



Greater Williamsburg Community Trust 1323 Jamestown Road, Suite 103 Williamsburg, VA 23185

Greater Williamsburg Community Trust:

Enclosed are the original and one copy of the 2023 Exempt Organization return, as follows...

2023 Form 990

Copies of all returns have been provided and should be retained for your files.

If one or more of your returns is being e-filed, we must receive back from you the required authorization form(s) bearing your signature. You will find enclosed any such authorization form(s) not previously provided to you. If you have not signed your returns digitally via SafeSend, please sign and return such form(s) to us using one of the following options:

- Scan and securely upload at https://www.clientaxcess.com/sharesafe/#/BrownEdwards
- Fax to us at (757) 873-1106 Attention: E-file
- Return to the office marked Attention: E-File

If one or more of your returns is being filed by paper, each original paper return should be signed, dated and filed in accordance with the filing instructions.

We prepared the return from information you furnished us without verification. Please review before filing to ensure there are no omissions or misstatements of material facts. Upon examination of the return by tax authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

Please review the return for completeness and accuracy.

Brown, Edwards & Company, S. L. P.

Brown, Edwards & Company, LLP

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

Sincerely,

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

December 31, 2023

Prepared For:	
i repared i or.	
	Greater Williamsburg Community Trust
	1323 Jamestown Road, Suite 103
	Williamsburg, VA 23185
Prepared By:	
	Brown, Edwards & Company, LLP
	701 Town Center Drive, Suite 700
	Newport News, VA 23606
Amount Due	or Refund:
	Not applicable
Make Check F	Payable To:
	Not applicable
Mail Tax Retu	rn and Check (if applicable) To:
	Not applicable
Return Must k	pe Mailed On or Before:

Not applicable

Special Instructions:

This copy of the return is provided ONLY for Public Disclosure purposes. Any confidential information regarding large donors has been removed.

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

A F	or the	e 2023 calendar year, or tax year beginning and c	ending		
B (Check if opplicable	C Name of organization		D Employer identific	cation number
	Addre	GREATER WILLIAMSBURG COMMUNITY TRUST			
	Name chang	e Doing business as WILLIAMSBURG COMMUNITY FOUN	DATIO	54-19275	58
	□lnitial □return □Fiṇal	1323 TAMESTOWN BOAD SILTER 103	Room/suite	E Telephone numbe 757-259-	
	⊥return, termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	10,567,219.
	Amen	3		H(a) Is this a group re	
	Application			for subordinates	
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	
1.3	Гах-ех	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) c	or 527	1	list. See instructions
	Nebsi			H(c) Group exemptio	
		organization; X Corporation Trust Association Other	L Year		State of legal domicile: VA
	art I	Summary	•	•	V
_	1	Briefly describe the organization's mission or most significant activities: SEE S	SCHEDU	LE O.	
Governance		·			
rnai	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	sets.
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	23
	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	23
es &	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)		5	4
Viţi.	6	Total number of volunteers (estimate if necessary)		<u>6</u>	55
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		<u>7a</u>	0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		0.
				Prior Year	Current Year
ē	l	Contributions and grants (Part VIII, line 1h)		1,015,864.	1,110,213.
Revenue	1	Program service revenue (Part VIII, line 2g)		0.	0.
Rev		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,625,311.	320,474.
_	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		19,627.	23,274.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,660,802.	1,453,961.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,078,924.	1,192,518.
	I .	Benefits paid to or for members (Part IX, column (A), line 4)		226,380.	232,259.
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	232,239.
Expenses	10a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 26, 07	77	<u> </u>	0.
Ä	17	Total fundraising expenses (Part IX, column (D), line 25) 26, 07 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		258,825.	256,633.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,564,129.	1,681,410.
	ı	Revenue less expenses. Subtract line 18 from line 12		3,096,673.	<227,449.>
- JC		Trovende 1656 expenses. Cubitact line 16 from line 12	Be	ginning of Current Year	End of Year
t Assets or	20	Total assets (Part X, line 16)		24,695,600.	27,854,373.
ASS	21	Total liabilities (Part X, line 26)		35,394.	45,049.
-Net	1	Net assets or fund balances. Subtract line 21 from line 20		24,660,206.	27,809,324.
Pa	art II	Signature Block	•	-	
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	knowledge and belief, it is
true	, correc	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.	
Sig	n	Signature of officer		Date	
Her	е	NANCY C. SULLIVAN, CHIEF EXECUTIVE OFFICE	R		
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check C	PTIN
Paid		LESLIE F. ROBERTS LESLIE F. ROBERT	rs 0	9/09/24 self-employ	
	arer	Firm's name BROWN, EDWARDS & COMPANY, LLP		Firm's EIN 5	<u>4-0504608</u>
Use	Only	Firm's address 701 TOWN CENTER DRIVE, SUITE 700			E 050 1000
		NEWPORT NEWS, VA 23606		Phone no. 75	7-873-1033
May	the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No

