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For Paperwork Reduction Act Notice, see the separate instructions.

Return of Organization Exempt From Income Tax

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

2016

DLN: 93493318075717 OMB No 1545-0047

Do not enter social security numbers on this form as it may be made public
 ▶ Information about Form 990 and its instructions is at www. IRS gov/form990

Open to Public

				out Form 990 and its instructions is at <u>ww</u>				Open to Public Inspection
A F	or the	e 2016 ca	alendar year, or tax year beg	ginning 01-01-2016 , and ending 12-3	1-2016			
B Check if ap Chec	change	C Name of organization Hampton Roads Chamber of Com	merce		D Employ 54-125		ication number	
☐ Ini	tıal ret	-	Doing business as			-		
□detu	rn/tern			F mail is not delivered to street address) Room/si	uite	E Telephor	ne number	
_			500 E Main Street No 700			(757) 6	22-2312	
			City or town, state or province, co Norfolk, VA 23510	ountry, and ZIP or foreign postal code		G Gross re	ceipts \$ 2	,814,952
			F Name and address of princi BRYAN STEPHENS	pal officer	H(a) Is the	ıs a group re	turn for	
			500 E Main Street No 700			rdinates? ill subordinat	tes	☐Yes ☑No
	x-exen	npt status	Norfolk, VA 23510 501(c)(3) 501(c) (6)	◀ (insert no)	inclu	ded?		Yes No
J W	ebsit	e:► WW	W HAMPTONROADSCHAMBER (1	p exemption		instructions) ▶
K Form	n of or	ganızatıon	☑ Corporation ☐ Trust ☐ As	ssociation Other	L Year of form	nation 1983	M State	of legal domicile VA
Pa	rt I	Sumi	mary					
			cribe the organization's mission BER-BASED BUSINESS ORGANI	n or most significant activities ZATION, THE MISSION OF THE HAMPTON	ROADS CHAM	BER OF COM	MERCE I	S TO SERVE ITS
ce	1	MEMBERS	AND COMMUNITIES BY CREATI	NG ECONOMIC PROSPERITY AND ENHANC	ING THE QUAL	LITY OF LIFE	IN THE	REGION
mar	-							
ove	੍ਰ	Chack thu	s box > uf the organization	discontinued its operations or disposed of i	more than 250	6 of its not a	ccotc	
উ স				ning body (Part VI, line 1a)			3	77
~ Se	4	Number o	of independent voting members	of the governing body (Part VI, line 1b)			4	72
Ě	5	Total num	nber of individuals employed in	calendar year 2016 (Part V, line 2a) .		•	5	65
Act	1		·	necessary)			6	500
	1			art VIII, column (C), line 12		•	7a	-8,792
	Ь	Net unrei	ated business taxable income fr	rom Form 990-T, line 34		ior Year	7b	-28,116 Current Year
	8	Contributi	ions and grants (Part VIII line	1h)		153,8	810	178,231
Ş	1		• • • • • • • • • • • • • • • • • • • •	2g)		2,543,3		2,576,490
ة ∕در	1	-	•	(A), lines 3, 4, and 7d)		16,4	459	46,414
<u>—</u>	11	Other rev	enue (Part VIII, column (A), lin	es 5, 6d, 8c, 9c, 10c, and 11e)		66,9	986	13,817
	12	Total reve	enue—add lines 8 through 11 (r	nust equal Part VIII, column (A), line 12)		2,780,	599	2,814,952
	1		nd similar amounts paid (Part IX	, , , ,			0	C
	1	•	·	, column (A), line 4)			0	(
33	1			benefits (Part IX, column (A), lines 5–10)		1,482,2		1,595,398
Ê			nal fundraising fees (Part IX, co				0	
ă	1		aising expenses (Part IX, column (D)	es 11a-11d, 11f-24e)		1,399,8	846	1,299,985
	1			equal Part IX, column (A), line 25)		2,882,:		2,895,383
	1	•	·	from line 12		-101,		-80,431
8 8			·		Beginning	of Current Y	'ear	End of Year
dang	20	Tatal assa	ata (Dawt V. Juna 16)			2.944.6	007	2 072 262
Ass HBa	1		ets (Part X, line 16) ilities (Part X, line 26)			2,844,0 962,:		2,873,362
S E	1		s or fund balances Subtract line			1,881,8		985,930 1,887,432
		_	ature Block			-/00-/		2,007,102
Unde	r pena	alties of pe	erjury, I declare that I have exa	amined this return, including accompanying te Declaration of preparer (other than offi				
any k	nowle	edge			20			
Sian		Signatu	ire of officer		Da	17-11-13 te		
		SYLVIA	HAINES SECRETARY					
			print name and title					_
			rınt/Type preparer's name arbara Smith	Preparer's signature Barbara Smith	Date Ch		PTIN P0063222	4
		L			sel	f-employed		
,		*! .	rm's name	m's EIN > 56- one no (757)				
use	Un	іу	Virginia Beach, VA		'"	(, 0,)		
May t	he IR	S discuss		nown above? (see instructions)			▽ ,	res □ No

Cat No 11282Y

Form **990** (2016)

Form	990 (2016)						Page 2
Par	t IIII Stateme	nt of Program Servic	e Accomplis	hments			
	Check If Sc	chedule O contains a respo	nse or note to a	any line in this Part III			
1		e organization's mission					
					S CHAMBER OF COMMERCE IS TO Y OF LIFE IN THE REGION	SERVE ITS MEMBE	RS
2	Did the organization	on undertake any significa	nt program ser	vices during the year whi	ich were not listed on		
	the prior Form 990	O or 990-EZ?				🗌 Yes 🗹 N	lo
	If "Yes," describe t	these new services on Sch	nedule O				
3	Did the organization	on cease conducting, or m	ake significant	changes in how it conduc	cts, any program		
		these changes on Schedul				☐ Yes 🗸	No
4	Describe the organ Section 501(c)(3)	nızatıon's program service	accomplishmer	to report the amount of	argest program services, as measi grants and allocations to others, t		
4a	(Code) (Expenses \$	2,895,383	including grants of \$) (Revenue \$	2,599,099)	
	See Additional Data	, (=p ==== +	_,,		, (_,,	
4b	(Code) (Expenses \$		including grants of \$) (Revenue \$)	
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)	
4d	Other program sei	rvices (Describe in Schedi incl	ule O) uding grants of	\$) (Revenue \$)	
40	• •	ervice expenses >	2.895.3	•			

