Form **990**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

Open to Public
Inspection

<u>A</u>	For t	he 2	019 calendar ye	ear, or ta	x year beginn	ing	07-0	1 , 2019, a	ınd endii	ng	0	6-30 , 20 20
В	Check	if app	licable:	C Name o	of organization CO	MMUNITIES IN S	CHOOLS OF HAN	IPTON RO	ADS		D Empl	loyer identification number
	Addres	ss cha	inge	Doing b	ousiness as							26-2504678
$\overline{\Box}$	Name	chanc	ie	Number	r and street (or P.0), box if mail is not delivered	to street address)		Room/suit	te	E Telep	hone number
Ī	Initial r	_			X 7784		,					(757) 580-7966
П			terminated			rince, country, and ZIP or fore	eign nostal code				G Gros	es receipts
Ħ	Amend				OUTH, VA		ngir postar code				\$	916,918
Ħ			pending			cipal officer: HOPE SIN	VCT A TD			H(a)		for subordinates? Yes X No
ш	Applica	alion	-							-		
_	_				7	RIVE, PORTSMOUT		~~		H(b) Are all s		
<u>'</u>	Tax-ex			(c)(3) <u></u>	501(c) () (insert no.)	4947(a)(1) or 52	21				st. (see instructions)
J			N/A	. г	п	п				H(c) Group		
K	Form c	·	anization: X Corp	ooration L	Trust Ass	ociation Other	L	Year of formation	on: 201	.3 M S	tate of le	gal domicile: VA
F			Summary		411111		-0.00					
	1		•	-		n or most significant a				NTS WITH	HAC	OMMUNITY OF
ce		2	SUPPORT, EM	IPOWER:	ING THEM	TO STAY IN SCH	OOL AND ACHIE	EVE IN L	IFE.			
Governance		-										
/er			Non-alla Halla James Se	. 🗆 :::::::::::::::::::::::::::::::::::		all a constitue of the consens	Cara and Cara and after		-0/ - C'I-			
Ó	2			_	•	discontinued its opera					١.	1
	3		-		-	ning body (Part VI, line					<u> </u>	0
ies	4					of the governing body						0
Activities &	5					calendar year 2019 (Pa						18
Act	6		otal number of v		•						6	20
						art VIII, column (C), lin					7a	0_
		b N	let unrelated bus	siness tax	able income f	rom Form 990-T, line 3	39				7b	0
										Prior Year		Current Year
Revenue	8		Contributions and			/				688	,064	916,340
	9		rogram service			37			_			0
	10), lines 3, 4, and 7d)					100	578
å	11		Other revenue (P	Part VIII, c	olumn (A), line	es 5, 6d, 8c, 9c, 10c, a	nd 11e) • • • • •			32	,439	0
	12	2 T	otal revenue - a	dd lines 8	through 11 (m	nust equal Part VIII, co	lumn (A), line 12)			720	,603	916,918
	13	3 (Grants and simila	ar amount	s paid (Part IX	(, column (A), lines 1-3	3)			25	,000	0
	14	4 E	Benefits paid to d	or for men	nbers (Part IX,	column (A), line 4)						0_
co.	15	5 S	Salaries, other co	ompensat	ion, employee	benefits (Part IX, colu	mn (A), lines 5-10)					800,026
Se	16	3a F	Professional fund	draising fe	es (Part IX, co	olumn (A), line 11e)						0
Expenses		b T	otal fundraising	expenses	(Part IX, colu	mn (D), line 25)		59,817				
X	17	7 (Other expenses ((Part IX, c	olumn (A), line	es 11a-11d, 11f-24e)						55,244
	18	3 T	otal expenses.	Add lines	13-17 (must e	qual Part IX, column (A), line 25)			25	,000	855,270
	19) F	Revenue less exp	penses. S	Subtract line 1	8 from line 12				695	,603	61,648
	Ses								Begin	ning of Curre		End of Year
ets	<u>E</u> 20	T C	otal assets (Par	t X, line 1	6)					241	,579	316,029
Ass	20 Palances 21 22	1 T	otal liabilities (Pa	art X, line	26)						,157	34,959
Š	를 22	2 1	let assets or fun	d balance	es. Subtract li	ne 21 from line 20				219	,422	281,070
Pa	art II		Signature I	Block					•			·
						n, including accompanying so			f my knowle	edge and belief	f, it is	
true	e, corre	ct, and	complete. Declarati	ion of prepar	er (other than office	cer) is based on all informatio	on of which preparer has a	ny knowledge.				
			HOPE SI	NCLAI	2 Japa	. K. Dindan						11-09-2020
Sig	gn		Signature of c	officer							Da	ate
He	re		HOPE SI	NCLAI	R, EXECUT	IVE DIRECTOR						
			Type or print r									
			Print/Type preparer	's name		Preparer's signature		Date		Check	if	PTIN
Pa	id		JAMES YOU	NG CPA		JAMES YOUNG CP.	Α.			self-emp	oloyed	P02041715
Pr	epar	er	Firm's name			ADVISORY GROUP			Fi	irm's EIN	-	
	e Or		Firm's address			PENDENCE PKWY	STE 350			hone no.		
		•				KE VA 23320					757-	366-5242
May	, the II	RS c	liscuss this retur	n with the		wn above? (see instru	ctions)					

Part IV

			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	v	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	x 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	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
ć	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
	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes." complete Schedule D, Part VII	11h		
		11b		Х
•	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		v
,	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	110		Х
•	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
6		11e		X
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a				
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
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? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
4-	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	4-		
10	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		.,
19		10		Х
נו	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		v
20 a		20a		X
_	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		Х
21 21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
-	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
	<u> </u>			

9) COMMUNITIES IN SCHOOLS OF HAMPTON ROADS Checklist of Required Schedules (continued) Part IV

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds? • • • • • • • • • • • • • • • • • • •	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
00	persons? If "Yes," complete Schedule L, Part III	27		X
28	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): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а	"Yes," complete Schedule L, Part IV	28a		v
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		
·	"Yes," complete Schedule L, Part IV · · · · · · · · · · · · · · · · · ·	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1 · · · · · · · · · · · · · · · · · ·	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u></u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	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? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
-	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	· · ·		
	E. 4. 11		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	4.5		
	reportable gaming (gambling) winnings to prize winners?	1c	X	l

