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990

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

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

► Information about Form 990 and its instructions is at www.irs.gov/form990.

Inspection

			enaing U	AN 31, 2010 1				
В	Check if applicable	C Name of organization		D Employer identifi	cation number			
	Addres	GREATER WILLIAMSBURG COMMUNITY TRUST						
F	Name change		DATIC	54-1	927558			
F	Initial return		Room/suite					
F	Final return/		100111/00110		259-1660			
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ 1,966,786.				
	Ameno	williamsburg, va 23185		H(a) Is this a group re				
F	Applic tion	F Name and address of principal officer: PAUL W. GERHARDT		for subordinates? Yes X No				
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	······ — —			
$\overline{}$	Toy ove	empt status: X 501(c)(3)	r 527	1	list. (see instructions)			
		e: NWW.WILLIAMSBURGCOMMUNITYFOUNDATION.OR		H(c) Group exemption	,			
		organization: X Corporation			A State of legal domicile: VA			
	art I	Summary	L Tour	oriormation. = > >   I	otate of legal dofficile. V22			
		Briefly describe the organization's mission or most significant activities: SEE S	CHEDU	T.E.O.				
Activities & Governance	'	briefly describe the organization's mission of most significant activities.	7011220					
nar	2	Check this box  if the organization discontinued its operations or dispose	ed of more	than 25% of its not as	ceate			
Ķ		-		ı	20			
යි		Number of voting members of the governing body (Fart VI, line 1b)			20			
ళ		Total number of individuals employed in calendar year 2015 (Part V, line 1a)			2			
Ē					50			
≨		Total number of volunteers (estimate if necessary)  Total unrelated business revenue from Part VIII, column (C), line 12			0.			
¥		Net unrelated business taxable income from Form 990-T, line 34			0.			
	<del> </del>	Net difference business taxable income from 1 offi 930-1, life 04		Prior Year	Current Year			
_	8	Contributions and grants (Part VIII, line 1h)		1,723,612.	620,715.			
Revenue				0.	0.			
		Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		224,868.	213,644.			
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<26,544.				
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,921,936.	857,751.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		484,422.	684,313.			
				0.	0.			
"	1			96,519.	104,912.			
Expenses	160	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
ben	h	Total fundraising expanses (Part IX, column (A), line 11e)	84.		<b>,</b>			
$\overline{\Sigma}$	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		120,529.	124,293.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		701,470.	913,518.			
		Revenue less expenses. Subtract line 18 from line 12		1,220,466.	<55,767·>			
<u></u>	3	Heverlae less expenses. Subtract line 10 nontline 12		ginning of Current Year	End of Year			
Net Assets or Find Balances	20	Total assets (Part X, line 16)		5,986,049.	5,541,947.			
ASS	21	Total liabilities (Part X, line 26)		1,896.	12,478.			
Net I	22	Net assets or fund balances. Subtract line 21 from line 20		5,984,153.	5,529,469.			
P	art II	Signature Block			3,323,233			
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of m	v knowledge and belief, it is			
		t, and complete. Declaration of preparer (other than officer) is based on all information of whi			,			
	,		<u> </u>					
Sig	ın	Signature of officer		Date				
He		PAUL W. GERHARDT, CHAIRMAN						
	-	Type or print name and title						
_		Print/Type preparer's name Preparer's signature	1	Date Check	PTIN			
Pai	d	JAMES M. HAGGARD		if self-employ	P00100566			
	parer	Firm's name DIXON HUGHES GOODMAN LLP		Firm's EIN	56-0747981			
	Only	Firm's address 701 TOWN CENTER DRIVE, SUITE 700	)					
	.,	NEWPORT NEWS, VA 23606-4295		Phone no 75	7.873.1033			
Ma	v the IF	RS discuss this return with the preparer shown above? (see instructions)		11 110110 110. 7 3	X Yes No			
· • • · · ·	,							

Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:  CONNECTING PEOPLE WHO CARE WITH CAUSES THAT MATTER IN OUR COMMUNITY
	FOREVER. THE MISSION IS PURSUED BY HELPING DONORS BUILD PERMANENT,
	FLEXIBLE ENDOWMENT FUNDS THAT RESPOND TO EMERGING AND CHANGING
	COMMUNITY NEEDS; PROVIDING EFFECTIVE STEWARDSHIP OF CHARITABLE FUNDS;
2	Did the organization undertake any significant program services during the year which were not listed on
_	the prior Form 990 or 990-EZ?  Yes X No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No
Ü	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 532,348 • including grants of \$ 503,913 • ) (Revenue \$
	DISTRIBUTED GRANTS TO NONPROFIT ORGANIZATIONS PRIMARILY IN THE GREATER
	WILLIAMSBURG AREA. COMPETITIVE GRANTS WERE AWARDED IN THE FOLLOWING
	FOCUS AREAS: ARTS & CULTURE, CHILDREN & YOUNG ADULTS, ENVIRONMENT &
	CONSERVATION, HEALTH & COMMUNITY WELLNESS, AND SENIOR SERVICES.
	ADDITIONAL GRANTS WERE AWARDED FOR EDUCATION, HISTORIC PRESERVATION,
	HUMAN SERVICES, TRANSPORTATION, AMATEUR SPORTS, OVARIAN CANCER AND
	OTHER COMMUNITY NEEDS AT THE REQUEST OF DONORS.
	• • • • • • • • • • • • • • • • • • • •
4b	(Code: ) (Expenses \$ 180,400 • including grants of \$ 180,400 • ) (Revenue \$ )
710	PROVIDED SCHOLARSHIPS FOR 138 STUDENTS WHO HAVE ATTENDED HIGH SCHOOL AT
	A WILLIAMSBURG-JAMES CITY COUNTY PUBLIC SCHOOL OR ARE ATTENDING A
	PUBLIC COLLEGE IN THE STATE OF VIRGINIA. CRITERIA FOR SCHOLARSHIPS
	INCLUDES ACADEMIC ACHIEVEMENT, COMMUNITY SERVICE, CAREER INTEREST AND
	FINANCIAL NEED.
4c	(Code:         ) (Expenses \$         ) (Revenue \$         )
	(Code. ) (Expenses 4 ) (Trevenue 4 )
	·
A :-1	Other pregram continue (Deceribe in School de O.)
4d	Other program services (Describe in Schedule O.)
A :-	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses ▶ 712,748.
<u>4e</u>	Total program service expenses ► /12 , /48 .  Form <b>990</b> (2015)

# Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		х	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	,		x
4	public office? If "Yes," complete Schedule C, Part I  Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		22
4	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		
3	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		<del></del> -
Ū	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,	Ť		
•	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? <i>If</i> "Yes," <i>complete</i>			
	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 temporarily restricted endowments, permanent			
	endowments, or 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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		x
a	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	11c		22
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
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		X
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			3,7
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		X
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		<u> </u>
18		18	Х	
19	1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		
19	complete Schedule G, Part III	19		x
	complete consecution, i with		000	

# Part IV Checklist of Required Schedules (continued)

			Yes	No
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		Х
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		
	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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	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? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? 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, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			,,
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	37	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			X
20	If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		^
32	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			7.7
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		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		X
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	X	