Section 501(c)(3) organizations.

or X as applicable

Yes

Page 3

No

Νo

Nο

No

Nο

Nο

Nο

Nο

No

Nο

Nο

Nο

Nο

Nο

Nο

Nο

Nο

Νo

Nο

No

Nο

Form **990** (2016)

Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

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 👺 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸

for public office? If "Yes," complete Schedule C, Part I 💆

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

b Was the organization included in consolidated, independent audited financial statements for the tax year?

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

assessments, or similar amounts as defined in Revenue Procedure 98-19?

Yes

4 5 Yes

3

8

9

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11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14b

15

16

17

18

19

Yes

Yes

Yes

Part IV Checklist of Required Schedules (continued) Yes

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

column (A), line 2? If "Yes," complete Schedule I, Parts I and III

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX.

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,"

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

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 🔧

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

20a

Nο

Nο

Page 4

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . .

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

21

24a

24b

24c

24d

25a

25b

26

27

28a

28b

28c

29

30

31

32

33

34

35a

35h

36

37

Yes

Yes

Yes

Yes

Form 990 (2016)

22 Yes 23

Nο

Νo

Nο

orm	990 (2016)			Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 23			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
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	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5b		
C	If fes, to line 3a of 3b, did the organization line Form 8000-17	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 ء	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		_
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	u		
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions		nse to li	
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		✓
Se	ction 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 1		res	NO
	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 in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 72			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
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? \cdot	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	7a		No	
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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
	The governing body?	8 a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
11a	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	10b	Yes	
	form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	12-	V	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	conflicts?	12b	Yes	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a		No
D	Other officers or key employees of the organization	15b		No
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	4.5.		
<i>c</i> -		16b		
	ction C. Disclosure List the States with which a copy of this Form 990 is required to be filed▶			
	VA			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	Own website 🗹 Another's website 🗹 Upon request 🗌 Other (explain in Schedule O)			
	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records ▶THE CORPORATE OFFICERS 500 E Main Street No 700 Norfolk, VA 23510 (757) 622-2312			

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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	
La Complete	e 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

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

(B)

(A)

• List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(C)

(D)

Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from the from related compensation any hours director/trustee) organization (Worganizations from the for related 2/1099-MISC) (W- 2/1099organization and Highest compensated employee Individual trustee or director Former organizations MISC) related Institutional Trustee below dotted employee organizations line) See Additional Data Table

(F)

(E)

Form 990 (2016) Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (C)

(D)

No

Nο

Νo

(C)

Compensation

Form 990 (2016)

5

(B)

Description of services

(R)

	Name and Title	Average hours per week (list any hours for related	than o	ne b	ox, t in of tor/t	t che inles ficer ruste	and a	on	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the
See		organizations below dotted line)	individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	3,333	, , ,	organization and related organizations
See	Additional Data Table										
41.	C. I. T. I. I.										
c '	Sub-Total	Part VII, Sectio	nΑ.				* -		523,546	0	59,183
2	Total number of individuals (includir	ng but not limited	to thos				e) who	rece	eived more than \$10	00,000	

Yes Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual . 4 Yes

3 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for 5 services rendered to the organization? If "Yes," complete Schedule J for such person . Section B. Independent Contractors

from the organization Report compensation for the calendar year ending with or within the organization's tax year

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

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation

compensation from the organization ▶ 0

(A)

Name and business address

Part	VIII	Statement of	Revenue									
		Check if Schedul	e O contains	a respo	onse or r	note to any			Ι.			🗆
								(A) revenue	e fu	(B) lated or exempt unction	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1a F	ederated campaig	ns	1a					re	evenue		512-514
ons, Gifts, Grants Similar Amounts		1embership dues		1b	<u> </u>							
3ra nou		undraising events		1c								
ls, (Am		telated organizatio		1d								
Giff		iovernment grants (co		1e		8,700						
ns, Sim	f A	ll other contributions,	, gıfts, grants,									
itioi er S	a	nd similar amounts n bove	ot included	1f		169,531						
Contributions, Giffs, Grants and Other Similar Amounts		loncash contribution lines 1a-1f \$		139	,320							
Conj	h To	otal.Add lines 1a-1	.f			<u> </u>		178,231				
HI e						Business						
ven.		MBERSHIP DUES					900099		327,782	1,327	· ·	
o <u>∓</u>	_	HER EVENTS					900099		368,199 360,688		3,199 3,688	
.₩C		ATE OF THE CITY NUAL MEETING					900099	•	72,805		2,805	
₹		NTRACTUAL SERVICE	S				900099		71,678		.,678	
ram		other program se	rvice revenue					;	375,338	375	5,338	
Program Service Revenue		al.Add lines 2a-2f			_	2,	576,490					
					p bauaah		1					<u> </u>
		estment income (ii lar amounts) .	· · · ·		interest,	and other	•	46,41	4			46,414
	4 Inco	ome from investme	ent of tax-exe	empt b	ond prod	eeds 🕨	•					
	5 Roy	alties				. •	<u> </u>					
	6 - C	oss rents	(ı) Rea	l	(11)	Personal						
	Oa G	oss rents										
	b Le	ess rental expenses										
		ental income or oss)					-					
	d N	et rental income o	r (loss)			. •	-					
			(ı) Securit	ties	(11)	Other						
	fro ass	oss amount m sales of sets other an inventory										
	_ ot	ess cost or her basis and iles expenses										
		ain or (loss)										
		et gain or (loss) .				•	 					
Other Revenue	(n co	oss income from foot including \$ ntributions reporte	ed on line 1c)	of]							
eve		e Part IV, line 18 ss direct expense:		a b			-					
F.		et income or (loss)			ents .	• •						
the	9a Gr	oss income from g	amıng actıvıt	-			1					
U	Se	e Part IV, line 19		a								
	b Le	ss direct expense	s	ь			-					
		t income or (loss)		activit	ies .	. •	_					
		oss sales of invent turns and allowand		a								
		ss cost of goods s		b								
	<u>C</u> Ne	t income or (loss) Miscellaneous		inven		ess Code						
	11a C	HAMBERSELECT LI	_C			52429	8	-8,79	2		-8,79	2
	b											
	c —											
	d All	other revenue .			<u> </u>		+	22,60	9	22,609		
		tal. Add lines 11a			·			<u> </u>				
		o tal revenue. See				, .		13,81				
								2,814,95	2	2,599,099	-8,79	46,414 Form 990 (2016)

