	40,000.	0.			GEN/OPER SUPPORT
MERTON COLLEGE CHARITABLE CORPORATION - P.O. BOX 375 - SEA GIRT, NJ 08750	22-3581579	501(C)(3)	50,000.	0.			SUPPORT, UNSPECIFIED

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MILITARY CHILD EDUCATION COALITION 909 MOUNTAIN LION CIRCLE HARKER HEIGHTS, TX 76548	74-2889416		23,442.	0.			PROGRAM DEVELOPMENT
MORE 2 GIVE INC. 1419 WENDFIELD DRIVE VIRGINIA BEACH, VA 23453	27-3641521	501(C)(3)	5,000.	0.			PROGRAM DEVELOPMENT
MOSAIC STEEL ORCHESTRA PO BOX 6333 NORFOLK, VA 23508	41-2177286	501(C)(3)	30,000.	0.			PROGRAM DEVELOPMENT
NAUTICUS FOUNDATION ONE WATERSIDE DRIVE NORFOLK, VA 23510	54-1475802	501(C)(3)	1,200,000.	0.			PROGRAM DEVELOPMENT
NEW COVENANT PRESBYTERIAN CHURCH 1552 KEMPSVILLE ROAD VIRGINIA BEACH, VA 23464	54-1161713	501(C)(3)	28,921.	0.			BUILDING/RENOVATION
NORFOLK ACADEMY 1585 WESLEYAN DRIVE NORFOLK, VA 23502	54-0551901	501(C)(3)	439.	0.			GEN/OPER SUPPORT
NORFOLK ACADEMY 1585 WESLEYAN DRIVE NORFOLK, VA 23502	54-0551901	501(C)(3)	500,000.	0.			CAPITAL CAMPAIGN
NORFOLK ACADEMY 1585 WESLEYAN DRIVE NORFOLK, VA 23502	54-0551901	501(C)(3)	439.	0.			GEN/OPER SUPPORT
NORFOLK ACADEMY 1585 WESLEYAN DRIVE NORFOLK, VA 23502	54-0551901	501(C)(3)	1,500.	0.			ENDOWMENT FUNDS

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NORFOLK ACADEMY 1585 WESLEYAN DRIVE NORFOLK, VA 23502	54-0551901	501(C)(3)	1,180.	0.			SCHOLARSHIP FUNDS
NORFOLK ACADEMY 1585 WESLEYAN DRIVE NORFOLK, VA 23502	54-0551901	501(C)(3)	5,000.	0.			SUPPORT, UNSPECIFIED
NORFOLK ACADEMY 1585 WESLEYAN DRIVE NORFOLK, VA 23502	54-0551901	501(C)(3)	2,500.	0.			ANNUAL CAMPAIGN
NORFOLK ACADEMY 1585 WESLEYAN DRIVE NORFOLK, VA 23502	54-0551901	501(C)(3)	1,000.	0.			ANNUAL CAMPAIGN
NORFOLK ACADEMY 1585 WESLEYAN DRIVE NORFOLK, VA 23502	54-0551901	501(C)(3)	5,310.	0.			SCHOLARSHIP FUNDS
NORFOLK ACADEMY 1585 WESLEYAN DRIVE NORFOLK, VA 23502	54-0551901	501(C)(3)	112,640.	0.			SCHOLARSHIP FUNDS
NORFOLK ACADEMY 1585 WESLEYAN DRIVE NORFOLK, VA 23502	54-0551901	501(C)(3)	1,000.	0.			SUPPORT, UNSPECIFIED
NORFOLK BOTANICAL GARDEN SOCIETY 6700 AZALEA GARDEN ROAD NORFOLK, VA 23518	54-0788933	501(C)(3)	3,500.	0.			BUILDING/RENOVATION
NORFOLK BOTANICAL GARDEN SOCIETY 6700 AZALEA GARDEN ROAD NORFOLK, VA 23518	54-0788933	501(C)(3)	5,000.	0.			EQUIPMENT

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NORFOLK BOTANICAL GARDEN SOCIETY 6700 AZALEA GARDEN ROAD NORFOLK, VA 23518	54-0788933	501(C)(3)	15,000.	0.			PROGRAM DEVELOPMENT
NORFOLK CRIME LINE, INC. P.O. BOX 9296 NORFOLK, VA 23505	52-1299630	501(C)(3)	5,000.	0.			SUPPORT, UNSPECIFIED
NORFOLK PUBLIC LIBRARY 1155 PINE RIDGE ROAD NORFOLK, VA 23502	54-6001455	501(C)(3)	2,110.	0.			SUPPORT, UNSPECIFIED
NORFOLK PUBLIC LIBRARY 1155 PINE RIDGE ROAD NORFOLK, VA 23502	54-6001455	501(C)(3)	5,550.	0.			GEN/OPER SUPPORT
NORFOLK PUBLIC LIBRARY 1155 PINE RIDGE ROAD NORFOLK, VA 23502	54-6001455	501(C)(3)	3,720.	0.			EQUIPMENT
NORFOLK PUBLIC LIBRARY 1155 PINE RIDGE ROAD NORFOLK, VA 23502	54-6001455	501(C)(3)	1,110.	0.			GEN/OPER SUPPORT
NORFOLK PUBLIC SCHOOLS 7000 WEST TANNERS CREEK ROAD NORFOLK, VA 23513	54-6001460	GOVT ENTIT	5,500.	0.			PROGRAM DEVELOPMENT
NORFOLK ROTARY CHARITIES 414 WEST BUTE STREET NORFOLK, VA 23510	54-1918783	501(C)(3)	20,210.	0.			SUPPORT, UNSPECIFIED
NORFOLK SPCA 916 BALLENTINE BOULEVARD NORFOLK, VA 23504	54-0515759	501(C)(3)	96,817.	0.			EQUIPMENT

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NORFOLK STATE UNIVERSITY HONORS PROGRAM - 700 PARK AVE. - NORFOLK, VA 23504	23-7235954	501(C)(3)	22,330.	0.			SUPPORT, UNSPECIFIED
OLD DOMINION UNIVERSITY EDUCATIONAL FOUNDATION - 129 KOCH HALL - NORFOLK, VA 23529	54-6052014	501(C)(3)	40,000.	0.			SCHOLARSHIP FUNDS
OLD DOMINION UNIVERSITY EDUCATIONAL FOUNDATION - 129 KOCH HALL - NORFOLK, VA 23529	54-6052014	501(C)(3)	15,000.	0.			PROGRAM DEVELOPMENT
OLD DOMINION UNIVERSITY EDUCATIONAL FOUNDATION - 129 KOCH HALL - NORFOLK, VA 23529	54-6052014	501(C)(3)	200,000.	0.			CAPITAL CAMPAIGN
OLD DOMINION UNIVERSITY EDUCATIONAL FOUNDATION - 129 KOCH HALL - NORFOLK, VA 23529	54-6052014	501(C)(3)	25,000.	0.			SUPPORT, UNSPECIFIED
OLD DOMINION UNIVERSITY EDUCATIONAL FOUNDATION - 129 KOCH HALL - NORFOLK, VA 23529	54-6052014	501(C)(3)	2,000.	0.			PROGRAM DEVELOPMENT
OLD DOMINION UNIVERSITY EDUCATIONAL FOUNDATION - 129 KOCH HALL - NORFOLK, VA 23529	54-6052014	501(C)(3)	1,000.	0.			PROGRAM DEVELOPMENT
OLD DOMINION UNIVERSITY EDUCATIONAL FOUNDATION - 129 KOCH HALL - NORFOLK, VA 23529	54-6052014	501(C)(3)	245,000.	0.			SCHOLARSHIP FUNDS
OLD DOMINION UNIVERSITY EDUCATIONAL FOUNDATION - 129 KOCH HALL - NORFOLK, VA 23529	54-6052014	501(C)(3)	62,500.	0.			CAPITAL CAMPAIGN

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OLD DOMINION UNIVERSITY EDUCATIONAL FOUNDATION - 129 KOCH HALL - NORFOLK, VA 23529	54-6052014	501(C)(3)	5,000.	0.			ENDOWMENT FUNDS
OPERATION SMILE 3641 FACULTY BLVD VIRGINIA BEACH, VA 23453	54-1460147	501(C)(3)	500.	0.			SUPPORT, UNSPECIFIED
OPERATION SMILE 3641 FACULTY BLVD VIRGINIA BEACH, VA 23453	54-1460147	501(C)(3)	5,000.	0.			SUPPORT, UNSPECIFIED
ORPHAN HELPERS 813 FORREST DRIVE, SUITE A NEWPORT NEWS, VA 23606	54-1995429	501(C)(3)	36,000.	0.			GEN/OPER SUPPORT
PANCREATIC CANCER ACTION NETWORK 1500 ROSECRANS AVENUE, SUITE 200 MANHATTAN BEACH, CA 90266	33-0841281	501(C)(3)	10,000.	0.			GEN/OPER SUPPORT
PARK PLACE HEALTH & DENTAL CLINIC 606 W. 29TH STREET NORFOLK, VA 23508	45-3086608	501(C)(3)	23,570.	0.			PROGRAM DEVELOPMENT
PARK PLACE SCHOOL 509 WEST 35TH ST. NORFOLK, VA 23508	54-1965765	501(C)(3)	53,250.	0.			SUPPORT, UNSPECIFIED
PAUL D. CAMP COMMUNITY COLLEGE FOUNDATION - 100 NORTH COLLEGE DRIVE - FRANKLIN, VA 23581	54-1150926	501(C)(3)	30,000.	0.			PROGRAM DEVELOPMENT
PENINSULA COMMUNITY FOUNDATION OF VIRGINIA - 1 ENTERPRISE PARKWAY - HAMPTON, VA 23666	54-2057957	501(C)(3)	10,000.	0.			PROGRAM DEVELOPMENT

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PIN MINISTRY 503 15TH STREET VIRGINIA BEACH, VA 23451	41-2126841	501(C)(3)	15,000.	0.			PROGRAM DEVELOPMENT
PIN MINISTRY 503 15TH STREET VIRGINIA BEACH, VA 23451	41-2126841	501(C)(3)	1,000.	0.			SUPPORT, UNSPECIFIED
PORTCO, INC. 800 LOUDOUN AVENUE PORTSMOUTH, VA 23707	54-1598359	501(C)(3)	46,800.	0.			PROGRAM DEVELOPMENT
PORTSMOUTH MUSEUMS FOUNDATION 521 MIDDLE STREET PORTSMOUTH, VA 23704	54-1703447	501(C)(3)	55,660.	0.			BUILDING/RENOVATION
PORTSMOUTH MUSEUMS FOUNDATION 521 MIDDLE STREET PORTSMOUTH, VA 23704	54-1703447	501(C)(3)	6,890.	0.			GEN/OPER SUPPORT
PORTSMOUTH MUSEUMS FOUNDATION 521 MIDDLE STREET PORTSMOUTH, VA 23704	54-1703447	501(C)(3)	500.	0.			SUPPORT, UNSPECIFIED
PORTSMOUTH SCHOOLS FOUNDATION 801 CRAWFORD ST. PORTSMOUTH, VA 23704	54-1564539	501(C)(3)	35,000.	0.			SEED MONEY
PORTSMOUTH SCHOOLS FOUNDATION 801 CRAWFORD ST. PORTSMOUTH, VA 23704	54-1564539	501(C)(3)	1,775.	0.			EQUIPMENT
RANDOLPH-MACON COLLEGE P.O. BOX 5005 ASHLAND, VA 23005	54-0505940	501(C)(3)	20,060.	0.			SCHOLARSHIP FUNDS

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SAMARITAN HOUSE 2620 SOUTHERN BLVD. VIRGINIA BEACH, VA 23452	54-1291021	501(C)(3)	5,000.	0.			SUPPORT, UNSPECIFIED
SAMARITAN HOUSE 2620 SOUTHERN BLVD. VIRGINIA BEACH, VA 23452	54-1291021	501(C)(3)	2,000.	0.			SUPPORT, UNSPECIFIED
SAMARITAN HOUSE 2620 SOUTHERN BLVD. VIRGINIA BEACH, VA 23452	54-1291021	501(C)(3)	10,000.	0.			PROGRAM DEVELOPMENT
SAMARITAN HOUSE 2620 SOUTHERN BLVD. VIRGINIA BEACH, VA 23452	54-1291021	501(C)(3)	25,000.	0.			PROGRAM DEVELOPMENT
SAMARITAN HOUSE 2620 SOUTHERN BLVD. VIRGINIA BEACH, VA 23452	54-1291021	501(C)(3)	78,200.	0.			PROGRAM DEVELOPMENT
SAMARITAN HOUSE 2620 SOUTHERN BLVD. VIRGINIA BEACH, VA 23452	54-1291021	501(C)(3)	20,000.	0.			RESEARCH
SANDLER CENTER FOR THE PERFORMING ARTS FOUNDATION - OFFICE OF CULTURAL AFFAIRS - VIRGINIA BEACH, VA 23462	20-2409231	501(C)(3)	1,000.	0.			PROGRAM DEVELOPMENT
SANDLER CENTER FOR THE PERFORMING ARTS FOUNDATION - OFFICE OF CULTURAL AFFAIRS - VIRGINIA BEACH, VA 23462	20-2409231	501(C)(3)	5,000.	0.			PROGRAM DEVELOPMENT
SEATAK AN ACHIEVABLE DREAM ACADEMY - 10858 WARWICK BLVD. - NEWPORT NEWS, VA 23601	46-3211492	501(C)(3)	1,000.	0.			GEN/OPER SUPPORT

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SEATAACK AN ACHIEVABLE DREAM ACADEMY - 10858 WARWICK BLVD. - NEWPORT NEWS, VA 23601	46-3211492	501(C)(3)	10,000.	0.			GEN/OPER SUPPORT
SENTARA COLLEGE OF HEALTH SCIENCES CROSSWAYS I- SUITE 105 CHESAPEAKE, VA 23320	54-1547408	501(C)(3)	10,200.	0.			SCHOLARSHIP FUNDS
SENTARA HEALTH FOUNDATION 6015 POPLAR HALL DRIVE NORFOLK, VA 23502	52-1271901	501(C)(3)	44,737.	0.			SUPPORT, UNSPECIFIED
SIMON FAMILY JEWISH COMMUNITY CENTER - 5000 CORPORATE WOODS DR - VIRGINIA BEACH, VA 23462	54-0616479	501(C)(3)	5,000.	0.			SUPPORT, UNSPECIFIED
SINKINSON DYSLEXIA FOUNDATION 3701 PACIFIC AVENUE VIRGINIA BEACH, VA 23451	26-2017318	501(C)(3)	9,600.	0.			PROGRAM DEVELOPMENT
SLOVER LIBRARY FOUNDATION 235 E. PLUME STREET NORFOLK, VA 23510	26-3772819	501(C)(3)	137,748.	0.			COMPUTER SYSTS/TECH
SLOVER LIBRARY FOUNDATION 235 E. PLUME STREET NORFOLK, VA 23510	26-3772819	501(C)(3)	1,000.	0.			SUPPORT, UNSPECIFIED
SLOVER LIBRARY FOUNDATION 235 E. PLUME STREET NORFOLK, VA 23510	26-3772819	501(C)(3)	30,670.	0.			PIANO
SLOVER LIBRARY FOUNDATION 235 E. PLUME STREET NORFOLK, VA 23510	26-3772819	501(C)(3)	50,000.	0.			CAPITAL CAMPAIGN

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SLOVER LIBRARY FOUNDATION 235 E. PLUME STREET NORFOLK, VA 23510	26-3772819	501(C)(3)	50,000.	0.			CAPITAL CAMPAIGN
SLOVER LIBRARY FOUNDATION 235 E. PLUME STREET NORFOLK, VA 23510	26-3772819	501(C)(3)	2,500.	0.			SUPPORT, UNSPECIFIED
SMILE TRAIN 41 MADISON AVENUE, 28TH FLOOR NEW YORK, NY 10010	13-3661416	501(C)(3)	3,000.	0.			SUPPORT, UNSPECIFIED
SMILE TRAIN 41 MADISON AVENUE, 28TH FLOOR NEW YORK, NY 10010	13-3661416	501(C)(3)	3,000.	0.			SUPPORT, UNSPECIFIED
SOAR EDUCATION, INC. 4240 PORTSMOUTH BLVD., #117 CHESAPEAKE, VA 23321	46-4163949	501(C)(3)	16,000.	0.			PROGRAM DEVELOPMENT
SOAR EDUCATION, INC. 4240 PORTSMOUTH BLVD., #117 CHESAPEAKE, VA 23321	46-4163949	501(C)(3)	7,000.	0.			PROGRAM DEVELOPMENT
SOUTH CAROLINA MUSEUM FOUNDATION 301 GERVAIS STREET COLUMBIA, SC 29201	57-0713243	501(C)(3)	25,000.	0.			SUPPORT, UNSPECIFIED
SOUTHAMPTON COUNTY P.O. BOX 400 COURTLAND, VA 23837	54-6001618	GOVT ENTIT	60,000.	0.			BUILDING/RENOVATION
SOUTHAMPTON COUNTY PUBLIC SCHOOLS 23350 SOUTHAMPTON PKWY COURTLAND, VA 23837	54-6020368	GOVT ENTIT	24,118.	0.			PIANO

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**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHEASTERN COUNCIL OF FOUNDATIONS - SUITE 2080 - ATLANTA, GA 30303	56-0995114	501(C)(3)	6,700.	0.			GEN/OPER SUPPORT
ST MARYS HOME FOR DISABLED CHILDREN - 6171 KEMPSVILLE CIRCLE - NORFOLK, VA 23502	54-0505952	501(C)(3)	10,000.	0.			GEN/OPER SUPPORT
ST. STEPHEN'S & ST. AGNES SCHOOL 400 FONTAINE STREET ALEXANDRIA, VA 22302	54-6054009	501(C)(3)	20,000.	0.			ANNUAL CAMPAIGN
SUGAR PLUM BAKERY, INC. 1353 LASKIN ROAD VIRGINIA BEACH, VA 23451	54-1330916	501(C)(3)	1,000.	0.			SUPPORT, UNSPECIFIED
SUGAR PLUM BAKERY, INC. 1353 LASKIN ROAD VIRGINIA BEACH, VA 23451	54-1330916	501(C)(3)	5,000.	0.			SUPPORT, UNSPECIFIED
SUGAR PLUM BAKERY, INC. 1353 LASKIN ROAD VIRGINIA BEACH, VA 23451	54-1330916	501(C)(3)	36,780.	0.			SUPPORT, UNSPECIFIED
TALMUDICAL ACADEMY OF NORFOLK 612 COLONIAL AVENUE NORFOLK, VA 23507	42-1594790	501(C)(3)	66,667.	0.			SUPPORT, UNSPECIFIED
TALMUDICAL ACADEMY OF NORFOLK 612 COLONIAL AVENUE NORFOLK, VA 23507	42-1594790	501(C)(3)	133,333.	0.			SUPPORT, UNSPECIFIED
TCC EDUCATIONAL FOUNDATION PO BOX 3575 NORFOLK, VA 23514	52-1217056	501(C)(3)	10,000.	0.			EQUIPMENT