# Part V Statements Regarding Other IRS Filings and Tax Compliance

Section   Sect		Check if Schedule O contains a response or note to any line in this Part V				Ш			
b Enter the number of Forms W/2G included in line 1a, Enter-0 if not applicable of Diff the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  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  2b If at least one is reported on line 2a, dot the organization fall enquired detection enhanced in the complex of the organization fall included detection of the organization have unrelated business gross income of \$1,000 or more during the year.  3a Dot the organization have unrelated business gross income of \$1,000 or more during the year.  3b If *Yes,* least filed a form 9601 for this year? *Y. *Ye,* *Un in 98, provide an explanation in Schedule O  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 shark account, securities account, or other financial accounts (FBAR).  5b If *Yes,* *In enter the name of the foreign country.* \begin{align*}  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b If Yes,* *In the Sa of Sb, did the organization file Form 8886.7 \begin{align*}  5c If *Yes,* *In the Ga of Sb, did the organization file Form 8886.7 \begin{align*}  5d Diff *Yes,* *In the Ga of Sb, did the organization file Form 8886.7 \begin{align*}  5d Diff *Yes,* *In the organization in which were year business of the single party notify the organization file Form 8886.7 \begin{align*}  5d Diff *Yes,* *In the organization in which were year business of the goods or services provided?  5d Diff *Yes,* *In the organization in which were year business of the goods or services provided?  5d Diff *Yes,* *In the organization in which were year payment in excess of \$35 make party six a contribution or any party for goods and services prov			1 1		Yes	No			
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming generalized from the calendar year ending with or within the year covered by this return.  2 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements.  filed for the calendar year ending with or within the year covered by this return.  8 If all least one is reported on line 23, did the organization file all required federal employment tax returns?  8 Did the organization have unreated business greater than 250, you may be required to e-file (see instructions)  8 Did the organization have unreated business greater than 250, you may be required to e-file (see instructions)  8 Did the Yes, I has it filed a Form 990-T for this year? If No,* to file 80, provide an explanation in Schedule O  8 Did and the during the calendary year, did the organization have an interest in, or a signature or other authority over, a transmit and a foreign country (such as a bank account, securities account, or other financial account)?  9 Dif Yes, 's enter the name of the foreign country.  9 See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF).  5 Was 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?  9 Dif Yes,' to line Sa or 5b, did the organization file Form 8886 at Part 1 and 1	1a								
describing winnings to prize winners?  a First the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, lead for the calendar year ending with or within the year covered by this return  by If I aliaset on is reported on line 2a, did the organization life all required federal employment tax returns?  by If I was, 'has use on it is reported on line 2a, did the organization life all required federal employment tax returns?  by If I was, 'has un of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions)  by If I was, 'has it fled a Form 990T for this year I "No,' to line 80, provide an explanation in Schedule 0  a 4a A arry 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	b		ID						
Enter the number of employees reported on Form W/3, Transmittal of Wage and Tax Statements, for the calendary are anding with or within the year covered by this return.    Secondary   Se	С				37				
tiled for the calandary year ending with or within the year covered by this return.    1			 I	1c	Х				
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns?  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 At any time during the calendary year, did the organization have unrelated business gross income of \$1,000 or more during the year?  3a At any time during the calendary year, did the organization have an inferest 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 accountly?  4a X  X  At any time the mane of the foreign country (such as a bank account, securities account, or other financial accountly?  4a X  b If *Yes,* Total the foreign country (such as a bank account, securities account, or other financial accountly?  5a Was the organization a party to a prohibited tax sheller transaction at any time during the tax year?  5b Was the organization a party to a prohibited tax sheller transaction?  5c If *Yes,* To line 5a or 5b, did the organization that it was or is a party to a prohibited tax sheller transaction?  5c If *Yes,* To line 5a or 5b, did the organization that it was or is a party to a prohibited tax sheller transaction?  5c If *Yes,* To line 5a or 5b, did the organization include with overy solicitation an express statement that such contributions or gifts were not tax deductible?  7b If *Yes,* To line 5a or 5b, did the organization include with overy solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organizations that many receive deductible contributions under section 170(c).  8d If *Yes,* To line 5a or 5a o	2a	· · · · · · · · · · · · · · · · · · ·							
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a   X   3a   X    3b   If Yees,* list lifted a Form 980 17 or this year? If Yeo,* To line 30, provide an explanation in Schedule 0   3b    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. If Yees,* enter the name of the foreign country. If Yees,* enter the name of the foreign country. If Yees,* enter the name of the foreign country. If Yees,* enter the name of the foreign country. If Yees,* enter the name of the foreign country. If Yees,* enter the name of the foreign country. If Yees,* enter the name of the foreign country. If Yees,* enter the name of the foreign country. If Yees,* enter the name of the foreign country. If Yees,* enter the name of the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?  5a   Was the organization aparty to a prohibited as shelter transaction at any time during the tax year?  5b   If Yees,* enter the name of the organization that it was or is a party to a prohibited tax shelter transaction?  5c   Yees,* organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible contributions under section 170(c).  6c   Yees,* organizations that may receive deductible contributions under section 170(c).  6c   If Yees,* organizations that may receive deductible contributions under section 170(c).  6c   Yees,* organizations that may receive deductible contributions under section 170(c).  6c   Yees,* organization that party receive deductible contributions or of the value of the goods or services provided?  6c   Yees,* organization that party receive deductible contributions or of the value of the goods or services provided to the payor?  7c   Yees,* organization that payor the payor that the goods organization and pay		·			37				
3a	b			2b	Х				
b if "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule 0  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly over, a financial account in a foreign country.   5b if "Yes," enter the name of the foreign country.   5ce instructions for filing requirements for FincENF form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5b If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5b If "Yes," to line 5a or 5b, did the organization the Form 886-17?  5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," to line to a constitution of the contributions or gifts were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  8 bif "Yes," idict the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  8 bif "Yes," indicate the number of Forms 8282 filed during they year and property for which it was required to the Form 8282?  9 bif "Yes," indicate the number of Forms 8282 filed during they year.  1 bif the organization, during the year, pay premiums, directly, or pay premiums on a personal benefit contract?  7c X  7d X  7d X  7d X  7d X  7d S  7d Sponsoring organization have a contribution o			)			.,,			
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, or other financial account)?  Sae instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  Sae instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  Sae instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  Sae instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  Sae instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  Sae instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  Sae instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  Sae instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  Sae instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAR).  Sae instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAR).  Sae in If Yes, "I off did the organization in the two expensions foreign and filing filin						X			
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a Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9b X  10 Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12 10a	_			8					
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  Section 501(c)(12) organizations. Enter:  a 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.)  11a  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b  Section 501(c)(29) qualified nonprofit health insurance issuers.  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.  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  c Enter the amount of reserves on hand  13b  c Enter the amount of reserves on hand  13c  14a X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b				_		v			
10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12	а								
a Initiation fees and capital contributions included on Part VIII, line 12	10 10			96					
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a 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? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b  13 Section 501(c)(29) qualified nonprofit health insurance issuers. a 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. 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 c Enter the amount of reserves on hand 13c  14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b		·	QUI						
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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?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a 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.  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  c Enter the amount of reserves on hand  13b  13c  14a X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b	_		ııd						
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b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 15 Note. See the instructions for additional information the organization must report on Schedule O. 15 Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 15c 15d 15c 15d 15c 15d 15c 15d	10-			10-					
Section 501(c)(29) qualified nonprofit health insurance issuers.  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.  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  Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  13a  13a  13b  13b  13c  14a  X				ıza					
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organization is licensed to issue qualified health plans 13b 13c 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15b 1f "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 15b	L								
c Enter the amount of reserves on hand 13c 14a  X  14a Did the organization receive any payments for indoor tanning services during the tax year? 14a  X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	D		106						
14aDid the organization receive any payments for indoor tanning services during the tax year?14aXbIf "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O14bIndicate the schedule O	_								
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			<u> </u>	44-		У			
						<u> </u>			
	a	ii res, has it filed a Form (20 to report these payments? If "No," provide an explanation in Schedule	; U		990	(201E			

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

	Check if Schedule O contains a response or note to any line in this Part VI					LX.			
<u>Sec</u>	tion A. Governing Body and Management								
			1		Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	20						
	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	20						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any other	r						
	officer, director, trustee, or key employee?			2		X			
3	Did the organization delegate control over management duties customarily performed by or under the	he direct supervi	sion						
	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 as	ssets?		5		X			
6	Did the organization have members or stockholders?			6		X			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a								
	more members of the governing body?			7a		X			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,								
	persons other than the governing body?			7b		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year								
а	The governing body?			8a	Х				
b	Each committee with authority to act on behalf of the governing body?			8b	X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re								
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F								
		-			Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?			10a		X			
	If "Yes," did the organization have written policies and procedures governing the activities of such of		Г						
	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 boo			11a	X				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	,							
12a									
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	X				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "								
	in Schedule O how this was done			12c	Х				
13	Did the organization have a written whistleblower policy?			13	X				
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 approx		Г						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision								
а	The organization's CEO, Executive Director, or top management official			15a	Х				
	Other officers or key employees of the organization		Г	15b	X				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement with a							
	taxable entity during the year?			16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	anization's							
	exempt status with respect to such arrangements?			16b					
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ► NONE								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Section 501(c	)(3)s only) a	vailab	le				
	for public inspection. Indicate how you made these available. Check all that apply.		• • •						
	X Own website Another's website X Upon request Other (explain in Schedule O)								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	,	policy, and	finan	cial				
	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 be	ooks and record:	s: ►						
	ORGANIZATION'S OFFICERS - 757-259-1660		-						
	1323 JAMESTOWN ROAD, NO. 103, WILLIAMSBURG, VA 23	3185							

# 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.

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

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

(A) Name and Title	(B) Average hours per	box	not c	ss pe	ition more rson	than is bot	h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) MARGARET BECK PRITCHARD	1.00	x		Х				0.	0.	0.
CHAIRMAN (2) PAUL GERHARDT	1.00	^		Λ				0.	0.	0.
VICE CHAIRMAN	1.00	Х		Х				0.	0.	0.
(3) BETSY C. ANDERSON	1.00	<u> </u>		22				0.	0.	•
SECRETARY	1.00	х		Х				0.	0.	0.
(4) WILLIAM MORRISON	1.00									
TREASURER		х		х				0.	0.	0.
(5) JAMES N. ALLBURN	1.00							-		
TRUSTEE		х						0.	0.	0.
(6) JOHN R. CURTIS, JR.	1.00									
TRUSTEE		Х						0.	0.	0.
(7) CORINNE GARLAND	1.00									
TRUSTEE		Х						0.	0.	0.
(8) ELLIN GORDON	1.00									
TRUSTEE		Х						0.	0.	0.
(9) SUSANNA B. HICKMAN	1.00									
TRUSTEE		Х						0.	0.	0.
(10) RONALD LODZIESKI	1.00							_	_	_
TRUSTEE		Х						0.	0.	0.
(11) ALBERT LOUER	1.00									
TRUSTEE	1 00	Х						0.	0.	0.
(12) ERIC MCDONALD	1.00	l								
TRUSTEE	1 00	Х						0.	0.	0.
(13) MARK MONROE	1.00	,,							_	_
TRUSTEE	1 00	Х						0.	0.	0.
(14) RANDY W. MYERS	1.00	X						0.	0.	0.
TRUSTEE (15) DICK NAUM	1.00	^			_	$\vdash$		0.	0.	<b>U</b> •
(15) RICK NAHM TRUSTEE	1.00	Х						0.	0.	0.
(16) JOE POOLE, III	1.00	<u> </u>	$\vdash$		$\vdash$	$\vdash$		0.	0.	· ·
TRUSTEE	1.00	Х						0.	0.	0.
(17) WILLIAM L. ROBERTS, JR	1.00	<u> </u>			_			0.	0.	<u></u>
TRUSTEE	1.00	х						0.	0.	0.
532007 12-16-15					_					Form <b>990</b> (2015)

