2018 Exempt Organization Tax Return

Prepared For:

COMMUNITIES IN SCHOOLS OF HAMPTON ROADS P O BOX 7784
PORTSMOUTH, VA 23707

Prepared By:

JYE Financial & Accounting 3431 Christopher Ct. Norfolk, VA 23513 Telephone: (757)236-4546

Email: jyefinancialsolutions@gmail.com

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

A .	Cha	the 2018 calendar year, or tax year beginning 07/01/2018 and ending 0	6/30/201	9	
В		C Name of organization COMMUNITIES IN SCHOOLS OF HA	MPTON ROAL	OS DE	mployer identification number
님		ress change Doing business as			-2504678
닏		e change Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	ET	elephone number
\sqcup	Initia	P O BOX 7784		(7	57) 580-7966
Ц	Final	return/terminated City or town, state or province, country, and ZIP or foreign postal code			317300 1300
	Ame	PORTSMOUTH, VA 23707		6.0	rose receipts \$ 732 237
	Applic	ation pending F Name and address of principal officer: KURT KONDAS			group return for subordinates? Yes No
		P O BOX 7884 PORTSMOUTH, VA 23707			= =
1	Tax-ex	xempt status: 501(c)(3) 501(c)() 4947(a)(1) or			subordinates included? Yes No
J	Websi	te: >WWW.CISOFHAMPTONROADS.ORG	527		attach a list. (see instructions)
K	Form o				exemption number
P	art I		ar of formation: 20	113	M State of legal domicile: VA
	1	Briefly describe the organization's mission or most significant activities:			
φ		TO SURROUND STUDENTS WITH A COMMUNITY OF S	A 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
Activities & Governance	1	STAY IN SCHOOL AND ACHIEVE IN LIFE	SUPPORT,	EMPOV	VERING THEM TO
er.	2	Check this boy Tif the experiention discount with			
ŏ	3	Check this box if the organization discontinued its operations or disposed of more	e than 25% of its	net assets	
<u>ن</u> م	4	Number of voting members of the governing body (Part VI, line 1a)			3 14
Se	-	Number of independent voting members of the governing body (Part VI, line 1b)		[4 14
ŧ	0	Total number of individuals employed in calendar year 2018 (Part V, line 2a).			5 13
ŧ	0	rotal number of volunteers (estimate if necessary)		Г	6 5
A	/8	From Part VIII, column (C), line 12		1.	7a 0.
_	E	Net unrelated business taxable income from Form 990-T, line 38			7b 0.
			Prior V		Current Year
m	8	Contributions and grants (Part VIII, line 1h)	43	37,848	
Revenue	9	Program service revenue (Part VIII, line 2g)		7010	000,004.
9/6	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			100.
œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			32,439.
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,848	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	- 30	7,020	720,603.
	14	Benefits paid to or for members (Part IX, column (A), line 4)			
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	20	4 720	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	30	4,738	560,100.
per	b	Total fundraising expenses (Part IX, column (D), line 25) ► 72,813.			
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u> </u>		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).		2,932	
	19	Revenue less expenses. Subtract line 18 from line 12		7,670	
- S		Superiode. Construct line to nontline 12		0,178	
ets c	20	Total assets (Part X line 16)	Beginning of C		
Net Assets or Fund Balances	21	Total assets (Part X, line 16)		7,944	1
F F	22	Net assets or fund halances. Subtreet line 24 for the 22		3,892	. 22,157.
	rt II	Net assets or fund balances. Subtract line 21 from line 20	11	4,052	. 219,422.
Und	er per	lalties of periupy I declars that I have a service to the			
true	corre	nalties 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.					
Sig	- 1	Signature of difficer		9/8/	19
He		Section 1 Control Control III Section 1 Control Contro	I	Date	
He	16	HOPE SINCLAIR, DR			
_		Type or print name and title			
Pa		Print/Type preparer's name Preparer's signature	Date	Che	ck X if PTIN
	par	Journey 11 Tourid	09/08/20	19 self-	employed P02041715
Us	e Or	nly Firm's name >JYE Financial & Accounting		Firm's FIN	►82-2362879
		Firm's address ▶ 3431 Christopher Ct.		Phone no.	2302019
		Norfolk, VA 23513	T I		236-4546
May	he IR	S discuss this return with the preparer shown above? (see instructions)		(131)	236-4346 ▼ Vac □ Na