Forr	n 990 (2016)				Page 10
	rt IX Statement of Functional Expenses cion 501(c)(3) and 501(c)(4) organizations must complete all co	olumns All other orga	inizations must comp	olete column (A)	
	Check if Schedule O contains a response or note to any	line in this Part IX			<u> 🗹</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
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, line 15 and 16				
4	Benefits paid to or for members				
	Compensation of current officers, directors, trustees, and key employees	582,728	582,728		
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	802,934	802,934		
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	30,621	30,621		
	Other employee benefits	77,877	77,877		
10	Payroll taxes	101,238	101,238		
11	Fees for services (non-employees)				
ā	Management	11,351	11,351		
	Legal	339	339		
	Accounting	11,343	11,343		
	I Lobbying				
	Professional fundraising services See Part IV, line 17				
	Investment management fees				
	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	144,494	144,494		
13	Office expenses	12,012	12,012		
	Information technology				
	Royalties				
16	Occupancy	277,275	277,275		
	Travel	21,906	21,906		
	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
	Conferences, conventions, and meetings	2,281	2,281		
	Interest				
	Payments to affiliates				
	Depreciation, depletion, and amortization	46,024	46,024		
	Insurance	12,034	12,034		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
	a Unrelated Business Tax	2,058	2,058		
	b STATE OF THE CITY	145,174	145,174		
	c OTHER EVENTS	119,582	119,582		

63,896

430,216

2,895,383

63,896

430,216

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Form **990** (2016)

2,895,383

d MEMBERSHIP CAMPAIGN

25 Total functional expenses. Add lines 1 through 24e

26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)

e All other expenses

Page **11**

Form 990 (2016)

31

32

33

34

Net

	Beginning of year		End of year
1 Cash-non-interest-bearing	816,377	1	793,635
2 Savings and temporary cash investments	1,488,991	2	1,609,386
3 Pledges and grants receivable, net		3	
4 Accounts receivable, net	177,037	4	179,333
5 Loans and other receivables from current and former officers, directors,			

trustees, key employees, and highest compensated employees. Complete Part 5 II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) 6 voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L Assets Notes and loans receivable, net Inventories for sale or use . 8 52.019 9 Prepaid expenses and deferred charges . 10a Land, buildings, and equipment cost or other

34.403 10a 752,969 basis Complete Part VI of Schedule D 631.021 156 836 10c 121.948 b Less accumulated depreciation 10b 11 Investments—publicly traded securities . 11 152 747 134.657 12 12 Investments—other securities See Part IV, line 11 . 13 13 Investments—program-related See Part IV, line 11 14 Intangible assets 14

15 15 Other assets See Part IV, line 11 . 2,844,007 2.873.362 16 Total assets. Add lines 1 through 15 (must equal line 34) . . 16 17 Accounts payable and accrued expenses 176.202 17 176,094 18 Grants payable . . . 18 19 785,988 19 809,836 Deferred revenue . . .

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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

Liabilities persons Complete Part II of Schedule L . 22 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties .

Other liabilities (including federal income tax, payables to related third parties, 25 25 and other liabilities not included on lines 17-24) Complete Part X of Schedule D

962,190 26 Total liabilities. Add lines 17 through 25 . 26 Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

985,930 complete lines 27 through 29, and lines 33 and 34. 27 1.828.680 27 1.833.601 Unrestricted net assets

Fund Balances 28 53.137 28 Temporarily restricted net assets 29 29 Permanently restricted net assets

53.831 Organizations that do not follow SFAS 117 (ASC 958),

check here

and complete lines 30 through 34. Assets or 30 Capital stock or trust principal, or current funds 30

31

32

33

34

1,887,432

2.873.362

Form **990** (2016)

1,881,817

2.844.007

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

Form	990 (2016)				Page 12
Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2	,814,952
2	Total expenses (must equal Part IX, column (A), line 25)	2		2	,895,383
3	Revenue less expenses Subtract line 2 from line 1	3			-80,431
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1	,881,817
5	Net unrealized gains (losses) on investments	5			86,046
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		1	,887,432
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				✓
				Yes	No
1	Accounting method used to prepare the Form 990				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed of separate basis, consolidated basis, or both	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basis,			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the average ten should either the average transport of colorion process during the tay year evidence in Color	م ماریا			

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

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

Audit Act and OMB Circular A-133?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

3a b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

Νo

Form **990** (2016)

3b

Additional Data

Software ID: Software Version:

EIN: 54-1252997

Name: Hampton Roads Chamber of Commerce

Form 990 (2016)

Form 990, Part III, Line 4a:

THE CHAMBER PROMOTES THE BUSINESS INTERESTS AND ECONOMIC DEVELOPMENT OF THE HAMPTON ROADS AREA

Compensated Employees, and Independent, Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless hours per compensation compensation amount of other person is both an officer from related week (list from the compensation any hours organizations and a director/trustee) organization from the for related (W-2/1099-(W-2/1099-Highest compa organization and Individual trust or director Office Key employee Former Institutional organizations MISC) MISC) related below dotted organizations line)