19) COMMUNITIES IN SCHOOLS OF HAMPTON ROADS

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

2a late the number of employees reported on Form N-3. Transmittal of Weige and Tax. Statements, Ried of the calendary are ending with or within the year covered by this return. 2 late and no is reported on line 2a, did the organization file all equired federal employment tax returns? 3a lot the organization have unrelated business gross income of \$1,000 or more during the year? 3a lot the organization have unrelated business gross income of \$1,000 or more during the year? 3a lot if ""es". The filed a from 1980-17 for this year? ("Yor her 9a) provides account, or other feature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other feature) and a such account, securities account, or other feature the name of the foreign country 4a late of the security (such as a bank account, securities account or other feature) and a such account in a foreign country (such as a bank account, securities account or other feature) and a such account in a foreign country (such as a bank account, securities account or other feature). 5a late of the security (such as a bank account, securities account or other feature) and a such accounts are such accounts and accounts (FEAR). 5b lot any taxable party notely the organization that it was or is a party to a prohibited tax shaller transaction? 5c lot ones the organization that accounts are such as a such accounts and the such accounts (FEAR). 5c lot ones the organization that are annual gross receipts that are normally greater than \$100.000, and clid the organization that are annual gross receipts that are normally greater than \$100.000, and clid the organization related an account and security of the organization related and accounts are accounted to the organization related and accounts and accou				Yes	No
b If a least one is reported on line 2a, did the organization flee all required federal employment tax returns? Note: If life a sum of lines 1 and 2a is greater than 200, you may be required to -64 lesses introtuctions) Joi the organization have unrelated business gross income of \$1,000 or more during the year? 3a X If "Yes, has a filled a from 950-1 for the year? if "No" to line 3b, provide an explanation in 3b checkle 6 A farry time from 150-1 for the year? if "No" to line 3b, provide an explanation in 3b checkle 6 A farry time the name of the foreground the programation have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a X If "Yes 1 for line is a foreign country (such as a bank account, securities account, or other financial account); 5a If "Yes 1 for line is 6 or 5b, did the organization that it was or is a party to a prohibited tax shaller framascion? 5b X 1b Yes 2 for line is 6 or 5b, did the organization that it was or is a party to a prohibited tax shaller transaction? 5b X 1b If "Yes 2 for line is 6 or 5b, did the organization in End members of the account of the organization shall was or it is a party to a prohibited tax shaller transaction? 5c Color the organization include with every solicitation an express statement that such contributions or girlls were not us deductibles or activation and care that such contributions or girlls were not us deductibles or activation and express statement that such contributions or girlls were not us deductibles or activation or the value of the goods or services provided? 7 or organization state may receive dout. If the contributions under section 170(c). 1b If the organization receive a payment in excess of \$75 made party as a contribution and party for goods and sendess provided to the payor? 7 Tes 2 Tes 3 Tes 4 Tes 5 Tes 5 Tes 5	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
Note: If the sum of lines 1s and 2s is greater than 250, you may be required to e-the (see instructions) X					
3a Dd the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," inside the after 500 of The files year? Wife "Dies" Districts on explanation in Schodule O b If "Yes," inside the after 500 of The files year? Wife "Dies" Districts on explanation in Schodule O b If "Yes," inside the after 500 of The files year? Wife "Dies" Districts on explanation in Schodule O b If "Yes," incline the name of the foreign country y see instructions for filing requirements for FinCEN From 114, Report of Foreign Bank and Financial Accounts (FBAR). 5e instructions for filing requirements for FinCEN From 114, Report of Foreign Bank and Financial Accounts (FBAR). 5e instructions for filing requirements for FinCEN From 114, Report of Foreign Bank and Financial Accounts (FBAR). 5e instructions for filing requirements for FinCEN From 114, Report of Foreign Bank and Financial Accounts (FBAR). 5e instructions for filing requirements for FinCEN From 114, Report of Foreign Bank and Financial Accounts (FBAR). 5e instructions for filing requirements for FinCEN From 114, Report of Foreign Bank and Financial Accounts (FBAR). 5e instructions for filing requirements for FinCEN From 114, Report of Foreign Bank and Financial Accounts (FBAR). 5e instructions for filing requirements for PinCEN From 114, Report of Foreign Bank and Financial Accounts (FBAR). 5e instructions for filing requirements for PinCEN From 114, Report of Foreign Bank and Financial Accounts (FBAR). 5e instructions for filing requirements for FinCEN From 114, Report of Foreign Bank and Financial Accounts (FBAR). 5e instructions for filing requirements for FinCEN From 114, Report of Foreign Bank and Financial Accounts (FBAR). 5e instructions for filing requirements of FinCEN From 114, Report of Foreign Bank and Financial Accounts (FBAR). 5e instructions for filing requirements of FinCEN From 114, Report of FinCEN From 170(c). 5e instructions for filing requirements for filing for filing for filing for filing for filing for f	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
b If "Yes," falls if field a form 590-T for this year? If "An" to live 3th provide an explanation in Schedule O					
At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country or guest as bank account, securities account, or other financial account)? See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for the foreign accounts for fine filing fili	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
a financial account in a foreign country such as a bank account, securities account, or other financial account)? by 11"16ss* either the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a profibibility of a prohibited tax shelter transaction? 5b ZX 11"16ss* 10 bil and yearbable party notify the organization file Form 8886-17? 5c Does the organization by 11"16ss* 10 bil the organization file Form 8886-17? 5d Does the organization review a munial gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization receive a parpment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 Organizations that may receive deductible contributions under section 170(c). 8 Diff the organization receive an another than \$100 the section 170(c). 9 If "Yes," indicate the number of Forms 8282 filed during the year and the section 170(c). 9 If "Yes," indicate the number of Forms 8282 filed during the year required to the Form 8222? 10" Foreign the organization during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7 To X 10" If the organization enewed a contribution of qualified intellectual property, did the organization file of the Year Payor Pay	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
b If "Yes," relate the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction? 5b X X If "Yes" to line 5a of 5b, dit were organization that it was or is a party to a prohibited tax shelter transaction? 5b X X If "Yes" to line 5a of 5b, dit were organization have annual gross receipts that are normally greater than \$100,000, and did the organization in fore tax deductibles an exheritable contributions? 6a X If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles an exheritable contributions or gifts were not tax deductibles an exheritable contributions or gifts were not tax deductibles on tax deductibles an exheritable contributions or gifts were not tax deductibles or tax deductibles an exheritable contributions or gifts were not tax deductibles or tax deductibles and exheritable contributions that may receive deductible contributions under section 170(c). 5b If "Yes," did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and sentices provided to the payor? 7a X X If "Yes," did the organization receive a payment in excess of \$75 made partly as a contribution of pagnization feeling the payor? 7b X X If "Yes," indicate the number of Forms \$2827 in did uring the year are provided to the payor? 7b X X If "Yes," indicate the number of Forms \$2828 filed during the year are pure minuments of the goods or services provided To the form \$222? 7b X X If the organization received a contribution of qualified intellectual property did the organization file of the goods are required to file Form \$202 file of the good and the pagnization received a contribution of the good and the pagnization file for the good and the good and the pagnization file for the good and the organization file and the good and the organization file for th	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
See instructions for filing requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR). Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that I was or is a party to a prohibited tax shelter transaction? 5b			4a		Х
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c Discose the organization have annual gross receipts that are normally greater than \$100,00 and did the organization nation include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? 6d a x 17°45° did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7 The sind of the payor? 7 Less indicate the number of forms \$282 filed during the year or services provided? 7 The sind of the form \$282? 8 Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7 The sind the organization received a contribution of qualified intellectual property, did the organization fore did not contribution of qualified intellectual property, did the organization fore did not contribution of qualified intellectual property, did the organization fore did not contribution of qualified intellectual property, did the organization fore from 8899 as required? 9 Sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organization make any taxolided intellectual property, did the organization from 890 as required? 9 Sponsoring organization make any taxolided intellectual fund maintained by the sponsoring organization make any taxolided intellectual property. did the organization fund and service should be a sponsoring organization make any taxolided intellectual property. 9 Sponsoring organization make any taxolided intellectual property. 9 Sponsori	b				
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Pai	TVI 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
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_		2		4,
•	any onion onions, anomony and on project			X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? • • •	12b	х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13		х
14	Did the organization have a written document retention and destruction policy?	14		x
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		x
b	Other officers or key employees of the organization	15b		x
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	. 3.0		A
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
·Ju	with a taxable entity during the year?	16a		v
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	.50		X
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	parasiparasi in jenir remaio arrangemento anati apprisabio isatera tax law, and take stope to saloguara the			