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TCC EDUCATIONAL FOUNDATION PO BOX 3575 NORFOLK, VA 23514	52-1217056	501(C)(3)	6,000.	0.			PIANO
TCC EDUCATIONAL FOUNDATION PO BOX 3575 NORFOLK, VA 23514	52-1217056	501(C)(3)	20,000.	0.			EQUIPMENT
TCC EDUCATIONAL FOUNDATION PO BOX 3575 NORFOLK, VA 23514	52-1217056	501(C)(3)	2,200.	0.			ENDOWMENT FUNDS
THE ACADEMY OF MUSIC P. O. BOX 11146 NORFOLK, VA 23514	54-1764269	501(C)(3)	57,830.	0.			SUPPORT, UNSPECIFIED
THE ACADEMY OF MUSIC P. O. BOX 11146 NORFOLK, VA 23514	54-1764269	501(C)(3)	12,120.	0.			SUPPORT, UNSPECIFIED
THE ACADEMY OF MUSIC P. O. BOX 11146 NORFOLK, VA 23517	54-1764269	501(C)(3)	1,000.	0.			PROGRAM DEVELOPMENT
THE BILLFISH FOUNDATION 5100 NORTH FEDERAL HIGHWAY FT. LAUDERDALE, FL 33308	59-2694327	501(C)(3)	20,400.	0.			GEN/OPER SUPPORT
THE CHILDREN'S HOME OF VIRGINIA BAPTISTS, INC. - 6900 HICKORY ROAD - PETERSBURG, VA 23803	54-0612705	501(C)(3)	6,470.	0.			SUPPORT, UNSPECIFIED
THE CHRYSLER MUSEUM OF ART ONE MEMORIAL PLACE NORFOLK, VA 23510	51-0243196	501(C)(3)	25,000.	0.			SUPPORT, UNSPECIFIED

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THE CHRYSLER MUSEUM OF ART ONE MEMORIAL PLACE NORFOLK, VA 23510	51-0243196	501(C)(3)	860.	0.			SUPPORT, UNSPECIFIED
THE CHRYSLER MUSEUM OF ART ONE MEMORIAL PLACE NORFOLK, VA 23510	51-0243196	501(C)(3)	1,500.	0.			BUILDING/RENOVATION
THE CHRYSLER MUSEUM OF ART ONE MEMORIAL PLACE NORFOLK, VA 23510	51-0243196	501(C)(3)	3,500.	0.			BUILDING/RENOVATION
THE CHRYSLER MUSEUM OF ART ONE MEMORIAL PLACE NORFOLK, VA 23510	51-0243196	501(C)(3)	500.	0.			SUPPORT, UNSPECIFIED
THE COLLEGE OF WILLIAM & MARY FOUNDATION - CORP & FOUNDATION RELATIONS - WILLIAMSBURG, VA 23187	54-0734117	501(C)(3)	11,888.	0.			PIANO
THE COLONIAL WILLIAMSBURG FOUNDATION - P.O. BOX 1776 - WILLIAMSBURG, VA 23187	54-0505888	501(C)(3)	500.	0.			SUPPORT, UNSPECIFIED
THE COLONIAL WILLIAMSBURG FOUNDATION - P.O. BOX 1776 - WILLIAMSBURG, VA 23187	54-0505888	501(C)(3)	25,000.	0.			SUPPORT, UNSPECIFIED
THE COMMUNITY FOUNDATION SERVING RICHMOND AND CENTRAL VIRGINIA - BOULDERS IV, SUITE 110 - RICHMOND, VA 23225	23-7009135	501(C)(3)	50,000.	0.			SCHOLARSHIP FUNDS
THE FELDMAN CHAMBER MUSIC SOCIETY P.O. BOX 6144 NORFOLK, VA 23508	54-6054241	501(C)(3)	5,000.	0.			SUPPORT, UNSPECIFIED

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THE FELDMAN CHAMBER MUSIC SOCIETY P.O. BOX 6144 NORFOLK, VA 23508	54-6054241	501(C)(3)	13,170.	0.			SUPPORT, UNSPECIFIED
THE FELDMAN CHAMBER MUSIC SOCIETY P.O. BOX 6144 NORFOLK, VA 23508	54-6054241	501(C)(3)	4,870.	0.			SUPPORT, UNSPECIFIED
THE FELDMAN CHAMBER MUSIC SOCIETY P.O. BOX 6144 NORFOLK, VA 23508	54-6054241	501(C)(3)	860.	0.			SUPPORT, UNSPECIFIED
THE GENIEVE SHELTER 157 N. MAIN STREET SUFFOLK, VA 23434	54-1463053	501(C)(3)	12,000.	0.			PROGRAM DEVELOPMENT
THE HERMITAGE FOUNDATION MUSEUM 7637 NORTH SHORE RD. NORFOLK, VA 23505	54-0505909	501(C)(3)	2,500.	0.			SUPPORT, UNSPECIFIED
THE HERMITAGE FOUNDATION MUSEUM 7637 NORTH SHORE RD. NORFOLK, VA 23505	54-0505909	501(C)(3)	5,000.	0.			BUILDING/RENOVATION
THE HERMITAGE FOUNDATION MUSEUM 7637 NORTH SHORE RD. NORFOLK, VA 23505	54-0505909	501(C)(3)	250.	0.			ANNUAL CAMPAIGN
THE HERMITAGE FOUNDATION MUSEUM 7637 NORTH SHORE RD. NORFOLK, VA 23505	54-0505909	501(C)(3)	2,000.	0.			EQUIPMENT
THE HURRAH PLAYERS 485 ST. PAULS BLVD. NORFOLK, VA 23510	52-1409025	501(C)(3)	1,500.	0.			CAPITAL CAMPAIGN

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THE HURRAH PLAYERS 485 ST. PAULS BLVD. NORFOLK, VA 23510	52-1409025	501(C)(3)	10,000.	0.			CAPITAL CAMPAIGN
THE HURRAH PLAYERS 485 ST. PAULS BLVD. NORFOLK, VA 23510	52-1409025	501(C)(3)	50,000.	0.			CAPITAL CAMPAIGN
THE HURRAH PLAYERS 485 ST. PAULS BLVD. NORFOLK, VA 23510	52-1409025	501(C)(3)	10,000.	0.			BUILDING/RENOVATION
THE MASTERS SCHOOL 49 CLINTON AVENUE DOBBS FERRY, NY 10522	13-1740472	501(C)(3)	10,000.	0.			GEN/OPER SUPPORT
THE MASTERS SCHOOL 49 CLINTON AVENUE DOBBS FERRY, NY 10522	13-1740472	501(C)(3)	2,500.	0.			ANNUAL CAMPAIGN
THE MAURY FOUNDATION PO BOX 6224 NORFOLK, VA 23508	54-1396424	501(C)(3)	5,000.	0.			SUPPORT, UNSPECIFIED
THE NATURE CONSERVANCY, VIRGINIA CHAPTER - 490 WESTFIELD ROAD - CHARLOTTESVILLE, VA 22901	53-0242652	501(C)(3)	25,000.	0.			SUPPORT, UNSPECIFIED
THE ORPHANETWORK 1500 N. GREAT NECK ROAD VIRGINIA BEACH, VA 23454	54-1983817	501(C)(3)	85,000.	0.			COMPUTER SYSTS/TECH
THE PLANNING COUNCIL 5365 ROBIN HOOD ROAD NORFOLK, VA 23513	54-0505998	501(C)(3)	30,000.	0.			PUBLICATION

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THE READY ACADEMY CHRISTIAN SCHOOL 418 EAST BUTE STREET NORFOLK, VA 23510	20-5448338	501(C)(3)	5,000.	0.			CURRICULUM DEVELOP
THE SALVATION ARMY - HAMPTON ROADS AREA COMMAND - P.O. BOX 388 - NORFOLK, VA 23501	58-0660607	501(C)(3)	16,000.	0.			PROGRAM DEVELOPMENT
THE SALVATION ARMY - HAMPTON ROADS AREA COMMAND - P.O. BOX 388 - NORFOLK, VA 23501	58-0660607	501(C)(3)	25,000.	0.			SUPPORT, UNSPECIFIED
THE SALVATION ARMY - HAMPTON ROADS AREA COMMAND - P.O. BOX 388 - NORFOLK, VA 23501	58-0660607	501(C)(3)	40,000.	0.			CAPITAL CAMPAIGN
THE SALVATION ARMY - HAMPTON ROADS AREA COMMAND - P.O. BOX 388 - NORFOLK, VA 23501	58-0660607	501(C)(3)	2,000.	0.			SUPPORT, UNSPECIFIED
THE SALVATION ARMY - HAMPTON ROADS AREA COMMAND - P.O. BOX 388 - NORFOLK, VA 23501	58-0660607	501(C)(3)	500.	0.			GEN/OPER SUPPORT
THE SALVATION ARMY - HAMPTON ROADS AREA COMMAND - P.O. BOX 388 - NORFOLK, VA 23501	58-0660607	501(C)(3)	500.	0.			SUPPORT, UNSPECIFIED
THE SALVATION ARMY - HAMPTON ROADS AREA COMMAND - P.O. BOX 388 - NORFOLK, VA 23501	58-0660607	501(C)(3)	10,000.	0.			CAPITAL CAMPAIGN
THE SALVATION ARMY OF COLUMBIA, SC P.O. DRAWER 2786 COLUMBIA, SC 29202	58-0660607	501(C)(3)	25,000.	0.			SUPPORT, UNSPECIFIED

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THE UP CENTER 150 BOUSH STREET NORFOLK, VA 23510	54-0674774	501(C)(3)	1,250.	0.			SUPPORT, UNSPECIFIED
THE UP CENTER 150 BOUSH STREET NORFOLK, VA 23510	54-0674774	501(C)(3)	25,000.	0.			COMPUTER SYSTS/TECH
THE VIRGINIA ZOOLOGICAL SOCIETY 3500 GRANBY STREET NORFOLK, VA 23504	51-0253147	501(C)(3)	1,500.	0.			SUPPORT, UNSPECIFIED
THE VIRGINIA ZOOLOGICAL SOCIETY 3500 GRANBY STREET NORFOLK, VA 23504	51-0253147	501(C)(3)	5,000.	0.			SUPPORT, UNSPECIFIED
THE VIRGINIA ZOOLOGICAL SOCIETY 3500 GRANBY STREET NORFOLK, VA 23504	51-0253147	501(C)(3)	5,000.	0.			SUPPORT, UNSPECIFIED
THE WILLIAMS SCHOOL 419 COLONIAL AVENUE NORFOLK, VA 23507	51-0201345	501(C)(3)	24,740.	0.			GEN/OPER SUPPORT
TIDEWATER COMMUNITY COLLEGE TCC REGIONAL WORKFORCE DEVELOPMENT SUFFOLK, VA 23435	52-1217056	501(C)(3)	144,400.	0.			GEN/OPER SUPPORT
TIDEWATER COMMUNITY COLLEGE TCC REGIONAL WORKFORCE DEVELOPMENT SUFFOLK, VA 23435	52-1217056	501(C)(3)	-3,911.	0.			GEN/OPER SUPPORT
TIDEWATER WOODEN BOAT WORKSHOP 1153 BIRKS LANE VIRGINIA BEACH, VA 23464	46-4756833	501(C)(3)	5,000.	0.			PROGRAM DEVELOPMENT

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TIDEWATER YOUTH SERVICES FOUNDATION - 2404 AIRLINE BOULEVARD - PORTSMOUTH, VA 23701	54-1611793	501(C)(3)	51,500.	0.			EQUIPMENT
TOGETHER WE CAN FOUNDATION 5101 CLEVELAND STREET, SUITE 308 VIRGINIA BEACH, VA 23462	26-3015863	501(C)(3)	10,000.	0.			PROGRAM DEVELOPMENT
TOGETHER WE CAN FOUNDATION 5101 CLEVELAND STREET, SUITE 308 VIRGINIA BEACH, VA 23462	26-3015863	501(C)(3)	29,400.	0.			PROGRAM DEVELOPMENT
TOGETHER WE CAN FOUNDATION 5101 CLEVELAND STREET, SUITE 308 VIRGINIA BEACH, VA 23462	26-3015863	501(C)(3)	34,056.	0.			PROGRAM DEVELOPMENT
TORAH UMESORAH, THE NATIONAL SOCIETY FOR HEBREW DAY SCHOOLS - 620 FOSTER AVENUE - BROOKLYN, NY 11230	13-5564128	501(C)(3)	5,000.	0.			SUPPORT, UNSPECIFIED
TORAH UMESORAH, THE NATIONAL SOCIETY FOR HEBREW DAY SCHOOLS - 620 FOSTER AVENUE - BROOKLYN, NY 11230	13-5564128	501(C)(3)	5,000.	0.			GEN/OPER SUPPORT
UNCF\UNITED NEGRO COLLEGE FUND 1500 N LOMBARDY STREET RICHMOND, VA 23220	13-1624241	501(C)(3)	35,000.	0.			SUPPORT, UNSPECIFIED
UNION MISSION MINISTRIES P.O. BOX 3203 NORFOLK, VA 23514	54-0506427	501(C)(3)	500.	0.			EQUIPMENT
UNION MISSION MINISTRIES P.O. BOX 3203 NORFOLK, VA 23514	54-0506427	501(C)(3)	200,000.	0.			CAPITAL CAMPAIGN

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UNION MISSION MINISTRIES P.O. BOX 3203 NORFOLK, VA 23514	54-0506427	501(C)(3)	300.	0.			SUPPORT, UNSPECIFIED
UNION MISSION MINISTRIES P.O. BOX 3203 NORFOLK, VA 23514	54-0506427	501(C)(3)	2,000.	0.			SUPPORT, UNSPECIFIED
UNION MISSION MINISTRIES P.O. BOX 3203 NORFOLK, VA 23514	54-0506427	501(C)(3)	1,000.	0.			SUPPORT, UNSPECIFIED
UNION MISSION MINISTRIES P.O. BOX 3203 NORFOLK, VA 23514	54-0506427	501(C)(3)	25,000.	0.			CAPITAL CAMPAIGN
UNION MISSION MINISTRIES P.O. BOX 3203 NORFOLK, VA 23514	54-0506427	501(C)(3)	50,000.	0.			CAPITAL CAMPAIGN
UNION MISSION MINISTRIES P.O. BOX 3203 NORFOLK, VA 23514	54-0506427	501(C)(3)	3,000.	0.			GEN/OPER SUPPORT
UNION MISSION MINISTRIES P.O. BOX 3203 NORFOLK, VA 23514	54-0506427	501(C)(3)	2,730.	0.			GEN/OPER SUPPORT
UNION PRESBYTERIAN SEMINARY 3401 BROOK ROAD RICHMOND, VA 23227	54-0506428	501(C)(3)	16,900.	0.			SCHOLARSHIP FUNDS
UNION PRESBYTERIAN SEMINARY 3401 BROOK ROAD RICHMOND, VA 23227	54-0506428	501(C)(3)	1,233.	0.			SUPPORT, UNSPECIFIED

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UNION PRESBYTERIAN SEMINARY 3401 BROOK ROAD RICHMOND, VA 23227	54-0506428	501(C)(3)	7,355.	0.			SUPPORT, UNSPECIFIED
UNITED JEWISH FEDERATION OF TIDEWATER - 5000 CORPORATE WOODS DRIVE - VIRGINIA BEACH, VA 23462	54-0535603	501(C)(3)	15,000.	0.			CAPITAL CAMPAIGN
UNITED WAY OF SOUTH HAMPTON ROADS P.O. BOX 41069 NORFOLK, VA 23451	54-0506322	501(C)(3)	2,000.	0.			GEN/OPER SUPPORT
UNITED WAY OF SOUTH HAMPTON ROADS P.O. BOX 41069 NORFOLK, VA 23451	54-0506322	501(C)(3)	25,000.	0.			GEN/OPER SUPPORT
UNITED WAY OF SOUTH HAMPTON ROADS P.O. BOX 41069 NORFOLK, VA 23451	54-0506322	501(C)(3)	25,000.	0.			ANNUAL CAMPAIGN
UNITED WAY OF SOUTH HAMPTON ROADS P.O. BOX 41069 NORFOLK, VA 23451	54-0506322	501(C)(3)	33,500.	0.			SUPPORT, UNSPECIFIED
UNITED WAY OF SOUTH HAMPTON ROADS P.O. BOX 41069 NORFOLK, VA 23451	54-0506322	501(C)(3)	12,000.	0.			PROGRAM DEVELOPMENT
UNITED WAY OF SOUTH HAMPTON ROADS P.O. BOX 41069 NORFOLK, VA 23451	54-0506322	501(C)(3)	84,387.	0.			PROGRAM DEVELOPMENT
UNIVERSITY OF VIRGINIA - RECTOR AND VISITORS - P.O. BOX 400807 - CHARLOTTESVILLE, VA 22904	54-6001796	501(C)(3)	5,000.	0.			ANNUAL CAMPAIGN

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UNIVERSITY OF VIRGINIA DARDEN SCHOOL FOUNDATION - 100 DARDEN BOULEVARD - CHARLOTTESVILLE, VA 22903	54-6046419	501(C)(3)	5,000.	0.			ENDOWMENT FUNDS
UNIVERSITY OF VIRGINIA LAW SCHOOL FOUNDATION - 580 MASSIE RD. - CHARLOTTESVILLE, VA 22907	54-0838566	501(C)(3)	5,000.	0.			ANNUAL CAMPAIGN
UNIVERSITY SYSTEM OF MARYLAND FOUNDATION - 3300 METZEROTT ROAD - ADELPHI, MD 20783	52-1125663	501(C)(3)	5,000.	0.			ANNUAL CAMPAIGN
UNTAMED SPIRIT THERAPEUTIC & EDUCATIONAL PROGRAM - 3943 DAWLEY ROAD - VIRGINIA BEACH, VA 23457	27-3528408	501(C)(3)	7,000.	0.			GEN/OPER SUPPORT
URBAN LEAGUE OF HAMPTON ROADS 5700 THURSTON AVENUE, SUITE 101 VIRGINIA BEACH, VA 23455	54-1083985	501(C)(3)	30,000.	0.			SEED MONEY
UVA'S COLLEGE AT WISE DEVELOPMENT OFFICE WISE, VA 24293	54-1638774	501(C)(3)	15,000.	0.			SCHOLARSHIP FUNDS
VIRGINIA AQUARIUM & MARINE SCIENCE CENTER FOUNDATION - 717 GENERAL BOOTH BLVD. - VIRGINIA BEACH, VA 23451	52-1272309	501(C)(3)	790.	0.			SUPPORT, UNSPECIFIED
VIRGINIA AQUARIUM & MARINE SCIENCE CENTER FOUNDATION - 717 GENERAL BOOTH BLVD. - VIRGINIA BEACH, VA 23451	52-1272309	501(C)(3)	10,000.	0.			CAPITAL CAMPAIGN
VIRGINIA AQUARIUM & MARINE SCIENCE CENTER FOUNDATION - 717 GENERAL BOOTH BLVD. - VIRGINIA BEACH, VA 23451	52-1272309	501(C)(3)	64,340.	0.			SUPPORT, UNSPECIFIED