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Director						Ů	Ů	
Shawn Avery	0 30	l				0	0	
Director		_ ^					0	Ĭ
Edna Baehre-Kolovanı	0 30							

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Director		.,					·
Edna Baehre-Kolovanı	0 30	x				0	0
Director		,,					J
George Ball	0 30	×				0	0
Director							0
Mary Beth Ballard	0 30						

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Director

Bill Bell

Director

Director

Michael Benedetto

Susan Blackman

Felicia Blow

Chair, Suffolk

Robert Boyd

Director

Vice Chair, At Large

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent, Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless compensation compensation amount of other person is both an officer week (list from the from related compensation organizations any hours and a director/trustee) organization from the for related (W-2/1099-(W-2/1099organization and Highest compensated employee Former Individual trustee or director Key employee Institutional MISC) organizations MISC) related director below dotted organizations line) Trustee

Lee Brazzell	1 00	×			0	0	
Chair, Portsmouth		^					
Rhonda Bridgeman	1 00	×			0	0	
Chair, Chesapeake		^					
John R Broderick	1 00	×			0	0	

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Rhonda Bridgeman	1 00	×			
Chair, Chesapeake		^			
John R Broderick	1 00	x			
Chair, Chesapeake		,			
Maggie Cromwell	0 30				
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Director

Director

Director

Director

Director

Director

Robert Crum

Shelby Davis

Susan Davis

John E Degruttola

Deborah M DiCroce

Joseph M Donnelly

Vice Chair, Membership

Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless compensation compensation amount of other person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the for related (W-2/1099-(W-2/1099-Highest compe organization and Individual trust or director Office Former key employee Institutional MISC) organizations MISC) related below dotted organizations line)

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Kenneth K Donner	0 30	×				0	
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Michael Dudley	0 30	×				0	
Director		^				Ĭ	

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David A Durham

Robert Duvall

Sharon Fanto

Bioern Fischer

Cathie France

Vice Chair, At Large

Thomas R Frantz

Kasia Grzelkowski

Treasurer

Director

Director

Director

Director

Mark Handley

Director

Director

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

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Compensated Employees, and Independent, Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless hours per compensation compensation amount of other person is both an officer from related week (list from the compensation any hours and a director/trustee) organizations organization from the for related Highest compens (W-2/1099-(W-2/1099organization and Office Former Individual trusts or director key employee Institutional MISC) organizations MISC) related below dotted organizations line) ⇉

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Dorcas T Helfant-Browning	0 30	×				0	0	
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William E Harrell	0 30							
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Michael K Kerner

William E King

Kurt Krause

Director

Director

Vice Chair, Development

Susan Long-Molnar

John P Matson

Vice Chair, Communications

Director

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

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William E Harrell	0 30						
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Director							
William J Holloran	1 00						
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Director								
William E Harrell	0 30	х				0	0	
Director						Ĭ		
William J Holloran	1 00	х				0	0	
Chair, Hampton Roads Business PAC		^				Ĭ		
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Director		^						
William J Holloran	1 00	×				0	0	0
Chair, Hampton Roads Business PAC		^						
Martin Joseph	1 00	×				0	0	0
Vice Chair, Small Business		,					,	
	4 00				T^{T}			

Chair, Hampton Roads Business PAC							
Martın Joseph	1 00	Х			0	0	0
Vice Chair, Small Business		,,			,		
Ellen O Keeter	1 00	×			0	0	0
Chair, Norfolk		^			ľ	Ĭ	V

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless compensation compensation amount of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization organizations from the for related (W-2/1099-(W-2/1099organization and Officer Highest compensat Former Individual trustee or director Institutional MISC) organizations MISC) related director below dotted organizations employee line) 0.30 Carol McCormack Χ 0 30 Delceno C Miles Х 0

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Director

WS Miller

JD Myers

Director

Director

John D Padgett

Hugh L Patterson

General Counsel

Tonya Perkins

Director

Director

Director

Director

Tim Peters

Craig R Quigley

John F Reinhart

Vice Chair, At Large

Compensated Employees, and Independent Contractors (C) (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation any hours organizations and a director/trustee) organization from the for related (W-2/1099-(W-2/1099organization and Highest cor individual to or director Office Former Institutiona organizations MISC) MISC) related below dotted emplo organizations line)

		nstee) Trustee	1	,ee	mpensated			
Pat Richardson	0 30	l ,					0	0	
Director							0	0	
Glen M Robertson	1 00	l ,					0	0	
V 0 0 1146		×	1	1			0	٥	

Director		^			0	
Glen M Robertson Vice Chair, Governmental Affairs	1 00	X			0	
Stephen R Romine Vice Chair, HR BIZPAC	1 00	X			0	

David Vice C

Julia Rust

Director

Director

Director

Director

Kimberly S Shuler

Maurice Slaughter

Deborah K Stearns

Judith Swystun

Joseph Taylor

Chair, Virginia Beach

Vice Chair, Young Professionals

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

M Robertson Chair, Governmental Affairs		×			0	
nen R Romine Chair, HR BIZPAC	1 00	X			О	
l K Ropp Chair, At Large	1 00	×			0	

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless compensation compensation amount of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization organizations from the for related (W-2/1099-(W-2/1099organization and Highest compensatemplovee Former Individual trustee or director Institutional organizations MISC) MISC) related director. below dotted organizations employee line) 0.30 Charity A Volman Χ

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Jesse Waltz

Edith G White

James White

Ricky Williamson

Military Liasion

John W Wilson

Chair Elect

Joseph R Witt

James Wofford

Director

Vice Chair, Sports

Thomas T Winborne

Immediate Past Chair

Shepelle Watkins-White

Director

Chair

director

Director

Compensated Employees, and Independent Contractors (C) (D) (E) Name and Title Average Position (do not check more Reportable Reportable than one box, unless hours per compensation compensation from the week (list person is both an officer from related