Pa	Statement of Dragger Consider A	LS OF HAMP	TON ROADS		26-	-2504678 Page 2
га	Statement of Program Service Ac	complishments	i 			
1	Check if Schedule O contains a response or no	ote to any line in this F	art III		<u> </u>	
1	- 10 organization of mission.					
	TO SURROUND STUDENTS WITH	A COMMUNI	TY OF SUP	PORT, EMPO	WERING	THEM TO
	STAY IN SCHOOL AND ACHIEV	E				
2	Did the organization undertake any significant program	m conicos durina the		-4 F-4-4 W		
_	prior Form 990 or 990-EZ?	in services during the	year which were no	ot listed on the		
	If "Yes," describe these new services on Schedule O					Yes X No
3	Did the organization cease conducting, or make signi		it conducts and n	rogram		
	services?	neart changes in now	it conducts, any p	rogram		Yes X No
	If "Yes," describe these changes on Schedule O.					Tes A No
4	Describe the organization's program service accompl	ishments for each of i	ts three largest pro	aram services as m	seasured by	
	expenses. Section 501(c)(3) and 501(c)(4) organizati	ons are required to re	port the amount of	grants and allocation	e to others	
	the total expenses, and revenue, if any, for each prog	ram service reported.	port the difficult of	grants and anocation	is to others,	
4a	(Code:) (Expenses \$ 487,433.	including grants of \$) (Revenue \$	***************************************)
	TO SURROUND STUDENTS WITH	COMMUNITY	SUPPORT,	ENABLING	THEM TO	STAY
	IN SCHOOL AND ACHIEVE					
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)

40	/Code					
40	(Code:) (Expenses \$	including grants of \$_) (Revenue \$)
4d	Other program services (Describe in Schedule O.)					
-u						
4e	(Expenses \$ including grants of \$ Total program service expenses) (Revenue \$)	
	- oral program service expenses					487,433.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	-
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		-	+
	candidates for public office? If "Yes," complete Schedule C, Part I			100
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3	-	X
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	١.		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4	-	X
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III			
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5	-	X
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I			
7	Did the organization receive or hold a conservation occupant including	6		X
	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
9	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D. Part V	10		x
11	if the organization's answer to any of the following questions is 'Yes," then complete Schedule D. Parts VI			
	VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	х	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	- 114		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	110		-22
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	110		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	44.3		37
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11d		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		X
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.		ı	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		X
	Schedule D, Parts XI and XII			
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	12a	X	
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	13		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		X
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Ves." complete School to 5. Parts I was a line of the school to 5. Parts I was a li			
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		X_
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes " respective 9 of the second			
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
. •	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		T	
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
13	bid the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 932			
20-	If res, complete Schedule G, Part III	19		X
20a	The trie organization operate one or more nospital facilities? If "Yes." complete Schedule H	20a		X
b	res, to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	-+	
21	The diganization report more than \$5,000 of grants or other assistance to any domestic organization or			
	duffestic dovernment on Part IX column (A) line 12 If "Voc " complete Ochool I II II III	21		X
UYA				42

Supporting Organizations

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

Section A. All Supporting Organizations

1	Are all of the organization's connected association		Yes	No
•	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.			
2	Did the organization have any supported organization that does not be a seen as the second organization that does not be a second or the second organization that does not be a second or the second organization that does not be a second or the second organization that does not be a second or the second organization that does not be a second or the second organization that does not be a second organization that does not be a second organization that does not be a second or the second organization that does not be a second or the second organization that does not be a second organization that does not be a second or the second organization that does not be a second organization that does not be a second or the second organization that does not be a second or the s	1		
	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	1		
3a	Did the organization have a supported organization described in section 504(2)(1).	2		
	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.			
b		3a		
	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.			
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	3b		
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	2-		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	3c		
	"Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4-		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	4a		
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		
C	Did the organization support any foreign supported organization that does not have an IRS determination	40		
	and sections 501(c)(3) and 509(a)(1) or (2)? If "Yes." explain in Part VI what controls the organization used			
	to ensure trial all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)		. 1	
_	purposes.	4c	- 1	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	10	-	
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and FIN			
	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			
b	was accomplished (such as by amendment to the organizing document). Type I or Type II only. Was any added or substituted supported organization part of a class streaght.	5a		
С	designated in the organization's organizing document?	5b		
6	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
	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, (iii) with the charitable class			
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.			
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	6		
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	-	- 1	
8	bid the organization make a loan to a disqualified person (as defined in section 4958) not described in line 72	7		
	res, complete Part For Schedule L (Form 990 or 990-F7)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more	0	-	
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) of (2))? If "Yes," provide detail in Part VI	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	Ja	-+	
.408	are supporting organization had an interest? If "Yes." provide detail in Part VI	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in or derive any personal benefit	-	\rightarrow	
10-	"Yes " provide detail in Part VI	9c		
10a	was the organization subject to the excess business holdings rules of section 4943 because of section		+	
	1 (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
b	supporting organizations)? If "Yes," answer 10b below.	10a		
IJ	Did the organization have any excess business holdings in the tay year? (Uso Schodulo C. Form 4700 to			
		10h		