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A)							(D)	(E)			(F)		
Name and title	Average	(do	Position (do not check more than one				ono	Reportable Reportable			Es	timate	d
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation compensati			an	nount o	of
	week	-	cer an	dad	irecto	or/trus	itee)	from	from related			other	
	(list any hours for	recto						the	organizations			pensa	
	related	or di	ee			sated		organization	(W-2/1099-MIS	J)		om the	
	organizations	ustee	trust		9 0	npens		(W-2/1099-MISC)				anizati d relate	
	below	dual t	tiona		nploy	st cor	<u></u>					anizatio	
	line)	Individual trustee or director	Institutional trustee	Officer	key employee	Highest compensated employee	Former						
(18) HOWARD SMITH	1.00												
TRUSTEE		Х						0.		0.			0.
(19) TONY TAYLOR	1.00												
TRUSTEE		Х						0.		0.			0.
(20) CHRISSY WILLIAMSON	1.00							_					
TRUSTEE		Х						0.		0.	<u> </u>		0.
(21) NANCY COTE SULLIVAN	40.00							60 162		_			•
EXECUTIVE DIRECTOR				Х				69,163.		0.	<u> </u>		0.
		ł											
-													
1b Sub-total	•						<u> </u>	69,163.		0.			0.
c Total from continuation sheets to Part VI							<b>•</b>	0.		0.			0.
d Total (add lines 1b and 1c)							<b>&gt;</b>	69,163.		0.			0.
2 Total number of individuals (including but n							no re	eceived more than \$100	,000 of reportable	,			
compensation from the organization													0
												Yes	No
3 Did the organization list any former officer,	director, or tru	ıste	e, ke	y er	nplo	yee	, or	highest compensated e	mployee on				
line 1a? If "Yes," complete Schedule J for s	uch individual										3		<u>X</u>
4 For any individual listed on line 1a, is the su	-		-					•	-				
and related organizations greater than \$150											4		X
5 Did any person listed on line 1a receive or a	•				•			•			_		v
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedul	e J f	or su	ıch	pers	son .					5		X
	mnoncotod in	done	ndo	nt o	ont	rooto	>ro +	that received more than	\$100,000 of com		otion (	rom	
1 Complete this table for your five highest co the organization. Report compensation for										JEI 15	alioni	10111	
(A)	trio odioridai y	- Cui	criai	iig v	VICII	01 11	<u> </u>	(B)	your.		(C	2)	
Name and business	address	N	INC	3				Description of s	ervices	С		nsatior	า
							$\dashv$						
							$\dashv$						
2 Total number of independent contractors (i \$100,000 of compensation from the organic	•	ot li	mite 	d to		se lis	sted	above) who received m	nore than				
												000 //	

532008 12-16-15

GREATER WILLIAMSBURG COMMUNITY TRUST 54-1927558 Page 9 Form 990 (2015) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (**D)** Revenue excluded Related or Unrelated Total revenue from tax under exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues ..... 1b 18,005. c Fundraising events d Related organizations 1d e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above ..... 602,710 278,222, g Noncash contributions included in lines 1a-1f: \$ 620,715 h Total. Add lines 1a-1f ... Business Code Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 187,513. 187,513 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 12,000 6 a Gross rents **b** Less: rental expenses ...... 12,000. c Rental income or (loss) 12,000. d Net rental income or (loss) ... 12,000 7 a Gross amount from sales of (i) Securities (ii) Other 1,126,240 assets other than inventory b Less: cost or other basis 1,100,109. and sales expenses 26,131. c Gain or (loss) 26,131 26,131. d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue 18,005. of including \$ contributions reported on line 1c). See Part IV, line 18 a 20,318 Other 8,926. b Less: direct expenses \_\_\_\_\_ b c Net income or (loss) from fundraising events 11,392 11,392. 9 a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses c Net income or (loss) from gaming activities ... 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold \_\_\_\_\_ b c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a b d All other revenue

237,036.

857,751.

Total revenue. See instructions.

e Total. Add lines 11a-11d

0

### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) (B) (C) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 503,913. 503,913. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 180,400 180,400 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members ..... Compensation of current officers, directors, 69,332 14,387. 38,611. 16,334. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 27,363. 5,678. 15,238. 6,447. 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 8,217. 1,705. 4,576. 1,936. Payroll taxes 10 Fees for services (non-employees): 11 a Management ..... Legal 21,550. 21,550. Accounting Lobbying Professional fundraising services. See Part IV, line 17 16,554. 16,554 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 4,378. 4,378. Advertising and promotion 12 33,646. 31,471. 2,175. Office expenses 13 Information technology 14 Royalties 15 17,463. 9,725. 3,624. 4,114. 16 Occupancy 838. 838. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 9,253. 9,253. Conferences, conventions, and meetings 19 20 Payments to affiliates \_\_\_\_\_ 21 14,355. 14,355. Depreciation, depletion, and amortization ..... 22 2,845. 2,845. 23 Other expenses. Itemize expenses not covered 24 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.) 2,541. 2,541. PROGRAM RELATED EXPENSE DUES AND SUBSCRIPTIONS 870. 500. 370 С d All other expenses е 913,518. 712,748. 165,386. 35,384. Total functional expenses. Add lines 1 through 24e 25 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)

# Form 990 (2015) Part X Balance Sheet

Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing	519,855.	1	283,601
2	Savings and temporary cash investments	1,212,511.	2	1,275,688
3	Pledges and grants receivable, net	8,761.	3	1,849
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
ស្ន	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 340,825.			
b	Less: accumulated depreciation 10b 40,888.	314,292.	10c	299,937
11	Investments - publicly traded securities	3,930,630.	11	3,680,872
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	
16	Total assets. Add lines 1 through 15 (must equal line 34)	5,986,049.	16	5,541,947
17	Accounts payable and accrued expenses	1,146.	17	2,023
18	Grants payable	750.	18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
စ္မ 22	Loans and other payables to current and former officers, directors, trustees,			
	key employees, highest compensated employees, and disqualified persons.			
	Complete Part II of Schedule L		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 of	0		10 455
	Schedule D	0.	25	10,455
26	Total liabilities. Add lines 17 through 25	1,896.	26	12,478
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
Se l	complete lines 27 through 29, and lines 33 and 34.	2 755 225		2 505 640
27 28 29	Unrestricted net assets	3,755,235.	27	3,595,649
5   28 0   33	Temporarily restricted net assets	42,474. 2,186,444.	28	42,249 1,891,571
29	Permanently restricted net assets	2,100,444.	29	1,091,3/1
	Organizations that do not follow SFAS 117 (ASC 958), check here			
5	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
ã   31 ₹   32	Paid-in or capital surplus, or land, building, or equipment fund		31	
30 31 32 32 32 33 33 33 33 33 33 33 33 33 33	Retained earnings, endowment, accumulated income, or other funds	5,984,153.	32	5,529,469
33	Total net assets or fund balances	5,986,049.	33	
34	Total liabilities and net assets/fund balances	5,300,049.	34	5,541,947

Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI	······							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	85	7,7	51.				
2	Total expenses (must equal Part IX, column (A), line 25)	2			18. 67.>				
3									
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,98		53. 17.				
5									
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	5,52	9,4	69.				
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII				X				
	<u> </u>			Yes	No				
1	Accounting method used to prepare the Form 990:  Cash X Accrual Other								
	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		X				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		. 2b	Х					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,							
	consolidated basis, or both:								
	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	e audit,							
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	Х					
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit							
	Act and OMB Circular A-133?		. 3a		X				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit							
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3b		<u> </u>				

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

GREATER WILLIAMSBURG COMMUNITY TRUST

**Employer identification number** 54-1927558

Pa	rt I	Reason for Public	Charity Status (	All organizations must co	omplete th	is part.) Se	ee instructions.					
The	organ	ization is not a private found	ation because it is:	(For lines 1 through 11, o	check only	one box.)						
1		A church, convention of ch	urches, or association	on of churches describe	d in <b>sectio</b>	n 170(b)(1	)(A)(i).					
2		A school described in sect	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	n 990 or 9	90-EZ).)						
3		A hospital or a cooperative		•			i).					
4	Ħ	A medical research organiz					•	the hospital's name				
7		city, and state:	ation operated in co	injunction with a noopita	1 400011500	111000110	ii ii o(b)( i)(A)(iii)i Entor	the hoopital o hame,				
_		<u> </u>	or the benefit of a co	llogo or university owne	d or opera	tod by a g	avornmental unit describ	and in				
5		An organization operated for		mege of university owner	u or opera	led by a go	overninental unit descrit	Jeu III				
_		section 170(b)(1)(A)(iv). (C	•				, ,					
6		A federal, state, or local go	-				•					
7	X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in										
		section 170(b)(1)(A)(vi). (Complete Part II.)										
8	Н	A community trust describe										
9		An organization that norma	•	•	•							
		activities related to its exen		•			· · · · · · · · · · · · · · · · · · ·	•				
		income and unrelated busin		(less section 511 tax) fr	om busine	sses acqu	ired by the organization	after June 30, 1975.				
		See <b>section 509(a)(2).</b> (Con	•									
10	Н	An organization organized a	•	•	•							
11		An organization organized a	•	· · ·	-		· · · · · · · · · · · · · · · · · · ·					
		more publicly supported or	~					Check the box in				
		lines 11a through 11d that				•						
а		☐ Type I. A supporting orga	•	•								
		the supported organization		* *	a majority	of the direc	ctors or trustees of the s	supporting				
		organization. You must o	-									
b			· ·					•				
		control or management o			ame perso	ons that co	ontrol or manage the sup	pported				
		organization(s). You mus	=									
С							· ·	ed with,				
		its supported organizatio										
d		☐ Type III non-functionally										
		that is not functionally int	-		•			iveness				
		requirement (see instruct	•	-								
е		☐ Check this box if the orga					Type I, Type II, Type III					
		functionally integrated, or	• •	, , , , , , , , , , , , , , , , , , , ,								
t		er the number of supported of										
g		vide the following information		<del> </del>	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of				
	,	<ul><li>i) Name of supported organization</li></ul>	(ii) EIN	(iii) Type of organization (described on lines 1-9	listed i	n vour	support (see	other support (see				
		- · <b>J</b> · · · · · · · · · · · · · · · · · ·		above (see instructions))	governing		instructions)	instructions)				
					Yes	No	•	·				
Гotа	ı											