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VIRGINIA AQUARIUM & MARINE SCIENCE CENTER FOUNDATION - 717 GENERAL BOOTH BLVD. - VIRGINIA BEACH, VA 23451	52-1272309	501(C)(3)	10,000.	0.			CAPITAL CAMPAIGN
VIRGINIA AQUARIUM & MARINE SCIENCE CENTER FOUNDATION - 717 GENERAL BOOTH BLVD. - VIRGINIA BEACH, VA 23451	52-1272309	501(C)(3)	10,000.	0.			PUBLICATION
VIRGINIA AQUARIUM & MARINE SCIENCE CENTER FOUNDATION - 717 GENERAL BOOTH BLVD. - VIRGINIA BEACH, VA 23451	52-1272309	501(C)(3)	50,000.	0.			PUBLICATION
VIRGINIA AQUARIUM & MARINE SCIENCE CENTER FOUNDATION - 717 GENERAL BOOTH BLVD. - VIRGINIA BEACH, VA 23451	52-1272309	501(C)(3)	5,000.	0.			ANNUAL CAMPAIGN
VIRGINIA AQUARIUM & MARINE SCIENCE CENTER FOUNDATION - 717 GENERAL BOOTH BLVD. - VIRGINIA BEACH, VA 23451	52-1272309	501(C)(3)	5,000.	0.			PROGRAM DEVELOPMENT
VIRGINIA AQUARIUM & MARINE SCIENCE CENTER FOUNDATION - 717 GENERAL BOOTH BLVD. - VIRGINIA BEACH, VA 23451	52-1272309	501(C)(3)	4,000.	0.			PROGRAM DEVELOPMENT
VIRGINIA AQUARIUM & MARINE SCIENCE CENTER FOUNDATION - 717 GENERAL BOOTH BLVD. - VIRGINIA BEACH, VA 23451	52-1272309	501(C)(3)	300.	0.			SUPPORT, UNSPECIFIED
VIRGINIA ARTS FESTIVAL 440 BANK STREET NORFOLK, VA 23510	54-1786140	501(C)(3)	75,000.	0.			ANNUAL CAMPAIGN
VIRGINIA ARTS FESTIVAL 440 BANK STREET NORFOLK, VA 23510	54-1786140	501(C)(3)	1,000.	0.			GEN/OPER SUPPORT

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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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VIRGINIA ARTS FESTIVAL 440 BANK STREET NORFOLK, VA 23510	54-1786140	501(C)(3)	5,000.	0.			CURRICULUM DEVELOP
VIRGINIA ARTS FESTIVAL 440 BANK STREET NORFOLK, VA 23510	54-1786140	501(C)(3)	50,000.	0.			CAPITAL CAMPAIGN
VIRGINIA ARTS FESTIVAL 440 BANK STREET NORFOLK, VA 23510	54-1786140	501(C)(3)	705,000.	0.			PROGRAM DEVELOPMENT
VIRGINIA ARTS FESTIVAL 440 BANK STREET NORFOLK, VA 23510	54-1786140	501(C)(3)	10,000.	0.			PROGRAM DEVELOPMENT
VIRGINIA ARTS FESTIVAL 440 BANK STREET NORFOLK, VA 23510	54-1786140	501(C)(3)	100,000.	0.			PROGRAM DEVELOPMENT
VIRGINIA ARTS FESTIVAL 440 BANK STREET NORFOLK, VA 23510	54-1786140	501(C)(3)	27,000.	0.			SUPPORT, UNSPECIFIED
VIRGINIA ARTS FESTIVAL 440 BANK STREET NORFOLK, VA 23510	54-1786140	501(C)(3)	2,100.	0.			SUPPORT, UNSPECIFIED
VIRGINIA ARTS FESTIVAL 440 BANK STREET NORFOLK, VA 23510	54-1786140	501(C)(3)	1,729.	0.			SUPPORT, UNSPECIFIED
VIRGINIA BEACH EDUCATION FOUNDATION, INC. - 2512 GEORGE MASON DRIVE - VIRGINIA BEACH, VA 23456	54-1637620	501(C)(3)	250.	0.			SUPPORT, UNSPECIFIED

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VIRGINIA BEACH EDUCATION FOUNDATION, INC. - 2512 GEORGE MASON DRIVE - VIRGINIA BEACH, VA 23456	54-1637620	501(C)(3)	500.	0.			GEN/OPER SUPPORT
VIRGINIA BEACH EDUCATION FOUNDATION, INC. - 2512 GEORGE MASON DRIVE - VIRGINIA BEACH, VA 23456	54-1637620	501(C)(3)	500.	0.			GEN/OPER SUPPORT
VIRGINIA BEACH EDUCATION FOUNDATION, INC. - 2512 GEORGE MASON DRIVE - VIRGINIA BEACH, VA 23456	54-1637620	501(C)(3)	5,000.	0.			PROGRAM DEVELOPMENT
VIRGINIA BEACH SPCA 3040 HOLLAND ROAD VIRGINIA BEACH, VA 23456	54-6061532	501(C)(3)	10,000.	0.			SUPPORT, UNSPECIFIED
VIRGINIA BEACH SPCA 3040 HOLLAND ROAD VIRGINIA BEACH, VA 23456	54-6061532	501(C)(3)	3,000.	0.			SUPPORT, UNSPECIFIED
VIRGINIA BEACH SPCA 3040 HOLLAND ROAD VIRGINIA BEACH, VA 23456	54-6061532	501(C)(3)	500.	0.			SUPPORT, UNSPECIFIED
VIRGINIA BEACH SPCA 3040 HOLLAND ROAD VIRGINIA BEACH, VA 23456	54-6061532	501(C)(3)	9,000.	0.			SEED MONEY
VIRGINIA BEACH SPCA 3040 HOLLAND ROAD VIRGINIA BEACH, VA 23456	54-6061532	501(C)(3)	240.	0.			SUPPORT, UNSPECIFIED
VIRGINIA BEACH SPCA 3040 HOLLAND ROAD VIRGINIA BEACH, VA 23456	54-6061532	501(C)(3)	25,000.	0.			BUILDING/RENOVATION

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VIRGINIA BEACH SPCA 3040 HOLLAND ROAD VIRGINIA BEACH, VA 23456	54-6061532	501(C)(3)	1,938.	0.			SUPPORT, UNSPECIFIED
VIRGINIA BEACH UNITED METHODIST CHURCH - 212 NINETEENTH STREET - VIRGINIA BEACH, VA 23451	54-0787787	501(C)(3)	5,000.	0.			PROGRAM DEVELOPMENT
VIRGINIA ENGINEERING FOUNDATION PO BOX 400256 CHARLOTTESVILLE, VA 22904	54-6052945	501(C)(3)	25,000.	0.			SUPPORT, UNSPECIFIED
VIRGINIA FOUNDATION FOR INDEPENDENT COLLEGES - 8010 RIDGE ROAD, STE. B - RICHMOND, VA 23229	54-0554396	501(C)(3)	5,000.	0.			GEN/OPER SUPPORT
VIRGINIA GENTLEMEN FOUNDATION 2420 ATLANTIC AVENUE VIRGINIA BEACH, VA 23451	26-1698094	501(C)(3)	25,000.	0.			CAPITAL CAMPAIGN
VIRGINIA GENTLEMEN FOUNDATION 2420 ATLANTIC AVENUE VIRGINIA BEACH, VA 23451	26-1698094	501(C)(3)	1,000.	0.			SUPPORT, UNSPECIFIED
VIRGINIA GENTLEMEN FOUNDATION 2420 ATLANTIC AVENUE VIRGINIA BEACH, VA 23451	26-1698094	501(C)(3)	50,000.	0.			CAPITAL CAMPAIGN
VIRGINIA GENTLEMEN FOUNDATION 2420 ATLANTIC AVENUE VIRGINIA BEACH, VA 23451	26-1698094	501(C)(3)	125,000.	0.			CAPITAL CAMPAIGN
VIRGINIA GENTLEMEN FOUNDATION 2420 ATLANTIC AVENUE VIRGINIA BEACH, VA 23451	26-1698094	501(C)(3)	7,500.	0.			CAPITAL CAMPAIGN

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VIRGINIA LEAGUE OF PLANNED PARENTHOOD - 515 NEWTOWN ROAD - VIRGINIA BEACH, VA 23462	54-0929058	501(C)(3)	1,250.	0.			SUPPORT, UNSPECIFIED
VIRGINIA LEAGUE OF PLANNED PARENTHOOD - 515 NEWTOWN ROAD - VIRGINIA BEACH, VA 23462	54-0929058	501(C)(3)	5,000.	0.			GEN/OPER SUPPORT
VIRGINIA LEAGUE OF PLANNED PARENTHOOD - 515 NEWTOWN ROAD - VIRGINIA BEACH, VA 23462	54-0929058	501(C)(3)	30,000.	0.			SUPPORT, UNSPECIFIED
VIRGINIA MUSEUM OF CONTEMPORARY ART (MOCA) - 2200 PARKS AVENUE - VIRGINIA BEACH, VA 23451	23-7112328	501(C)(3)	500.	0.			GEN/OPER SUPPORT
VIRGINIA MUSEUM OF CONTEMPORARY ART (MOCA) - 2200 PARKS AVENUE - VIRGINIA BEACH, VA 23451	23-7112328	501(C)(3)	19,500.	0.			CONSULTING SVC
VIRGINIA MUSEUM OF CONTEMPORARY ART (MOCA) - 2200 PARKS AVENUE - VIRGINIA BEACH, VA 23451	23-7112328	501(C)(3)	500.	0.			SUPPORT, UNSPECIFIED
VIRGINIA OPERA P.O. BOX 2580 NORFOLK, VA 23501	54-0985006	501(C)(3)	150,000.	0.			GEN/OPER SUPPORT
VIRGINIA OPERA P.O. BOX 2580 NORFOLK, VA 23501	54-0985006	501(C)(3)	1,938.	0.			SUPPORT, UNSPECIFIED
VIRGINIA OPERA P.O. BOX 2580 NORFOLK, VA 23501	54-0985006	501(C)(3)	150,000.	0.			GEN/OPER SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VIRGINIA OPERA P.O. BOX 2580 NORFOLK, VA 23501	54-0985006	501(C)(3)	860.	0.			SUPPORT, UNSPECIFIED
VIRGINIA OPERA P.O. BOX 2580 NORFOLK, VA 23501	54-0985006	501(C)(3)	50,000.	0.			GEN/OPER SUPPORT
VIRGINIA OPERA P.O. BOX 2580 NORFOLK, VA 23501	54-0985006	501(C)(3)	150,000.	0.			GEN/OPER SUPPORT
VIRGINIA OPERA P.O. BOX 2580 NORFOLK, VA 23501	54-0985006	501(C)(3)	25,000.	0.			GEN/OPER SUPPORT
VIRGINIA OPERA P.O. BOX 2580 NORFOLK, VA 23501	54-0985006	501(C)(3)	20,000.	0.			GEN/OPER SUPPORT
VIRGINIA OPERA P.O. BOX 2580 NORFOLK, VA 23501	54-0985006	501(C)(3)	300,000.	0.			GEN/OPER SUPPORT
VIRGINIA OPERA P.O. BOX 2580 NORFOLK, VA 23501	54-0985006	501(C)(3)	500.	0.			SUPPORT, UNSPECIFIED
VIRGINIA STAGE COMPANY P.O. BOX 3770 NORFOLK, VA 23514	54-0839234	501(C)(3)	5,000.	0.			CAPITAL CAMPAIGN
VIRGINIA STAGE COMPANY P.O. BOX 3770 NORFOLK, VA 23514	54-0839234	501(C)(3)	100,000.	0.			CAPITAL CAMPAIGN

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VIRGINIA STAGE COMPANY P.O. BOX 3770 NORFOLK, VA 23514	54-0839234	501(C)(3)	20,000.	0.			GEN/OPER SUPPORT
VIRGINIA STAGE COMPANY P.O. BOX 3770 NORFOLK, VA 23514	54-0839234	501(C)(3)	5,200.	0.			PIANO
VIRGINIA STAGE COMPANY P.O. BOX 3770 NORFOLK, VA 23514	54-0839234	501(C)(3)	19,100.	0.			ANNUAL CAMPAIGN
VIRGINIA STAGE COMPANY P.O. BOX 3770 NORFOLK, VA 23514	54-0839234	501(C)(3)	25,000.	0.			SUPPORT, UNSPECIFIED
VIRGINIA STAGE COMPANY P.O. BOX 3770 NORFOLK, VA 23514	54-0839234	501(C)(3)	750,000.	0.			PROGRAM DEVELOPMENT
VIRGINIA SUPPORTIVE HOUSING P.O. BOX 8585 RICHMOND, VA 23226	54-1444564	501(C)(3)	150,000.	0.			CAPITAL CAMPAIGN
VIRGINIA SUPPORTIVE HOUSING P.O. BOX 8585 RICHMOND, VA 23226	54-1444564	501(C)(3)	10,000.	0.			CAPITAL CAMPAIGN
VIRGINIA SUPPORTIVE HOUSING P.O. BOX 8585 RICHMOND, VA 23226	54-1444564	501(C)(3)	10,000.	0.			CAPITAL CAMPAIGN
VIRGINIA SUPPORTIVE HOUSING P.O. BOX 8585 RICHMOND, VA 23226	54-1444564	501(C)(3)	10,000.	0.			GEN/OPER SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash 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)	270.	0.			PROGRAM DEVELOPMENT
VIRGINIA SUPPORTIVE HOUSING P.O. BOX 8585 RICHMOND, VA 23226	54-1444564	501(C)(3)	100,000.	0.			PROGRAM DEVELOPMENT
VIRGINIA SYMPHONY 150 BOUSH STREET NORFOLK, VA 23510	54-6000598	501(C)(3)	500.	0.			SUPPORT, UNSPECIFIED
VIRGINIA SYMPHONY 150 BOUSH STREET NORFOLK, VA 23510	54-6000598	501(C)(3)	200,000.	0.			EMERGENCY FUNDS
VIRGINIA SYMPHONY 150 BOUSH STREET NORFOLK, VA 23510	54-6000598	501(C)(3)	50,000.	0.			GEN/OPER SUPPORT
VIRGINIA SYMPHONY 150 BOUSH STREET NORFOLK, VA 23510	54-6000598	501(C)(3)	42,730.	0.			ENDOWMENT FUNDS
VIRGINIA SYMPHONY 150 BOUSH STREET NORFOLK, VA 23510	54-6000598	501(C)(3)	250.	0.			SUPPORT, UNSPECIFIED
VIRGINIA SYMPHONY 150 BOUSH STREET NORFOLK, VA 23510	54-6000598	501(C)(3)	1,938.	0.			SUPPORT, UNSPECIFIED
VIRGINIA SYMPHONY 150 BOUSH STREET NORFOLK, VA 23510	54-6000598	501(C)(3)	33,700.	0.			PROGRAM DEVELOPMENT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VIRGINIA SYMPHONY 150 BOUSH STREET NORFOLK, VA 23510	54-6000598	501(C)(3)	70,000.	0.			CONSULTING SVC
VIRGINIA SYMPHONY 150 BOUSH STREET NORFOLK, VA 23510	54-6000598	501(C)(3)	2,500.	0.			SUPPORT, UNSPECIFIED
VIRGINIA SYMPHONY 150 BOUSH STREET NORFOLK, VA 23510	54-6000598	501(C)(3)	100,000.	0.			GEN/OPER SUPPORT
VIRGINIA SYMPHONY 150 BOUSH STREET NORFOLK, VA 23510	54-6000598	501(C)(3)	25,000.	0.			SUPPORT, UNSPECIFIED
VIRGINIA SYMPHONY 150 BOUSH STREET NORFOLK, VA 23510	54-6000598	501(C)(3)	150,000.	0.			GEN/OPER SUPPORT
VIRGINIA SYMPHONY 150 BOUSH STREET NORFOLK, VA 23510	54-6000598	501(C)(3)	150,000.	0.			GEN/OPER SUPPORT
VIRGINIA SYMPHONY 150 BOUSH STREET NORFOLK, VA 23510	54-6000598	501(C)(3)	300,000.	0.			GEN/OPER SUPPORT
VIRGINIA SYMPHONY 150 BOUSH STREET NORFOLK, VA 23510	54-6000598	501(C)(3)	100,000.	0.			GEN/OPER SUPPORT
VIRGINIA THEOLOGICAL SEMINARY FINANCIAL AID OFFICE ALEXANDRIA, VA 22304	54-0505937	501(C)(3)	16,900.	0.			SCHOLARSHIP FUNDS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VIRGINIA WESLEYAN COLLEGE 1584 WESLEYAN DRIVE NORFOLK, VA 23502	54-6039600	501(C)(3)	1,000.	0.			SUPPORT, UNSPECIFIED
VIRGINIA WESLEYAN COLLEGE 1584 WESLEYAN DRIVE NORFOLK, VA 23502	54-6039600	501(C)(3)	15,000.	0.			SCHOLARSHIP FUNDS
VIRGINIA WESLEYAN COLLEGE 1584 WESLEYAN DRIVE NORFOLK, VA 23502	54-6039600	501(C)(3)	8,000.	0.			SCHOLARSHIP FUNDS
VIRGINIA WESLEYAN COLLEGE 1584 WESLEYAN DRIVE NORFOLK, VA 23502	54-6039600	501(C)(3)	2,000.	0.			SCHOLARSHIP FUNDS
VOICES FOR KIDS CASA PROGRAM OF SOUTHEAST VIRGINIA - PO BOX 949 - SMITHFIELD, VA 23502	26-2930418	501(C)(3)	13,000.	0.			GEN/OPER SUPPORT
VOLUNTEERS OF AMERICA CHESAPEAKE REGIONAL OFFICE LANHAM, MD 20706	52-0610547	501(C)(3)	42,872.	0.			PROGRAM DEVELOPMENT
VOLUNTEERS OF AMERICA CHESAPEAKE REGIONAL OFFICE LANHAM, MD 20706	52-0610547	501(C)(3)	3,000.	0.			GEN/OPER SUPPORT
WALK IN IT, INC. P.O. BOX 1447 SUFFOLK, VA 23439	20-5652131	501(C)(3)	17,500.	0.			PROGRAM DEVELOPMENT
WESLEY MEMORIAL UNITED METHODIST CHURCH - 288 E. LITTLE CREEK ROAD - NORFOLK, VA 23505	31-1813333	501(C)(3)	18,500.	0.			PROGRAM DEVELOPMENT

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WESTERN TIDEWATER FREE HEALTH CLINIC - 2019 MEADE PARKWAY - SUFFOLK, VA 23434	26-3302837	501(C)(3)	20,000.	0.			GEN/OPER SUPPORT
WESTERN TIDEWATER TENNIS ASSOCIATION - 136 WYNNWOOD DRIVE - FRANKLIN, VA 23851	27-5251837	501(C)(3)	20,000.	0.			SUPPORT, UNSPECIFIED
WESTMINSTER-CANTERBURY OF HAMPTON ROADS FOUNDATION - 3100 SHORE DRIVE - VIRGINIA BEACH, VA 23451	54-1666603	501(C)(3)	2,311.	0.			FELLOWSHIP
WESTMINSTER-CANTERBURY OF HAMPTON ROADS FOUNDATION - 3100 SHORE DRIVE - VIRGINIA BEACH, VA 23451	54-1666603	501(C)(3)	110,930.	0.			FELLOWSHIP
WESTVILLE CHRISTIAN CHURCH (DOC) C/O BOARD OF TRUSTEES CHAIR MATHEWS, VA 23109	54-1060460	501(C)(3)	6,050.	0.			SUPPORT, UNSPECIFIED
WOODBERRY FOREST SCHOOL 117 WOODBERRY STATION WOODBERRY FOREST, VA 22989	54-0519590	501(C)(3)	47,890.	0.			SCHOLARSHIP FUNDS
WOODBERRY FOREST SCHOOL 117 WOODBERRY STATION WOODBERRY FOREST, VA 22989	54-0519590	501(C)(3)	2,500.	0.			ENDOWMENT FUNDS
YMCA OF SOUTH HAMPTON ROADS 920 CORPORATE LANE CHESAPEAKE, VA 23320	54-0445205	501(C)(3)	1,000.	0.			PROGRAM DEVELOPMENT
YMCA OF SOUTH HAMPTON ROADS 920 CORPORATE LANE CHESAPEAKE, VA 23320	54-0445205	501(C)(3)	20,000.	0.			CAPITAL CAMPAIGN

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA OF SOUTH HAMPTON ROADS 920 CORPORATE LANE CHESAPEAKE, VA 23320	54-0445205	501(C)(3)	100,000.	0.			GEN/OPER SUPPORT
YMCA OF SOUTH HAMPTON ROADS 920 CORPORATE LANE CHESAPEAKE, VA 23320	54-0445205	501(C)(3)	2,650.	0.			SUPPORT, UNSPECIFIED
YMCA OF SOUTH HAMPTON ROADS 920 CORPORATE LANE CHESAPEAKE, VA 23320	54-0445205	501(C)(3)	10,000.	0.			PROGRAM DEVELOPMENT
YOUNG AUDIENCES OF VIRGINIA 420 NORTH CENTER DRIVE, SUITE 239 NORFOLK, VA 23502	54-6063377	501(C)(3)	9,415.	0.			SUPPORT, UNSPECIFIED
YOUNG AUDIENCES OF VIRGINIA 420 NORTH CENTER DRIVE, SUITE 239 NORFOLK, VA 23502	54-6063377	501(C)(3)	52,620.	0.			SUPPORT, UNSPECIFIED
YOUTH OUTREACH URBAN RESOURCES AND SERVICES MINISTRY (YOURS) - P.O. BOX 2536 - NORFOLK, VA 23502	22-3913720	501(C)(3)	10,000.	0.			PROGRAM DEVELOPMENT
YWCA OF SOUTH HAMPTON ROADS 1424 MCNEAL AVENUE NORFOLK, VA 23502	54-0506491	501(C)(3)	48,000.	0.			CURRICULUM DEVELOP
YWCA OF SOUTH HAMPTON ROADS 1424 MCNEAL AVENUE NORFOLK, VA 23502	54-0506491	501(C)(3)	2,500.	0.			SUPPORT, UNSPECIFIED

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(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 non-cash assistance
SCHOLARSHIPS FOR INDIVIDUALS ATTENDING SPECIFIC COLLEGES OR ENROLLED IN SPECIFIC AREAS OF STUDY	83	1,198,039.	0.		