10b

Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		1	110
а	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?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
_		1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
Sooti		2		
Secu	on C. Type II Supporting Organizations			
1	Mara a majority of the array is the same i		Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).			
Secti	on D. All Type III Supporting Organizations	1		
	on britain type in dupporting Organizations			
1	Did the organization provide to each of its connected association to the transfer of the connected association in the connected asso		Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes." describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	netruc	tions	٠١٠
а	The organization satisfied the Activities Test. Complete line 2 below.	isu uc	uons	·).
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(soo i	notrur	tions
_		(300 11	istiuc	illoris,
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes " then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
	TABLE TO THE SECOND PROPERTY OF THE SECOND S	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	T		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3	ALIAN ON THE ANALYSIS AND ANALYS	2b		
	Parent of Supported Organizations. Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b 	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rga	nizations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trus	st on Nov. 20, 1970 (expla	in in Part VI).
See instructions. All other Type III non-functionally integrated supporting of	orga	nizations must complete S	Sections A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year
1 Net short-term capital gain	1		()
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount	10		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		-
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional	y in	tegrated Type III supporting	ng organization (see

instructions).

Par	, 3	OOLS OF HAMPT (3) Supporting Organ	ON ROADS 2	26-2504678 Page 7
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers ex organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	ooses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required	1)		
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	th the organization is res	sponsive	
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
s	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in Part VI). See instr.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
C	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D, line 7:			
а	Applied to underdistributions of prior years			_
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

Schedule A (F	form 990 or 990-EZ) 2018 COMMUNITIES IN SCHOOLS OF HAMPTON ROADS 26-2504678 Page 8
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,
	22 and 3b, Part V, Section C, line 1, Fat IV, Section D, lines 2 and 3, Fat 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,
p==	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
-	
	*
-	
·	

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Name of the organization

Organization type (check one):

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2018

COMMUNITIES IN SCHOOLS OF HAMPTON ROADS

Employer identification number 26-2504678

Filers of:	Section:				
Form 990 or 990-EZ	∑ 501(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
Check if your organization is					
Note: Only a section 501(c) instructions.	s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See				
General Rule					
For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules					
For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ½ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year.					
Caution: An organization that 990-EZ, or 990-PF) but it mu	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,				

990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZor on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

COMMUNITIES IN SCHOOLS OF HAMPTON ROADS

Employer identification number 26-2504678

Parti	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1 (a)	STATE OF VIRGINIA 100 BANK STREET RICHMOND, VA 23219	\$50,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)		
No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2 (a)	HAMPTON ROADS COMMUNITY FOUNDATION 101 W. MAIN STREET NORFOLK, VA 23510	\$ 211,880.	Person X Payroll Oncash (Complete Part II for noncash contributions.)		
No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3 (a)	SUNTRUST BANK 200 SOUTH ORANGE AVENUE ORLANDO, FL 32801	\$25,000.	Person X Payroll		
No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
(a)	PORTSMOUTH GENERAL HOSPITAL FNDTN 360 CRAWFORD ST PORTSMOUTH, VA 23704	\$50,000.	Person X Payroll		
No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5 (a)	VIRGINIA BEACH PUBLIC SCHOOLS 2512 GEORGE MASON DRIVE VIRGINIA BEACH, VA 23456	\$132,880.	Person X Payroll Complete Part II for noncash contributions.)		
No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
6	LANDMARK FOUNDATION 150 GRANBY STREET NORFOLK, VA 23510	\$25,000.	Person X Payroll Complete Part II for noncash contributions.)		

Name of organization

COMMUNITIES IN SCHOOLS OF HAMPTON ROADS

Employer identification number

26-2504678

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (c) from (d) FMV (or estimate) Description of noncash property given Part I Date received (See instructions.) \$ (a) No. (c) (b) from (d) Description of noncash property given FMV (or estimate) Part I Date received (See instructions.) \$ (a) No. (c) from (d) Description of noncash property given FMV (or estimate) Part I Date received (See instructions.) \$ (a) No. (c) from (d) Description of noncash property given FMV (or estimate) Part I Date received (See instructions.) \$ (a) No. from (c) (d) Description of noncash property given FMV (or estimate) Part I Date received (See instructions.) \$ (a) No. (b) (c) from (d) Description of noncash property given FMV (or estimate) Part I Date received (See instructions.) \$

Page 4 Name of organization Employer identification number COMMUNITIES IN SCHOOLS OF HAMPTON ROADS 26-2504678 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift Part I (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

COMMUNITIES IN SCHOOLS OF HAMPTON ROADS

Employer identification number 26-2504678

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
7	ALTRIA 6601 BROAD ST. RICHMOND, VA 23230	\$\$	Person X Payroll (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
8	SUFFOLK PUBLIC SCHOOLS 100 N MAIN STREET SUFFOLK, VA 23434	\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Oncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
(a)		\$	Person Payroll Complete Part II for noncash contributions.)	
No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
(a)		\$	Person Payroll Complete Part II for noncash contributions.)	
No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	