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

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

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

Sec	ction A. Public Support												
Cale	ndar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total						
1	Gifts, grants, contributions, and												
	membership fees received. (Do not												
	include any "unusual grants.")	607,936.	927,522.	623,508.	1,609,542.	620,715.	4,389,223.						
2	Tax revenues levied for the organ-						_						
	ization's benefit and either paid to												
	or expended on its behalf												
3	The value of services or facilities												
	furnished by a governmental unit to												
	the organization without charge												
4	Total. Add lines 1 through 3	607,936.	927,522.	623,508.	1,609,542.	620,715.	4,389,223.						
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)						1,900,307.						
6	Public support. Subtract line 5 from line 4.						2,488,916.						
	Section B. Total Support												
	ndar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total						
	Amounts from line 4	607,936.	927,522.	(c) 2013 623, 508.	1,609,542.	(e) 2015 620,715.	4,389,223.						
	Gross income from interest,	•	,	,	, ,	,							
•	dividends, payments received on												
	securities loans, rents, royalties												
	and income from similar sources	96.757.	112,049.	145,298.	182.470.	199,513.	736,087.						
9	Net income from unrelated business						,						
J	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.)	58.					58.						
11							5,125,368.						
12	Gross receipts from related activities,	etc. (see instruction	nns)			12	211,469.						
13	First five years. If the Form 990 is for			d fourth or fifth ta									
	organization, check this box and <b>stor</b>												
Sec	ction C. Computation of Publ						············ <b>/</b> —						
14	Public support percentage for 2015 (I	line 6, column (f) d	ivided by line 11, c	column (f))		14	48.56 %						
15	Public support percentage from 2014					15	50.16 %						
16a	33 1/3% support test - 2015. If the o					nore, check this bo	x and						
	stop here. The organization qualifies	as a publicly supp	orted organization	· I		·	$\triangleright$ X						
b	33 1/3% support test - 2014. If the						is box						
	and <b>stop here.</b> The organization qual						ightharpoons						
17a	10% -facts-and-circumstances tes						or more,						
	and if the organization meets the "fac	-											
	meets the "facts-and-circumstances"			-		-							
b	10% -facts-and-circumstances tes												
~	more, and if the organization meets the	-											
	organization meets the "facts-and-circ		•										
18	Private foundation. If the organization												
<u></u>		a.a onoon a	20/10/11/10 10, 100	., , . , u, o, 17 k	, 1110011 1110 DOX 0	555 111511 4511011							

Schedule A (Form 990 or 990-EZ) 2015

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

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

Se	ction A. Public Support	clow, picase com	piete i art ii.)				
	endar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Gifts, grants, contributions, and	, ,	` ,	<u> </u>	` ′	<u> </u>	``
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
3	Gross receipts from activities that						
J	are not an unrelated trade or bus- iness under section 513						
1	Tax revenues levied for the organ-						
7	ization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
_	the organization without charge						
	Total. Add lines 1 through 5			1	-	+	
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
k	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						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)			<u> </u>			
14	First five years. If the Form 990 is for	the organization	's first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	zation,
	check this box and <b>stop here</b>						<b>&gt;</b>
	ction C. Computation of Publ						
15	Public support percentage for 2015 (I	ine 8, column (f) o	divided by line 13,	column (f))		15	%
	Public support percentage from 2014					16	%
Se	ction D. Computation of Inves	stment Incom	ne Percentage	!			
17	Investment income percentage for 20					17	%
18	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2015. If the	organization did	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box as	nd <b>stop here.</b> The	e organization qua	lifies as a publicly	supported organi	zation	▶□
k	<b>33 1/3% support tests - 2014.</b> If the line 18 is not more than 33 1/3%, che	•			•		
20	Private foundation. If the organization						

## Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (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 11a or 11b 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 (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).
- 8 Did 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		
	2		
	_		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	<b></b>		
	5b 5c		
	6		
	7		
	8		
	9a		
	9b		
	- 12		
	9c		
	10a		
	10b		
m 9	90 or 99	90-EZ)	2015

Pai	t IV Su	pporting Organizations <sub>(continued)</sub>			
				Yes	No
11	Has the or	ganization accepted a gift or contribution from any of the following persons?			
а	A person v	who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the	governing body of a supported organization?	11a		
b	A family m	ember of a person described in (a) above?	11b		
		ntrolled 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. T	ype I Supporting Organizations			
				Yes	No
1	Did the dir	ectors, trustees, or membership of one or more supported organizations have the power to			
		ppoint or elect at least a majority of the organization's directors or trustees at all times during the			
		f "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
		the organization's activities. If the organization had more than one supported organization,			
		ow the powers to appoint and/or remove directors or trustees were allocated among the supported			
_		ons and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		ganization operate for the benefit of any supported organization other than the supported			
	•	on(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		w providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
800		I, or controlled the supporting organization.	2		
Sec	uon C. 1	ype II Supporting Organizations		V	Na
	Mora a ma	signify of the expeniention's directors by twistons during the tay year also a majority of the directors		Yes	No
1		sipority of the organization's directors or trustees during the tax year also a majority of the directors of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
		ment of the supporting organization was vested in the same persons that controlled or managed			
	_	rted organization(s).	1		
Sec		II Type III Supporting Organizations			
				Yes	No
1	Did the or	ganization provide to each of its supported organizations, by the last day of the fifth month of the			
		on's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	-	copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organizatio	on's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any	of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organizatio	on(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organiz	zation 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			
		assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
		organizations played in this regard.	3		
Sec		ype III Functionally-Integrated Supporting Organizations			
1		box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions):			
а		organization satisfied the Activities Test. Complete line 2 below.			
b		organization is the parent of each of its supported organizations. Complete line 3 below.			
C		organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions		NI -
2		Test. Answer (a) and (b) below.		Yes	No
а		antially all of the organization's activities during the tax year directly further the exempt purposes of rted organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		ported organization(s) to which the organization was responsive in res, thermin art vindentity			
		ganization was responsive to those supported organizations, and how the organization determined			
		activities constituted substantially all of its activities.	2a		
b		tivities described in (a) constitute activities that, but for the organization's involvement, one or more			
~		anization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
		r the organization's position that its supported organization(s) would have engaged in these			
		ut for the organization's involvement.	2b		
3		Supported Organizations. Answer (a) and (b) below.			
		ganization have the power to regularly appoint or elect a majority of the officers, directors, or			
		f each of the supported organizations? Provide details in <i>Part VI.</i>	3a		
b		ganization exercise a substantial degree of direction over the policies, programs, and activities of each			
		orted organizations? If "Yes," describe in <i>Part VI</i> the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organ	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying			uctions. All
	other Type III non-functionally integrated supporting organizations must c	-		
Sect	ion A - Adjusted Net Income	·	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
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			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
_7_	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ally-integrate	ed Type III supporting org	anization (see

Schedule A (Form 990 or 990-EZ) 2015

instructions).

Pai	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Sect	ion D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	<b>Total annual distributions.</b> Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsive	e	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
С				
d	From 2013			
е	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
_	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
<u>a</u>				
b				

Schedule A (Form 990 or 990-EZ) 2015

c Excess from 2013d Excess from 2014e Excess from 2015

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

Department of the Treasury Internal Revenue Service **Schedule of Contributors** 

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Name of the organization

**Employer identification number** 

GREATER WILLIAMSBURG COMMUNITY TRUST

54-1927558

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 <b>not</b> 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 <b>General Rule</b> or a <b>Special Rule</b> . <b>Note.</b> 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						
•	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules						
sections 509(a)(1) any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 or, 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, line 1. Complete Parts I and II.					
year, total contribu	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. Do not complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
but it <b>must</b> answer "No" on	religious, charitable, etc., contributions totaling \$5,000 or more during the year \$					

Name of organization Employer identification number

GREAT	ER WILLIAMSBURG COMMUNITY TRUST	54-1927558		
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional additional copies of Part I if additional copi	itional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
1		   \$142,511 	Person Payroll Noncash X (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
2		\$117,045 	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
3		   \$ 101,274 	Person Payroll Noncash X (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
4		\$35,000 	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
5		\$31,264 	Person Payroll Noncash  (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
6			Person X Payroll	

noncash contributions.)

Name of organization Employer identification number

GREATER WILLIAMSBURG COMMUNITY TRUST 54-1927558

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	litional space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7		\$15,889.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
NO.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8		\$15,120.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
140.	ivalile, audi ess, aliu ZIF + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

## GREATER WILLIAMSBURG COMMUNITY TRUST

54-1927558

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	STOCK GIFTS		
1			
		\$142,511.	09/30/15
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	STOCK GIFTS		
		\$101,274.	_05/15/15_
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
5	\$6,104 - STOCK GIFT ; \$25,160 - CASH		
		\$31,264.	05/08/15
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
7	\$15,389 - STOCK GIFT ; \$500 - CASH		
		\$15,889.	11/04/15
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
523453 10-26			I <u> </u>

Employer identification number

Name of organization

REATE	R WILLIAMSBURG COMMUNI		54-1927558		
	the year from any one contributor. Complete completing Part III, enter the total of exclusively religiou.  Use duplicate copies of Part III if addition	is, charitable, etc., contributions of \$1,000 or	d in section 501(c)(7), (8), or (10) that total more than \$1,000 for owing line entry. For organizations or less for the year. (Enter this info. once.)		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
_		(e) Transfer of gif	ft		
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
(a) No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Part I	(b) Ful pose of grit	(c) use of grit	(a) Description of now girt is need		
		ft			
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gif	ft		
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gif	ft		
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