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2:

GRANTS ARE APPROVED BY THE BOARD OF DIRECTORS AND ARE MADE IN ACCORDANCE WITH THE DONOR'S INTENT AS DESCRIBED IN EACH FUND AGREEMENT. FOR GRANTS FROM UNRESTRICTED AND FIELD OF INTEREST FUNDS, A PRE-GRANT INQUIRY IS MADE BY STAFF WHICH MAY INCLUDE A REVIEW OF A WRITTEN PROPOSAL AND A SITE VISIT. ONCE AWARDED, THE GRANTEE IS ASKED TO REPORT ON THE USE OF THE FUNDS, TYPICALLY AT SIX MONTH INTERVALS UNTIL THE END OF THE GRANT PERIOD. GRANTEE REPORTS ARE REVIEWED BY STAFF AND THE STATUS IS REPORTED TO THE 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.

Multiple horizontal lines for supplemental information.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2015**

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.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

**HAMPTON ROADS COMMUNITY FOUNDATION**

Employer identification number

**54-2035996**

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</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 .....	<b>1b</b>	
<b>2</b> 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 in line 1a? .....	<b>2</b>	
<b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> 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:		
<b>a</b> Receive a severance payment or change-of-control payment? .....	<b>4a</b>	<b>X</b>
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....	<b>4b</b>	<b>X</b>
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....	<b>4c</b>	<b>X</b>
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> 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:		
<b>a</b> The organization? .....	<b>5a</b>	<b>X</b>
<b>b</b> Any related organization? .....	<b>5b</b>	<b>X</b>
If "Yes" to line 5a or 5b, describe in Part III.		
<b>6</b> 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:		
<b>a</b> The organization? .....	<b>6a</b>	<b>X</b>
<b>b</b> Any related organization? .....	<b>6b</b>	<b>X</b>
If "Yes" on line 6a or 6b, describe in Part III.		
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....	<b>7</b>	<b>X</b>
<b>8</b> 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 .....	<b>8</b>	<b>X</b>
<b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	<b>9</b>	

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

Schedule J (Form 990) 2015

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DEBORAH M. DICROCE PRESIDENT & SECRETARY	(i)	275,578.	0.	0.	25,000.	16,731.	317,309.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) LINDA M. RICE VICE PRESIDENT OF GRANT MA	(i)	160,098.	0.	0.	0.	10,479.	170,577.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2015**

Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
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	26	1,847,933.	EXCHANGE 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				
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 organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2015)



**Part II** **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 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2015**

Open to Public  
Inspection

Name of the organization

HAMPTON ROADS COMMUNITY FOUNDATION

Employer identification number

54-2035996

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ORGANIZATIONS DEDICATED TO ENRICHING LIFE FOR SOUTHEASTERN VIRGINIA  
RESIDENTS. IT ALSO PROVIDES SCHOLARSHIPS FROM FUNDS ESTABLISHED FOR  
THAT PURPOSE BY DONORS. THE FOUNDATION SEEKS TO INSPIRE PHILANTHROPY  
THROUGH EDUCATION OF POTENTIAL DONORS ABOUT OPPORTUNITIES FOR COMMUNITY  
INVESTMENT AND CONDUCTS AN ACTIVE DEVELOPMENT PROGRAM TO EXPAND ITS  
ENDOWMENT, THE SOURCE OF ITS GRANTMAKING.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THROUGH EDUCATION OF POTENTIAL DONORS ABOUT OPPORTUNITIES FOR COMMUNITY  
INVESTMENT AND CONDUCTS AN ACTIVE DEVELOPMENT PROGRAM TO EXPAND ITS  
ENDOWMENT, THE SOURCE OF ITS GRANTMAKING.

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

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

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

WITH THE FOUNDATION. THE DISCLOSING PARTY MUST ALSO SET FORTH ALL RELATIONSHIPS WITH POTENTIAL GRANTEEES 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 OF INTEREST EXISTS PURSUANT TO POLICY DEFINITION, THE DISCLOSING PARTY, IF A DIRECTOR, MAY NOT BE PRESENT FOR DEBATE AND MUST ABSTAIN FROM VOTING ON 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

Name of the organization

HAMPTON ROADS COMMUNITY FOUNDATION

Employer identification number

54-2035996

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, AZ, CA, CO, CT, DC, FL, GA, IL, KS, KY, ME, MD, MA, MN, MI, MS, NH, NM, NJ, NY, NC, ND  
OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

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 OFFICES ARE OPEN GENERALLY 9:00 TO 5:00 MONDAY THROUGH FRIDAY. ALL 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	-3,290,266.
CHANGES IN VALUE OF FUTURE INTERESTS	1,215,077.
CURRENT YEAR CHANGE IN FUNDS HELD FOR OTHERS	-1,031,463.
TRANSFERS	343,954.
TOTAL TO FORM 990, PART XI, LINE 9	-2,762,698.

FORM 990, PART XII, LINE 1:

PART XII, LINE 1: THE TAX RETURN IS PREPARED USING THE MODIFIED ACCRUAL ACCOUNTING METHOD

Name of the organization

HAMPTON ROADS COMMUNITY FOUNDATION

Employer identification number

54-2035996

FORM 990, PART XII, LINE 2C:

PART XII, LINE 2C: PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

**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.

▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
FOUNDATION REALTY - 65-1317338 101 W MAIN STREET, SUITE 4500 NORFOLK, VA 23510	SUPPORTING ORGANIZATION OF THE HAMPTON ROADS COMMUNITY FOUNDATION	VIRGINIA	501(C)(3)	509(A)(3)(B)	HAMPTON ROADS COMMUNITY FOUNDATION		X

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

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

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

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) FOUNDATION REALTY	S	292,000.	CASH TRANSFER
(2)			
(3)			
(4)			
(5)			
(6)			



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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

Multiple horizontal lines for supplemental information.

# TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING  
DECEMBER 31, 2015

<b>Prepared for</b>	HAMPTON ROADS COMMUNITY FOUNDATION 101 WEST MAIN STREET NO. 4500 NORFOLK, VA 23510
<b>Prepared by</b>	CAVANAUGH NELSON PLC 999 WATERSIDE DRIVE, SUITE 2250 NORFOLK, VA 23510
<b>Amount due or refund</b>	NO AMOUNT IS DUE. THE ORGANIZATION WILL RECEIVE A REFUND IN THE AMOUNT OF \$3,787
<b>Make check payable to</b>	NO AMOUNT IS DUE.
<b>Mail tax return and check (if applicable) to</b>	DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027
<b>Return must be mailed on or before</b>	NOVEMBER 15, 2016
<b>Special Instructions</b>	THE RETURN SHOULD BE SIGNED AND DATED.

Form **990-T**

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

OMB No. 1545-0687

**2015**

For calendar year 2015 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

▶ Information about Form 990-T and its instructions is available at [www.irs.gov/form990t](http://www.irs.gov/form990t).

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

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

Department of the Treasury  
Internal Revenue Service

<b>A</b> <input type="checkbox"/> Check box if address changed  <b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	<b>Print or Type</b> Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>HAMPTON ROADS COMMUNITY FOUNDATION</b> Number, street, and room or suite no. If a P.O. box, see instructions. <b>101 WEST MAIN STREET, NO. 4500</b> City or town, state or province, country, and ZIP or foreign postal code <b>NORFOLK, VA 23510</b>	<b>D</b> Employer identification number (Employees' trust, see instructions.) <b>54-2035996</b>
		<b>E</b> Unrelated business activity codes (See instructions.) <b>900099</b>
		<b>C</b> Book value of all assets at end of year <b>306,622,727.</b>

<b>F</b> Group exemption number (See instructions.)	<b>G</b> Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust
---	--

**H** Describe the organization's primary unrelated business activity. ▶ **UBIT FROM PASSTHROUGH INVESTMENTS**

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

**J** The books are in care of ▶ **HAMPTON ROADS COMMUNITY FOUNDATION** Telephone number ▶ **757-622-7951**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
c	Balance	1c		
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit. Subtract line 2 from line 1c	3		
4a	Capital gain net income (attach Schedule D)	4a	451,942.	451,942.
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from partnerships and S corporations (attach statement)	5	597,189.	597,189.
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7		
8	Interest, annuities, royalties, and rents from controlled organizations (Sch. F)...	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11		
12	Other income (See instructions; attach schedule)	12		
13	<b>Total.</b> Combine lines 3 through 12	13	1,049,131.	1,049,131.

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

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule)	18	
19	Taxes and licenses	19	652.
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)	21	
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	22b
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule)	28	
29	<b>Total deductions.</b> Add lines 14 through 28	29	652.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	1,048,479.
31	Net operating loss deduction (limited to the amount on line 30)	31	
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	1,048,479.
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33	1,000.
34	<b>Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	1,047,479.

Part III Tax Computation

Table with 3 columns: Description, Line Number, Amount. Includes rows for Organizations Taxable as Corporations (35), Trusts Taxable at Trust Rates (36), Proxy tax (37), Alternative minimum tax (38), and Total (39).

Part IV Tax and Payments

Table with 3 columns: Description, Line Number, Amount. Includes rows for Foreign tax credit (40a-40e), Other taxes (42), Total tax (43), Payments (44a-44g), Estimated tax penalty (46), Tax due (47), Overpayment (48), and Refunded (49).

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

Table with 3 columns: Question, Yes, No. Includes questions about foreign accounts, foreign trusts, and tax-exempt interest.

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

Table with 3 columns: Description, Line Number, Amount. Includes rows for Inventory at beginning/end of year, Purchases, Cost of labor, and Total.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here: Signature of officer, Date, CFO Title. Includes a box for 'May the IRS discuss this return with the preparer shown below (see instructions)?' with Yes/No options.

Paid Preparer Use Only: Print/Type preparer's name (MARK A. NELSON), Preparer's signature, Date, Check self-employed, PTIN (P00358004), Firm's name (CAVANAUGH NELSON PLC), Firm's address (999 WATERSIDE DRIVE, SUITE 2250 NORFOLK, VA 23510), Firm's EIN (54-1967771), Phone no. (757-578-4900).

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

1. Description of property

(1)			
(2)			
(3)			
(4)			
<b>2. Rent received or accrued</b>		<b>3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)</b>	
<b>(a)</b> From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	<b>(b)</b> From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)		
(1)			
(2)			
(3)			
(4)			
Total	0.	Total	0.
<b>(c) Total income.</b> Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) .....		<b>(b) Total deductions.</b> Enter here and on page 1, Part I, line 6, column (B) ...	
		0.	

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

<b>1. Description of debt-financed property</b>		<b>2. Gross income from or allocable to debt-financed property</b>	<b>3. Deductions directly connected with or allocable to debt-financed property</b>	
			<b>(a)</b> Straight line depreciation (attach schedule)	<b>(b)</b> Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
<b>4.</b> Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	<b>5.</b> Average adjusted basis of or allocable to debt-financed property (attach schedule)	<b>6.</b> Column 4 divided by column 5	<b>7.</b> Gross income reportable (column 2 x column 6)	<b>8.</b> Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
<b>Totals</b> .....			0.	0.
<b>Total dividends-received deductions</b> included in column 8 .....				0.

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

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

**Nonexempt Controlled Organizations**

<b>7. Taxable income</b>	<b>8. Net unrelated income (loss) (see instructions)</b>	<b>9. Total of specified payments made</b>	<b>10. Part of column 9 that is included in the controlling organization's gross income</b>	<b>11. Deductions directly connected with income in column 10</b>
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> .....			0.	0.

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization**

(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> .....		0.		0.

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income**

(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> .....		0.	0.			0.

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> (carry to Part II, line (5)) .....		0.	0.			0.

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

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b> .....		0.	0.			0.
<b>Totals, Part II</b> (lines 1-5) .....		0.	0.			0.

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

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14 .....			0.

**Alternative Minimum Tax - Corporations**

▶ Attach to the corporation's tax return.

▶ Information about Form 4626 and its separate instructions is at [www.irs.gov/form4626](http://www.irs.gov/form4626).

**2015**

Name <b>HAMPTON ROADS COMMUNITY FOUNDATION</b>		Employer identification number <b>54-2035996</b>
<b>Note:</b> See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e).		
1	Taxable income or (loss) before net operating loss deduction .....	<b>1,047,479.</b>
2	<b>Adjustments and preferences:</b>	
a	Depreciation of post-1986 property .....	2a
b	Amortization of certified pollution control facilities .....	2b
c	Amortization of mining exploration and development costs .....	2c
d	Amortization of circulation expenditures (personal holding companies only) .....	2d
e	Adjusted gain or loss .....	2e
f	Long-term contracts .....	2f
g	Merchant marine capital construction funds .....	2g
h	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only) .....	2h
i	Tax shelter farm activities (personal service corporations only) .....	2i
j	Passive activities (closely held corporations and personal service corporations only) .....	2j
k	Loss limitations .....	2k
l	Depletion .....	2l
m	Tax-exempt interest income from specified private activity bonds .....	2m
n	Intangible drilling costs .....	2n
o	Other adjustments and preferences .....	2o
3	Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 2o .....	<b>1,047,479.</b>
4	<b>Adjusted current earnings (ACE) adjustment:</b>	
a	ACE from line 10 of the ACE worksheet in the instructions .....	<b>1,047,479.</b>
b	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount (see instructions) .....	<b>0.</b>
c	Multiply line 4b by 75% (.75). Enter the result as a positive amount .....	
d	Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments (see instructions). <b>Note:</b> You <b>must</b> enter an amount on line 4d (even if line 4b is positive) .....	
e	ACE adjustment. <ul style="list-style-type: none"> <li>• If line 4b is zero or more, enter the amount from line 4c</li> <li>• If line 4b is less than zero, enter the <b>smaller</b> of line 4c or line 4d as a negative amount</li> </ul>	<b>0.</b>
5	Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT .....	<b>1,047,479.</b>
6	Alternative tax net operating loss deduction (see instructions) .....	6
7	<b>Alternative minimum taxable income.</b> Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions .....	<b>1,047,479.</b>
8	<b>Exemption phase-out</b> (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c):	
a	Subtract \$150,000 from line 7 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0- .....	8a
b	Multiply line 8a by 25% (.25) .....	8b
c	Exemption. Subtract line 8b from \$40,000 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0- .....	8c
9	Subtract line 8c from line 7. If zero or less, enter -0- .....	<b>1,047,479.</b>
10	Multiply line 9 by 20% (.20) .....	<b>209,496.</b>
11	Alternative minimum tax foreign tax credit (AMTFTC) (see instructions) .....	11
12	Tentative minimum tax. Subtract line 11 from line 10 .....	<b>209,496.</b>
13	Regular tax liability before applying all credits except the foreign tax credit .....	<b>356,143.</b>
14	<b>Alternative minimum tax.</b> Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return .....	<b>0.</b>

JWA For Paperwork Reduction Act Notice, see separate instructions.

Form 4626 (2015)



**Adjusted Current Earnings (ACE) Worksheet**

▶ See ACE Worksheet Instructions.

<b>1</b>	Pre-adjustment AMTI. Enter the amount from line 3 of Form 4626 .....	<b>1</b>	<b>1,047,479.</b>
<b>2</b>	ACE depreciation adjustment:		
<b>a</b>	AMT depreciation .....	<b>2a</b>	
<b>b</b>	ACE depreciation:		
	(1) Post-1993 property .....	<b>2b(1)</b>	
	(2) Post-1989, pre-1994 property .....	<b>2b(2)</b>	
	(3) Pre-1990 MACRS property .....	<b>2b(3)</b>	
	(4) Pre-1990 original ACRS property .....	<b>2b(4)</b>	
	(5) Property described in sections 168(f)(1) through (4) .....	<b>2b(5)</b>	
	(6) Other property .....	<b>2b(6)</b>	
	(7) Total ACE depreciation. Add lines 2b(1) through 2b(6) .....	<b>2b(7)</b>	
<b>c</b>	ACE depreciation adjustment. Subtract line 2b(7) from line 2a .....	<b>2c</b>	
<b>3</b>	Inclusion in ACE of items included in earnings and profits (E&P):		
<b>a</b>	Tax-exempt interest income .....	<b>3a</b>	
<b>b</b>	Death benefits from life insurance contracts .....	<b>3b</b>	
<b>c</b>	All other distributions from life insurance contracts (including surrenders) .....	<b>3c</b>	
<b>d</b>	Inside buildup of undistributed income in life insurance contracts .....	<b>3d</b>	
<b>e</b>	Other items (see Regulations sections 1.56(g)-1(c)(6)(iii) through (ix) for a partial list) .....	<b>3e</b>	
<b>f</b>	Total increase to ACE from inclusion in ACE of items included in E&P. Add lines 3a through 3e .....	<b>3f</b>	
<b>4</b>	Disallowance of items not deductible from E&P:		
<b>a</b>	Certain dividends received .....	<b>4a</b>	
<b>b</b>	Dividends paid on certain preferred stock of public utilities that are deductible under section 247 .....	<b>4b</b>	
<b>c</b>	Dividends paid to an ESOP that are deductible under section 404(k) .....	<b>4c</b>	
<b>d</b>	Nonpatronage dividends that are paid and deductible under section 1382(c) .....	<b>4d</b>	
<b>e</b>	Other items (see Regulations sections 1.56(g)-1(d)(3)(i) and (ii) for a partial list) .....	<b>4e</b>	
<b>f</b>	Total increase to ACE because of disallowance of items not deductible from E&P. Add lines 4a through 4e .....	<b>4f</b>	
<b>5</b>	Other adjustments based on rules for figuring E&P:		
<b>a</b>	Intangible drilling costs .....	<b>5a</b>	
<b>b</b>	Circulation expenditures .....	<b>5b</b>	
<b>c</b>	Organizational expenditures .....	<b>5c</b>	
<b>d</b>	LIFO inventory adjustments .....	<b>5d</b>	
<b>e</b>	Installment sales .....	<b>5e</b>	
<b>f</b>	Total other E&P adjustments. Combine lines 5a through 5e .....	<b>5f</b>	
<b>6</b>	Disallowance of loss on exchange of debt pools .....	<b>6</b>	
<b>7</b>	Acquisition expenses of life insurance companies for qualified foreign contracts .....	<b>7</b>	
<b>8</b>	Depletion .....	<b>8</b>	
<b>9</b>	Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property .....	<b>9</b>	
<b>10</b>	<b>Adjusted current earnings.</b> Combine lines 1, 2c, 3f, 4f, and 5f through 9. Enter the result here and on line 4a of Form 4626 .....	<b>10</b>	<b>1,047,479.</b>

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**FORM 990-T** **INCOME (LOSS) FROM PARTNERSHIPS** **STATEMENT 1**


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<u>PARTNERSHIP NAME</u>	<u>GROSS INCOME</u>	<u>DEDUCTIONS</u>	<u>NET INCOME OR (LOSS)</u>
THE RICHMOND FUND (ORDINARY INCOME)	658,723.	0.	658,723.
THE RICHMOND FUND (SEC 59(E)(2))	-61,534.	0.	-61,534.
TOTAL TO FORM 990-T, PAGE 1, LINE 5	<u>597,189.</u>	<u>0.</u>	<u>597,189.</u>

**Capital Gains and Losses**

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.  
▶ Information about Schedule D (Form 1120) and its separate instructions is at [www.irs.gov/form1120](http://www.irs.gov/form1120).