SCHEDULE D (Form 990)

Supplemental Financial Statements
▶ Complete if the organization answered "Yes" to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

COL	MUNITIES IN SCHOOLS OF HAMPTO	N ROADS	26-2504678
Pa	Organizations Maintaining Donor Adv	vised Funds or Other Similar Fur	nds 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		(a) i and and other accounts
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		1
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	Writing that the assets hold in denos editional	
	property, subject to the organization's exclusive legal control	l?	runds are the organization's
6	Did the organization inform all grantees, donors, and donor	advisors in writing that great for de-	Yes No
	purposes and not for the benefit of the donor or donor advis	or or for any other purpose and funds can be us	ed only for charitable
	private benefit?	or, or for any other purpose conferring imperi	nissible
Par	private benefit?	· · · · · · · · · · · · · · · · · · ·	Yes No
	Complete if the organization answered	Ves" on Form 000 Deat IV III- 7	
1	Purpose(s) of conservation easements held by the organiza	res on Form 990, Part IV, line 7.	
	Preservation of land for public use (e.g., recreation or e		
	Protection of natural habitat		torically important land area
	Preservation of open space	Preservation of a c	certified historic structure
2	Complete lines 2a through 2d if the arrest at the complete lines 2a through 2d if the arrest at the complete lines 2a through 2d if the arrest at the complete lines 2a through 2d if the arrest at the complete lines 2a through 2d if the arrest at the complete lines 2a through 2d if the arrest at the complete lines 2a through 2d if the arrest at the complete lines 2a through 2d if the arrest at the complete lines 2a through 2d if the arrest at the complete lines 2a through 2d if the arrest at the complete lines 2a through 2d if the arrest at the complete lines 2a through 2d if the arrest at the complete lines 2a through 2d if the arrest at the complete lines 2a through 2d if the arrest at the complete lines 2a through 2d if the arrest at the complete lines 2a through 2d if the arrest at the complete lines 2a through 2d if the arrest at the complete lines 2a through 2d if the arrest at the complete lines 2a through 2d if the arrest at the complete lines 2a through 2d if the arrest at through 2d if the arrest at the complete lines 2a through 2d if the arrest at the complete lines 2a through 2d if the arrest at the complete lines 2a through 2d if the arrest at the complete lines 2a through 2d if the arrest at the complete lines 2a through 2d if the arrest at the complete lines 2a through 2d if the arrest at the complete lines 2a through 2d if the arrest at the complete lines 2a through 2d if the arrest at the complete lines 2a through 2d if the arrest at the complete lines 2a through 2d if the arrest at the complete lines 2a through 2d if the arrest at the complete lines 2a through 2d if the arrest at the complete lines 2a through 2d if the arrest at the complete lines 2a through 2d if the arrest at the complete lines 2a through 2d if the arrest at the complete lines 2a through 2d if the arrest at through 2d if the arrest at the complete lines 2a through 2d if the arrest at thro		
_	Complete lines 2a through 2d if the organization held a qual of the tax year.	ified conservation contribution in the form of a	conservation easement on the last day
а	, , , , , , , , , , , , , , , , , , , ,		Hold of the Feed of the Feed
b	Total number of conservation easements		2a
c	Total acreage restricted by conservation easements		2b
d	Number of conservation easements on a certified historic st	ructure included in (a)	2c
u	real real values of conservation easements included in (c) acquired	after 7/25/06 and not on a historic structure	
3	iisted in the National Register		2d
3	reamber of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	
	organization during the tax year		
4	Number of states where property subject to conservation eas	sement is located ▶	
5	Does the organization have a written policy regarding the per	indic monitoring inspection handling of viole	tions
_	and emoleciment of the conservation easements it holds?		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserva-	ation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, hand ▶\$	lling of violations, and enforcing conservation	eacomonts during the
8	Does each conservation easement reported on line 2(d) above and section 170(b)(4)(P)(ii)2	e satisfy the requirements of section 170/b)/	4\/D\/;\
	and decitor 170(11)(4)(B)(II)?		
9	The state of the s	on occoments in it.	
	The cost of the footilote to the dignizati	on's financial statements that describes the	rement, and balance sheet, and
- 1			
Part		of Art. Historical Treasures or C	Othor Cimilar Assats
-	- Janization answered	es on form you bor IV line o	
1a	in the organization elected, as permitted under SFAS 116 (AS	C 958) not to report in its revenue atata-	
	historical treasures, or other similar assets held for public ext the text of the footnote to its financial statements that describ	nibition education or research in further	and balance sheet works of art,
	in an old old chief the teaching	es mese items	
b	If the organization elected, as permitted under SFAS 116 (AS historical treasures, or other similar assets held for public out	C 958) to report in its assessment	
	historical treasures, or other similar assets held for public extramounts relating to these items:	whition education or received in the	d balance sheet works of art,
	amounts relating to these items:	ibilion, education, or research in furtherance	of public service, provide the following
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		▶\$
2	(ii) Assets included in Form 990, Part X. If the organization received or held works of art, historical law.		▶\$
	or art, historical trea	Sures or other similar accets for financial ac-	n, provide the following amounts
а	The street of No 110 (ASC 930) relating to	n these items:	
	Revenue included on Form 990, Part VIII, line 1		▶\$
-	The state of the s		