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

	any hours	and	a dır	ecto	or/tr	ustee)	organization	organizations	from the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee		key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Kevin Sweeney	0 30	×						0	0	0
Director (1/1/16-5/9/16)										
Ricky L Weddle	0 30	x						0	0	0
Director (5/10/16-12/31/16)		^							0	· ·
BRYAN STEPHENS	40 00									
PRESIDENT/CEO	•••••	X		×				208,964	0	15,856

(F)

Estimated

amount of other

compensation

11,754

8,872

11,083

11,618

80,095

84,148

40 00

40 00

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PRISCILLA M PELLENBERG

SYLVIA M HAINES

VICE PRESIDENT, PROGRAMS

Executive Vice President, Operations

BRYAN STEPHENS	40 00	_×	¥		208,964	٥	ı
PRESIDENT/CEO		_ ^	`		200,904	ŭ	<u> </u>
IRA M AGRICOLA	40 00		~		86,601	0	
EXECUTIVE VICE PRESIDENT, Government Affairs			^		00,001		ı

PRESIDENT/CEO		X	Х		208,964	0	
IRA M AGRICOLA EXECUTIVE VICE PRESIDENT, Government Affairs	40 00		×		86,601	0	

IRA M AGRICOLA	40 00		x		86,601	0	
EXECUTIVE VICE PRESIDENT, Government Affairs			^`		55,551	Ŭ	
Socko Pearson	40 00						
			\ \ \ \		(2.720	^	

63,738

VICE PRESIDENT MEMBERSHIP

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

Provide a description of the organization's direct and indirect political campaign activities in Part IV

Complete if the organization is exempt under section 501(c)(3).

Enter the amount of any excise tax incurred by organization managers under section 4955

Enter the amount of any excise tax incurred by the organization under section 4955

If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

EZ)

Department of the Treasury

Name of the organization

Part I-A

Part I-B

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Hampton Roads Chamber of Commerce

Political expenditures Volunteer hours

Was a correction made?

function activities

If "Yes," describe in Part IV

(a) Name

(Proxy Tax) (see separate instructions), then

• Section 501(c)(4), (5), or (6) organizations Complete Part III

Did the filing organization fileForm 1120-POL for this year?

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

Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

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

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

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

Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing

organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated

(c) EIN

Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt

Enter the amount directly expended by the filing organization for section 527 exempt function activities

Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b

fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(b) Address

- Section 527 organizations Complete Part I-A only

• Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c

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

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B

DLN: 93493318075717

Employer identification number

☐ Yes

☐ Yes

(e) Amount of political

contributions received

and promptly and

directly delivered to a separate political organization If none, enter -0-

□ No

54-1252997

(d) Amount paid from

filing organization's

funds If none, enter

-0-

Schedule C (Form 990 or 990-EZ) 2016

Total lobbying expenditures

Grassroots ceiling amount (150% of line 2d, column (e))

Grassroots nontaxable amount

Grassroots lobbying expenditures

activity

Part III-B

Current year

Carryover from last year

expenditure next year?

Return Reference

1

2

c Total

Part IV

3

1

(b)

Amount

Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? b Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

During the year, did the filing organization attempt to influence foreign, national, state or local legislation,

including any attempt to influence public opinion on a legislative matter or referendum, through the use of

Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political

If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

Explanation

Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues

2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)

(6). Were substantially all (90% or more) dues received nondeductible by members? 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?

answered "Yes."

expenses for which the section 527(f) tax was paid).

Supplemental Information

Taxable amount of lobbying and political expenditures (see instructions)

instructions), and Part II-B, line 1 Also, complete this part for any additional information

Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is Dues, assessments and similar amounts from members

1

2a

2b

2c

3

4

5

Schedule C (Form 990 or 990EZ) 2016

(a)

Yes

No

Yes 1 2

No

Nο

No

No

1,327,782

7,296

7,296

7,296

efile GRAPHIC print - DO NOT PROCESS SCHEDULE D

(Form 990)

1

2

3

5

2

3

5

6

2

As Filed Data -

DLN: 93493318075717

OMB No 1545-0047

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.

Open to Public

Department of the Treasury Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspection Internal Revenue Service Name of the organization **Employer identification number** Hampton Roads Chamber of Commerce 54-1252997 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b)Funds and other accounts Total number at end of year Aggregate value of contributions to (during Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c C Number of conservation easements included in (c) acquired after 8/17/06, 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 states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? □ No 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Par	t III	Organizations M	aintaining Col	lections of A	rt, Histor	ical T	reası	ires, or	Other	Similar A	ssets (continue	<u>d)</u>
3		the organization's acq (check all that apply)	juisition, accessio	n, and other reco	ords, check	any of	the fo	llowing t	hat are a	significant	use of it	s collectio	on
a		Public exhibition			d		Loan	or excha	ange prog	grams			
b		Scholarly research			е		Othe	r					
С		Preservation for future	e generations										
4	Provid Part X	de a description of the	organization's col	lections and exp	laın how th	ey furt	her the	e organız	ation's e	xempt purp	ose in		
5		g the year, did the org s to be sold to raise fur								nılar	□ Y ₆	es 🗆	No
Pa	rt IV	Escrow and Cust Complete if the or X, line 21.			Form 990), Part	IV, lı	ine 9, oi	r reporte	ed an amo	unt on	Form 99	0, Part
1a		organization an agent led on Form 990, Part		an or other inter	mediary foi	r contri	bution	s or othe	er assets	not	☐ Y	es 🗆	No
ь	If "Ye	s," explain the arrange	ement in Part XIII	and complete th	ne following	ı table		[Amount		
c		ning balance	emene mi are xiii	and complete th	ic rollowing	, cabic		l	1c				
d	_	ons during the year						l	1d				
e		butions during the year	r						1e				
f		g balance							1f				
2a		e organization include	an amount on Fo	orm 990. Part X.	lıne 21. for	escrov	v or cu	ı ıstodıal a	ccount lia	ability?			
b		s," explain the arrange								,			No
Pa	art V	Endowment Fun	ds. Complete ıf	the organizati	on answe	red "Y	es" oı	n Form	990, Pai	rt IV, line	10.		
				(a)Current yea	r (b) F	rior yea	ır	(c)Two ye	ears back	(d)Three ye	ears back	(e)Four y	years back
	=	ing of year balance .											
		utions											
		estment earnings, gair	ns, and losses										
d	Grants	or scholarships	•				_						
е		expenditures for facilities ograms	es										
f	Admini	strative expenses .											
g	End of	year balance											
2	Provid	le the estimated perce	ntage of the curre	ent year end bala	ance (line 1	g, colu	mn (a)) held a	s				
а	Board	designated or quasi-e	endowment 🟲										
b	Perma	anent endowment 🕨											
С	Temp	orarily restricted endo	wment 🟲										
	The p	ercentages on lines 2a	, 2b, and 2c shou	ıld equal 100%									
3а	organ	nere endowment funds Ization by	·	ssion of the orgai	nization tha	it are h	eld an	d admını	stered fo	r the	_	Ye	s No
		related organizations										a(i)	
b		elated organizations s" on 3a(ii), are the re			red on Sch	 Adula P						a(ii) 3b	
4		ibe in Part XIII the inte	-	·			. •	•		• •		30	
	rt VI	Land, Buildings,											
		Complete if the or			Form 990	, Part	IV, lır	ne 11a.	See For	m 990, Pa	ırt X, lın	e 10.	
	Descri	ption of property	(a) Cost or oti (investme		Cost or other	basıs (other)	(с)Ассі	umulated o	lepreciation		(d)Book v	alue
1a	Land												
	Building						48,701			30,328			18,373
		old improvements								<u> </u>			
		nent				7	04,268			600,693			103,575
							-			· ·			<u> </u>
		ines 1a through 1e (Co	ı olumn (d) must e	ual Form 990, I	Part X, colu	mn (B)	, line .	10(c))		>			121,948