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed Virginia

organization's exempt status with respect to such arrangements?

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

- X Own website X Another's website X Upon request Other (explain on Schedule O)
- 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 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

	orm	990	(2019)
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Page 7

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

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

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

- **1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

					(C)					
(A)	(B)				sition			(5)	(F)	(5)
(A)	(B)					nan one		(D)	(E)	(F)
Name and title	Average hours		box, unless person is bo officer and a director/tru				- 1	Reportable compensation	Reportable compensation	Estimated amount of other
	per week	officer and a				,,		from the	from related	compensation
	(list any	으 =	ᠴ	0	<u>~</u>	ΩТ	Ţ	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and
	hours for related	divid	stitu	Officer	ey er	ighe:	Former	(VV-2/1099-WI3C)	(11 2) 1000 111100)	related organizations
	organizations	Individual trustee or director	Institutional trustee	·	Key employee	Highest compensated employee	-			
	below	ruste	trus		yee	mpe				
	dotted line)	ď	stee			nsatı				
						8				
(1) WENDY HOSICK										
BOARD CHAIR		х						0	0	0
(2) DUSTIN RINEHART										
BOARD VICE-CHAIR		х						0	0	0
(3) MARK CARTER										
DIRECTOR		х						0	0	0
(4) KURT KONDAS	. L									
PAST BOARD CHAIR		х						0	0	0
(5) WINSTON ODOM										
PAST BOARD VICE CHAIR		х						0	0	0
(6) DEBORAH CASSIDY										
DIRECTOR		х						0	0	0
(7) PAMELA CONNOR										
DIRECTOR		х						0	0	0
(8) ALISON JOHNSON										
DIRECTOR		х						0	0	0
(9) MICHAEL CROMARTIE										
DIRECTOR		х						0	0	0
(10)LAKEISHA_CAREY										
DIRECTOR		х						0	0	0
(11)OLIVIA FOREMAN										
TREASURER		х		Х				0	0	0
(12) JOHNNY GARCIA										
DIRECTOR		х						0	0	0
(13)WHITNEY GUYTON										
DIRECTOR		х						0	0	0
(14)WILLIAM COMER										
DIRECTOR		Х						0	0	0
										C 000 (0040)

Part VII Section A. Officers, Directors, Trustees,	Key Employ	ees, a	nd H	ligh	est (Compe	ensa	ated Employees (c	ontinued)				
				(C)								
(A) Name and title	(B) Average hours per week	box,	unles	eck m ss per	son is	nan one s both ar /trustee)		(D) Reportable compensation from the	(E) Reporta compensa from rela	ation		(F) ated amo of other npensati	
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizat (W-2/1099-I		orga	rom the nization : d organiz	
(15)STACY_NIXONDIRECTOR		х						0		0			0
(16)ERIN COLSTON DIRECTOR		x						0		0			0
(17)JOY MORBIA		Α						<u> </u>					
SECRETARY	40.00	Х						0		0			0
(18)HOPE_SINCLAIR EXECUTIVE DIRECTOR	40.00			х				0		0			0
(19)								0		- 0			
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
1b Subtotal	on A						· •						
d Total (add lines 1b and 1c)							٠ 🕨	0		0			0
2 Total number of individuals (including but not limited reportable compensation from the organization	d to those list	ed abo	ve) י	who	rece	eived n	nore	than \$100,000 of					0
3 Did the organization list any former officer, director,	trustee kev	emnlov	/ee (or hid	nhes	t comi	nens	sated				Yes	No
employee on line 1a? If "Yes," complete Schedule J			.00, (_						3		х
4 For any individual listed on line 1a, is the sum of re	portable com	pensa	tion a	and (othe	r comp	oens	ation from the					
organization and related organizations greater than													
individual5 Did any person listed on line 1a receive or accrue of											4		X
for services rendered to the organization? If "Yes," of			-			_		· · · · · · · ·			5		х
Section B. Independent Contractors	,												
1 Complete this table for your five highest compensa													
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.													
(A) Name and business addres:	s							(B) Description of servic	es		(C) Compens	ation	
Name and pasmess address	=							233319401701301710			Compens		
Total number of independent contractors (including received more than \$100,000 of compensation from				liste	d ab	ove) w	vho						