Sched	lule D (Form 990) 2018 COMMUNITIE	S IN SCHOO	LS O	F HAMI	PTON R	OADS	26	-25	0467	78	Page 2
Par	Organizations Maintaining	Collections of	Art, Hi	storical	Treasure	s, or O	ther Simila	r Ass	ets (d	contii	nued)
3	Using the organization's acquisition, access (check all that apply):	ion, and other records	s, check a	any of the fo	ollowing that	are a sigi	nificant use of it	s collec	ction ite	ms	
а	Public exhibition		d	Loan	or exchange	nrogram	ne				
b	Scholarly research		e	Other		program	15				
С	Preservation for future generations			Other							
4	Provide a description of the organization's co	ollections and explain	how they	further the	organization	's exemp	t purpose in Pa	rt XIII.			
-											
5	During the year, did the organization solicit of	or receive donations of	f art, histo	orical treasu	ures, or other	r similar a	assets to be solo	to rais	e funds	3	
Par	rather than to be maintained as part of the or to the control of t	rganization's collection	n?						Ye	es [No
		ingements.									
	Complete if the organization 990, Part X, line 21.							amou	ınt on	For	m
1a	Is the organization an agent, trustee, custodi	ian or other intermedia	ary for co	ntributions (or other asse	ets not inc	cluded				
b	on Form 990, Part X?									es [No
-	If "Yes," explain the arrangement in Part XIII	and complete the foll	lowing tab	ole:							
С	Beginning balance					-		Amount	t		
d	Additions during the year			***		10					
е	Distributions during the year					10					
f	Ending balance					10					
2a	Ending balance	· · · · · · · · · · · · · · · · · · ·				11	f				
b	Did the organization include an amount on Fo	orm 990, Part X, line :	21, for es	crow or cus	stodial accou	int liability	n		Ye	s	No
ASSESSMENT OF THE PARTY OF THE	If "Yes," explain the arrangement in Part XIII. V Endowment Funds.	. Check here if the ex	planation	has been p	rovided on P	art XIII.				[]
	Lindowillettt i ullus.										
	Complete if the organization	answered "Yes"			art IV, line	e 10.					
4.0	Decimals of the second	(a) Current year	(b) F	rior year	(c) Two ye	ars back	(d) Three years	back	(e) Fou	r years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and										
	losses										
d	Grants or scholarships							-+			
е	Other expenditures for facilities and							-			
	programs										
f	Administrative expenses										
g	End of year balance										
2											
а	Provide the estimated percentage of the curre Board designated or quasi-endowment			column (a))	held as:						
b	Dormonant and	-	%								
С	Temporarily restricted endowment	%									
0-	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
3a	Are there endowment funds not in the posses	ssion of the organizati	on that ar	e held and	administered	for the					
	organization by.								Г	V	A1-
	(i) unrelated organizations									Yes	No
	(II) related organizations								3a(i)		
b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	d on Sch	odulo D2					3a(ii)		
4	Describe in Part XIII the intended uses of the	organizaton's endow	mont fund	cuule R?.				[3b		
Part	Land, Buildings, and Equip	ment									
	Complete if the organization a	inswered "Yes" o	n Form	000 Da	net IV / Iim n	44- 0					
	Description of property	(a) Cost or other	oh rolli	1 990, Pa	art IV, line	11a. S	ee Form 99	0, Pai	rt X, Ii	ne 1	0.
		(investmer		(b) Cost or			ccumulated	(d	l) Book	value	
1a	Land	The state of the s	/	(oth	iei)	de	preciation				
	Buildings										
	Leasehold improvements										
u 0	Equipment	1,	259.				1,259.				
e Total Δ	Other										
UYA	dd lines 1a through 1e. (Column (d) must equ	al Form 990, Part X,	column (i	B), line 10c.	.)						