Page 2

Pa	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:
	THE WILLIAMSBURG COMMUNITY FOUNDATION ENHANCES THE QUALITY OF LIFE IN
	GREATER WILLIAMSBURG BY CONNECTING PEOPLE WITH CAUSES THAT MATTER,
	MANAGING CHARITABLE FUNDS, AND PROVIDING GRANTS AND SCHOLARSHIPS FOR
	OUR COMMUNITY'S MOST PRESSING NEEDS AND PROMISING OPPORTUNITIES.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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?
	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 \$ 1,006,140. including grants of \$ 928,080.) (Revenue \$)
4a	DISTRIBUTED GRANTS TO NONPROFIT ORGANIZATIONS PRIMARILY IN THE GREATER
	WILLIAMSBURG AREA. COMPETITIVE GRANTS WERE AWARDED IN THE FOLLOWING
	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.
	051 100
4b	(Code:) (Expenses \$264,438. including grants of \$264,438.) (Revenue \$)
	PROVIDED SCHOLARSHIPS FOR 118 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 \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 1,270,578.
_	Form 990 (2023)

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)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_ <u> </u>		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			1
8	, ,			x
•	Schedule D, Part III	8		
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?			3,7
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		7.7	
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	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	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	12u		
J	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
12	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	13		X
13	Did the appropriation projection of the control of the United Otelson			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
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	441.		x
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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	l		
	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			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		_	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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	
		_		_

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Pa	rt IV Checklist of Required Schedules (continued)		T.,	Γ
22	Did the examination report more than \$5,000 of grants or other equiptions to or for demostic individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22	х	
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			 ₩
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		x
28	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
-	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
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? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		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		X
	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			
00	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?	26		x
27	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	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 on Schedule O for Part VI, lines 11b and 19?	"		
00		38	х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	_ 55		
	Check if Schedule O contains a response or note to any line in this Part V			
	. ,		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

332004 12-21-23

(gambling) winnings to prize winners?

Form 990 (2023) GREATER WILLIAMSBURG COMMUNITY TRUST

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

				Yes	No			
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	2a	4					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	X				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?							
b	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Actions are selected as a second sec	counts (FBAR).						
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		X			
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit						
	any contributions that were not tax deductible as charitable contributions?		6a		X			
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts						
	were not tax deductible?		6b					
7	Organizations that may receive deductible contributions under section 170(c).			l				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly as a contribution and partly for goods and services of \$75 made partly as a contribution and contribution and contribution and contribution and contribution and contribution and con	vices provided to the payor		X				
b			7b	_	X			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required						
	to file Form 8282?		7c		X			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			37			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co				X			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f	+	X			
9	If the organization received a contribution of qualified intellectual property, did the organization file Fol			+				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	•			Х			
•			8					
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?		9a		Х			
a b			9b		X			
10	Section 501(c)(7) organizations. Enter:		30					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b						
11	Section 501(c)(12) organizations. Enter:	100						
а	Gross income from members or shareholders	11a						
b	Gross income from other sources. (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)	11b						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?		13a					
	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	13b	_					
	Enter the amount of reserves on hand	13c						
					X			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		-			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				177			
	excess parachute payment(s) during the year?		15		X			
	If "Yes," see the instructions and file Form 4720, Schedule N.				37			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X			
47	If "Yes," complete Form 4720, Schedule O.	d. dat						
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act							
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17					
	If "Yes," complete Form 6069.				1			

332005 12-21-23

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7a

GREATER WILLIAMSBURG COMMUNITY TRUST Form 990 (2023) 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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 23 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 23 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

Did the organization become aware during the year of a significant diversion of the organization's assets?

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or

more members of the governing body?

Did the organization have members or stockholders?

	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	evernatistatus with respect to such arrangements?	16h		

Section 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 (1024 or 1	1024-A, if applicable),	990, and 990-T (section	501(c)(3)s only) avail	lable
	for public inspection. Indicate how you made these available. Check all the	hat apply.			

NONE

X Own website X Upon request Another's website Other (explain on Schedule O)

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records ORGANIZATION'S OFFICERS - 757-259-1660

103, WILLIAMSBURG 1323 JAMESTOWN ROAD, NO.

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average			(C Pos	C) ition			(D) Reportable	(E) Reportable	(F) Estimated
	hours per	box	, unles	ss per	rson i	s both or/trus	n an	compensation	compensation	amount of
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) NANCY COTE SULLIVAN	40.00									
CHIEF EXECUTIVE OFFICER				Х				103,381.	0.	0.
(2) KATHLEEN F. SLEVIN	1.00							_	_	_
CHAIR		Х		Х				0.	0.	0.
(3) ALISON LENNARZ	1.00	l								
VICE CHAIR		Х		Х				0.	0.	0.
(4) JACK HALDEMAN	1.00	ļ								
TREASURER	1 00	Х		Х				0.	0.	0.
(5) JOE HARROW	1.00									•
SECRETARY	1 00	Х		Х				0.	0.	0.
(6) DAVID BUSH	1.00	.,								0
TRUSTEE	1 00	Х						0.	0.	0.
(7) DIAN CALDERONE	1.00	.,								0
TRUSTEE	1 00	Х						0.	0.	0.
(8) LORI CONEN	1.00	. ,								0
TRUSTEE	1 00	Х						0.	0.	0.
(9) ANTHONY CONYERS TRUSTEE	1.00	v						0.	0.	0.
(10) JON BROWN	1.00	Х						0.	0.	<u> </u>
TRUSTEE	1.00	Х						0.	0.	0.
(11) JOHN FOGARTY	1.00	Λ						1	0.	· ·
TRUSTEE	1.00	Х						0.	0.	0.
(12) THOMAS CARDWELL	1.00	77						0.	0.	<u></u>
TRUSTEE	1.00	х						0.	0.	0.
(13) SCOTT STABLER	1.00	23								•
TRUSTEE	1.00	х						0.	0.	0.
(14) LISA LUCAS	1.00									
TRUSTEE		х						0.	0.	0.
(15) AASHISH MATANI	1.00								•	
TRUSTEE		Х						0.	0.	0.
(16) MELINDA MORGAN	1.00							-	-	
TRUSTEE		Х						0.	0.	0.
(17) PAUL MUSE	1.00									
TRUSTEE		Х						0.	0.	0.
		•				•	•			Earm 990 (2022)