Form 990 (2019)
Part VIII

		Check if Schedule O cor	ntains a response	or no	te 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
	1a	Federated campaigns -		1a					3601013 312-314
"	b	Membership dues		1b					
ants	С	Fundraising events		1c	7,570				
يَ ق	d	Related organizations -		1d	161,808				
ır A	е	Government grants (contril		1e	425,773				
s, e Bila	f	All other contributions, gifts	120,770						
rSi		and similar amounts not in	321,189						
ibut	g	Noncash contributions incl	luded in		,				
Contributions, Gifts, Grants and Other Similar Amounts		lines 1a-1f		1g	\$				
ಪೆ ಬ	h	Total. Add lines 1a-1f			•	916,340			
					Business Code	,			
ę,	2a								
. <u>5</u>	b								
Program Service Revenue	С								
am	d								
P.S.	е								
בֿ	f	All other program service re	evenue						
	g	Total. Add lines 2a-2f							
	3	Investment income (including							
		other similar amounts) -				578	578		
	4	Income from investment of t							
	5	Royalties							
			(i) Real		(ii) Personal				
		Gross rents · · · · ·	6a						
		b Less: rental expenses · · 6b c Rental income or (loss) 6c d Net rental income or (loss)							
	a	Net rental income or (loss)			I				
	7a	Gross amount from sales of assets	(i) Securitie	es	(ii) Other				
		other than inventory	7a						
<u>e</u>	b	Less: cost or other basis and sales expenses	7b						
Revenue	C	Gain or (loss)	7c						
Şe,		Net gain or (loss) · · · ·							
_		Gross income from fundrais							
Othe		events (not including \$	7,570						
•		of contributions reported on		'					
		1c). See Part IV, line 18		8a					
	b	Less: direct expenses		8b					
	С	Net income or (loss) from fu	undraising events						
	9a	Gross income from gaming							
		activities, See Part IV, line 1	19	9a					
	b	Less: direct expenses •		9b					
	С	Net income or (loss) from ga	aming activities						
	10a	Gross sales of inventory, les	SS						
		returns and allowances •		10a					
	b	Less: cost of goods sold		10b					
	С	Net income or (loss) from sa	ales of inventory	<u>· · · </u>					
					Business Code				
ous e	11a								
an inu	b								
cell	С								
Miscellanous Revenue		All other revenue							
		Total. Add lines 11a-11d							
	12	Total revenue. See instructi	ions		🟲	916.918	578	0	0

Part IX

26-2504678

19) <u>COMMUNITIES IN SCHOOLS OF HAMPTON ROADS</u> 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 a	any line in this Part IX			[
Do n	ot include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
8b, 9	b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
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	91,120	27,551	31,426	32,143
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	708,189	682,385		25,804
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	717		717	
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	5,870		4,000	1,870
d	Lobbying			·	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	10,625	4,760	5,865	
12	Advertising and promotion	,	,		
13	Office expenses	1,419		1,419	
14	Information technology			·	
15	Royalties				
16	Occupancy	7,650		7,650	
17	Travel			·	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,179	2,179		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	TRAINING	26,008	26,008		
b	PRINTING AND COPYING	1,493		1,493	
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	855,270	742,883	52,570	59,817
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				
	following SOP 98-2 (ASC 958-720)				

Form 990 (2019) COMMUNITIES IN SCHOOLS OF HAMPTON ROADS Page 11 26-2504678 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 1 Cash - non-interest-bearing 185,379 247,279 2 2 Savings and temporary cash investments 50,630 3 Pledges and grants receivable, net 54,104 3 18,120 Accounts receivable, net 4 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net 7 8 8 9 9 Prepaid expenses and deferred charges 2,096 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation 10b 10c b 11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 Total assets. Add lines 1 through 15 (must equal line 33) 16 16 241,579 316,029 17 Accounts payable and accrued expenses 17 22,157 34,959 18 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 26 **Total liabilities.** Add lines 17 through 25 22,157 34,959 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions 151,922 27 262,950 28 Net assets with donor restrictions

Organizations that do not follow FASB ASC 958, check here

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

and complete lines 29 through 33.

Capital stock or trust principal, or current funds

29

30

31

32

33

EEA

Form **990** (2019)

18,120

281,070

316,029

28

29 30

31

32

33

67,500

219,422

241,579

EEA Form **990** (2019)

2c

3a

3b

Х

Х

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain on

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Schedule O.

Single Audit Act and OMB Circular A-133?

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.