	See Form 990, Part X, line 12.			
	(a) Description of security or category (including name of security)	(b) Book value		thod of valuation d-of-year market value
.)Financial o	derivatives			·
Other	eld equity interests	_		
.)				
)				
)				
))				
)				
)				
i)				
1)				
	(b) must equal Form 990, Part X, col (B) line 12)	•		
art VIII	Investments—Program Related. Complete if the ord See Form 990, Part X, line 13.	ganization answ	ered 'Yes' on Forn	n 990, Part IV, line 11c.
		(b) Book value		ethod of valuation d-of-year market value
.)				·
2)				
;)				
1)				
5)				
)				
')				
3)				
))				
	(b) must equal Form 990, Part X, col (B) line 13)			
Part IX	Other Assets. Complete if the organization answered 'Yes' of (a) Description	n Form 990, Part	IV, line 11d See Fo	m 990, Part X, line 15 (b) Book value
.)				
)				
)				
)				
)				
)))				
))))				
)				
))))))) obtal. (Column	nn (b) must equal Form 990, Part X, col (B) line 15)		n 000 Part IV In	. >
)))))) otal. (Colum	Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25.		· · · · · · · · · · · · · · · · · · ·	
))))))) otal. (Colum	Other Liabilities. Complete if the organization answer	ed 'Yes' on Forr	· · · · · · · · · · · · · · · · · · ·	
))))))) otal. (Colum	Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		· · · · · · · · · · · · · · · · · · ·	
))))) otal. (Colum Part X) Federal in	Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		· · · · · · · · · · · · · · · · · · ·	
))))) otal. (Colum Part X) Federal in	Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		· · · · · · · · · · · · · · · · · · ·	
))))) otal. (Colum Part X) Federal in)	Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		· · · · · · · · · · · · · · · · · · ·	
))))) otal. (Colum Part X) Federal in)	Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		· · · · · · · · · · · · · · · · · · ·	
))))) otal. (Colum Part X) Federal in))	Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		· · · · · · · · · · · · · · · · · · ·	
))))) part X)) Federal in)))	Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		· · · · · · · · · · · · · · · · · · ·	
part X))))) perton in	Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		· · · · · · · · · · · · · · · · · · ·	
Part X	Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		· · · · · · · · · · · · · · · · · · ·	
part X)))))) petal. (Column Part X))))))))	Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		· · · · · · · · · · · · · · · · · · ·	

Part XI

Part XII

Total expenses and losses per audited financial statements

Donated services and use of facilities .

Prior year adjustments . .

Other (Describe in Part XIII) .

Add lines 2a through 2d .

Add lines 4a and 4b .

Return Reference

See Additional Data Table

Subtract line 2e from line 1 .

Other losses .

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b .

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

Other (Describe in Part XIII)

Supplemental Information

1

2

а b

d

3

4

b

C

Part XIII

5

2

Schedule D (Form 990) 2016

2e

3

4c

5

11.351

Page 4

2,884,032

2.884.032

11,351

2,895,383

Schedule D (Form 990) 2015

Amounts included on line 1 but not on Form 990, Part VIII, line 12			
Net unrealized gains (losses) on investments	2a	86.046	
ivet unrealized gams (losses) on investments	Za	86,046	
Donated services and use of facilities	2b		
Recoveries of prior year grants	2c		

of facilitie	s.			•	•		2b					l
rants .							2c					
II)			 				2d			10,517		
											2e	l

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

2a

2b

2c

2d

4b

Explanation

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII)	2d		10,517		
е	Add lines 2a through 2d		 		2e	96,563
3	Subtract line 2e from line 1				3	2,792,390

е	Add lines 2a through 2d		2e	96,563
3	Subtract line 2e from line 1		3	2,792,390
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a			
b	Other (Describe in Part XIII)	22,562	1	

4	Amounts included on Form 990, Part VIII, line 12, but not on line ${f 1}$					
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a				
b	Other (Describe in Part XIII)	4b		22,562		
c	Add lines 4a and 4b				4c	22,562
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		 		5	2.814.952

Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Page 5	Schedule D (Form 990) 2015
inued)	Part XIII Supplemental Information (co
Explanation	Return Reference

Schedule D (Form 990) 2016

Additional Data

Software ID: Software Version:

EIN: 54-1252997

Name: Hampton Roads Chamber of Commerce

Supplemental Information

Return Reference	Explanation
Part X, Line 2	The Chamber and the affiliates are exempt from federal income taxes under Section 501(c)(3) or 501(c)(6) of the Internal Revenue Code, accordingly, the accompanying financial state ments do not reflect a provision or liability for federal and state income taxes. However, income from certain activities not directly related to the Chamber's tax-exempt purpose is subject to taxation as unrelated business income. The Chamber and the affiliates have determined that it does not have any material unrecognized tax benefits or obligations as of December 31, 2016 and 2015.