/4) Einons:-	(a) Description of security or category		(b) Book value		990, Part X, line 12.
/4) Einana!-	(including name of security)				nd-of-year market value
	derivatives				
	neld equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)				3,1,31,31,31,31,31,31,31,31,31,31,31,31,	***************************************
(F)					
(G)					
(H)	nn /h) must a u / F				
Part VIII	nn (b) must equal Form 990, Part X, col. (B) li	ine 12.) ▶			
Part VIII	Investments — Program Relate	d.			
	Complete if the organization answ	ered "Yes" on Form	990, Part IV, line	11c. See Form	990, Part X, line 13.
	(a) Description of investment		(b) Book value	(c) Me	thod of valuation:
(4)				Cost or e	nd-of-year market value
(1)					
(2)					
(3)					
(4) (5)					
(5)					
(6)					
(7)					
(8) (9)					
	nn (b) must equal Form 990, Part X, col. (B) lii	40.11			
Part IX	Other Assets.	ne 13.) >			
TUILIX					
	Complete if the organization answ	ered "Yes" on Form	990, Part IV, line 1	1d. See Form	990, Part X, line 15.
	(a)	Description			(b) Book value
(1)					
(2)					
(2) (3)					
(2) (3) (4)					
(2) (3) (4) (5)					
(2) (3) (4) (5)					
(2) (3) (4) (5) (6) (7)					
(2) (3) (4) (5) (6) (7)					
(2) (3) (4) (5) (6) (7) (8)	n (b) must equal Form 990, Part Y, col. (R) lie	20.15			
(2) (3) (4) (5) (6) (7) (8) (9)	n (b) must equal Form 990, Part X, col. (B) lin	ne 15.)			
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	Other Liabilities.				
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	Complete if the organization answer				Form 990, Part X,
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	Complete if the organization answelline 25.	ered "Yes" on Form			Form 990, Part X,
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Colum Part X	Complete if the organization answelline 25. (a) Description of liability				Form 990, Part X,
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Complete if the organization answelline 25.	ered "Yes" on Form			Form 990, Part X,
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X I. (1) Federal (2)	Complete if the organization answelline 25. (a) Description of liability	ered "Yes" on Form			Form 990, Part X,
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) (3)	Complete if the organization answelline 25. (a) Description of liability	ered "Yes" on Form			Form 990, Part X,
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) (3) (4)	Complete if the organization answelline 25. (a) Description of liability	ered "Yes" on Form			Form 990, Part X,
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) (3) (4) (5)	Complete if the organization answelline 25. (a) Description of liability	ered "Yes" on Form			Form 990, Part X,
1. (1) Federal (2) (3) (4) (5)	Complete if the organization answelline 25. (a) Description of liability	ered "Yes" on Form			Form 990, Part X,
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) (3) (4) (5) (6) (7)	Complete if the organization answelline 25. (a) Description of liability	ered "Yes" on Form			Form 990, Part X,
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) (3) (4) (5) (6)	Complete if the organization answelline 25. (a) Description of liability	ered "Yes" on Form			Form 990, Part X,

Schedu	lle D (Form 990) 2018 COMMUNITIES IN SCHOOLS OF HAME		DONDO.	20	0504670 Pag	10 A
Part	XI Reconciliation of Revenue per Audited Financial Stateme	nte	With Povenue ner	26-	-2504678 Pag	e 4
	Complete if the organization answered "Yes" on Form 990, P	art I/	/ line 12a	Retu	ırn.	
1	Total revenue, gains, and other support per audited financial statements	artiv	7, IIIC 12a.	Τ.	Т	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			1		
а	Net unrealized gains (losses) on investments	2a	1			
b	Donated services and use of facilities			-		
С	Recoveries of prior year grants			+		
d	Other (Describe in Part XIII.)	2c		-		
е	Add lines 2a through 2d	2d		1		
3	Subtract line 2e from line 1			2e		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	i · ·	i	3	-	
а	Investment expenses not included on Form 990, Part VIII, line 7b.	4-				
b	Other (Describe in Part XIII.)	4a 4b		-		
С	Add lines 4a and 4b	40		١		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			4c		
Part	Reconciliation of Expenses per Audited Financial Statem	onte	With Expenses no	5 2 Po	turn	
	Complete if the organization answered "Yes" on Form 990, Pa	art I\	line 12a	er Ke	xum.	
1	Total expenses and losses per audited financial statements	art 1 v	, IIIC 12a.	1	T	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			1		_
а	Donated services and use of facilities	2a	1			
b	Prior year adjustments	2b		-		
С	Other losses	20		1		
d	Other (Describe in Part XIII.)	2d		1		
е	Add lines 2a through 2d	Zu	L	20		
3	Subtract line 2e from line 1			2e 3		_
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			3		_
а	Investment expenses not included as Fermi coo. D. 1. VIII. II.	4a				
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b.	12		4c		
5	Total expenses. Add lines 3 and 4c.(This must equal Form 990, Part I, line 18)			5		_
	Supplemental information.					_
Provide	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, line	es 1b	and 2b; Part V. line 4: Par	rt X. lir	ne 2:	
Part XI,	lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	ditiona	I information.			
	•					
						-
						-
						-
						_
						-
				-		

Schedule D (F	Form 990) 2018	COMMUNI	TIES IN S	CHOOLS	OF HAMPTO	ON ROADS	26-2504678	Page 5
Part XIII	Supplemen	ital Informat	TIES IN S	d)			20 2501070	
					T-115310-10710-10710-107-107-107-107-107-107-1			
							,	

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990 or Form 990-EZ.