GREATER WILLTAMSBURG COMMUNITY TRUST

**Employer identification number** 54-1927558

Pai	t I Organizations Maintaining Donor Advised		inds or Acco	Unts Complete if the			
ı aı			illus of Acco	unts.Complete il tile			
	organization answered "Yes" on Form 990, Part IV, line	(a) Donor advised funds	(b) Fu	nds and other accounts			
	Tatal more and at or an		3 3	Tida and other accounts			
1	Total number at end of year	258,97					
2	Aggregate value of contributions to (during year)	596,49					
3	Aggregate value of grants from (during year)	2,810,68	9				
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in w	_		X Yes No			
_	are the organization's property, subject to the organization's e			X Yes  No			
6							
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring						
Do	impermissible private benefit?			X Yes No			
Pai			990, Part IV, line	<i>/</i>			
1	Purpose(s) of conservation easements held by the organization						
	Preservation of land for public use (e.g., recreation or education)  Preservation of a historically important land area						
	Protection of natural habitat	Preservation of a	a certified historic	structure			
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the	form of a conserv				
	day of the tax year.			Held at the End of the Tax Year			
а	Total number of conservation easements		2a				
b	Total acreage restricted by conservation easements		2b				
С	Number of conservation easements on a certified historic stru	cture included in (a)	2c				
d	Number of conservation easements included in (c) acquired a	fter 8/17/06, and not on a historic s	tructure				
	listed in the National Register						
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated b	by the organization	n during the tax			
	year ▶						
4	Number of states where property subject to conservation eas	ement is located >					
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, handlin	g of				
	violations, and enforcement of the conservation easements it	holds?		Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting, I	nandling of violations, and enforcing	conservation ea	sements during the year			
	<b>&gt;</b>						
7	Amount of expenses incurred in monitoring, inspecting, handle	ing of violations, and enforcing cons	servation easeme	ents during the year			
	<b>&gt;</b> \$						
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section	n 170(h)(4)(B)(i)				
	and section 170(h)(4)(B)(ii)?			Yes No			
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and exp	ense statement,	and balance sheet, and			
	include, if applicable, the text of the footnote to the organization	on's financial statements that desci	ribes the organiza	ation's accounting for			
	conservation easements.						
Pai	t III Organizations Maintaining Collections of		or Other Simi	lar Assets.			
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.					
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue s	tatement and ba	lance sheet works of art,			
	historical treasures, or other similar assets held for public exh	ibition, education, or research in fur	therance of publi	c service, provide, in Part XIII,			
	the text of the footnote to its financial statements that describ	es these items.					
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue state	ment and balanc	e sheet works of art, historical			
	treasures, or other similar assets held for public exhibition, ed	ucation, 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		<b>&gt;</b>	\$			
			_	\$			
2	If the organization received or held works of art, historical trea			de			
	the following amounts required to be reported under SFAS 11	6 (ASC 958) relating to these items	:				
а	Revenue included on Form 990, Part VIII, line 1			\$			
b	Assets included in Form 990, Part X			\$			

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

Schedule D (Form 990) 2015

Pai	t III Organizations Maintaining C	collections of A	rt, Historical Tr	easures, or Ot	ther S	Similar Asse	<b>ts</b> (continu	ıed)	
3	Using the organization's acquisition, accessi	on, and other record	ds, check any of the	following that are	a signif	icant use of its	collection	items	
	(check all that apply):								
а	Public exhibition	d	I ☐ Loan or exc	hange programs					
b	b Cholarly research e Other								
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explai	n how they further t	he organization's e	exempt	purpose in Par	t XIII.		
5	During the year, did the organization solicit of	r receive donations	of art, historical trea	sures, or other sim	nilar ass	sets			
	to be sold to raise funds rather than to be ma	aintained as part of t	the organization's co	ollection?			Yes	No_	
Pai	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.								
12	Is the organization an agent, trustee, custod		diany for contribution	s or other assets i	not incl	uded			
iu	on Form 990, Part X?		-				Yes	☐ No	
h							J 163	110	
b	b If "Yes," explain the arrangement in Part XIII and complete the following table:  Amount								
_	c Beginning balance						Amount		
	Additions during the year					1d			
	Distributions during the year					1e			
f	Ending balance					1f			
	Did the organization include an amount on F						Yes	□ No	
	If "Yes," explain the arrangement in Part XIII.				-				
	t V Endowment Funds. Complete i								
	· ·	(a) Current year	(b) Prior year	(c) Two years back		Three years back	(e) Four \	ears back	
1a	Beginning of year balance	4,009,673.	3,811,050.	3,572,598		3,197,914.		135,411.	
b	Contributions	189,840.	214,741.	118,093	3.	203,605.	-	39,502.	
С	Net investment earnings, gains, and losses	<208,058.	> 137,996.	242,586	5.	276,982.		121,988.	
	Grants or scholarships	121,014.	136,863.	106,329	9.	90,163.		79,392.	
	Other expenditures for facilities		·					-	
	and programs								
f	Administrative expenses	16,554.	17,251.	15,898	3.	15,740.		19,595.	
	End of year balance	3,853,887.	4,009,673.	3,811,050	٠.	3,572,598.	3,:	197,914.	
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1g, column (a	a)) held as:					
а	Board designated or quasi-endowment	48.37	%						
b	Permanent endowment ► 51.26	%	<del></del>						
С	Temporarily restricted endowment ▶	•37 %							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
За	Are there endowment funds not in the posse	ession of the organiz	ation that are held a	nd administered fo	or the o	rganization			
	by:						- F	res No	
	(i) unrelated organizations						3a(i)	X	
	(ii) related organizations							X	
b	If "Yes" on line 3a(ii), are the related organiza								
4	Describe in Part XIII the intended uses of the		owment funds.						
Pai	t VI Land, Buildings, and Equipm	nent.							
	Complete if the organization answere	d "Yes" on Form 990	0, Part IV, line 11a. S	See Form 990, Parl	t X, line	10.			
	Description of property	(a) Cost or o	ther (b) Cost	or other (c)	) Accur	mulated	(d) Book	value	
		basis (investr	ment) basis	(other)	deprec	iation			
1a	Land								
	Buildings		30	0,000.		9,615.	290	,385.	
	Leasehold improvements								
d	Equipment			7,063.		7,600.	9	,463.	
е	Other			3,762.		3,673.		89.	
Tota	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line 1	0c.)			299	,937.	
						Schedule	D (Form	990) 2015	

Schedule D (Form 990) 2015 GREATER WIL	LIAMSBURG CON	MUNITY TRUST	54-1927558 <sub>Page</sub>
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation:	Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, lir	ne 13.
(a) Description of investment	(b) Book value		Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	•		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, lir	ne 15.
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(0)			

Part X Other Liabilities.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	AGENCY FUNDS HELD FOR OTHERS	10,455.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	10,455.

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

Schedule D (Form 990) 2015

4c

913,518.

Corrodato	D (1 011111 000	, _0.0							
Part XI	Recon	ciliation o	of Revenue p	er Audited	Financ	ial Sta	atements	With Revenue	per Return.

rai	neconciliation of nevertide per Addited Financial S	otatements with he	venue per neturn	
	Complete if the organization answered "Yes" on Form 990, Part IV	, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	458,834.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a <	398,917.	
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	<398,917.
3	Subtract line 2e from line 1		3	857,751.
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.)	4b		
	Add lines <b>4a</b> and <b>4b</b>		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)	5	857,751.
Pa	rt XII Reconciliation of Expenses per Audited Financial	Statements With Ex	penses per Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV	, line 12a.		
1	Total expenses and losses per audited financial statements		1	913,518.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С				
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			913,518.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			

#### Part XIII Supplemental Information.

**b** Other (Describe in Part XIII.)

c Add lines 4a and 4b

a 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; 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.

4a

#### PART V, LINE 4:

THE ENDOWMENT IS A PERPETUAL FUND WHOSE PURPOSE IS TO PROVIDE FUNDING FOR THE TRUST'S PROGRAM OBJECTIVES AND TO SUSTAIN THE TRUST'S OPERATIONS.

#### PART X, LINE 2:

THE TRUST IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES AS A NONPROFIT

ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND THE

TAX STATUTES OF THE COMMONWEALTH OF VIRGINIA, ACCORDINGLY, THE

ACCOMPANYING FINANCIAL STATEMENTS DO NOT REFLECT A PROVISION OR LIABILITY

FOR FEDERAL AND STATE INCOME TAXES.

09-21-1

Schedule D	D (Form 990) 2015	GREATER	WILLIAMSBURG	COMMUNITY	TRUST	54-1927558	Page 5
Part XIII	O (Form 990) 2015 Supplemental Info	rmation (continu	ued)				
		,	,				
	<u> </u>	<u> </u>					

#### **SCHEDULE G**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Supplemental Information Regarding Fundraising or Gaming Activities**

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

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

GREATER WILLIAMSBURG COMMUNITY TRUST

Employer identification number 54-1927558

Schedule G (Form 990 or 990-EZ) 2015

01,21121,	WILLIAM OUT				31 1307	
Part I Fundraising Activities required to complete this par	<ul> <li>Complete if the organization answet.</li> </ul>	red "Y	'es" or	n Form 990, Part IV,	line 17. Form 990-EZ	I filers are not
<ul> <li>Indicate whether the organization rais</li> <li>a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written of key employees listed in Form 990, P</li> <li>b If "Yes," list the ten highest paid ind compensated at least \$5,000 by the</li> </ul>	e Solicitat f Solicitat g Special  or oral agreement with any individual cart VII) or entity in connection with p ividuals or entities (fundraisers) purs	ion of ion of fundra (includerofess	non-g gover lising o ding o ional f	overnment grants nment grants events fficers, directors, true undraising services?	stees or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contrib	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
- Fotal						
List all states in which the organization or licensing.	on is registered or licensed to solicit (	contrib	outions	s or has been notified	d it is exempt from re	egistration
						· · · · · · · · · · · · · · · · · · ·