Supplemental Information	
Return Reference	Explanation
Part XI, Line 2d - Other Adjustments	Satisfaction of Program Restrictions 10,517

s

Supplemental Information	
Return Reference	Explanation
Part XI, Line 4b - Other Adjustments	Temporarily Restricted Contributions 11,211 Management Fees from Investments 11,351

S

Supplemental Information					
Return Reference	Explanation				
Part XII, Line 4b - Other Adjustments	Management Fees from Investments 11,351				

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DLN: 93493318075717

OMB No 1545-0047

2015

Open to Public

Schedule J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number Hampton Roads Chamber of Commerce 54-1252997 **Questions Regarding Compensation** Yes No Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? 4a Νo Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4h Νo Participate in, or receive payment from, an equity-based compensation arrangement? 4с Νo If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? 5а 5h Any related organization? If "Yes," on line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? 6a 6b Any related organization? If "Yes," on line 6a or 6b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 67 If "Yes," describe in Part III 7 Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe ın Part III 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

Page 2

Schedule J (Form 990) 2015

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
	Base (I) compensation	(11)	(111)	other deferred	benefits	(B)(ı)-(D)	column(B) reported
		Bonus & incentive	Other reportable	compensation			as deferred on prior
		compensation	compensation				Form 990

13.057

2,799

224.820

8.964

200.000

1 BRYAN STEPHENS

PRESIDENT/CEO

Schedule J (Form 990) 2015

Schedule J (Form 990) 2015	hedule J (Form 990) 2015			
Part III Supplemental Information				
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information				
Return Reference	Explanation			

Schedule J (Form 990) 2015

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493318075717 SCHEDULE M OMB No 1545-0047 **Noncash Contributions** (Form 990) 2016 ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990 Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** Hampton Roads Chamber of Commerce 54-1252997 Part I **Types of Property** (a) (b) (c) (d) Noncash contribution Check If Number of contributions or Method of determining items contributed amounts reported on noncash contribution amounts applicable Form 990, Part VIII, line 1g Art-Works of art . . 2 Art—Historical treasures Art—Fractional interests Books and publications Clothing and household goods Cars and other vehicles Boats and planes . . 8 Intellectual property . Securities—Publicly traded . 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . 13 Qualified conservation contribution-Historic structures 14 Qualified conservation contribution—Other . . Real estate—Residential . Real estate—Commercial . 17 Real estate—Other . 18 Collectibles . . . 19 Food inventory . 20 Drugs and medical supplies . Taxidermy 22 Historical artifacts . 23 Scientific specimens . 24 Archeological artifacts . 138,670 COST 25 Other ▶ (Х ADVERTISING) 26 Other ► (Χ 13 30,116 COST event) Х 27 650 COST Other ▶ (Cable TV) Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . 30a Nο b If "Yes," describe the arrangement in Part II 31 No Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a No b If "Yes," describe in Part II If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 51227J Schedule M (Form 990) (2016)

Schedule M (Form 990) (2016) Page 2											
Part II Supplemental Information.											
	ion required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part imber of contributions, the number of items received, or a combination of both. Also complete itional information.										
Return Reference	Explanation										
Schedule M (Form 990) (2016)											

efile GRAPH	IC print - DO NOT PROCESS	As Filed Data -		DLN	l: 93493318075717				
SCHEDUL (Form 990 or EZ)	990- Complete to pro Form 990 c	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Information about Schedule 0 (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.							
	anization namber of Commerce O, Supplemental Informatio	n		Employer iden 54-1252997	tification number				
Return Reference	Explanation								
Form 990, Part VI, Section B, Inne 11b THE FORM 990 AND 990T WAS REVIEWED BY THE OFFICERS OF THE BOARD PRIOR TO ITS FILING THE DRAFT FORM 990 WAS ALSO UPLOADED TO GUIDESTAR AND THE EMAIL WAS SENT NOTIFYING THE BOARD MEMBERS THAT IT WAS AVAILABLE FOR REVIEW									

Return
Reference

Explanation

Explanation

990 Schedule O, Supplemental Information

line 12c

Form 990, ANY CONFLICTS ARE REVIEWED AND RESOLVED BY MANAGEMENT
Part VI,
Section B,

990 Schedule O, Supplemental Information

Return

Reference	
Form 990, Part VI,	The organization makes its governing documents, conflict of interest policy, and financial statements available to the public upon request
Section C,	
l line 19	

Explanation

990 Schedule O, Supplemental Information

	; · · · · · · · · · · · · · · · · · · ·
Return Reference	Explanation
Form 990, Part IX, line 24e	EQUIPMENT SERVICE Program service expenses 61,356 Management and general expenses 0 Fun draising expenses 0 Total expenses 61,356 LHR State of the Region Program service expenses 61,101 Management and general expenses 0 Fundraising expenses 0 Total expenses 61,101 LHR Program service expenses 35,199 Management and general expenses 0 Fundraising expenses 0 Total expenses 35,199 TELEPHONE Program service expenses 27,657 Management and general expenses 0 Fundraising expenses 0 Total expenses 27,657 ANNUAL MEETING Program service expenses 26,123 Management and general expenses 0 Fundraising expenses 0 Fundraising expenses 0 Total expenses 26,123 LEGISLATIVE AFFAIRS Program service expenses 23,563 Management and general expenses 0 Fundraising expenses 0 Total expenses 23,563 PROFESSIONAL WOMEN'S SE RIES Program service expenses 20,103 Management and general expenses 0 Fundraising expenses 0 Total expenses 20,103 Other expense sex 20,103 Mana gement and general expenses 0 Fundraising expenses 0 Total expenses 0 Total expenses 0 Fundraising expenses 11,663 Management and general expenses 0 Fundraising expenses 0 Fundraising expenses 0 Fundraising expenses 0 Fundraising expenses 10,517 Management and general expenses 0 Fundraising expenses 0 Fundraisin