► Attach to Form 990 or Form 990-EZ. Open to

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

2019

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

COM	MUN	ITIES IN SCHOOLS OF HAMP'	TON ROADS				26-250467	8
Pa		Reason for Public Charity		ganizations must co	omplete	this part	.) See instructions	
The	orga	nization is not a private foundation beca	use it is: (For lines	1 through 12, check only	one box.)			
1	Ň	A church, convention of churches, or a	,	•		λ)(i).		
2	П	A school described in section 170(b)(1)(A)(ii). (Attach Sc	hedule E (Form 990 or 99	0-EZ).)	, ,		
3	П	A hospital or a cooperative hospital ser						
4	П	A medical research organization opera	ŭ	•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(iii). Enter the	
		hospital's name, city, and state:	,	•		- (- / / / /	, ,	
5	П	An organization operated for the benef	fit of a college or un	iversity owned or operate	d by a gov	ernmental	unit described in	
		section 170(b)(1)(A)(iv). (Complete Pa	-		, 3			
6	П	A federal, state, or local government or		described in section 170/	'h)(1)(Δ)(v	١		
7	Ħ	An organization that normally receives	•	· ·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		the general public	
•		described in section 170(b)(1)(A)(vi).	•	or no support from a gove	ininoniai a	111101110111	ano gonorai pabilo	
8	П	A community trust described in section		Complete Part II)				
9	Ħ	An agricultural research organization d			d in conjun	ction with a	land-grant college	
•	ш	or university or a non-land-grant college						
		university:	ge of agriculture (se	e mandedona). Enter the	riarrio, city,	and state	of the college of	
10	x	An organization that normally receives	: (1) more than 33 :	1/3% of its support from a	ontribution	s member	rehin fees and gross	
	22	receipts from activities related to its ex	` '	• •				
		support from gross investment income	•	•				
		acquired by the organization after June		•		iii tax) iioi	III businesses	
11	П	An organization organized and operate)/A)		
12	H	An organization organized and operate	•	•	•		arry out the purposes	
12	ш	of one or more publicly supported orga	•	•				
		Check the box in lines 12a through 12a						
	а	Type I. A supporting organization of						
	а					` '		
		the supported organization(s) the		• • •	or the dire	Ciois oi iiu	stees of the	
	b	supporting organization. You mus Type II. A supporting organization	-		aupported	organizati	an(a) by baying	
	D	_ ,,	•			-	. ,	
		control or management of the sup		•	ons marco	JIIII OI OI III	anage the supported	
	_	organization(s). You must comple			tion with a	nd function	ally into grated with	
	С	its supported organization(s) (see i		•			ally integrated with,	
		its supported organization(s) (see i	•	•			artad arganization(a)	
	d	Type III non-functionally integra	•	•			• , ,	
		that is not functionally integrated.	0	,		•	and an alterniveness	
	_	requirement (see instructions). You Check this box if the organization	•	•			ma II Tima III	
	е	_				a type i, ty	ре п, туре ш	
	£	functionally integrated, or Type III Enter the number of supported organiz		egrated supporting organi	Zauon.			
	f	Provide the following information about		onization(a)				
	g) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	iti	(v) Amount of monetary	(vi) Amount of
	() Name of supported organization	(II) LIIV	(described on lines 1-10	listed in you	0	support (see	other support (see
				above (see instructions))	docum	ent?	instructions)	instructions)
					Yes	No		
					100			
(A)								
(B)								
···								
(C)								
(D)								
(E)								
Tota								

Section A. Public Support

990 or 990-EZ) 2019 COMMUNITIES IN SCHOOLS OF HAMPTON ROADS 26-2504678
Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.)

Cal	endar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")									
2	Tax revenues levied for the									
	organization's benefit and either paid									
	to or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to the									
	organization without charge									
4	Total. Add lines 1 through 3									
5	The portion of total contributions by									
	each person (other than a									
	governmental unit or publicly									
	supported organization) included on									
	line 1 that exceeds 2% of the amount									
	shown on line 11, column (f)									
	Public support. Subtract line 5 from line 4									
	ction B. Total Support									
	endar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total			
7	Amounts from line 4 · · · · · · · · · · · ·									
8	Gross income from interest, dividends,									
	payments received on securities loans,									
	rents, royalties and income from									
	similar sources									
9	Net income from unrelated business									
	activities, whether or not the business									
	is regularly carried on · · · · · · · · · · · ·									
10	Other income. Do not include gain or									
	loss from the sale of capital assets									
	(Explain in Part VI.)									
	Total support. Add lines 7 through 10									
	Gross receipts from related activities, etc. (s		•			12				
13	First five years. If the Form 990 is for the org				-					
_	organization, check this box and stop here						▶ ∐			
	ction C. Computation of Public Suppor									
	Public support percentage for 2019 (line 6, c					14	%			
	Public support percentage from 2018 Sched						%			
16a	33 1/3% support test - 2019. If the organizat									
	box and stop here . The organization qualifie						_			
ľ	o 33 1/3% support test - 2018. If the organizat									
4	this box and stop here. The organization qua									
1/a	10%-facts-and-circumstances test - 2019.	-								
	10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in									
	Part VI how the organization meets the "facts									
	organization									
k	0 10%-facts-and-circumstances test - 2018.	•				•	e			
	15 is 10% or more, and if the organization me					-	. ,			
	Explain in Part VI how the organization meet				-					
46	supported organization						▶ ∐			
18	Private foundation. If the organization did no									
	instructions						🕨 📗			

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	390,662	334,941	437,848	662,564	666,064	2,492,079
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		·	,	·	, l	
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 •						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge				22,000	22,000	44,000
6	Total. Add lines 1 through 5	390,662	334,941	437,848	684,564	688,064	2,536,079
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						2,536,079
	ction B. Total Support		(1) 0040	4 3 0047	(1) 00 10		(n T)
	endar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6	390,662	334,941	437,848	684,564	688,064	2,536,079
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,		_				
h	royalties, and income from similar sources	17	7		100	100	224
D	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b	17	7		100	100	224
11	Net income from unrelated business	1/			100	100	224
•	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	390,679	334,948	437,848	684,664	688,164	2,536,303
14	First five years. If the Form 990 is for the org					ection 501(c)(3	
	organization, check this box and stop here						▶ □
	ction C. Computation of Public Support						
	Public support percentage for 2019 (line 8, c					15	99.99 %
	Public support percentage from 2018 Sched					16	97.52 %
Sec	ction D. Computation of Investment In						
17	Investment income percentage for 2019 (line					17	0.00 %
18	Investment income percentage from 2018 Sc					18	0.00 %
19a	33 1/3% support tests - 2019. If the organiza						
	17 is not more than 33 1/3%, check this box a	-	-	-		_	
b	33 1/3% support tests - 2018. If the organization 18 is not more than 33 1/3% should this be						
20	line 18 is not more than 33 1/3%, check this b	-	_	-			_
20	Private foundation. If the organization did no	or clieck a box (וו וות 14, 19a,	, or 190, cneck	uns box and se	ee instructions	▶ 📙

Part IV Supporting

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

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

		Yes	No
	1		
	1		
	2		
	3a		
	3b		
	20		
	3c		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	6		
	7		
	8		
	9a		
	9b		
	90		
	9с		
	10a		
	10b		
(Fo	rm 990 d	or 990-E	Z) 2019

	Collision III Delicold of Main Ion Rolls 20 1001070			<u> </u>
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	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		
Sec	tion B. Type I Supporting Organizations			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yes	No
	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? <i>If "Yes," explain in Part</i>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	, , , , , , , , , , , , , , , , , , , ,			
	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			
<u> </u>	supported organizations played in this regard.	3		
	tion 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 instr	uctioi	ns).	
a				
b C		o inct	ruction	ne)
2	Activities Test. <i>Answer (a) and (b) below.</i>	e II ISU	Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	140
u	the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify</i>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described 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 Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	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 Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Ves " describe in Part VI the role played by the organization in this regard	3h		