532081 09-14-15

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

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gr	oss income on Form 990	J-EZ, lines I and 6b. List	events with gross receip	ots greater than \$5,000.
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events
				ANNUAL	NONE	(add col. (a) through
			8K RACE	RECEPTION		col. (c)
(I)			(event type)	(event type)	(total number)	Coi. (C))
ŭ						
Revenue	1	Gross receipts	29,445.	8,878.		38,323.
α.						
	2	Less: Contributions	18,005.			18,005.
	3	Gross income (line 1 minus line 2)	11,440.	8,878.		20,318.
	4	Cash prizes				
	5	Noncash prizes				
ses						
ben	6	Rent/facility costs	265.			265.
Direct Expenses						
ect	7	Food and beverages				
ā						
	8	Entertainment	4 000	4 420		0.661
	9	Other direct expenses	4,223.	4,438.		8,661.
					<b>.</b>	8,926.
Do	11 irt l	Net income summary. Subtract line 10 from li		- 000 D-+ IV/ E 10		11,392.
Г			answered "Yes" on Forn	n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Tatal manaina (a dal
ne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				I migo, progressive amige		con (a) throught con (o)
Be		Cross revenue				
	<u> </u>	Gross revenue				
	2	Cash prizes				
ses	_	Caon prizes				
Direct Expenses	3	Noncash prizes				
Ä						
rec	4	Rent/facility costs				
⊡						
	5	Other direct expenses				
		·	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No	No No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		<b>&gt;</b>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<b>&gt;</b>	
		ter the state(s) in which the organization condu	-			
а	ls t	the organization licensed to conduct gaming a	ctivities in each of these	states?		Yes Mo
b	If "	No," explain:				
	_					
		ere any of the organization's gaming licenses re		-	year?	Yes No
b	If "	Yes," explain:				

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Schedule G (Form 990 or 990-EZ) 2015

Sch	edule G (Form 990 or 990-EZ) 2015 GREATER WILLIAMSBURG COMMUNITY TRUST 54-1	1927558	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
á	The organization's facility	13a	%
	An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ▶		
	Address ►		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
k	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party  \$\bigs\\$		
,	: If "Yes," enter name and address of the third party:		
	Name >		
	Address ►		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ▶ \$		
	Carring manager compensation • • •		
	Description of services provided		
	Description of services provided P		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
	Director/officer Employee Independent contractor		
47	Manadakow, aliabella shi anas		
	Mandatory distributions:		
6	Is the organization required under state law to make charitable distributions from the gaming proceeds to	Yes	□ No
	retain the state gaming license?	L	□□ NO
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
D-	organization's own exempt activities during the tax year > \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, I	lines 9, 9b, 10	0b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).		

Schedule () Form 990 or 990 (2) GREATER WILLIAMSBURG COMMUNITY TRUST 54-192/558 Page 4  Part IV   Supplemental Information (continued)	Schedule G	G (Form 990 or 990-EZ)	GREATER	WILLIAMSBURG	COMMUNITY	TRUST	54-1927558	Page 4
	Part IV	Supplemental Infor	mation (contin	ued)				
		• • • • • • • • • • • • • • • • • • • •	,	,				

#### **SCHEDULE I** (Form 990)

Department of the Treasury Internal Revenue Service

**Grants and Other Assistance to Organizations,** Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization	

### GREATER WILLIAMSBURG COMMUNITY TRUST

**Employer identification number** 54-1927558 Part I General Information on Grants and Assistance

Tanti Giornal an anno an an anno an								
1 Does the organization maintain records t	to substantiate th	e amount of the grant	s or assistance, the	grantees' eligibilit	y for the grants or ass	sistance, and the selec		
criteria used to award the grants or assis	stance?						X Yes	No No
2 Describe in Part IV the organization's pro	ocedures for mon	itoring the use of gran	t funds in the United	d States.				
Part II Grants and Other Assistance to	Domestic Organ	izations and Domest	i <b>c Governments.</b> C	omplete if the orga	anization answered "Y	es" on Form 990, Part	IV, line 21, for any	
recipient that received more than S	\$5,000. Part II car	n be duplicated if addi	tional space is need	ded.				
1 (a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gr or assistance	
AVALON: A CENTER FOR WOMEN AND CHILDREN - PO BOX 6805 - WILLIAMSBURG, VA 23188	52-1208945	501(C)(3)	10,000.	0.			GENERAL SUPPORT	
BRUTON PARISH CHURCH FOUNDATION, INC PO BOX 3520 - WILLIAMSBURG, VA 23187	20-0644059	501(C)(3)	9,375.	0.			GENERAL SUPPORT	
COLLEGE OF WILLIAM AND MARY FOUNDATION - 5300 DISCOVERY PARK BOULEVARD - WILLIAMSBURG, VA 23188	54-0734117	501(C)(3)	27,000.	0.			GENERAL SUPPORT	
COLONIAL CASA 1311 JAMESTOWN RD STE 201 WILLIAMSBURG, VA 23185	54-1751706	501(C)(3)	9,200.	0.			GENERAL SUPPORT	
COLONIAL WILLIAMSBURG FOUNDATION P.O. BOX 1776 WILLIAMSBURG, VA 23187	54-0505888	501(C)(3)	9,200.	0.			GENERAL SUPPORT	
DREAM CATCHERS THERAPEUTIC RIDING CENTER - P.O. BOX 1261 - WILLIAMSBURG, VA 23187	54-1692709	501(C)(3)	5,500.	0.			GENERAL SUPPORT	
williamsburg, va 23187  2 Enter total number of section 501(c)(3) a  3 Enter total number of other organizations	ind government o	rganizations listed in t	he line 1 table				<b>&gt;</b>	21

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

Schedule I (Form 990) (2015)

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	art II.)	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EEE RESOURCE CENTER, INC.							
109 MORAY FIRTH							
WILLIAMSBURG, VA 23188	46-3583253	501(C)(3)	8,517.	0.			GENERAL SUPPORT
FIDELITY INVESTMENTS CHARITABLE							
GIFT FUND - 200 SEAPORT BOULEVARD,							
MZ NCW4B - BOSTON, MA 02210	11-0303001	501(C)(3)	48,398.	0.			GENERAL SUPPORT
HOSPICE HOUSE AND SUPPORT CARE OF							
WILLIAMSBURG - 4445 POWHATAN							
PARKWAY - WILLIAMSBURG, VA 23188	52-1289657	501(C)(3)	8,850.	0.			GENERAL SUPPORT
LACKEY FREE FAMILY CLINIC							
1620 OLD WILLIAMSBURG RD							
YORKTOWN, VA 23690	54-1850915	501(C)(3)	15,500.	0.			GENERAL SUPPORT
OLD SALEM INC. DBA OLD SALEM							
MUSEUM AND GARDENS - 600 S MAIN ST							
- WINSTON-SALEM, NC 27101	56-0587289	501(C)(3)	20,500.	0.			GENERAL SUPPORT
WINDTON BILLIN, NC 2/101	30 0307203	501(0)(3)	20,300.	<u> </u>			CHARRES BOTTONT
OLDE TOWNE MEDICAL CENTER							
5249 OLDE TOWNE RD							
WILLIAMSBURG, VA 23188	54-1663905	501(C)(3)	17,995.	0.			GENERAL SUPPORT
ONEVIRGINIA2021 FOUNDATION							
409 EAST MAIN ST NO 203							
RICHMOND, VA 23219	46-4733304	501(C)(3)	10,000.	0.			GENERAL SUPPORT
DENINGIII A DAGMODAI COINGELING							
PENINSULA PASTORAL COUNSELING CENTER - 707 GUM ROCK COURT -							
NEWPORT NEWS, VA 23606	54-0930168	501(C)(3)	6,000.	0.			GENERAL SUPPORT
HENTONI MEND, VA 23000	24 0220100	501(0)(3)	0,000.	0.			SHARKEL BOLLOKI
STAPLETON FELLOWSHIP CHURCH							
7706 MARTIN LUTHER KING BLVD 109							
DENVER, CO 80238	84-0509678	501(C)(3)	100,000.	0.			GENERAL SUPPORT

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	(D) LIN	if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
THE ARC OF GREATER WILLIAMSBURG							
202 PACKERS CT							
WILLIAMSBURG, VA 23185	54-1054921	501(C)(3)	15,000.	0.			GENERAL SUPPORT
WILLIAMSBURG MUSIC ASSOCIATION DBA			•				
THE WILLIAMSBURG SYMPHONIA - 212 N							
HENRY ST NO 2 - WILLIAMSBURG, VA							
23185	52-1342360	501(C)(3)	9,120.	0.			GENERAL SUPPORT
UNITED JEWISH COMMUNITY OF THE							
VIRGINIA PENINSULA, INC 2700							
-	54-0480621	501(C)(3)	6 000	0.			GENERAL SUPPORT
SPRING RD - NEWPORT NEWS, VA 23606	34-0480621	501(C)(3)	6,000.	0.			GENERAL SUPPORT
UNITED WAY OF GREATER WILLIAMSBURG							
5400 DISCOVERY PARK BLVD #104							
WILLIAMSBURG, VA 23188	54-0844073	501(C)(3)	7,500.	0.			GENERAL SUPPORT
WILLIAMSBORG, VA 25100	34 0044073	501(0)(3)	7,300.	٠.			GENERAL BOITORI
WILLIAMSBURG CHRISTIAN ACADEMY							
101 SCHOOLHOUSE LANE							
WILLIAMSBURG, VA 23188	54-1091533	501(C)(3)	10,000.	0.			GENERAL SUPPORT
WILLIAMSBORG, VII 23100	34 1031333	501(0)(3)	10,000.	• • • • • • • • • • • • • • • • • • • •			CHARLET BOLLOKI
WILLIAMSBURG-JAMES CITY COUNTY							
PUBLIC SCHOOLS - 117 IRONBOUND RD							
- WILLIAMSBURG, VA 23185		WJCC PUBLIC SCHOO	LS 6,290.	0.			GENERAL SUPPORT
							20110111

RECIPIENTS MAY BE ASKED FOR A SITE VISIT OR INTERVIEW FOLLOWING COMPLETION

OF THE GRANT. SITE VISIT IS CONDUCTED BY DISTRIBUTION COMMITTEE MEMBERS.