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

Open to Public

COM	MUNITIES IN SCHOOLS	OF HAMPI	ON ROA	DS		26-250467	8
Part	Fundraising Activities. Form 990-EZ filers are r				wered "Yes" on	Form 990, Part IV,	line 17.
1	Indicate whether the organization raise				01-1-11-1		
a	Mail solicitations	ed funds through a		_			
72			e L		n of non-government		
b	Internet and email solicitations		' <u> </u>	_	n of government gran	nts	
C	Phone solicitations		g L	Special fu	indraising events		
d	In-person solicitations						
2a	Did the organization have a written or					rustees, or key employee:	
	listed in Form 990, Part VII) or entity in						Yes No
b	If "Yes," list the 10 highest paid individ		ndraisers) pu	irsuant to agi	reements under which	th the fundraiser is to be	
	compensated at least \$5,000 by the or	ganization.					
			_				
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity		draiser have	(iv) Gross receipts	(v) Amount paid to	(vi) Amount paid to
or entity (fundraiser) custody or control of contributions?					(or retained by) fundraiser listed in	(or retained by) organization	
			Yes	No		col. (i)	
1			100	110	1 1		
2							
3							
4							
5							
6							
7							
8							
9		1.00					
10							
Total							
3 Lis	it all states in which the organizat gistration or licensing.	ion is registered	or license	d to solicit	contributions or h	as been notified it is	exempt from

Sch	edul a rt	than \$15,000 of fundraising	lete if the organizatio event contributions a	n answered "Yes" on Fo	rm 990, Part IV, line 18	26-2504678 Page 2 3, or reported more 6b. List events with
	Т	gross receipts greater than S		T		
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			(event type)	(event type)	(total number)	(add col. (a) through col. (c))
nne		-	71-7	(cross sype)	(total namber)	COI. (C))
Revenue		1 Gross receipts				
	1	2 Less: Contributions				
	:	3 Gross income (line 1 minus				
		line 2)				
	4	4 Cash prizes				
		5 Noncash prizes				
enses	6	6 Rent/facility costs	·			
Direct Expenses	7	7 Food and beverages				
Direc	8	8 Entertainment				
	9	9 Other direct expenses				
	10	Direct expense summary. Add	lines 4 through 9 in o	column (d)		
-1-0	11	 Net income summary. Subtract 	t line 10 from line 3.	column (d).		0.
Pa	rt I	Gaming. Complete if the org	janization answered "	Yes" on Form 990, Part	IV, line 19, or reported	more
1022		than \$15,000 on Form 990-E				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c)Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	1 Gross revenue				
ses	2	2 Cash prizes				
Exper	3	3 Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	☐Yes %	☐Yes %	
	6	Volunteer labor	No	No	□ No	
	7	Direct expense summary. Add	lines 2 through 5 in c	olumn (d)		0.
	8	Net gaming income summary.	Subtract line 7 from I	ine 1, column (d)		0.
9	a	Enter the state(s) in which the orgalist the organization licensed to con	anization conducts as	aming activities:		
	b	II INO EXPLAIN.			67	· · · · L Yes L No
10	a b	Were any of the organization's gar If "Yes," explain:	ming licenses revoked	d, suspended, or termina	ated during the tax year	? Yes No
	-					

Sched	Does the organization conduct gaming activities with property 2018 COMMUNITIES IN SCHOOLS OF HAMPTON ROADS 26-2504678 Page 3
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity
13	Indicate the percentage of gaming activity conducted in:
a	The organization's facility
b	
14	and a second will prepares the organization's gaming/enocial events health and
	records:
	Name ▶
	Address ▶
15a	Does the organization have a contract with a third party from whom the account of
D	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
c	smooth of garning revenue retained by the third party \$
•	If "Yes," enter name and address of the third party:
	Name ▶
	Address▶
16	Gaming manager information:
	Maria A
	Name ▶
	Gaming manager compensation ▶ \$
	Description of services provided ▶
	☐ Director/officer ☐ Employee ☐ Independent contractor
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to all.
-	
Part I	Supplemental Information Provide the explanations required by D. 11 till
	The state of the s
	See instructions.
'A	