Sched	ule A (Form 990 or 990-EZ) 2019 COMMUNITIES IN SCHOOLS OF HAMPTON ROADS		26-2504	1678	Page
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ganiz	ations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying tr	ust on	Nov. 20, 1970 (explain i	n Part VI).	See
	instructions. All other Type III non-functionally integrated supporting organization	ations	must complete Sections	A through	E.
500	tion A - Adjusted Net Income		(A) Drior Voor	(B) Cı	ırrent Year
Sec	tion A - Adjusted Net Income		(A) Prior Year	(0)	ptional)
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				
co	llection of gross income or for management, conservation, or				
ma	aintenance 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) Cı	ırrent Year
360	tion B - Willimian Asset Amount		(A) FIIOI feai	(0)	ptional)
1	Aggregate fair market value of all non-exempt-use assets (see				
ins	structions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other				
fa	actors (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,				
se	e 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			
Sec	tion C - Distributable Amount			Curr	rent 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			

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

5

6

EEA

Income tax imposed in prior year

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

Schedu	COMMUNITIES IN SCHOOLS OF Type III Non-Functionally Integrated 509(a)(3)	HAMPTON ROADS Supporting Organiz	26-250 cations (continued)	4678 Page 7
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exem	npt purposes		
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes	s of supported organizati	ons	
4	Amounts paid to acquire exempt-use assets	-		
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	organization is respons	ive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
S	rection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
C	From 2016			
d	From 2017			
	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
<u>i</u> _	Carryover from 2014 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			

EEA Schedule A (Form 990 or 990-EZ) 2019

a Excess from 2015

b Excess from 2016

c Excess from 2017

d Excess from 2018

e Excess from 2019

. . . .

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. . . .

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

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

or 990-PF)
Department of the Treasury
Internal Revenue Service

Name of the organization

COMMUNITIES IN SCHOOLS OF HAMPTON ROADS

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

Employer identification number

26-2504678

2019

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

Employer identification number Name of organization

COMMUNITIES IN SCHOOLS OF HAMPTON ROADS

		•••
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				
1	COMMONWEALTH OF VIRGINIA 1100 BANK STREET RICHMOND, VA 23219	\$50,000	Person Payroll Noncash Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
2	HAMPTON ROADS COMMUNITY FOUNDATION 101 W MAIN STREET NORFOLK, VA 23501	\$ 251,880	Person				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
3	PORTSMOUTH GENERAL HOSPITAL FOUNDAT 360 CRAWFORD ST PORTSMOUTH, VA 23704	\$50,000	Person				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
4	VIRGINIA BEACH PUBLIC SCHOOLS 2512 GEORGE MASON DRIVE VIRGINIA BEACH, VA 23456	\$66,440	Person				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
5	ALTRIA 6601 BROAD ST RICHMOND, VA 23230	\$25,000	Person Reproll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
6	SUFFOLK PUBLIC SCHOOLS 100 N MAIN STREET SUFFOLK, VA 23434	\$30,000	Person				

Name of organization Employer identification number

COMMUNITIES IN SCHOOLS OF HAMPTON ROADS

26-2504678

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

1 0.101	(///////////		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 7	COMMUNITIES IN SCHOOLS OF VIRGINIA 413 STUART CIRCLE SUITE 303 RICHMOND, VA 23220	\$86,808	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	JANE GOODALL FOUNDATION 1595 SPRING HILL RD SUITE 550 VIENNA, VA 22182	\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9_	CITY OF VIRGINIA BEACH PARKS & REC 2154 LANDSTOWN RD VIRGINIA BEACH, VA 23456	\$66,440	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	LANDMARK FOUNDATION 150 GRANBY STREET NORFOLK, VA 23510	\$25,000	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_11	UNITED WAY OF SOUTH HAMPTON ROADS 2515 WALMER AVENUE NORFOLK, VA 23513	\$30,411	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

SCHEDULE D (Form 990)

Department of the Treasury

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.

Internal Revenue Service Go to www.irs.gov/.

Name of the organization

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

OMB No. 1545-0047

Employer identification number

2019

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, line 6. Total number at end of year Control of the Similar Funds or Accounts Control of the Similar Funds of the Similar Funds or Accounts Control of the Similar Funds of Control of Contr	СОМ	MUNITIES IN SCHOOLS OF HAMPTON ROADS		26-2504678			
Total number at end of year Total number at end of year Aggregate value of contributions to (during year) Aggregate value of contributions to (during year) Aggregate value of grains from (during year) Dut the organization inform all othors 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 contrio? Dut the organization inform all grantees, donors, and donor advisors in writing that grain funds can be used only for charizable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring imparrisable private benefit? Part II Conservation Easements. Complete if the organization inswered "Yes" on Form 990, Part IIV, line 7. Preservation of land for public use (e.g., recreation or education) Preservation of advantal habitat Preservation of advantal habitat Preservation of advantal habitat Preservation of ones space 2 complete insect of conservation easements in easements Total acreage restricted by conservation easements Total acreage restricted by conservation easements Total acreage restricted by conservation easements in a cellific historic structure included in (e) acquired after 7/2500, and not on a historic structure lasted in the Minitional Register Number of conservation easements on a certified historic structure included in (e) acquired after 7/2500, and not on a historic structure lasted in the Minitional Register Number of status where property subject to conservation easements in blocated Number of onservation have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easement during the year No and section of the preservation easement reported on line 2(d) above satisfy the requirements of section 170(h)	Pa	rt I Organizations Maintaining Donor Advised Fu	nds or Other Similar Funds or Accou	ınts.			
1 Total number at emd of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of contributions to (during year) 4 Aggregate value of grants from (during year) 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization for mail and particular to the organization secular to the organization for mail and the secular to the organization for mail and the secular to the organization for mail and the secular to the organization form and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purposels of conservation easements held by the organization (check all that apply) Preservation of and for public use (e.g. recreation or education) Preservation of and for public use (e.g. recreation or education) Preservation of a conservation easements and the preservation of a conservation of a conservation easement on the last day of the tax year. 2 Complete inservation assements on a certified historic structure included in (a) 2 Total architecture preservation easements on a certified historic structure included in (a) 2 Total architecture preservation easements on a certified historic structure included in (a) 3 Number of conservation easements nucled on (i) acquarted after 772506, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the year beside to organization face an							
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and section 170(h)(4)(B)(ii)?	_	·		D. (2)			
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 FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1	8						
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(i) Revenue included on Form 990, Part VIII, line 1							
(iii) Assets included in Form 990, Part X				▶ \$			
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1		••		· · · · · · · · · · · · · · · · · · ·			
following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1	2	* * * * * * * * * * * * * * * * * * * *		·			
a Revenue included on Form 990, Part VIII, line 1 · · · · · · · · · · · · · · · · · ·	-			provide the			
	а	·	-	▶ \$			