Schedule I (Form 990) (2015) GREATER WILLIAM	ISBURG CO	MMUNITY TR	RUST		54-1927558	Page
Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	s. Complete if the	e organization answ	ered "Yes" on Form 9	990, Part IV, line 22.		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash	assistance
SCHOLARSHIPS	138	180,400.	0.			
Part IV Supplemental Information. Provide the information rec	quired in Part I, lir	ne 2, Part III, column	(b), and any other a	dditional information.		
PART I, LINE 2:						
COMPETITIVE GRANT APPLICATIONS ARE	E SUBMITT	ED STATING	THE ORGAN	IZATION'S		
NEED AND INTENDED USE OF GRANT FUN	IDS. THES	E GRANT AF	PLICATIONS	ARE REVIEWED		
THOROUGHLY BY THE DISTRIBUTION COM	MITTEE A	ND ULTIMAT	ELY APPROV	ED BY THE		
ENTIRE BOARD OF TRUSTEES. COMPETIT	TIVE GRAN	T RECIPIEN	ITS ARE REQ	UIRED TO FILE		
A FOLLOW-UP REPORT ON THE USE OF T	THE FUNDS	. ADDITION	IALLY, COMP	ETITIVE GRANT		

# SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

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

**Noncash Contributions** 

Attach to Form 990.

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

OMB No. 1545-0047

Open To Public Inspection

Name of the organization

GREATER WILLIAMSBURG COMMUNITY TRUST

 $Employer\ identification\ number \\ 54-1927558$ 

Par	rt I Types of Property									
		(a)	(b)	(c)			d)			
		Check if applicable	Number of contributions or	Noncash contrib amounts report		Method of noncash contri		•	•	
		applicable		Form 990, Part VII		HOHCASH COILL	ibulion a	mount	5	
1	Art - Works of art			·						
2	Art - Historical treasures									
3	Art - Fractional interests									
4	Books and publications									
5	Clothing and household goods									
6	Cars and other vehicles									
7	Boats and planes									
8	Intellectual property									
9	Securities - Publicly traded	X	15	278	,222.	PER STOCK	EXCH	ANG	E	
10	Securities - Closely held stock									
11	Securities - Partnership, LLC, or									
	trust interests									
12	Securities - Miscellaneous									
13	Qualified conservation contribution -									
	Historic structures									
14	Qualified conservation contribution - Other									
15	Real estate - Residential									
16	Real estate - Commercial									
17	Real estate - Other									
18	Collectibles									
19	Food inventory									
20	Drugs and medical supplies									
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts									
25	Other ► (VARIOUS )	X	11		0.	COMPARABLE	SAL	ES		
26	Other ( )									
27	Other ( )									
28	Other ( )									
29	Number of Forms 8283 received by the organiz	zation durin	g the tax year for c	ontributions						
	for which the organization completed Form 828	33, Part IV,	Donee Acknowled	gement	29					
				_				Yes	No	
30a	During the year, did the organization receive by	/ contributio	on any property rep	oorted in Part I, line	s 1 throu	gh 28, that it				
	must hold for at least three years from the date									
	exempt purposes for the entire holding period?	<b>)</b>					30a		X	
b	If "Yes," describe the arrangement in Part II.									
31	Does the organization have a gift acceptance p	oolicy that re	equires the review	of any non-standar	d contrib	utions?	31	Х		
	32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash									
	contributions?						32a		Х	
b	If "Yes," describe in Part II.									
33	If the organization did not report an amount in	column (c) f	or a type of prope	rty for which colum	n (a) is ch	ecked,				
	describe in Part II.	. , .	71 I P		.,	,				
ΙНΔ	For Panerwork Reduction Act Notice see	the Instruc	tions for Form 00	0		Schedule	M (Earm	990) (	2015)	

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

Schedule M (Form 990) (2015)

### 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.

Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

2015
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

GREATER WILLIAMSBURG COMMUNITY TRUST

Employer identification number 54-1927558

FORM 990, PART I, DOING BUSINESS AS:

WILLIAMSBURG COMMUNITY FOUNDATION

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

PROVIDED GRANTS TO 501(C)(3) NONPROFIT ORGANIZATIONS AND GOVERNMENT

ENTITIES SERVING THE GREATER WILLIAMSBURG COMMUNITY. PROVIDED SERVICES

AND INFORMATION ON THE NEEDS OF THE GREATER WILLIAMSBURG COMMUNITY TO

DONOR-ADVISORS. ASSISTED DONOR-ADVISORS WITH PHILANTHROPIC ACTIVITIES.

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

ADVISING DONORS WITH VARIED INTERESTS TO HELP THEM ACHIEVE THEIR

PHILANTHROPIC GOALS; AND SERVING AS A RESOURCE, CATALYST, AND

COORDINATOR FOR CHARITABLE ACTIVITIES.

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

A DRAFT COPY OF THE ORGANIZATION'S FORM 990 IS REVIEWED BY THE AUDIT COMMITTEE (WHICH INCLUDES SEVERAL FINANCIAL EXPERTS) AND THE TRUSTEE AND GOVERNANCE COMMITTEE AT SCHEDULED COMMITTEE MEETINGS. THESE COMMITTEES ASK QUESTIONS AND PROVIDE REVISIONS TO THE FORM 990. IF APPROVED BY THE AUDIT AND TRUSTEE AND GOVERNANCE COMMITTEES, A RECOMMENDATION IS MADE BY THE COMMITTEES FOR THE BOARD TO REVIEW THE FORM 990 AND APPROVE. ULTIMATELY, THE FULL BOARD WILL APPROVE THE FORM 990 AND THE FORM 990 IS FILED.

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

THE ORGANIZATION'S BOARD REVIEWS THE CONFLICT OF INTEREST POLICY, PROVIDE

QUESTIONNAIRES FOR THE BOARD MEMBERS TO REPORT CONFLICTS OF INTEREST, AND

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2015)

09-02-15

GREATER WILLIAMSBURG COMMUNITY TRUST	54-1927558
REPORT ON ANY FINDINGS OF CONFLICTS OF INTERESTS.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE ORGANIZATION'S BOARD OF TRUSTEES REVIEWS AND APPROVES	THE COMPENSATION
OF THE EXECUTIVE DIRECTOR.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTER	EST POLICY, AND
FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC FOR	REVIEW UPON
REQUEST.	
FORM 990, PART XII, LINE 2C:	
FORM 990, PART XI, LINE 2C: THERE WERE NO CHANGES TO THE	AUDIT
COMMITTEE'S PROCEDURES REGARDING THE OVERSIGHT OF THE AUD	OIT AND
SELECTION OF THE INDEPENDENT AUDITORS.	

# **Depreciation and Amortization** (Including Information on Listed Property)

990

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

► Attach to your tax return. ▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Business or activity to which this form relates

Identifying number

GRI	EATER WILLIAMSBURG (	COMMUNITY	TRUST	FORM	9	90 I	PAGE	10			54-1927558
Par	t   Election To Expense Certain Proper	ty Under Section 1	79 Note: If you ha	ave any listed	d pr	operty,	, comp	ete Par	t V b	efore y	
<b>1</b> N	Maximum amount (see instructions)									1	500,000.
<b>2</b> T	otal cost of section 179 property place	ed in service (see	instructions)							2	
<b>3</b> T	hreshold cost of section 179 property	before reduction	in limitation							3	2,000,000.
<b>4</b> F	Reduction in limitation. Subtract line 3 t	rom line 2. If zero	or less, enter -0	-						4	
<b>5</b> D	ollar limitation for tax year. Subtract line 4 from line	1. If zero or less, enter	-0 If married filing se	eparately, see ins	structi	ions				5	
6	(a) Description of pro	pperty	(b	) Cost (business	use o	only)		(c) Electe	d cost		
	isted property. Enter the amount from					7					
	otal elected cost of section 179 prope									8	
	entative deduction. Enter the <b>smaller</b>									9	
	Carryover of disallowed deduction from									10	
	Business income limitation. Enter the si									11	
	Section 179 expense deduction. Add li									12	
	Carryover of disallowed deduction to 20					13					
	Do not use Part II or Part III below fo										
Par											<del></del>
<b>14</b> S	special depreciation allowance for qual	ified property (oth	ner than listed pr	operty) place	ed ir	n servic	ce durir	ng			
	ne tax year									14	
	Property subject to section 168(f)(1) ele									15	
	other depreciation (including ACRS)									16	
Par	T III MACRS Depreciation (Do no	t include listed pr									
			Section								Г
	MACRS deductions for assets placed in								<del></del>	17	
18 If	you are electing to group any assets placed in serv									0	
	Section B - Assets	(b) Month and	(c) Basis for dep					epreci	ation	ı Syst	em I
	(a) Classification of property	year placed in service	(business/invest only - see instr	ment use		Recovery period	(e) C	onvention	(f) N	lethod	(g) Depreciation deduction
19a	3-year property										
b	5-year property										
c	7-year property										
d	10-year property										
e	15-year property										
f	20-year property										
g	25-year property				25	5 yrs.				S/L	
h	Residential rental property	/			27	.5 yrs.		MM		S/L	
	Tiesideritial rental property	/			27	.5 yrs.		MM		S/L	
i	Nonresidential real property	/			39	9 yrs.		MM		S/L	
	,	/						MM		S/L	
	Section C - Assets P	laced in Service	During 2015 Ta	x Year Usin	g th	e Alte	rnative	Depre	ciati	on Sys	stem
<u>20a</u>	Class life								+	S/L	
b	12-year					2 yrs.			_	S/L	
C	40-year	/			40	0 yrs.		MM	(	S/L	
	T IV Summary (See instructions.)										T
	isted property. Enter amount from line									21	
	<b>total.</b> Add amounts from line 12, lines	-									14 255
	inter here and on the appropriate lines for assets shown above and placed in	•	•	•	ns - : ]	see ins	str			22	14,355.
	portion of the basis attributable to sect	_	z zamoni your, o			23					

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2015)

Form 4562 (2015)