**2015**

Name  <b>HAMPTON ROADS COMMUNITY FOUNDATION</b>	Employer identification number  <b>54-2035996</b>
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<b>Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less</b>				
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .....				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked .....				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked .....				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked .....				
<b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37 .....				<b>4</b>
<b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824 .....				<b>5</b>
<b>6</b> Unused capital loss carryover (attach computation) .....				<b>6</b> (                    )
<b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h .....				<b>7</b>

<b>Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year</b>				
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .....				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked .....				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked .....				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked .....	<b>451,942.</b>			<b>451,942.</b>
<b>11</b> Enter gain from Form 4797, line 7 or 9 .....				<b>11</b>
<b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37 .....				<b>12</b>
<b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824 .....				<b>13</b>
<b>14</b> Capital gain distributions .....				<b>14</b>
<b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h .....				<b>15</b> <b>451,942.</b>

<b>Part III Summary of Parts I and II</b>				
<b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) .....				<b>16</b>
<b>17</b> Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) .....				<b>17</b> <b>451,942.</b>
<b>18</b> Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns .....				<b>18</b> <b>451,942.</b>

**Note:** If losses exceed gains, see **Capital losses** in the instructions.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side  
**HAMPTON ROADS COMMUNITY FOUNDATION**

**Social security number or taxpayer identification no.**  
**54-2035996**

*Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.*

**Part II Long-Term.** Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1.  
**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box D, E, or F below. Check only one box.** If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E)** Long-term transactions reported on Form(s) 1099-B showing basis was **not** reported to the IRS
- (F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). <b>See instructions.</b>		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	RICHMOND FUND - CAPITAL UBIT			451,942.				451,942.
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g) and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 8b</b> (if <b>Box D</b> above is checked), <b>line 9</b> (if <b>Box E</b> above is checked), or <b>line 10</b> (if <b>Box F</b> above is checked) ▶								
				451,942.				451,942.

**Note:** If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

# Underpayment of Estimated Tax by Corporations

Department of the Treasury  
Internal Revenue Service

▶ Attach to the corporation's tax return. **FORM 990-T**

**2015**

▶ Information about Form 2220 and its separate instructions is at [www.irs.gov/form2220](http://www.irs.gov/form2220).

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

**Note:** Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38 on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

<b>Part I Required Annual Payment</b>			
1	Total tax (see instructions) .....	1	356,143.
2a	Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 .....	2a	
2b	Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method .....	2b	
2c	Credit for federal tax paid on fuels (see instructions) .....	2c	
2d	<b>Total.</b> Add lines 2a through 2c .....	2d	
3	Subtract line 2d from line 1. If the result is less than \$500, <b>do not</b> complete or file this form. The corporation does not owe the penalty .....	3	356,143.
4	Enter the tax shown on the corporation's 2014 income tax return (see instructions). <b>Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5</b> .....	4	5,132.
5	<b>Required annual payment.</b> Enter the <b>smaller</b> of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3 .....	5	5,132.

**Part II Reasons for Filing** - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty (see instructions).

6	<input type="checkbox"/> The corporation is using the adjusted seasonal installment method.
7	<input checked="" type="checkbox"/> The corporation is using the annualized income installment method.
8	<input type="checkbox"/> The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

**Part III Figuring the Underpayment**

	(a)	(b)	(c)	(d)	
9 <b>Installment due dates.</b> Enter in columns (a) through (d) the 15th day of the 4th ( <b>Form 990-PF filers:</b> Use 5th month), 6th, 9th, and 12th months of the corporation's tax year .....	9	04/15/15	06/15/15	09/15/15	12/15/15
10 <b>Required installments.</b> If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% of line 5 above in each column. ....	10				5,132.
11 Estimated tax paid or credited for each period (see instructions). For column (a) only, enter the amount from line 11 on line 15 .....	11				
<b>Complete lines 12 through 18 of one column before going to the next column.</b>					
12 Enter amount, if any, from line 18 of the preceding column	12				
13 Add lines 11 and 12 .....	13				
14 Add amounts on lines 16 and 17 of the preceding column	14				
15 Subtract line 14 from line 13. If zero or less, enter -0- .....	15				0.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- .....	16				
17 <b>Underpayment.</b> If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 .....	17				5,132.
18 <b>Overpayment.</b> If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column .....	18				

**Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.**  
LHA For Paperwork Reduction Act Notice, see separate instructions. Form 2220 (2015)

**Part IV Figuring the Penalty**

	(a)	(b)	(c)	(d)
<b>19</b> Enter the date of payment or the 15th day of the 3rd month after the close of the tax year, whichever is earlier (see instructions). <i>(Form 990-PF and Form 990-T filers: Use 5th month instead of 3rd month.)</i> .....	<b>19</b>			
<b>20</b> Number of days from due date of installment on line 9 to the date shown on line 19 .....	<b>20</b>			
<b>21</b> Number of days on line 20 after 4/15/2015 and before 7/1/2015 .....	<b>21</b>			
<b>22</b> Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 3\%}{365}$ .....	<b>22</b> \$	\$	\$	\$
<b>23</b> Number of days on line 20 after 06/30/2015 and before 10/1/2015 .....	<b>23</b>			
<b>24</b> Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 3\%}{365}$ .....	<b>24</b> \$	\$	\$	\$
<b>25</b> Number of days on line 20 after 9/30/2015 and before 1/1/2016 .....	<b>25</b>			
<b>26</b> Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 3\%}{365}$ .....	<b>26</b> \$	\$	\$	\$
<b>27</b> Number of days on line 20 after 12/31/2015 and before 4/1/2016 .....	<b>27</b>	<b>SEE ATTACHED WORKSHEET</b>		
<b>28</b> Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 3\%}{366}$ .....	<b>28</b> \$	\$	\$	\$
<b>29</b> Number of days on line 20 after 3/31/2016 and before 7/1/2016 .....	<b>29</b>			
<b>30</b> Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{366}$ .....	<b>30</b> \$	\$	\$	\$
<b>31</b> Number of days on line 20 after 6/30/2016 and before 10/01/2016 .....	<b>31</b>			
<b>32</b> Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{366}$ .....	<b>32</b> \$	\$	\$	\$
<b>33</b> Number of days on line 20 after 9/30/2016 and before 1/1/2017 .....	<b>33</b>			
<b>34</b> Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{366}$ .....	<b>34</b> \$	\$	\$	\$
<b>35</b> Number of days on line 20 after 12/31/2016 and before 2/16/2017 .....	<b>35</b>			
<b>36</b> Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{365}$ .....	<b>36</b> \$	\$	\$	\$
<b>37</b> Add lines 22, 24, 26, 28, 30, 32, 34, and 36 .....	<b>37</b> \$	\$	\$	\$
<b>38 Penalty.</b> Add columns (a) through (d) of line 37. Enter the total here and on Form 1120; line 33; or the comparable line for other income tax returns .....	<b>38</b>			\$ <b>70.</b>

\* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at [www.irs.gov](http://www.irs.gov). You can also call 1-800-829-4933 to get interest rate information.

Schedule A Adjusted Seasonal Installment Method and Annualized Income Installment Method (see instructions)

Form 1120S filers: For lines 1, 2, 3, and 21, below, "taxable income" refers to excess net passive income or the amount on which tax is imposed under section 1374(a), whichever applies.

Part I Adjusted Seasonal Installment Method (Caution: Use this method only if the base period percentage for any 6 consecutive months is at least 70%. See instructions.)

Table with 5 columns: (a) First 3 months, (b) First 5 months, (c) First 8 months, (d) First 11 months. Rows include taxable income for 2012-2014, calculations for 4-6 months periods, and final tax calculations.

\*\*

**Part II Annualized Income Installment Method**

		(a)	(b)	(c)	(d)
		First <u>2</u> months	First <u>4</u> months	First <u>7</u> months	First <u>10</u> months
20	Annualization periods (see instructions)				
21	Enter taxable income for each annualization period (see instructions for the treatment of extraordinary items)				1,048,479.
22	Annualization amounts (see instructions)	6.000000	3.000000	1.714290	1.200000
23a	Annualized taxable income. Multiply line 21 by line 22				1,258,175.
23b	Extraordinary items (see instructions)				
23c	Add lines 23a and 23b				1,258,175.
24	Figure the tax on the amount on line 23c using the instructions for Form 1120, Schedule J, line 2 (or comparable line of corporation's return)				427,780.
25	Enter any alternative minimum tax for each payment period (see instructions)				
26	Enter any other taxes for each payment period (see instr)				
27	Total tax. Add lines 24 through 26				427,780.
28	For each period, enter the same type of credits as allowed on Form 2220, lines 1 and 2c (see instructions)				
29	Total tax after credits. Subtract line 28 from line 27. If zero or less, enter -0-				427,780.
30	Applicable percentage	25%	50%	75%	100%
31	Multiply line 29 by line 30				427,780.

**Part III Required Installments**

<b>Note:</b> Complete lines 32 through 38 of one column before completing the next column.					
		1st installment	2nd installment	3rd installment	4th installment
32	If only Part I or Part II is completed, enter the amount in each column from line 19 or line 31. If both parts are completed, enter the <b>smaller</b> of the amounts in each column from line 19 or line 31	0.	0.	0.	427,780.
33	Add the amounts in all preceding columns of line 38 (see instructions)				
34	<b>Adjusted seasonal or annualized income installments.</b> Subtract line 33 from line 32. If zero or less, enter -0-				427,780.
35	Enter 25% of line 5 on page 1 of Form 2220 in each column. <b>Note:</b> "Large corporations," see the instructions for line 10 for the amounts to enter	1,283.	1,283.	1,283.	1,283.
36	Subtract line 38 of the preceding column from line 37 of the preceding column		1,283.	2,566.	3,849.
37	Add lines 35 and 36	1,283.	2,566.	3,849.	5,132.
38	<b>Required installments.</b> Enter the <b>smaller</b> of line 34 or line 37 here and on page 1 of Form 2220, line 10 (see instructions)	0.	0.	0.	5,132.

Form 2220 (2015)

\*\* ANNUALIZED INCOME INSTALLMENT METHOD USING OPTION 1



FORM 990-T  
UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

Name(s) HAMPTON ROADS COMMUNITY FOUNDATION					Identifying Number 54-2035996
(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty
		-0-			
12/15/15	5,132.	5,132.	16	.000082192	7.
12/31/15	0.	5,132.	91	.000081967	38.
03/31/16	0.	5,132.	45	.000109290	25.

Penalty Due (Sum of Column F). ..... 70.

\* Date of estimated tax payment, withholding credit date or installment due date.

**Return by a U.S. Transferor of Property  
 to a Foreign Corporation**

OMB No. 1545-0026

▶ Information about Form 926 and its separate instructions is at [www.irs.gov/form926](http://www.irs.gov/form926).  
 ▶ Attach to your income tax return for the year of the transfer or distribution.

Attachment  
 Sequence No. **128**

**Part I U.S. Transferor Information** (see instructions)

Name of transferor <b>HAMPTON ROADS COMMUNITY FOUNDATION</b>	Identifying number (see instructions) <b>54-2035996</b>
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- 1** If the transferor was a corporation, complete questions 1a through 1d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations?  Yes  No
- b** Did the transferor remain in existence after the transfer?  Yes  No
- If not, list the controlling shareholder(s) and their identifying number(s):

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation?  Yes  No
- If not, list the name and employer identification number (EIN) of the parent corporation:

Name of parent corporation <b>THE RICHMOND FUND, LP</b>	EIN of parent corporation <b>26-1501561</b>
--	--

- d** Have basis adjustments under section 367(a)(5) been made?  Yes  No

- 2** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

- a** List the name and EIN of the transferor's partnership:

Name of partnership	EIN of partnership

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets?  Yes  No
- c** Is the partner disposing of its **entire** interest in the partnership?  Yes  No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market?  Yes  No

**Part II Transferee Foreign Corporation Information** (see instructions)

Name of transferee (foreign corporation) <b>TRAVICE INC</b>	4a Identifying number, if any
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Address (including country) <b>23 LIME TREE BAY AVE PO BOX 32311 GRAND CAYMAN, CAYMAN ISLANDS</b>	4b Reference ID number
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**6** Country code of country of incorporation or organization  
**CJ**

**7** Foreign law characterization (see instructions)  
**EXEMPTED COMPANY**

- 8** Is the transferee foreign corporation a controlled foreign corporation?  Yes  No

**Part III Information Regarding Transfer of Property** (see instructions)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash			109,864.		
Stock and securities					
Installment obligations, account receivables or similar property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))					
Tangible property used in trade or business not listed under another category					
Intangible property					
Property to be leased (as described in final and temp. Regs. sec. 1.367(a)-4(c))					
Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))					
Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e))					
Other property					

**Supplemental Information Required To Be Reported** (see instructions):

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**Part IV Additional Information Regarding Transfer of Property** (see instructions)

**9** Enter the transferor's interest in the foreign transferee corporation before and after the transfer:

(a) Before \_\_\_\_\_ % (b) After \_\_\_\_\_ %

**10** Type of nonrecognition transaction (see instructions) ► SECTION 351

**11** Indicate whether any transfer reported in Part III is subject to any of the following:

- a Gain recognition under section 904(f)(3) .....  Yes  No
- b Gain recognition under section 904(f)(5)(F) .....  Yes  No
- c Recapture under section 1503(d) .....  Yes  No
- d Exchange gain under section 987 .....  Yes  No

**12** Did this transfer result from a change in the classification of the transferee to that of a foreign corporation? .....  Yes  No

**13** Indicate whether the transferor was required to recognize income under final and Temporary Regulations sections 1.367(a)-4 through 1.367(a)-6 for any of the following:

- a Tainted property .....  Yes  No
- b Depreciation recapture .....  Yes  No
- c Branch loss recapture .....  Yes  No
- d Any other income recognition provision contained in the above-referenced regulations .....  Yes  No

**14** Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)? .....  Yes  No

**15 a** Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)? .....  Yes  No

**b** If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred ► \$ \_\_\_\_\_

**16** Was cash the only property transferred? .....  Yes  No

**17 a** Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction? .....  Yes  No

**b** If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Return by a U.S. Transferor of Property  
 to a Foreign Corporation**

OMB No. 1545-0026

▶ **Information about Form 926 and its separate instructions is at [www.irs.gov/form926](http://www.irs.gov/form926).**  
 ▶ **Attach to your income tax return for the year of the transfer or distribution.**

Attachment  
 Sequence No. **128**

**Part I U.S. Transferor Information** (see instructions)

Name of transferor <b>HAMPTON ROADS COMMUNITY FOUNDATION</b>	Identifying number (see instructions) <b>54-2035996</b>
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- 1** If the transferor was a corporation, complete questions 1a through 1d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations?  Yes  No
- b** Did the transferor remain in existence after the transfer?  Yes  No
- If not, list the controlling shareholder(s) and their identifying number(s):

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation?  Yes  No
- If not, list the name and employer identification number (EIN) of the parent corporation:

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(5) been made?  Yes  No

- 2** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

- a** List the name and EIN of the transferor's partnership:

Name of partnership	EIN of partnership
<b>THE RICHMOND FUND, LP</b>	<b>26-1501561</b>

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets?  Yes  No
- c** Is the partner disposing of its **entire** interest in the partnership?  Yes  No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market?  Yes  No

**Part II Transferee Foreign Corporation Information** (see instructions)

3 Name of transferee (foreign corporation) <b>GLOBAL ADVANCED METALS PTY LTD</b>	4a Identifying number, if any
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5 Address (including country) <b>580 WINTER ST STE 320 WALTHAM, MA 02452</b>	4b Reference ID number
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6 Country code of country of incorporation or organization

7 Foreign law characterization (see instructions)

- 8** Is the transferee foreign corporation a controlled foreign corporation?  Yes  No

**Part III Information Regarding Transfer of Property** (see instructions)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash			123,958.		
Stock and securities					
Installment obligations, account receivables or similar property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))					
Tangible property used in trade or business not listed under another category					
Intangible property					
Property to be leased (as described in final and temp. Regs. sec. 1.367(a)-4(c))					
Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))					
Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e))					
Other property					

**Supplemental Information Required To Be Reported** (see instructions):

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**Part IV Additional Information Regarding Transfer of Property** (see instructions)

**9** Enter the transferor's interest in the foreign transferee corporation before and after the transfer:

(a) Before .0490 % (b) After .1570 %

**10** Type of nonrecognition transaction (see instructions) ► SECTION 351

**11** Indicate whether any transfer reported in Part III is subject to any of the following:

- a Gain recognition under section 904(f)(3) .....  Yes  No
- b Gain recognition under section 904(f)(5)(F) .....  Yes  No
- c Recapture under section 1503(d) .....  Yes  No
- d Exchange gain under section 987 .....  Yes  No

**12** Did this transfer result from a change in the classification of the transferee to that of a foreign corporation? .....  Yes  No

**13** Indicate whether the transferor was required to recognize income under final and Temporary Regulations sections 1.367(a)-4 through 1.367(a)-6 for any of the following:

- a Tainted property .....  Yes  No
- b Depreciation recapture .....  Yes  No
- c Branch loss recapture .....  Yes  No
- d Any other income recognition provision contained in the above-referenced regulations .....  Yes  No

**14** Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)? .....  Yes  No

**15 a** Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)? .....  Yes  No

**b** If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred ► \$ \_\_\_\_\_

**16** Was cash the only property transferred? .....  Yes  No

**17 a** Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction? .....  Yes  No

**b** If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Return by a U.S. Transferor of Property  
 to a Foreign Corporation**

OMB No. 1545-0026

▶ **Information about Form 926 and its separate instructions is at [www.irs.gov/form926](http://www.irs.gov/form926).**  
 ▶ **Attach to your income tax return for the year of the transfer or distribution.**

Attachment  
 Sequence No. **128**

**Part I U.S. Transferor Information** (see instructions)

Name of transferor <b>HAMPTON ROADS COMMUNITY FOUNDATION</b>	Identifying number (see instructions) <b>54-2035996</b>
---	--

- 1** If the transferor was a corporation, complete questions 1a through 1d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations?  Yes  No
- b** Did the transferor remain in existence after the transfer?  Yes  No
- If not, list the controlling shareholder(s) and their identifying number(s):

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation?  Yes  No
- If not, list the name and employer identification number (EIN) of the parent corporation:

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(5) been made?  Yes  No

- 2** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

- a** List the name and EIN of the transferor's partnership:

Name of partnership	EIN of partnership
<b>THE RICHMOND FUND, LP</b>	<b>26-1501561</b>

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets?  Yes  No
- c** Is the partner disposing of its **entire** interest in the partnership?  Yes  No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market?  Yes  No

**Part II Transferee Foreign Corporation Information** (see instructions)

Name of transferee (foreign corporation) <b>ASPENLEAF ENERGY LIMITED</b>	4a Identifying number, if any
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5 Address (including country) <b>530 8TH AVE SW CALGARY, CANADA</b>	4b Reference ID number
--	------------------------

**6** Country code of country of incorporation or organization  
**CA**

**7** Foreign law characterization (see instructions)  
**EXEMPTED COMPANY**

- 8** Is the transferee foreign corporation a controlled foreign corporation?  Yes  No



**Part III Information Regarding Transfer of Property** (see instructions)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash			144,253.		
Stock and securities					
Installment obligations, account receivables or similar property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))					
Tangible property used in trade or business not listed under another category					
Intangible property					
Property to be leased (as described in final and temp. Regs. sec. 1.367(a)-4(c))					
Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))					
Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e))					
Other property					

**Supplemental Information Required To Be Reported** (see instructions):

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**Part IV Additional Information Regarding Transfer of Property** (see instructions)

**9** Enter the transferor's interest in the foreign transferee corporation before and after the transfer:

(a) Before .1650 % (b) After .1650 %

**10** Type of nonrecognition transaction (see instructions) ► SECTION 351

**11** Indicate whether any transfer reported in Part III is subject to any of the following:

- a Gain recognition under section 904(f)(3) .....  Yes  No
- b Gain recognition under section 904(f)(5)(F) .....  Yes  No
- c Recapture under section 1503(d) .....  Yes  No
- d Exchange gain under section 987 .....  Yes  No

**12** Did this transfer result from a change in the classification of the transferee to that of a foreign corporation? .....  Yes  No

**13** Indicate whether the transferor was required to recognize income under final and Temporary Regulations sections 1.367(a)-4 through 1.367(a)-6 for any of the following:

- a Tainted property .....  Yes  No
- b Depreciation recapture .....  Yes  No
- c Branch loss recapture .....  Yes  No
- d Any other income recognition provision contained in the above-referenced regulations .....  Yes  No

**14** Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)? .....  Yes  No

**15 a** Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)? .....  Yes  No

**b** If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred ► \$ \_\_\_\_\_

**16** Was cash the only property transferred? .....  Yes  No

**17 a** Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction? .....  Yes  No

**b** If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Return by a U.S. Transferor of Property  
 to a Foreign Corporation**

▶ **Information about Form 926 and its separate instructions is at [www.irs.gov/form926](http://www.irs.gov/form926).**  
 ▶ **Attach to your income tax return for the year of the transfer or distribution.**

**Part I U.S. Transferor Information** (see instructions)

Name of transferor <b>HAMPTON ROADS COMMUNITY FOUNDATION</b>	Identifying number (see instructions) <b>54-2035996</b>
---	--

- 1** If the transferor was a corporation, complete questions 1a through 1d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations?  Yes  No
- b** Did the transferor remain in existence after the transfer?  Yes  No
- If not, list the controlling shareholder(s) and their identifying number(s):

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation?  Yes  No
- If not, list the name and employer identification number (EIN) of the parent corporation:

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(5) been made?  Yes  No

- 2** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

- a** List the name and EIN of the transferor's partnership:

Name of partnership	EIN of partnership
<b>THE RICHMOND FUND, LP</b>	<b>26-1501561</b>

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets?  Yes  No
- c** Is the partner disposing of its **entire** interest in the partnership?  Yes  No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market?  Yes  No

**Part II Transferee Foreign Corporation Information** (see instructions)

<b>3</b> Name of transferee (foreign corporation)  <b>MODERN RESOURCES</b>	<b>4a</b> Identifying number, if any  
<b>5</b> Address (including country) <b>110 8TH AVE SW</b> <b>CALGARY, CANADA</b>	<b>4b</b> Reference ID number  
<b>6</b> Country code of country of incorporation or organization <b>CA</b>	
<b>7</b> Foreign law characterization (see instructions) <b>EXEMPTED COMPANY</b>	
<b>8</b> Is the transferee foreign corporation a controlled foreign corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**Part III Information Regarding Transfer of Property** (see instructions)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash			153,496.		
Stock and securities					
Installment obligations, account receivables or similar property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))					
Tangible property used in trade or business not listed under another category					
Intangible property					
Property to be leased (as described in final and temp. Regs. sec. 1.367(a)-4(c))					
Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))					
Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e))					
Other property					

**Supplemental Information Required To Be Reported** (see instructions):

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Part IV Additional Information Regarding Transfer of Property (see instructions)

9 Enter the transferor's interest in the foreign transferee corporation before and after the transfer:

(a) Before .1970 % (b) After .1810 %

10 Type of nonrecognition transaction (see instructions) SECTION 351

11 Indicate whether any transfer reported in Part III is subject to any of the following:

- a Gain recognition under section 904(f)(3)
b Gain recognition under section 904(f)(5)(F)
c Recapture under section 1503(d)
d Exchange gain under section 987

12 Did this transfer result from a change in the classification of the transferee to that of a foreign corporation?

13 Indicate whether the transferor was required to recognize income under final and Temporary Regulations sections 1.367(a)-4 through 1.367(a)-6 for any of the following:

- a Tainted property
b Depreciation recapture
c Branch loss recapture
d Any other income recognition provision contained in the above-referenced regulations

14 Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)?

15 a Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)?

b If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred \$

16 Was cash the only property transferred?

17 a Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction?

b If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

Four horizontal lines for describing the nature of the rights to the intangible property.

**Return by a U.S. Transferor of Property  
 to a Foreign Corporation**

OMB No. 1545-0026

▶ **Information about Form 926 and its separate instructions is at [www.irs.gov/form926](http://www.irs.gov/form926).**  
 ▶ **Attach to your income tax return for the year of the transfer or distribution.**

Attachment  
 Sequence No. **128**

**Part I U.S. Transferor Information** (see instructions)

Name of transferor <b>HAMPTON ROADS COMMUNITY FOUNDATION</b>	Identifying number (see instructions) <b>54-2035996</b>
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- 1** If the transferor was a corporation, complete questions 1a through 1d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations?  Yes  No
- b** Did the transferor remain in existence after the transfer?  Yes  No
- If not, list the controlling shareholder(s) and their identifying number(s):

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation?  Yes  No
- If not, list the name and employer identification number (EIN) of the parent corporation:

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(5) been made?  Yes  No

- 2** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

- a** List the name and EIN of the transferor's partnership:

Name of partnership	EIN of partnership
<b>THE RICHMOND FUND, LP</b>	<b>26-1501561</b>

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets?  Yes  No
- c** Is the partner disposing of its **entire** interest in the partnership?  Yes  No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market?  Yes  No

**Part II Transferee Foreign Corporation Information** (see instructions)

Name of transferee (foreign corporation) <b>FLIPKART PRIVATE LIMITED</b>	4a Identifying number, if any <b>981023629</b>
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5 Address (including country) <b>OZONE MANAY TECH PARK, 7TH FLOOR BANGALORE, INDIA</b>	4b Reference ID number
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**6** Country code of country of incorporation or organization  
**IN**

**7** Foreign law characterization (see instructions)  
**EXEMPTED COMPANY**

- 8** Is the transferee foreign corporation a controlled foreign corporation?  Yes  No

**Part III Information Regarding Transfer of Property** (see instructions)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash			214,395.		
Stock and securities					
Installment obligations, account receivables or similar property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))					
Tangible property used in trade or business not listed under another category					
Intangible property					
Property to be leased (as described in final and temp. Regs. sec. 1.367(a)-4(c))					
Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))					
Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e))					
Other property					

**Supplemental Information Required To Be Reported** (see instructions):

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**Part IV Additional Information Regarding Transfer of Property** (see instructions)

**9** Enter the transferor's interest in the foreign transferee corporation before and after the transfer:

(a) Before \_\_\_\_\_ % (b) After \_\_\_\_\_ %

**10** Type of nonrecognition transaction (see instructions) ► SECTION 351

**11** Indicate whether any transfer reported in Part III is subject to any of the following:

- a Gain recognition under section 904(f)(3) .....  Yes  No
- b Gain recognition under section 904(f)(5)(F) .....  Yes  No
- c Recapture under section 1503(d) .....  Yes  No
- d Exchange gain under section 987 .....  Yes  No

**12** Did this transfer result from a change in the classification of the transferee to that of a foreign corporation? .....  Yes  No

**13** Indicate whether the transferor was required to recognize income under final and Temporary Regulations sections 1.367(a)-4 through 1.367(a)-6 for any of the following:

- a Tainted property .....  Yes  No
- b Depreciation recapture .....  Yes  No
- c Branch loss recapture .....  Yes  No
- d Any other income recognition provision contained in the above-referenced regulations .....  Yes  No

**14** Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)? .....  Yes  No

**15 a** Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)? .....  Yes  No

**b** If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred ► \$ \_\_\_\_\_

**16** Was cash the only property transferred? .....  Yes  No

**17 a** Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction? .....  Yes  No

**b** If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Return by a U.S. Transferor of Property  
 to a Foreign Corporation**

OMB No. 1545-0026

▶ Information about Form 926 and its separate instructions is at [www.irs.gov/form926](http://www.irs.gov/form926).  
 ▶ Attach to your income tax return for the year of the transfer or distribution.

Attachment  
 Sequence No. **128**

**Part I U.S. Transferor Information** (see instructions)

Name of transferor <b>HAMPTON ROADS COMMUNITY FOUNDATION</b>	Identifying number (see instructions) <b>54-2035996</b>
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- 1** If the transferor was a corporation, complete questions 1a through 1d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations?  Yes  No
- b** Did the transferor remain in existence after the transfer?  Yes  No
- If not, list the controlling shareholder(s) and their identifying number(s):

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation?  Yes  No
- If not, list the name and employer identification number (EIN) of the parent corporation:

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(5) been made?  Yes  No

- 2** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

- a** List the name and EIN of the transferor's partnership:

Name of partnership	EIN of partnership
<b>THE RICHMOND FUND, LP</b>	<b>26-1501561</b>

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets?  Yes  No
- c** Is the partner disposing of its **entire** interest in the partnership?  Yes  No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market?  Yes  No

**Part II Transferee Foreign Corporation Information** (see instructions)

3 Name of transferee (foreign corporation) <b>REDWOOD DRAWDOWN OFFSHORE FUND</b>	4a Identifying number, if any
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5 Address (including country) <b>89 NEXUS WAY CAMANA BAY, CAYMAN ISLANDS</b>	4b Reference ID number
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6 Country code of country of incorporation or organization  
**CJ**

7 Foreign law characterization (see instructions)  
**EXEMPTED COMPANY**

- 8** Is the transferee foreign corporation a controlled foreign corporation?  Yes  No

**Part III** Information Regarding Transfer of Property (see instructions)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash			246,734.		
Stock and securities					
Installment obligations, account receivables or similar property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))					
Tangible property used in trade or business not listed under another category					
Intangible property					
Property to be leased (as described in final and temp. Regs. sec. 1.367(a)-4(c))					
Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))					
Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e))					
Other property					

**Supplemental Information Required To Be Reported** (see instructions):

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**Part IV Additional Information Regarding Transfer of Property** (see instructions)

**9** Enter the transferor's interest in the foreign transferee corporation before and after the transfer:

(a) Before 2.6020 % (b) After .0000 %

**10** Type of nonrecognition transaction (see instructions) ► SECTION 351

**11** Indicate whether any transfer reported in Part III is subject to any of the following:

- a Gain recognition under section 904(f)(3) .....  Yes  No
- b Gain recognition under section 904(f)(5)(F) .....  Yes  No
- c Recapture under section 1503(d) .....  Yes  No
- d Exchange gain under section 987 .....  Yes  No

**12** Did this transfer result from a change in the classification of the transferee to that of a foreign corporation? .....  Yes  No

**13** Indicate whether the transferor was required to recognize income under final and Temporary Regulations sections 1.367(a)-4 through 1.367(a)-6 for any of the following:

- a Tainted property .....  Yes  No
- b Depreciation recapture .....  Yes  No
- c Branch loss recapture .....  Yes  No
- d Any other income recognition provision contained in the above-referenced regulations .....  Yes  No

**14** Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)? .....  Yes  No

**15 a** Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)? .....  Yes  No

**b** If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred ► \$ \_\_\_\_\_

**16** Was cash the only property transferred? .....  Yes  No

**17 a** Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction? .....  Yes  No

**b** If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Return by a U.S. Transferor of Property  
 to a Foreign Corporation**

▶ Information about Form 926 and its separate instructions is at [www.irs.gov/form926](http://www.irs.gov/form926).  
 ▶ Attach to your income tax return for the year of the transfer or distribution.

**Part I U.S. Transferor Information** (see instructions)

Name of transferor <b>HAMPTON ROADS COMMUNITY FOUNDATION</b>	Identifying number (see instructions) <b>54-2035996</b>
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- 1** If the transferor was a corporation, complete questions 1a through 1d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations?  Yes  No
- b** Did the transferor remain in existence after the transfer?  Yes  No
- If not, list the controlling shareholder(s) and their identifying number(s):

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation?  Yes  No
- If not, list the name and employer identification number (EIN) of the parent corporation:

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(5) been made?  Yes  No

- 2** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

- a** List the name and EIN of the transferor's partnership:

Name of partnership	EIN of partnership
<b>THE RICHMOND FUND, LP</b>	<b>26-1501561</b>

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets?  Yes  No
- c** Is the partner disposing of its **entire** interest in the partnership?  Yes  No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market?  Yes  No

**Part II Transferee Foreign Corporation Information** (see instructions)

3 Name of transferee (foreign corporation) <b>HILL HOUSE FUND II FEEDER</b>	4a Identifying number, if any
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5 Address (including country) <b>N/A GRAND CAYMAN, CAYMAN ISLANDS</b>	4b Reference ID number
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6 Country code of country of incorporation or organization  
**CJ**

7 Foreign law characterization (see instructions)  
**EXEMPTED COMPANY**

- 8** Is the transferee foreign corporation a controlled foreign corporation?  Yes  No

**Part III Information Regarding Transfer of Property** (see instructions)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash			372,961.		
Stock and securities					
Installment obligations, account receivables or similar property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))					
Tangible property used in trade or business not listed under another category					
Intangible property					
Property to be leased (as described in final and temp. Regs. sec. 1.367(a)-4(c))					
Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))					
Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e))					
Other property					

**Supplemental Information Required To Be Reported** (see instructions):

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**Part IV Additional Information Regarding Transfer of Property** (see instructions)

**9** Enter the transferor's interest in the foreign transferee corporation before and after the transfer:

(a) Before .0000 % (b) After .2940 %

**10** Type of nonrecognition transaction (see instructions) ► SECTION 351

**11** Indicate whether any transfer reported in Part III is subject to any of the following:

- a Gain recognition under section 904(f)(3)  Yes  No
- b Gain recognition under section 904(f)(5)(F)  Yes  No
- c Recapture under section 1503(d)  Yes  No
- d Exchange gain under section 987  Yes  No

**12** Did this transfer result from a change in the classification of the transferee to that of a foreign corporation?  Yes  No

**13** Indicate whether the transferor was required to recognize income under final and Temporary Regulations sections 1.367(a)-4 through 1.367(a)-6 for any of the following:

- a Tainted property  Yes  No
- b Depreciation recapture  Yes  No
- c Branch loss recapture  Yes  No
- d Any other income recognition provision contained in the above-referenced regulations  Yes  No

**14** Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)?  Yes  No

**15 a** Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)?  Yes  No

**b** If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred ► \$ \_\_\_\_\_

**16** Was cash the only property transferred?  Yes  No

**17 a** Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction?  Yes  No

**b** If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Return by a U.S. Transferor of Property  
 to a Foreign Corporation**

OMB No. 1545-0026

▶ **Information about Form 926 and its separate instructions is at [www.irs.gov/form926](http://www.irs.gov/form926).**  
 ▶ **Attach to your income tax return for the year of the transfer or distribution.**

Attachment Sequence No. **128**

**Part I U.S. Transferor Information** (see instructions)

Name of transferor <b>HAMPTON ROADS COMMUNITY FOUNDATION</b>	Identifying number (see instructions) <b>54-2035996</b>
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- 1** If the transferor was a corporation, complete questions 1a through 1d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations?  Yes  No
- b** Did the transferor remain in existence after the transfer?  Yes  No
- If not, list the controlling shareholder(s) and their identifying number(s):

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation?  Yes  No
- If not, list the name and employer identification number (EIN) of the parent corporation:

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(5) been made?  Yes  No

- 2** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

- a** List the name and EIN of the transferor's partnership:

Name of partnership	EIN of partnership
<b>THE RICHMOND FUND, LP</b>	<b>26-1501561</b>

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets?  Yes  No
- c** Is the partner disposing of its **entire** interest in the partnership?  Yes  No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market?  Yes  No

**Part II Transferee Foreign Corporation Information** (see instructions)

Name of transferee (foreign corporation) <b>BLUE COLIBRI CAPITAL PARTNERS FUND I</b>	4a Identifying number, if any
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5 Address (including country) <b>33 EDITH CAVELL STREET PORT LOUIS, MAURITIUS</b>	4b Reference ID number
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**6** Country code of country of incorporation or organization  
**MP**

**7** Foreign law characterization (see instructions)  
**EXEMPTED COMPANY**

- 8** Is the transferee foreign corporation a controlled foreign corporation?  Yes  No

**Part III Information Regarding Transfer of Property** (see instructions)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash			391,966.		
Stock and securities					
Installment obligations, account receivables or similar property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))					
Tangible property used in trade or business not listed under another category					
Intangible property					
Property to be leased (as described in final and temp. Regs. sec. 1.367(a)-4(c))					
Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))					
Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e))					
Other property					

**Supplemental Information Required To Be Reported** (see instructions):

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**Part IV Additional Information Regarding Transfer of Property** (see instructions)

**9** Enter the transferor's interest in the foreign transferee corporation before and after the transfer:

(a) Before .0000 % (b) After 3.6580 %

**10** Type of nonrecognition transaction (see instructions) ► SECTION 351

**11** Indicate whether any transfer reported in Part III is subject to any of the following:

- a Gain recognition under section 904(f)(3) .....  Yes  No
- b Gain recognition under section 904(f)(5)(F) .....  Yes  No
- c Recapture under section 1503(d) .....  Yes  No
- d Exchange gain under section 987 .....  Yes  No

**12** Did this transfer result from a change in the classification of the transferee to that of a foreign corporation? .....  Yes  No

**13** Indicate whether the transferor was required to recognize income under final and Temporary Regulations sections 1.367(a)-4 through 1.367(a)-6 for any of the following:

- a Tainted property .....  Yes  No
- b Depreciation recapture .....  Yes  No
- c Branch loss recapture .....  Yes  No
- d Any other income recognition provision contained in the above-referenced regulations .....  Yes  No

**14** Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)? .....  Yes  No

**15 a** Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)? .....  Yes  No

**b** If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred ► \$ \_\_\_\_\_

**16** Was cash the only property transferred? .....  Yes  No

**17 a** Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction? .....  Yes  No

**b** If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Return by a U.S. Transferor of Property  
 to a Foreign Corporation**

▶ **Information about Form 926 and its separate instructions is at [www.irs.gov/form926](http://www.irs.gov/form926).**  
 ▶ **Attach to your income tax return for the year of the transfer or distribution.**