	le D (Form 990) 2019 COMMUNITIES IN	SCHOOLS OF H	AMPTON ROADS	F	26-25046		Page 2
Par			•	·		ets (con	imuea)
3	Using the organization's acquisition, accession	n, and other records,	check any of the follo	wing that make signif	icant use of its		
	collection items (check all that apply):		. 🗆				
а	Public exhibition			or exchange program	าร		
b	Scholarly research		e U Othe	r			
С	Preservation for future generations						
4	Provide a description of the organization's colle	ections and explain h	ow they further the or	rganization's exempt p	ourpose in Part		
5	XIII. During the year, did the organization solicit or r	receive donations of a	art historical treasure	e or other similar			
•	assets to be sold to raise funds rather than to l					Yes	□No
Par			<u> </u>				
	Complete if the organization 990, Part X, line 21.		on Form 990, P	art IV, line 9, or r	eported an amou	ınt on Fo	rm
1a	Is the organization an agent, trustee, custodian	n or other intermediar	y for contributions or	other assets not		_	_
	included on Form 990, Part X?					· U Yes	∐ No
b	If "Yes," explain the arrangement in Part XIII are	nd complete the follow	wing table:				
					Amo	unt	
С	Beginning balance			1	С		
d	, tautions auting and your			1	d		
е	Distributions during the year			1	е		
f	Ending balance			· · · · · · · <u>1</u>	f		
2a	Did the organization include an amount on For	m 990, Part X, line 2	1, for escrow or custo	odial account liability?		Yes	∐ No
	If "Yes," explain the arrangement in Part XIII.	Check here if the expl	anation has been pro	ovided on Part XIII			
Par							
	Complete if the organization	answered "Yes"	on Form 990, P	art IV, line 10.	1		
_		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four ye	ears 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	Provide the estimated percentage of the current	nt year end balance (line 1g, column (a)) h	neld as:			
а	Board designated or quasi-endowment •	%					
b		%					
С	Term endowment • %						
	The percentages on lines 2a, 2b, and 2c should	•					
3a	Are there endowment funds not in the possess	sion of the organization	n that are held and a	dministered for the		_	
	organization by:					\ <u>`</u>	res No
	(-)					3a(i)	
	(ii) Trolatod organizationo					3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizati	ons listed as required	on Schedule R?			3b	
4	Describe in Part XIII the intended uses of the c		ment funds.				
Par	t VI Land, Buildings, and Equip		_		_		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.						

	Complete if the organization answ	ered res on rollin	990, raitiv, line	Tra. Occ i oiiii 330	, rait X, iii e i o.
	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				
С	Leasehold improvements				
d	Equipment				
е	Other				
Tota	I. Add lines 1a through 1e. (Column (d) must equal For	m 990, Part X, column (B)	, line 10c.)		

EEA Schedule D (Form 990) 2019

Part VII	lnvestments - Other Securities.	MPTON ROADS	26-	-2504678	Page 3
I alt VII	Complete if the organization answered "Yes" on For	m 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 rend-of-year market	on:
(1) Financial d					
(2) Closely-he	d equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	(b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII	Investments - Program Related.	000 D - 4 IV / I'm -	44 . 0	000 D+V	li 40
	Complete if the organization answered "Yes" on For	m 990, Part IV, line	11c. See Form	990, Part X,	line 13.
	(a) Description of investment	(b) Book value	,	c) Method of valuation end-of-year market	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	(b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX	Other Assets. Complete if the organization answered "Yes" on For	m 000 Part IV lina	11d Soo Form	OOO Bort V	lino 15
		ili 990, Partiv, ilile	Tiu. See Foili		
(1)	(a) Description			(b) B	ook value
(1)					
(2)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
				1	
	(b) must equal Form 990, Part X, col. (B) line 15.)				

line 25.

1. (a) Descri	ption of liability	(b) Book value
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Fo	orm 990, Part X, col. (B) line 25.) • 🕨	

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

EEA Schedule D (Form 990) 2019

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.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Name of the organization

COMMUNITIES IN SCHOOLS OF HAMPTON ROADS

COMMUNITIES IN SCHOOLS OF HAMPTON ROADS	26-2504678
01. Form 990 governing body review (Part VI, line 11)	
FORM 990 IS REVIEWED BY THE BOARD OF DIRECTORS.	
TORM 990 TO NEVIEWED BY THE BORNE OF BINECIONS.	
02. Conflict of interest policy compliance (Part VI, line 12c)	
THE ORGANIZATION HAS A WRITTEN CONFLICT OF INTEREST POLICY THAT IS REVIEWED	BY THE BOARD
ANNUALLY.	
03. Governing documents, etc, available to public (Part VI, line 19)	
GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. FORM 990 AND	AUDITED
FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE.	
04. Cessation of, or significant change to, any program service (Part III,	line 3)
DUE TO THE PANDEMIC, THE ORGANIZATION CHANGED HOW COUNSELING WAS DONE. IT W	
SCHOOLS BEFORE THE PANDEMIC, BUT MOVED TO THE VIRTUAL ENVIRONMENT DUE TO THE	PANDEMIC.

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Part I

Related Organizations and Unrelated Partnerships

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

(c)

► Attach to Form 990.