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns

	(a) through (c)	of Section A	, all of Section B	and Section C	if a	pplicabl	е.						
	Section A -	Depreciation	on and Other Int	formation (Cau	tior	ı: See th	ne instruc	tions for lir	nits for pa	sseng	er automobiles.)		
24a	Do you have evidence to s	support the bu	siness/investment	use claimed?		Yes	☐ No	<b>24b</b> If "Y	es," is the	evider	nce written?	Yes	No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	<b>(d)</b> Cost or other basis		Basis for o	e) depreciation finvestment only)	(f) Recovery period	(g) Metho Conver	od/	(h) Depreciation deduction	(i Elec section cos	ted 1 179
25	Special depreciation allo	owance for q	ualified listed pro	operty placed in	sei	rvice du	ring the t	ax year an	d				
	used more than 50% in	a qualified b	usiness use							25			
26	Property used more tha	n 50% in a c	ualified busines	s use:				_					
		1 1	%										
		1 1	%										
		1 1	%										
27	Property used 50% or le	ess in a qual	fied business us	e:									
		1 1	%						S/L -				
		1 1	%						S/L -				
		: :	%						S/L -				
28	Add amounts in column	(h), lines 25	through 27. Ente	er here and on li	ne :	21, pag	e 1			28			
29	Add amounts in column	(i), line 26. E	nter here and or	n line 7, page 1							29		
				tion B - Inform							•		
Con	nplete this section for ve	hicles used	by a sole proprie	etor, partner, or	othe	er "more	than 5%	owner," c	r related i	oerson	. If you provided	l vehicles	
	our employees, first ans												

30 Total business/investment miles driven during the year (do not include commuting miles)	(a Veh	•	(I Veh	o) nicle	Veh	•	(d Veh	•	(€ Veh	•	(1 Veh	f) icle
<ul><li>31 Total commuting miles driven during the year</li><li>32 Total other personal (noncommuting) miles driven</li></ul>												
33 Total miles driven during the year.  Add lines 30 through 32				•								
<b>34</b> Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

#### Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

37	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your	Yes	No				
	employees?						
38	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your						
	employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners						
39	Do you treat all use of vehicles by employees as personal use?						
40	Do you provide more than five vehicles to your employees, obtain information from your employees about						
	the use of the vehicles, and retain the information received?						
41	Do you meet the requirements concerning qualified automobile demonstration use?						
	Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.						
P	art VI Amortization						

Part VI Amortization										
(a) Description of costs	(b) Date amortization begins	<b>(c)</b> Amortizable amount	(d) Code section	(e) Amortization period or percenta	(f) Amortization ge for this year					
42 Amortization of costs that begins during your	Amortization of costs that begins during your 2015 tax year:									
	: :									
	: :									
43 Amortization of costs that began before your 2		3								
44 Total. Add amounts in column (f). See the inst	ructions for	where to report		4	4					

Form **4562** (2015) 516252 12-28-15

## Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

If you a	re filing for an Automatic 3-Month Extension, comple	te only Pa	rt I and check this box			$ ightharpoonup \left[ X \right]$
	re filing for an Additional (Not Automatic) 3-Month Ex					
,	mplete Part II unless you have already been granted a	,		,		
	c filing (e-file). You can electronically file Form 8868 if y		•	•		ornoration
	o file Form 990-T), or an additional (not automatic) 3-mo			•		•
•	,		•		•	
	file any of the forms listed in Part I or Part II with the exc	•	•			
	Benefit Contracts, which must be sent to the IRS in pap		(see instructions). For more details of	on the elec	ctronic filing of th	nis form,
	irs.gov/efile and click on e-file for Charities & Nonprofits					
Part I	Automatic 3-Month Extension of Time		<del> </del>			
•	tion required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and	complete		
Part I only						
	orporations (including 1120-C filers), partnerships, REM	ICs, and t	rusts must use Form 7004 to reques	st an exten	sion of time	
to file inco	me tax returns.			Enter file	er's identifying ı	number
Type or	Name of exempt organization or other filer, see instru	ctions.		Employer	identification nu	umber (EIN) or
orint						
	GREATER WILLIAMSBURG COMMUN	YTIN	TRUST		54-1927	558
File by the due date for	Number, street, and room or suite no. If a P.O. box, s	ee instruc	tions.	Social se	curity number (S	SSN)
iling your	1323 JAMESTOWN ROAD, SUITE				(-	,
eturn. See nstructions.	City, town or post office, state, and ZIP code. For a fo		ress see instructions			
	WILLIAMSBURG, VA 23185	or origin add	roos, see mendenone.			
	#12221212201107 VII 20100					
			to confication for each return)			0 1
Enter the	Return code for the return that this application is for (file	a separa	te application for each return)			[0] -
		<b>.</b>	I			<del></del>
Application	on	Return	l ''			Return
s For		Code	Is For			Code
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990	BL	02	Form 1041-A			08
Form 472	O (individual)	03	Form 4720 (other than individual)			09
Form 990-	PF	04	Form 5227			10
Form 990-	T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-	T (trust other than above)	06	Form 8870			12
	ORGANIZATION'S					
<ul><li>The bo</li></ul>	oks are in the care of > 1323 JAMESTOWN	ROAD	, NO. 103 - WILLIA	MSBUR	G, VA 23	185
	one No. ► 757-259 <del>-1660</del>		Fax No. ▶ 757-259-12	27		
-	rganization does not have an office or place of business	s in the Ur				
	s for a Group Return, enter the organization's four digit					p, check this
oox <b>▶</b> [	. If it is for part of the group, check this box	1				
	quest an automatic 3-month (6 months for a corporation				CIO LITO OXIGITOTO	1110 101.
S	EPTEMBER 15, 2016 , to file the exemp	t organiza	tion return for the organization name	od abovo	The extension	
	or the organization's return for:	t Organiza	tion return for the organization harm	eu above.	THE EXTENSION	
IS IC	¬ . ゙ .					
	· ·		d ending JAN 31, 2016			
	X tax year beginning FEB 1, 2015	, an	d ending DAN 31, 2010		_ ·	
2 If th	e tax year entered in line 1 is for less than 12 months, $c$	heck reas	on: Initial return	Final retur	n	
	Change in accounting period					
3a If th	is application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069,	enter the tentative tax, less any			•
non	refundable credits. See instructions.			3a	\$	0.
<b>b</b> If th	is application is for Forms 990-PF, 990-T, 4720, or 6069	, enter an	y refundable credits and			_
<u>es</u> ti	mated tax payments made. Include any prior year overp	ayment a	llowed as a credit.	3b	\$	0.
c Bala	ance due. Subtract line 3b from line 3a. Include your pa	yment wit	h this form, if required,			
	sing EFTPS (Electronic Federal Tax Payment System).			3с	\$	0.
	f you are going to make an electronic funds withdrawal			3453-EO ar	nd Form 8879-E0	O for payment
notu iotio:		-	,			

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions. 523841\_

Form 8868 (Rev. 1-2014)

Form 886	8 (Rev. 1-2014)					Page 2	
	are filing for an Additional (Not Automatic) 3-Month E	Extension, o	complete only Part II and check this	s box		▶ X	
	ly complete Part II if you have already been granted ar					•	
If you a	are filing for an Automatic 3-Month Extension, comp	lete only Pa	art I (on page 1).				
Part II	Additional (Not Automatic) 3-Month	Extensio	n of Time. Only file the origin	al (no c	opies neede	<del>.</del> d).	
			Enter filer's	identifyii	ng number, se	e instructions	
Type or	Name of exempt organization or other filer, see inst	ructions.				number (EIN) or	
print				. ,		. ,	
File by the	GREATER WILLIAMSBURG COMMUN	T YTI	RUST		54-1927558		
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, 1323 JAMESTOWN ROAD, SUITE	Social se	curity number	(SSN)			
nstructions.	City, town or post office, state, and ZIP code. For a		dress, see instructions.				
	WILLIAMSBURG, VA 23185						
Enter the	Return code for the return that this application is for (	file a separa	te application for each return)			0 1	
Applicati	on	Return	Application			Return	
ls For		Code	Is For			Code	
Form 990	or Form 990-EZ	01					
Form 990	-BL	02	Form 1041-A			08	
Form 472	0 (individual)	03	Form 4720 (other than individual)			09	
Form 990	-PF	04	Form 5227			10	
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
	-T (trust other than above)	06	Form 8870			12	
STOP! D	o not complete Part II if you were not already grant   ORGANIZATION :			iously file	ed Form 8868.		
Teleph  If the	books are in the care of $\blacktriangleright$ 1323 JAMESTOWN none No. $\blacktriangleright$ 757-259-1660 organization does not have an office or place of busines is for a Group Return, enter the organization's four dig	ess in the Ur	Fax No. $\blacktriangleright$ $757-259-12$ nited States, check this box	27		<b>&gt;</b> □	
box 🕨	$\_\_$ . If it is for part of the group, check this box $lacktriangle$		ach a list with the names and EINs of	f all memb	ers the extens	ion is for.	
	quest an additional 3-month extension of time until		BER 15, 2016.				
<b>5</b> For	calendar year, or other tax year beginning	FEB 1	, 2015 , and endin	g JAN	31, 20	<u> 16                                    </u>	
6 If th	ne tax year entered in line 5 is for less than 12 months, $\Box$ Change in accounting period	, check reas	on: Initial return	Final ı	return		
<b>7</b> Sta	te in detail why you need the extension						
	IE BOARD OF DIRECTORS WILL I					D	
AI			WILL BE FILED AFT				
BZ	THE BOARD. THEREFORE, ADD	ITIONA:	L TIME IS RESPECTF	ULLY	REQUEST	ED.	
8a If th							
	refundable credits. See instructions.	8a	\$	0.			
	nis application is for Forms 990-PF, 990-T, 4720, or 600	•	•				
	payments made. Include any prior year overpayment	allowed as a	a credit and any amount paid		_	0	
	eviously with Form 8868.			8b	\$	0.	
	ance due. Subtract line 8b from line 8a. Include your		th this form, if required, by using		_	0	
EF	PS (Electronic Federal Tax Payment System). See ins		st be completed for Part II	8c	\$	0.	
Under pen it is true. c	Signature and verifical alties of perjury, I declare that I have examined this form, inclibrates, and complete, and that I am authorized to prepare this	uding accomp	•	-	of my knowledge	and belief,	
		CPA		Doto			
Signature	litie -	CLA		Date		<b>60</b> (Day 1 001 1)	
					⊦orm <b>88</b> 0	68 (Rev. 1-2014)	