**Part I U.S. Transferor Information** (see instructions)

Name of transferor <b>HAMPTON ROADS COMMUNITY FOUNDATION</b>	Identifying number (see instructions) <b>54-2035996</b>
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- 1** If the transferor was a corporation, complete questions 1a through 1d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations? .....  Yes  No
- b** Did the transferor remain in existence after the transfer? .....  Yes  No
- If not, list the controlling shareholder(s) and their identifying number(s):

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? .....  Yes  No
- If not, list the name and employer identification number (EIN) of the parent corporation:

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(5) been made? .....  Yes  No

- 2** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

- a** List the name and EIN of the transferor's partnership:

Name of partnership	EIN of partnership
<b>THE RICHMOND FUND, LP</b>	<b>26-1501561</b>

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets? .....  Yes  No
- c** Is the partner disposing of its **entire** interest in the partnership? .....  Yes  No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? .....  Yes  No

**Part II Transferee Foreign Corporation Information** (see instructions)

<b>3</b> Name of transferee (foreign corporation) <b>ELLIOTT INTERNATIONAL</b>	<b>4a</b> Identifying number, if any
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<b>5</b> Address (including country) <b>PO BOX 484 68 WEST BAY ROAD GRAND CAYMAN, CAYMAN ISLANDS</b>	<b>4b</b> Reference ID number
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**6** Country code of country of incorporation or organization  
**CJ**

**7** Foreign law characterization (see instructions)  
**EXEMPTED COMPANY**

- 8** Is the transferee foreign corporation a controlled foreign corporation? .....  Yes  No

**Part III Information Regarding Transfer of Property** (see instructions)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash			406,265.		
Stock and securities					
Installment obligations, account receivables or similar property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))					
Tangible property used in trade or business not listed under another category					
Intangible property					
Property to be leased (as described in final and temp. Regs. sec. 1.367(a)-4(c))					
Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))					
Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e))					
Other property					

**Supplemental Information Required To Be Reported** (see instructions):

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**Part IV Additional Information Regarding Transfer of Property** (see instructions)

**9** Enter the transferor's interest in the foreign transferee corporation before and after the transfer:

(a) Before .2980 % (b) After .2860 %

**10** Type of nonrecognition transaction (see instructions) ► SECTION 351

**11** Indicate whether any transfer reported in Part III is subject to any of the following:

- a Gain recognition under section 904(f)(3) .....  Yes  No
- b Gain recognition under section 904(f)(5)(F) .....  Yes  No
- c Recapture under section 1503(d) .....  Yes  No
- d Exchange gain under section 987 .....  Yes  No

**12** Did this transfer result from a change in the classification of the transferee to that of a foreign corporation? .....  Yes  No

**13** Indicate whether the transferor was required to recognize income under final and Temporary Regulations sections 1.367(a)-4 through 1.367(a)-6 for any of the following:

- a Tainted property .....  Yes  No
- b Depreciation recapture .....  Yes  No
- c Branch loss recapture .....  Yes  No
- d Any other income recognition provision contained in the above-referenced regulations .....  Yes  No

**14** Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)? .....  Yes  No

**15 a** Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)? .....  Yes  No

**b** If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred ► \$ \_\_\_\_\_

**16** Was cash the only property transferred? .....  Yes  No

**17 a** Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction? .....  Yes  No

**b** If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Return by a U.S. Transferor of Property  
 to a Foreign Corporation**

OMB No. 1545-0026

▶ **Information about Form 926 and its separate instructions is at [www.irs.gov/form926](http://www.irs.gov/form926).**  
 ▶ **Attach to your income tax return for the year of the transfer or distribution.**

Attachment  
 Sequence No. **128**

**Part I U.S. Transferor Information** (see instructions)

Name of transferor <b>HAMPTON ROADS COMMUNITY FOUNDATION</b>	Identifying number (see instructions) <b>54-2035996</b>
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- 1** If the transferor was a corporation, complete questions 1a through 1d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations? .....  Yes  No
- b** Did the transferor remain in existence after the transfer? .....  Yes  No
- If not, list the controlling shareholder(s) and their identifying number(s):

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? .....  Yes  No
- If not, list the name and employer identification number (EIN) of the parent corporation:

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(5) been made? .....  Yes  No

- 2** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

- a** List the name and EIN of the transferor's partnership:

Name of partnership	EIN of partnership
<b>THE RICHMOND FUND, LP</b>	<b>26-1501561</b>

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets? .....  Yes  No
- c** Is the partner disposing of its **entire** interest in the partnership? .....  Yes  No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? .....  Yes  No

**Part II Transferee Foreign Corporation Information** (see instructions)

<b>3</b> Name of transferee (foreign corporation) <b>RICHMOND FUND, LTD</b>	<b>4a</b> Identifying number, if any <b>753266913</b>
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<b>5</b> Address (including country) <b>190 ELGIN AVE GRAND CAYMAN, CAYMAN ISLANDS</b>	<b>4b</b> Reference ID number
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**6** Country code of country of incorporation or organization  
**CJ**

**7** Foreign law characterization (see instructions)  
**EXEMPTED COMPANY**

- 8** Is the transferee foreign corporation a controlled foreign corporation? .....  Yes  No

**Part III Information Regarding Transfer of Property** (see instructions)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash			511,412.		
Stock and securities					
Installment obligations, account receivables or similar property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))					
Tangible property used in trade or business not listed under another category					
Intangible property					
Property to be leased (as described in final and temp. Regs. sec. 1.367(a)-4(c))					
Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))					
Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e))					
Other property					

**Supplemental Information Required To Be Reported** (see instructions):

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**Part IV Additional Information Regarding Transfer of Property** (see instructions)

**9** Enter the transferor's interest in the foreign transferee corporation before and after the transfer:

(a) Before 40.2830 % (b) After 40.2830 %

**10** Type of nonrecognition transaction (see instructions) ► SECTION 351

**11** Indicate whether any transfer reported in Part III is subject to any of the following:

- a Gain recognition under section 904(f)(3) .....  Yes  No
- b Gain recognition under section 904(f)(5)(F) .....  Yes  No
- c Recapture under section 1503(d) .....  Yes  No
- d Exchange gain under section 987 .....  Yes  No

**12** Did this transfer result from a change in the classification of the transferee to that of a foreign corporation? .....  Yes  No

**13** Indicate whether the transferor was required to recognize income under final and Temporary Regulations sections 1.367(a)-4 through 1.367(a)-6 for any of the following:

- a Tainted property .....  Yes  No
- b Depreciation recapture .....  Yes  No
- c Branch loss recapture .....  Yes  No
- d Any other income recognition provision contained in the above-referenced regulations .....  Yes  No

**14** Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)? .....  Yes  No

**15 a** Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)? .....  Yes  No

**b** If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred ► \$ \_\_\_\_\_

**16** Was cash the only property transferred? .....  Yes  No

**17 a** Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction? .....  Yes  No

**b** If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Return by a U.S. Transferor of Property  
 to a Foreign Corporation**

▶ Information about Form 926 and its separate instructions is at [www.irs.gov/form926](http://www.irs.gov/form926).  
 ▶ Attach to your income tax return for the year of the transfer or distribution.

**Part I U.S. Transferor Information** (see instructions)

Name of transferor <b>HAMPTON ROADS COMMUNITY FOUNDATION</b>	Identifying number (see instructions) <b>54-2035996</b>
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- 1** If the transferor was a corporation, complete questions 1a through 1d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations?  Yes  No
- b** Did the transferor remain in existence after the transfer?  Yes  No
- If not, list the controlling shareholder(s) and their identifying number(s):

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation?  Yes  No
- If not, list the name and employer identification number (EIN) of the parent corporation:

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(5) been made?  Yes  No

- 2** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

- a** List the name and EIN of the transferor's partnership:

Name of partnership	EIN of partnership
<b>THE RICHMOND FUND, LP</b>	<b>26-1501561</b>

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets?  Yes  No
- c** Is the partner disposing of its **entire** interest in the partnership?  Yes  No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market?  Yes  No

**Part II Transferee Foreign Corporation Information** (see instructions)

<b>3</b> Name of transferee (foreign corporation)  <b>ALPHAGEN VOLANTIS FUND</b>	<b>4a</b> Identifying number, if any  
<b>5</b> Address (including country) <b>PO BOX 309</b> <b>GRAND CAYMAN, CAYMAN ISLANDS</b>	<b>4b</b> Reference ID number  
<b>6</b> Country code of country of incorporation or organization <b>CJ</b>	
<b>7</b> Foreign law characterization (see instructions) <b>EXEMPTED COMPANY</b>	
<b>8</b> Is the transferee foreign corporation a controlled foreign corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	



**Part III** Information Regarding Transfer of Property (see instructions)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash			704,954.		
Stock and securities					
Installment obligations, account receivables or similar property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))					
Tangible property used in trade or business not listed under another category					
Intangible property					
Property to be leased (as described in final and temp. Regs. sec. 1.367(a)-4(c))					
Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))					
Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e))					
Other property					

**Supplemental Information Required To Be Reported** (see instructions):

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**Part IV Additional Information Regarding Transfer of Property** (see instructions)

**9** Enter the transferor's interest in the foreign transferee corporation before and after the transfer:

(a) Before .0000 % (b) After .0000 %

**10** Type of nonrecognition transaction (see instructions) ► SECTION 351

**11** Indicate whether any transfer reported in Part III is subject to any of the following:

- a Gain recognition under section 904(f)(3) .....  Yes  No
- b Gain recognition under section 904(f)(5)(F) .....  Yes  No
- c Recapture under section 1503(d) .....  Yes  No
- d Exchange gain under section 987 .....  Yes  No

**12** Did this transfer result from a change in the classification of the transferee to that of a foreign corporation? .....  Yes  No

**13** Indicate whether the transferor was required to recognize income under final and Temporary Regulations sections 1.367(a)-4 through 1.367(a)-6 for any of the following:

- a Tainted property .....  Yes  No
- b Depreciation recapture .....  Yes  No
- c Branch loss recapture .....  Yes  No
- d Any other income recognition provision contained in the above-referenced regulations .....  Yes  No

**14** Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)? .....  Yes  No

**15 a** Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)? .....  Yes  No

**b** If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred ► \$ \_\_\_\_\_

**16** Was cash the only property transferred? .....  Yes  No

**17 a** Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction? .....  Yes  No

**b** If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Return by a U.S. Transferor of Property  
 to a Foreign Corporation**

OMB No. 1545-0026

▶ **Information about Form 926 and its separate instructions is at [www.irs.gov/form926](http://www.irs.gov/form926).**  
 ▶ **Attach to your income tax return for the year of the transfer or distribution.**

Attachment  
 Sequence No. **128**

**Part I U.S. Transferor Information** (see instructions)

Name of transferor <b>HAMPTON ROADS COMMUNITY FOUNDATION</b>	Identifying number (see instructions) <b>54-2035996</b>
---	--

- 1** If the transferor was a corporation, complete questions 1a through 1d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations?  Yes  No
- b** Did the transferor remain in existence after the transfer?  Yes  No
- If not, list the controlling shareholder(s) and their identifying number(s):

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation?  Yes  No
- If not, list the name and employer identification number (EIN) of the parent corporation:

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(5) been made?  Yes  No

- 2** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

- a** List the name and EIN of the transferor's partnership:

Name of partnership	EIN of partnership
<b>THE RICHMOND FUND, LP</b>	<b>26-1501561</b>

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets?  Yes  No
- c** Is the partner disposing of its **entire** interest in the partnership?  Yes  No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market?  Yes  No

**Part II Transferee Foreign Corporation Information** (see instructions)

Name of transferee (foreign corporation) <b>PAIR WASHINGTON INDIA FUND</b>	4a Identifying number, if any
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Address (including country) <b>33 EDITH CAVELL STREET PORT LOUIS, MAURITIUS</b>	4b Reference ID number
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**6** Country code of country of incorporation or organization  
**MP**

**7** Foreign law characterization (see instructions)  
**EXEMPTED COMPANY**

- 8** Is the transferee foreign corporation a controlled foreign corporation?  Yes  No

**Part III Information Regarding Transfer of Property** (see instructions)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash			704,956.		
Stock and securities					
Installment obligations, account receivables or similar property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))					
Tangible property used in trade or business not listed under another category					
Intangible property					
Property to be leased (as described in final and temp. Regs. sec. 1.367(a)-4(c))					
Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))					
Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e))					
Other property					

**Supplemental Information Required To Be Reported** (see instructions):

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**Part IV Additional Information Regarding Transfer of Property** (see instructions)

**9** Enter the transferor's interest in the foreign transferee corporation before and after the transfer:

(a) Before .0000 % (b) After 5.1710 %

**10** Type of nonrecognition transaction (see instructions) **SECTION 351**

**11** Indicate whether any transfer reported in Part III is subject to any of the following:

- a Gain recognition under section 904(f)(3)  Yes  No
- b Gain recognition under section 904(f)(5)(F)  Yes  No
- c Recapture under section 1503(d)  Yes  No
- d Exchange gain under section 987  Yes  No

**12** Did this transfer result from a change in the classification of the transferee to that of a foreign corporation?  Yes  No

**13** Indicate whether the transferor was required to recognize income under final and Temporary Regulations sections 1.367(a)-4 through 1.367(a)-6 for any of the following:

- a Tainted property  Yes  No
- b Depreciation recapture  Yes  No
- c Branch loss recapture  Yes  No
- d Any other income recognition provision contained in the above-referenced regulations  Yes  No

**14** Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)?  Yes  No

**15 a** Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)?  Yes  No

**b** If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred **\$** \_\_\_\_\_

**16** Was cash the only property transferred?  Yes  No

**17 a** Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction?  Yes  No

**b** If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Return by a U.S. Transferor of Property  
 to a Foreign Corporation**

OMB No. 1545-0026

▶ **Information about Form 926 and its separate instructions is at [www.irs.gov/form926](http://www.irs.gov/form926).**  
 ▶ **Attach to your income tax return for the year of the transfer or distribution.**

Attachment  
 Sequence No. **128**

**Part I U.S. Transferor Information** (see instructions)

Name of transferor <b>HAMPTON ROADS COMMUNITY FOUNDATION</b>	Identifying number (see instructions) <b>54-2035996</b>
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- 1** If the transferor was a corporation, complete questions 1a through 1d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations?  Yes  No
- b** Did the transferor remain in existence after the transfer?  Yes  No
- If not, list the controlling shareholder(s) and their identifying number(s):

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation?  Yes  No
- If not, list the name and employer identification number (EIN) of the parent corporation:

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(5) been made?  Yes  No

- 2** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

- a** List the name and EIN of the transferor's partnership:

Name of partnership	EIN of partnership
<b>THE RICHMOND FUND, LP</b>	<b>26-1501561</b>

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets?  Yes  No
- c** Is the partner disposing of its **entire** interest in the partnership?  Yes  No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market?  Yes  No

**Part II Transferee Foreign Corporation Information** (see instructions)

3 Name of transferee (foreign corporation) <b>AVIATION HOLDINGS II OFFSHORE</b>	4a Identifying number, if any
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5 Address (including country) <b>190 ELGIN AVE GRAND CAYMAN, CAYMAN ISLANDS</b>	4b Reference ID number
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6 Country code of country of incorporation or organization  
**CJ**

7 Foreign law characterization (see instructions)  
**EXEMPTED COMPANY**

- 8** Is the transferee foreign corporation a controlled foreign corporation?  Yes  No

**Part III Information Regarding Transfer of Property** (see instructions)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash			793,038.		
Stock and securities					
Installment obligations, account receivables or similar property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))					
Tangible property used in trade or business not listed under another category					
Intangible property					
Property to be leased (as described in final and temp. Regs. sec. 1.367(a)-4(c))					
Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))					
Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e))					
Other property					

**Supplemental Information Required To Be Reported** (see instructions):

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**Part IV Additional Information Regarding Transfer of Property** (see instructions)

**9** Enter the transferor's interest in the foreign transferee corporation before and after the transfer:

(a) Before 15.3670 % (b) After 15.3150 %

**10** Type of nonrecognition transaction (see instructions) ► SECTION 351

**11** Indicate whether any transfer reported in Part III is subject to any of the following:

- a Gain recognition under section 904(f)(3) .....  Yes  No
- b Gain recognition under section 904(f)(5)(F) .....  Yes  No
- c Recapture under section 1503(d) .....  Yes  No
- d Exchange gain under section 987 .....  Yes  No

**12** Did this transfer result from a change in the classification of the transferee to that of a foreign corporation? .....  Yes  No

**13** Indicate whether the transferor was required to recognize income under final and Temporary Regulations sections 1.367(a)-4 through 1.367(a)-6 for any of the following:

- a Tainted property .....  Yes  No
- b Depreciation recapture .....  Yes  No
- c Branch loss recapture .....  Yes  No
- d Any other income recognition provision contained in the above-referenced regulations .....  Yes  No

**14** Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)? .....  Yes  No

**15 a** Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)? .....  Yes  No

**b** If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred ► \$ \_\_\_\_\_

**16** Was cash the only property transferred? .....  Yes  No

**17 a** Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction? .....  Yes  No

**b** If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Return by a U.S. Transferor of Property  
 to a Foreign Corporation**

OMB No. 1545-0026

▶ Information about Form 926 and its separate instructions is at [www.irs.gov/form926](http://www.irs.gov/form926).  
 ▶ Attach to your income tax return for the year of the transfer or distribution.

Attachment  
 Sequence No. **128**

**Part I U.S. Transferor Information** (see instructions)

Name of transferor <b>HAMPTON ROADS COMMUNITY FOUNDATION</b>	Identifying number (see instructions) <b>54-2035996</b>
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- 1** If the transferor was a corporation, complete questions 1a through 1d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations?  Yes  No
- b** Did the transferor remain in existence after the transfer?  Yes  No
- If not, list the controlling shareholder(s) and their identifying number(s):

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation?  Yes  No
- If not, list the name and employer identification number (EIN) of the parent corporation:

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(5) been made?  Yes  No

- 2** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

- a** List the name and EIN of the transferor's partnership:

Name of partnership	EIN of partnership
<b>THE RICHMOND FUND, LP</b>	<b>26-1501561</b>

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets?  Yes  No
- c** Is the partner disposing of its **entire** interest in the partnership?  Yes  No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market?  Yes  No

**Part II Transferee Foreign Corporation Information** (see instructions)

3 Name of transferee (foreign corporation) <b>HILDENE LEVERAGED CREDIT OFFSHORE FUND</b>	4a Identifying number, if any
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5 Address (including country) <b>PO BOX 309 GRAND CAYMAN, CAYMAN ISLANDS</b>	4b Reference ID number
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6 Country code of country of incorporation or organization  
**CJ**

7 Foreign law characterization (see instructions)  
**EXEMPTED COMPANY**

- 8** Is the transferee foreign corporation a controlled foreign corporation?  Yes  No

**Part III** Information Regarding Transfer of Property (see instructions)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash			1,057,434.		
Stock and securities					
Installment obligations, account receivables or similar property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))					
Tangible property used in trade or business not listed under another category					
Intangible property					
Property to be leased (as described in final and temp. Regs. sec. 1.367(a)-4(c))					
Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))					
Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e))					
Other property					

**Supplemental Information Required To Be Reported** (see instructions):

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**Part IV Additional Information Regarding Transfer of Property** (see instructions)

**9** Enter the transferor's interest in the foreign transferee corporation before and after the transfer:

(a) Before 17.6520 % (b) After 20.4780 %

**10** Type of nonrecognition transaction (see instructions) ► SECTION 351

**11** Indicate whether any transfer reported in Part III is subject to any of the following:

- a Gain recognition under section 904(f)(3)  Yes  No
- b Gain recognition under section 904(f)(5)(F)  Yes  No
- c Recapture under section 1503(d)  Yes  No
- d Exchange gain under section 987  Yes  No

**12** Did this transfer result from a change in the classification of the transferee to that of a foreign corporation?  Yes  No

**13** Indicate whether the transferor was required to recognize income under final and Temporary Regulations sections 1.367(a)-4 through 1.367(a)-6 for any of the following:

- a Tainted property  Yes  No
- b Depreciation recapture  Yes  No
- c Branch loss recapture  Yes  No
- d Any other income recognition provision contained in the above-referenced regulations  Yes  No

**14** Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)?  Yes  No

**15 a** Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)?  Yes  No

**b** If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred ► \$ \_\_\_\_\_

**16** Was cash the only property transferred?  Yes  No

**17 a** Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction?  Yes  No

**b** If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Return by a U.S. Transferor of Property  
 to a Foreign Corporation**

OMB No. 1545-0026

▶ Information about Form 926 and its separate instructions is at [www.irs.gov/form926](http://www.irs.gov/form926).  
 ▶ Attach to your income tax return for the year of the transfer or distribution.