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

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

Name of the organization

COMMUNITIES IN SCHOOLS OF HAMPTON ROADS

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

26-2504678

	(a) Name, address, and EIN (if applicable) of disregarded entity			(b) nary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct cont enti	rolling ty
(1)									
(A)									
(2)									
(3)									
(4)									
(5)									
Part II	Identification of Related Tax-Exempt Organizations one or more related tax-exempt organizations du	ntions. Co	omplete if the	e organization	answered "Yes" o	n Form 990, Pari	t IV, line 34 beca	use it had	I
	The street of the street stree		an your.						
	(a) Name, address, and EIN of related organization		(b) ary activity	(c) Legal domicile (state or foreign country)		(e) Public charity status (if section 501(c)(3))			g) 2(b)(13) ed entity?
(1)	(a)		(b)	Legal domicile (state	Exempt Code section	Public charity status	Direct controlling	Sec. 51. controlle Yes	g) 2(b)(13) ed entity? No
	(a)		(b)	Legal domicile (state	Exempt Code section	Public charity status	Direct controlling		
(1)	(a)		(b)	Legal domicile (state	Exempt Code section	Public charity status	Direct controlling		
(1)	(a)		(b)	Legal domicile (state	Exempt Code section	Public charity status	Direct controlling		
(1)	(a)		(b)	Legal domicile (state	Exempt Code section	Public charity status	Direct controlling		

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.

(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)		(k)
Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from	Share of total income	Share of end-of- year assets	ortic	nate ca-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana	aging	Percentage ownership
	country)		sections 512-514)			Yes	No		Yes	No	
		Primary activity Legal domicile (state or	Primary activity Legal Direct controlling domicile entity (state or foreign	Primary activity Legal domicile domicile (state or foreign country) Predominant income (related, unrelated, excluded from tax under	Primary activity Legal domicile domicile (state or foreign country) Legal Direct controlling Predominant income (related, unrelated, excluded from tax under	Primary activity Legal domicile (state or foreign country) Legal domicile (entity entity income (related, unrelated, excluded from tax under	Primary activity Legal Direct controlling entity income (related, unrelated, foreign country) Direct controlling Predominant income (related, unrelated, excluded from tax under Share of total income year assets ortic allo tion	Primary activity Legal domicile domicile (state or foreign country) Legal Direct controlling entity income (related, unrelated, excluded from tax under exclusive exclusiv	Primary activity Legal domicile domicile (state or foreign country) Legal domicile (state or foreign country) Legal domicile entity entity income (related, unrelated, excluded from tax under exclusion	Primary activity Legal domicile (state or foreign country) Legal domicile (state or foreign country) Legal domicile (state or foreign country) Legal domicile entity entity Predominant income (related, unrelated, excluded from tax under tax under tax under the foreign country) Share of total income year assets Share of end-of-year assets or end-of-year assets Octobe V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Primary activity Legal domicile (state or foreign country) Legal domicile (state or foreign country) Legal domicile (state or foreign country) Legal domicile (entity entity entity (state or foreign country) Legal domicile (related, unrelated, excluded from tax under exclusions excluded from tax under exclusions exclusions exclusive exclusions exclusions exclusive exclusions exclusive exclusions exclusive exclusi

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)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	Section5 contr enti	olled
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									

No

Yes

1a

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

Part V	Transactions with Related Organizations	Complete if the organization answered	I "Yes" on Form 990, Part IV, line 34, 35b, or 3
		1 0	, , , , , , , , , , , , , , , , , , , ,

(1)						nvolved	x x x
(1) (2) (3)	Other transfer of cash or property from related organization(s) If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, includin (a) Name of related organization	ng covered relationship (b) Transaction	s and transaction thresho	olds. (d)	1s	nvolved	
(1) (2)	Other transfer of cash or property from related organization(s) If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, includin (a) Name of related organization	ng covered relationship (b) Transaction	s and transaction thresho	olds. (d)	1s	nvolved	
(1)	Other transfer of cash or property from related organization(s) If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, includin (a) Name of related organization	ng covered relationship (b) Transaction	s and transaction thresho	olds. (d)	1s	nvolved	
(1)	Other transfer of cash or property from related organization(s) If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, includin (a) Name of related organization	ng covered relationship (b) Transaction	s and transaction thresho	olds. (d)	1s	nvolved	
s 2 (1)	Other transfer of cash or property from related organization(s) If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, includin (a) Name of related organization	ng covered relationship (b) Transaction	s and transaction thresho	olds. (d)	1s	nvolved	
2	Other transfer of cash or property from related organization(s) If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including (a) Name of related organization	ng covered relationship (b) Transaction	s and transaction thresho	olds. (d)	1s	nvolved	
2	Other transfer of cash or property from related organization(s) If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including (a) Name of related organization	ng covered relationship (b) Transaction	s and transaction thresho	olds. (d)	1s	nvolved	
s	Other transfer of cash or property from related organization(s) If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including (a)	ng covered relationship (b) Transaction	s and transaction thresho	olds. (d)	1s	nvolved	
s	Other transfer of cash or property from related organization(s) If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including (a)	ng covered relationship	s and transaction thresho	olds. (d)	1s		
s	Other transfer of cash or property from related organization(s)						
							
r	Other transfer of cash or property to related organization(s)				1r		v
q	Reimbursement paid by related organization(s) for expenses			• • • • • • • • • •	1q		_x_
	Reimbursement paid to related organization(s) for expenses				1p		_x_
	Sharing of paid employees with related organization(s)				10		X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		x
m					1m		_x_ _x
K	Performance of services or membership or fundraising solicitations for related organization(s)				1K		_X_
L	Lease of facilities, equipment, or other assets from related organization(s)				1k		
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		_x_
i	Exchange of assets with related organization(s)				1i		_x_
h	Purchase of assets from related organization(s)				1h		x
g	Sale of assets to related organization(s)				1g		x
f	Dividends from related organization(s)				1f		x
е	Loans or loan guarantees by related organization(s)				1e		_x_
_	Loans or loan guarantees to or for related organization(s)				1d		<u>x</u>
d	Gift, grant, or capital contribution from related organization(s)				1c	х	
	Gift, grant, or capital contribution to related organization(s)				1b		X

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)	(b)	(c)	(d)	(е		(f)	(g)	(h	1)	(i)	(j)		(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	sect	partners tion (c)(3) zations	Share of total income	Share of end-of-year assets	Disprop alloca	oortionat ations	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	man	eral or aging tner?	Percentage ownership
			sections 512-514)	Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
	1						<u> </u>						