SCHEDULE 0 (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Attach to Form 990 or 990-EZ. Inspection Employer identification number

COMMUNITIES IN SCHO	OLS OF HAMP	TON ROADS		26-2504678
PART VI, SECTION B, PROVIDED ANNUALLY	LINE 12			20 2001070
PROVIDED ANNUALLY		Transfer of the control of the contr		
			1	
PART VI, SECTION C,	LINE 19	DOM DECIMAN		
GOVERNING DOCUMENTS	PROVIDED U	PON REQUEST;	990 ALSO ON	WEBSITE

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service Name of the organization COMMUNITIES IN SCHOOLS OF HAMPTON ROADS

<u>ල</u>

<u>4</u>

(5)

9

€

3

3

4

(2)

9

6

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.

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

2018

OMB No. 1545-0047

Open to Public Inspection

26-2504678

Section 512(b)(13) controlled entity? (f) Direct controlling % 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. entity (g) Yes (f) Direct controlling entity (e) End-of-year assets Public charity status (if section 501(c)(3)) Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (d) Total income (e) (d) Exempt Code section Legal domicile (state or foreign country) 9 (c)
Legal domicile (state
or foreign country) Primary activity Primary activity For Paperwork Reduction Act Notice, see the Instructions for Form 990. (a) Name, address, and EIN (if applicable) of disregarded entity (a) Name, address, and EIN of related organization Partl Part II £ 3

Page 2 26-2504678

Schedule R (Form 990) 2018 COMMUNITIES IN SCHOOLS OF HAMPTON ROADS

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.

(k) Percentage 0.000.0 0.000.0 0000.0 0.000.0 0.0000 0.000.0 0.000.0 ownership (i) General or managing partner? ŝ Yes amount in box 20 of Schedule K-1 (i) Code V - UBI (Form 1065) (h)
Disproportionate
allocations? õ Yes (g) Share of end-ofyear assets (f) Share of total income excluded from tax under sections 512-514) (e)
Predominant
income (related, unrelated, (d) Direct controlling entity (c) Legal domicile foreign country) (state or Primary activity (a) Name, address, and EIN of related organization E 8 (3) (2) 4 9 6

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. Part IV

26-2504678

Schedule R (Form 990) 2018 COMMUNITIES IN SCHOOLS OF HAMPTON ROADS

Page 3 MM × × ×× ×× × × × × × × 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. Method of determining amount involved Yes a 9 2 19 <u>9</u> # **1**0 4 = * 13 4 10 4 + 19 Giff, grant, or capital contribution from related organization(s). d Loans or loan guarantees to or for related organization(s) Loans or loan guarantees by related organization(s) Purchase of assets from related organization(s). Lease of facilities, equipment, or other assets to related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).

Sharing of paid employees with related organization(s). Performance of services or membership or fundraising solicitations by related organization(s). Reimbursement paid by related organization(s) for expenses Gift, grant, or capital contribution to related organization(s) Performance of services or membership or fundraising solicitations for related organization(s). Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. 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? (c) Amount involved Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. s Other transfer of cash or property from related organization(s) Reimbursement paid to related organization(s) for expenses (a)
Name of related organization p d Ε **a** b ~

× × Transaction type (a-s) E (2) ල 4 (2) 9 UYA

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) (a) (b) (b) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	garitzation. Of	SE ILISII UCIIOUS	regarding exclus	sion for certa	ain investment p	artnerships.				
Name address and FIN of entity	(a)	(၁)	(p)	(e)	((a)	(h)	(i)	0	(4)
ימנוס, ממנוספס, מומ בווע סו פחנונ	Primary activity	Legal domicile (state or foreign	Predominant income (related	Are all partners	Share of		Disproportionate			Percentage
		country)	unrelated, excluded from tax under	501(c)(3) organizations?	total income	end-of-year assets	allocations?	g 0	managing partner?	ownership
			sections 512-514)				-	(100)		
(1)				Yes No			Yes No		Yes No	
(2)				+			+			0.000.0
(6)										
(6)									1	0000
(4)										0000
(5)										0.000.0
(9)				-			+			0000.0
(2)										0000
(8)										0.000.0
(6)										0.000
(10)										0.000.0
(11)									0	0.000.0
(12)										0000
									9	
(13)							+		0	0.000.0
(14)										0000
(15)							1	1	0	0.000.0
(16)										0.000.0
UYA									0	0000.0

Schedule R (Form 990) 2018	COMMUNITIES	IN	SCHOOLS	OF	HAMPTON ROAD	c 26	2504670	Page 5
Part VII	Supplem	ental Information.			<u> </u>	IMMETON ROAD	5 26-	2504678	Page 3
	Provide a	dditional informatio	n for	responses to	ques	tions on Schedule R.	See instructions.		
						ì			
			-						
					-				