990 Schedule O, Supplemental Information Return Explanation Reference

Form 990, ndraising expenses 0 Total expenses 2,721
Part IX, line

990 Schedule O, Supplemental Information

Return Explanation

Reference	
,	The organization's board of directors is responsible for overishgt of the audit, review of its financial statements, and selection of the independent accountant. This process has not changed in the current year.
2c	

SCHEDULE R
(Form 990)

Related

Department of the Treasury

Internal Revenue Service

54-1884411

500 E Main Street 700 NORFOLK, VA 23510 54-1534595

(3) SMALL BUSINESS DEVELOPMENT

Related Organizations and Unrelated Partnerships

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

2016

DLN: 93493318075717 OMB No 1545-0047

Open to Public

pen to Public Inspection

► Attach to Form 990.

orm 990. ► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization Employer identification number Hampton Roads Chamber of Commerce 54-1252997 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (b) Direct controlling Name, address, and EIN (if applicable) of disregarded entity Legal domicile (state Total income Primary activity End-of-year assets or foreign country) entity Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (b) (g) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) or foreign country) (if section 501(c)(3)) entity (13) controlled entity? Yes No (1) HAMPTON ROADS CHAMBER FOUNDATION VA YES ECONOMIC DEVELOPMENT 501(c)(3) Line 10 500 E Main Street 700 NORFOLK, VA 23510 51-0284315 (2) HAMPTON ROADS SPORTS COMMISSION YES PROMOTION OF AMATEUR VA 501(c)(6) N/A 500 E Main Street 700 AND PROFESSIONAL SPORTS NORFOLK, VA 23510

ECONOMIC DEVELOPMENT

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

Cat No 50135Y

VA

501(c)(6)

N/A

Schedule R (Form 990) 2016

YES

(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant Income(related unrelated, excluded from tax under sections 512- 514)	(f) Share of , total income		(F Dispropi allocal	rtionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		ral or iging ner?	(k Percer owner	ntage
(1) CHAMBERSELECT LLC 500 E Main Street 700 NORFOLK, VA 23510 54-2018653		SPONSORING GROUP HEALTH AND OTHER EMPLOYEE BENEFITS	VA	N/A	UNRELATED		134,657	Yes	No No		Yes	No No		
Part IV Identification of Related Organization because it had one or more related org						ization ans	swered "Yes	s" on F	orm 9	990, Part I\	/, line	34		
(a) Name, address, and EIN of related organization	(b) Primary activity	L do (state	(c) egal micile or foreign untry)	Direc	entity (C	(e) pe of entity corp, S corp, or trust)	(f) Share of total Income		(g) e of end year assets	l-of- Perc	(h) entage iership		(ij Section (13) cor entit	512(b) ntrolled

See Additional Data Table

o Sharing of paid employees with related organization(s)

Reimbursement paid by related organization(s) for expenses

Reimbursement paid to related organization(s) for expenses

(a)

Name of related organization

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

Yes

Yes 1q |

1r

1s

Schedule R (Form 990) 2016

(d)

Method of determining amount involved

No

No

No

Part V Transactions With Related Organizations Complete of the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.							
Note.	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule	Yes	No				
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?							
a Receip	ot of (i) interest, (ii)annuities, (iii) royalties, or(iv) rent from a controlled entity	а	No				
b Gıft, g	rant, or capital contribution to related organization(s)	b	No				
c Gıft, g	rant, or capital contribution from related organization(s)	c Yes					
d Loans	or loan guarantees to or for related organization(s)	d	No				
e Loans	or loan guarantees by related organization(s)	e	No				

d	Loans or loan guarantees to or for related organization(s)	1 d	Τ	
е	Loans or loan guarantees by related organization(s)	1e	Τ	
_		1,5	Τ	
t	Dividends from related organization(s)	111	\bot	_

a	Loans or loan guarantees to or for related organization(s)	-4	140
е	Loans or loan guarantees by related organization(s)	1e	No
f	Dividends from related organization(s)	1f	No
g	Sale of assets to related organization(s)	1g	No
h	Purchase of assets from related organization(s)	1h	No
i	Exchange of assets with related organization(s)	1i	No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	No

е	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	1 g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11	Yes	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	

(b)

Transaction

type (a-s)

(c)

Amount involved

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

1													
(a) Name, address, and EIN of entity	(b) Primary activity	domicile	(d) Predominant Income (related, unrelated, excluded from tax under sections 512- 514)	or	(e) re all partners section 501(c)(3) rganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		<u></u>	(k) Percentage ownership
			514)	Yes	No	!		Yes	No		Yes	No	
										Schedul	e R (Form	1 990	D) 2016



Additional Data

HAMPTON ROADS SPORTS COMMISSION

HAMPTON ROADS SPORTS COMMISSION

HAMPTON ROADS CHAMBER FOUNDATION

HamptON ROADS CHAMBER FOUNDATION

hampton roads sporTS COMMISSION

(2)

(3)

(4)

(5)

(6)

Software ID: Software Version: EIN: 54-1252997 Name: Hampton Roads Chamber of Commerce Form 990, Schedule R, Part V - Transactions With Related Organizations (a) Name of related organization (b) Transaction type(a-s) (c) Amount Involved Method of determining amount involved

				_
(1)	smalL BUSINESS DEVELOPMENT CENTER	0	246,007	COST ALLOCATION
(1)	small BUSINESS DEVELOPMENT CENTER	Q	19,859	COST ALLOCATION

7,010

24,716

157,776

6,500

1,723

Α

Ν

0

0

COST ALLOCATION

COST ALLOCATION

COST ALLOCATION

COST ALLOCATION