Attachment  
 Sequence No. **128**

**Part I U.S. Transferor Information** (see instructions)

Name of transferor <b>HAMPTON ROADS COMMUNITY FOUNDATION</b>	Identifying number (see instructions) <b>54-2035996</b>
---	--

- 1** If the transferor was a corporation, complete questions 1a through 1d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations?  Yes  No
- b** Did the transferor remain in existence after the transfer?  Yes  No  
 If not, list the controlling shareholder(s) and their identifying number(s):

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation?  Yes  No  
 If not, list the name and employer identification number (EIN) of the parent corporation:

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(5) been made?  Yes  No

- 2** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

- a** List the name and EIN of the transferor's partnership:

Name of partnership	EIN of partnership
<b>THE RICHMOND FUND, LP</b>	<b>26-1501561</b>

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets?  Yes  No
- c** Is the partner disposing of its **entire** interest in the partnership?  Yes  No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market?  Yes  No

**Part II Transferee Foreign Corporation Information** (see instructions)

Name of transferee (foreign corporation) <b>TIGER GLOBAL LONG OPPORTUNITIES</b>	4a Identifying number, if any
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Address (including country) <b>89 NEXUS WAY    GRAND CAYMAN, CAYMAN ISLANDS</b>	4b Reference ID number
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**6** Country code of country of incorporation or organization  
**CJ**

**7** Foreign law characterization (see instructions)  
**EXEMPTED COMPANY**

- 8** Is the transferee foreign corporation a controlled foreign corporation?  Yes  No

**Part III Information Regarding Transfer of Property** (see instructions)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash			1,409,908.		
Stock and securities					
Installment obligations, account receivables or similar property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))					
Tangible property used in trade or business not listed under another category					
Intangible property					
Property to be leased (as described in final and temp. Regs. sec. 1.367(a)-4(c))					
Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))					
Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e))					
Other property					

**Supplemental Information Required To Be Reported** (see instructions):

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**Part IV Additional Information Regarding Transfer of Property** (see instructions)

**9** Enter the transferor's interest in the foreign transferee corporation before and after the transfer:

(a) Before .5490 % (b) After .8790 %

**10** Type of nonrecognition transaction (see instructions) ► SECTION 351

**11** Indicate whether any transfer reported in Part III is subject to any of the following:

- a Gain recognition under section 904(f)(3) .....  Yes  No
- b Gain recognition under section 904(f)(5)(F) .....  Yes  No
- c Recapture under section 1503(d) .....  Yes  No
- d Exchange gain under section 987 .....  Yes  No

**12** Did this transfer result from a change in the classification of the transferee to that of a foreign corporation? .....  Yes  No

**13** Indicate whether the transferor was required to recognize income under final and Temporary Regulations sections 1.367(a)-4 through 1.367(a)-6 for any of the following:

- a Tainted property .....  Yes  No
- b Depreciation recapture .....  Yes  No
- c Branch loss recapture .....  Yes  No
- d Any other income recognition provision contained in the above-referenced regulations .....  Yes  No

**14** Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)? .....  Yes  No

**15 a** Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)? .....  Yes  No

**b** If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred ► \$ \_\_\_\_\_

**16** Was cash the only property transferred? .....  Yes  No

**17 a** Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction? .....  Yes  No

**b** If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Return by a U.S. Transferor of Property  
 to a Foreign Corporation**

OMB No. 1545-0026

▶ Information about Form 926 and its separate instructions is at [www.irs.gov/form926](http://www.irs.gov/form926).  
 ▶ Attach to your income tax return for the year of the transfer or distribution.

Attachment  
 Sequence No. **128**

**Part I U.S. Transferor Information** (see instructions)

Name of transferor <b>HAMPTON ROADS COMMUNITY FOUNDATION</b>	Identifying number (see instructions) <b>54-2035996</b>
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- 1** If the transferor was a corporation, complete questions 1a through 1d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations?  Yes  No
- b** Did the transferor remain in existence after the transfer?  Yes  No
- If not, list the controlling shareholder(s) and their identifying number(s):

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation?  Yes  No
- If not, list the name and employer identification number (EIN) of the parent corporation:

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(5) been made?  Yes  No

- 2** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

- a** List the name and EIN of the transferor's partnership:

Name of partnership	EIN of partnership
<b>THE RICHMOND FUND, LP</b>	<b>26-1501561</b>

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets?  Yes  No
- c** Is the partner disposing of its **entire** interest in the partnership?  Yes  No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market?  Yes  No

**Part II Transferee Foreign Corporation Information** (see instructions)

<b>3</b> Name of transferee (foreign corporation)  <b>HBK MERGER STRATEGIES OFFSHORE FUND</b>	<b>4a</b> Identifying number, if any  
<b>5</b> Address (including country) <b>PO BOX 10008</b> <b>GRAND CAYMAN, CAYMAN ISLANDS</b>	<b>4b</b> Reference ID number  
<b>6</b> Country code of country of incorporation or organization <b>CJ</b>	
<b>7</b> Foreign law characterization (see instructions) <b>EXEMPTED COMPANY</b>	
<b>8</b> Is the transferee foreign corporation a controlled foreign corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**Part III Information Regarding Transfer of Property** (see instructions)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash			1,762,385.		
Stock and securities					
Installment obligations, account receivables or similar property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))					
Tangible property used in trade or business not listed under another category					
Intangible property					
Property to be leased (as described in final and temp. Regs. sec. 1.367(a)-4(c))					
Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))					
Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e))					
Other property					

**Supplemental Information Required To Be Reported** (see instructions):

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**Part IV Additional Information Regarding Transfer of Property** (see instructions)

**9** Enter the transferor's interest in the foreign transferee corporation before and after the transfer:

(a) Before \_\_\_\_\_ % (b) After \_\_\_\_\_ %

**10** Type of nonrecognition transaction (see instructions) ► SECTION 351

**11** Indicate whether any transfer reported in Part III is subject to any of the following:

- a Gain recognition under section 904(f)(3) .....  Yes  No
- b Gain recognition under section 904(f)(5)(F) .....  Yes  No
- c Recapture under section 1503(d) .....  Yes  No
- d Exchange gain under section 987 .....  Yes  No

**12** Did this transfer result from a change in the classification of the transferee to that of a foreign corporation? .....  Yes  No

**13** Indicate whether the transferor was required to recognize income under final and Temporary Regulations sections 1.367(a)-4 through 1.367(a)-6 for any of the following:

- a Tainted property .....  Yes  No
- b Depreciation recapture .....  Yes  No
- c Branch loss recapture .....  Yes  No
- d Any other income recognition provision contained in the above-referenced regulations .....  Yes  No

**14** Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)? .....  Yes  No

**15 a** Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)? .....  Yes  No

**b** If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred ► \$ \_\_\_\_\_

**16** Was cash the only property transferred? .....  Yes  No

**17 a** Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction? .....  Yes  No

**b** If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Return by a U.S. Transferor of Property  
 to a Foreign Corporation**

▶ Information about Form 926 and its separate instructions is at [www.irs.gov/form926](http://www.irs.gov/form926).  
 ▶ Attach to your income tax return for the year of the transfer or distribution.

**Part I U.S. Transferor Information** (see instructions)

Name of transferor <b>HAMPTON ROADS COMMUNITY FOUNDATION</b>	Identifying number (see instructions) <b>54-2035996</b>
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- 1** If the transferor was a corporation, complete questions 1a through 1d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations?  Yes  No
- b** Did the transferor remain in existence after the transfer?  Yes  No
- If not, list the controlling shareholder(s) and their identifying number(s):

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation?  Yes  No
- If not, list the name and employer identification number (EIN) of the parent corporation:

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(5) been made?  Yes  No

- 2** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

- a** List the name and EIN of the transferor's partnership:

Name of partnership	EIN of partnership
<b>THE RICHMOND FUND, LP</b>	<b>26-1501561</b>

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets?  Yes  No
- c** Is the partner disposing of its **entire** interest in the partnership?  Yes  No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market?  Yes  No

**Part II Transferee Foreign Corporation Information** (see instructions)

<b>3</b> Name of transferee (foreign corporation) <b>RAGING CAPITAL OFFSHORE FUND</b>	<b>4a</b> Identifying number, if any
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<b>5</b> Address (including country) <b>N/A GRAND CAYMAN, CAYMAN ISLANDS</b>	<b>4b</b> Reference ID number
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**6** Country code of country of incorporation or organization  
**CJ**

**7** Foreign law characterization (see instructions)  
**EXEMPTED COMPANY**

- 8** Is the transferee foreign corporation a controlled foreign corporation?  Yes  No

**Part III** Information Regarding Transfer of Property (see instructions)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash			2,819,817.		
Stock and securities					
Installment obligations, account receivables or similar property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))					
Tangible property used in trade or business not listed under another category					
Intangible property					
Property to be leased (as described in final and temp. Regs. sec. 1.367(a)-4(c))					
Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))					
Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e))					
Other property					

**Supplemental Information Required To Be Reported** (see instructions):

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**Part IV Additional Information Regarding Transfer of Property** (see instructions)

**9** Enter the transferor's interest in the foreign transferee corporation before and after the transfer:

(a) Before .0000 % (b) After .0000 %

**10** Type of nonrecognition transaction (see instructions) ► SECTION 351

**11** Indicate whether any transfer reported in Part III is subject to any of the following:

- a Gain recognition under section 904(f)(3) .....  Yes  No
- b Gain recognition under section 904(f)(5)(F) .....  Yes  No
- c Recapture under section 1503(d) .....  Yes  No
- d Exchange gain under section 987 .....  Yes  No

**12** Did this transfer result from a change in the classification of the transferee to that of a foreign corporation? .....  Yes  No

**13** Indicate whether the transferor was required to recognize income under final and Temporary Regulations sections 1.367(a)-4 through 1.367(a)-6 for any of the following:

- a Tainted property .....  Yes  No
- b Depreciation recapture .....  Yes  No
- c Branch loss recapture .....  Yes  No
- d Any other income recognition provision contained in the above-referenced regulations .....  Yes  No

**14** Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)? .....  Yes  No

**15 a** Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)? .....  Yes  No

**b** If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred ► \$ \_\_\_\_\_

**16** Was cash the only property transferred? .....  Yes  No

**17 a** Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction? .....  Yes  No

**b** If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Return by a U.S. Transferor of Property  
 to a Foreign Corporation**

OMB No. 1545-0026

▶ **Information about Form 926 and its separate instructions is at [www.irs.gov/form926](http://www.irs.gov/form926).**  
 ▶ **Attach to your income tax return for the year of the transfer or distribution.**

Attachment  
 Sequence No. **128**

**Part I U.S. Transferor Information** (see instructions)

Name of transferor <b>HAMPTON ROADS COMMUNITY FOUNDATION</b>	Identifying number (see instructions) <b>54-2035996</b>
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- 1** If the transferor was a corporation, complete questions 1a through 1d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations? .....  Yes  No
- b** Did the transferor remain in existence after the transfer? .....  Yes  No
- If not, list the controlling shareholder(s) and their identifying number(s):

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? .....  Yes  No
- If not, list the name and employer identification number (EIN) of the parent corporation:

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(5) been made? .....  Yes  No

- 2** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

- a** List the name and EIN of the transferor's partnership:

Name of partnership	EIN of partnership
<b>THE RICHMOND FUND, LP</b>	<b>26-1501561</b>

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets? .....  Yes  No
- c** Is the partner disposing of its **entire** interest in the partnership? .....  Yes  No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? .....  Yes  No

**Part II Transferee Foreign Corporation Information** (see instructions)

<b>3</b> Name of transferee (foreign corporation) <b>TENG YUE PARTNERS OFFSHORE FUND</b>	<b>4a</b> Identifying number, if any
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<b>5</b> Address (including country) <b>42 N. CHURCH ST GRAND CAYMAN, CAYMAN ISLANDS</b>	<b>4b</b> Reference ID number
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**6** Country code of country of incorporation or organization  
**CJ**

**7** Foreign law characterization (see instructions)  
**EXEMPTED COMPANY**

- 8** Is the transferee foreign corporation a controlled foreign corporation? .....  Yes  No

**Part III** Information Regarding Transfer of Property (see instructions)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash			2,819,817.		
Stock and securities					
Installment obligations, account receivables or similar property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))					
Tangible property used in trade or business not listed under another category					
Intangible property					
Property to be leased (as described in final and temp. Regs. sec. 1.367(a)-4(c))					
Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))					
Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e))					
Other property					

**Supplemental Information Required To Be Reported** (see instructions):

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**Part IV Additional Information Regarding Transfer of Property** (see instructions)

**9** Enter the transferor's interest in the foreign transferee corporation before and after the transfer:

(a) Before .0000 % (b) After 3.3100 %

**10** Type of nonrecognition transaction (see instructions) ► SECTION 351

**11** Indicate whether any transfer reported in Part III is subject to any of the following:

- a Gain recognition under section 904(f)(3)  Yes  No
- b Gain recognition under section 904(f)(5)(F)  Yes  No
- c Recapture under section 1503(d)  Yes  No
- d Exchange gain under section 987  Yes  No

**12** Did this transfer result from a change in the classification of the transferee to that of a foreign corporation?  Yes  No

**13** Indicate whether the transferor was required to recognize income under final and Temporary Regulations sections 1.367(a)-4 through 1.367(a)-6 for any of the following:

- a Tainted property  Yes  No
- b Depreciation recapture  Yes  No
- c Branch loss recapture  Yes  No
- d Any other income recognition provision contained in the above-referenced regulations  Yes  No

**14** Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)?  Yes  No

**15 a** Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)?  Yes  No

**b** If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred ► \$ \_\_\_\_\_

**16** Was cash the only property transferred?  Yes  No

**17 a** Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction?  Yes  No

**b** If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Return by a U.S. Transferor of Property  
 to a Foreign Corporation**

OMB No. 1545-0026

▶ **Information about Form 926 and its separate instructions is at [www.irs.gov/form926](http://www.irs.gov/form926).**  
 ▶ **Attach to your income tax return for the year of the transfer or distribution.**

Attachment  
 Sequence No. **128**

**Part I U.S. Transferor Information** (see instructions)

Name of transferor <b>HAMPTON ROADS COMMUNITY FOUNDATION</b>	Identifying number (see instructions) <b>54-2035996</b>
---	--

- 1** If the transferor was a corporation, complete questions 1a through 1d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations?  Yes  No
- b** Did the transferor remain in existence after the transfer?  Yes  No
- If not, list the controlling shareholder(s) and their identifying number(s):

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation?  Yes  No
- If not, list the name and employer identification number (EIN) of the parent corporation:

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(5) been made?  Yes  No

- 2** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

- a** List the name and EIN of the transferor's partnership:

Name of partnership	EIN of partnership
<b>THE RICHMOND FUND, LP</b>	<b>26-1501561</b>

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets?  Yes  No
- c** Is the partner disposing of its **entire** interest in the partnership?  Yes  No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market?  Yes  No

**Part II Transferee Foreign Corporation Information** (see instructions)

Name of transferee (foreign corporation) <b>BREVAN HOWARD ARGENTINA FUND</b>	4a Identifying number, if any
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Address (including country) <b>PO BOX 209 GRAND CAYMAN , CAYMAN ISLANDS</b>	4b Reference ID number
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**6** Country code of country of incorporation or organization  
**CJ**

**7** Foreign law characterization (see instructions)  
**EXEMPTED COMPANY**

- 8** Is the transferee foreign corporation a controlled foreign corporation?  Yes  No



**Part III Information Regarding Transfer of Property** (see instructions)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash			6,344,588.		
Stock and securities					
Installment obligations, account receivables or similar property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))					
Tangible property used in trade or business not listed under another category					
Intangible property					
Property to be leased (as described in final and temp. Regs. sec. 1.367(a)-4(c))					
Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))					
Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e))					
Other property					

**Supplemental Information Required To Be Reported** (see instructions):

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**Part IV Additional Information Regarding Transfer of Property** (see instructions)

**9** Enter the transferor's interest in the foreign transferee corporation before and after the transfer:

(a) Before .0000 % (b) After 8.5070 %

**10** Type of nonrecognition transaction (see instructions) ► SECTION 351

**11** Indicate whether any transfer reported in Part III is subject to any of the following:

- a Gain recognition under section 904(f)(3)  Yes  No
- b Gain recognition under section 904(f)(5)(F)  Yes  No
- c Recapture under section 1503(d)  Yes  No
- d Exchange gain under section 987  Yes  No

**12** Did this transfer result from a change in the classification of the transferee to that of a foreign corporation?  Yes  No

**13** Indicate whether the transferor was required to recognize income under final and Temporary Regulations sections 1.367(a)-4 through 1.367(a)-6 for any of the following:

- a Tainted property  Yes  No
- b Depreciation recapture  Yes  No
- c Branch loss recapture  Yes  No
- d Any other income recognition provision contained in the above-referenced regulations  Yes  No

**14** Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)?  Yes  No

**15 a** Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)?  Yes  No

**b** If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred ► \$ \_\_\_\_\_

**16** Was cash the only property transferred?  Yes  No

**17 a** Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction?  Yes  No

**b** If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box  **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file)** . You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Enter filer's identifying number**

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>HAMPTON ROADS COMMUNITY FOUNDATION</b>	Employer identification number (EIN) or <b>54-2035996</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>101 WEST MAIN STREET, NO. 4500</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>NORFOLK, VA 23510</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**HAMPTON ROADS COMMUNITY FOUNDATION**

- The books are in the care of ▶ **101 W. MAIN STREET, SUITE 4500 - NORFOLK, VA 23510**  
Telephone No. ▶ **757-622-7951** Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2016**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2015** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution.** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box  **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Enter filer's identifying number, see instructions

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. <b>HAMPTON ROADS COMMUNITY FOUNDATION</b>	Employer identification number (EIN) or <b>54-2035996</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>101 WEST MAIN STREET, NO. 4500</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>NORFOLK, VA 23510</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

**HAMPTON ROADS COMMUNITY FOUNDATION**

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 Telephone No.  **757-622-7951** Fax No.

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2016**.

5 For calendar year **2015**, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

6 If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

7 State in detail why you need the extension  
**ADDITIONAL TIME IS NEEDED IN ORDER TO PREPARE A COMPLETE AND ACCURATE RETURN.**

<b>8a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$	0.
<b>c Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$	0.

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title  **CFO** Date

# Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file)** . You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Enter filer's identifying number**

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>HAMPTON ROADS COMMUNITY FOUNDATION</b>	Employer identification number (EIN) or <b>54-2035996</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>101 WEST MAIN STREET, NO. 4500</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>NORFOLK, VA 23510</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**HAMPTON ROADS COMMUNITY FOUNDATION**

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Telephone No. ▶ **757-622-7951** Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **NOVEMBER 15, 2016**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2015** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	360,000.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	360,000.

**Caution.** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.