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Part VII Section A. Officers, Directors, Tru	ıstees, Key Em	ploy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per	box	not c	Pos heck ss per	more rson i	than is both	n an	(D) Reportable compensation	(E) Reportable compensation	- 1	an	(F) stimated nount o	
	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/ 1099-NEC)	from related organizations (W-2/1099-MISI 1099-NEC)	s	com fr org and	other pensat om the anizatio d relate anizatio	e on ed
(18) MARGARET PRITCHARD	1.00							_					_
TRUSTEE	1 00	X			_	_		0.		0.	ļ		0.
(19) HENRY RANGER	1.00	٠,											^
TRUSTEE CONDEDG	1.00	X			<u> </u>	\vdash		0.		0.			0.
(20) CARTER SONDERS TRUSTEE	1.00	X						0.		0.			0.
(21) IRIS PORUSH	1.00	^				-		0.		 			<u> </u>
TRUSTEE	1.00	x						0.		0.			0.
(22) BARBARA WATSON	1.00	25						<u> </u>		`			•
TRUSTEE		x						0.		0.			0.
(23) RICHARD OVERY	1.00												
TRUSTEE		Х						0.		0.			0.
(24) BENNY ZHANG	1.00												
TRUSTEE		X						0.		0.			0.
		_											
						-				\dashv			
		-											
4b Cubatal								103,381.		0.			0.
1b Subtotal c Total from continuation sheets to Part								0.		0.			0.
c Total from continuation sheets to Part d Total (add lines 1b and 1c)								103,381.		0.			0.
2 Total number of individuals (including but								· · · · · · · · · · · · · · · · · · ·	000 of reportable				-
compensation from the organization	Tiot inflitted to the	1000	11010	o un	3010	,		, contournors than \$100,	occ or reportable				1
												Yes	No
3 Did the organization list any former office	er, director, trust	ee, k	кеу е	empl	loye	e, or	hig	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for										[3		Х
4 For any individual listed on line 1a, is the			mpe	ensa	tion	and	oth	ner compensation from t	he organization				
and related organizations greater than \$1	50,000? If "Yes	," co	mple	ete S	Sche	edule	J f	or such individual			4	\longrightarrow	X
5 Did any person listed on line 1a receive or					•			•					
rendered to the organization? If "Yes." co	mplete Schedul	e J f	or su	ıch ı	pers	on					5	\Box	X
Section B. Independent Contractors						4 -		t t t t t	2100 000 - 1				
1 Complete this table for your five highest of the organization. Report compensation for	-								•	ensat	ion tro	mc	
(A)	r trie caleridar y	eare	HIUII	ig w	/ILIT C	JI WI	111111	(B)	ear.		(C	<u></u>	
Name and busines	ss address	NO	ONE	3				Description of s	ervices	С		nsation	l

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Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Form 990 (2023) GREATER
Part VIII Statement of Revenue

			Check if Schedule O contains a	response o	or note to anv lin	e in this Part VIII			
						(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
တ္ထ	1	<u> </u>	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues	1b					
جَ ق			Fundraising events	1c					
ffs,			Related organizations	1d					
ية ق									
Sir			Government grants (contributions)	1e					
utic er			All other contributions, gifts, grants, and	I I	1 110 213				
들 된			similar amounts not included above	1f	1,110,213.				
on		_	Noncash contributions included in lines 1a-1f	1g \$	· · · · · · · · · · · · · · · · · · ·	1 110 012			
<u>0</u> 8		n	Total. Add lines 1a-1f		D	1,110,213.			
					Business Code				
Se	2	а							
Program Service Revenue		b							
S c		С							
e a		d							_
о Б		е							
4		f	All other program service revenue						
		g	Total. Add lines 2a-2f						
	3		Investment income (including divider	nds, intere	st, and				
			other similar amounts)			813,800.			813,800.
	4		Income from investment of tax-exem						
	5		Royalties						
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a	6,340.					
			Less: rental expenses 6b	0.					
			Rental income or (loss) 6c	6,340.					
			Net rental income or (loss)	-		6,340.			6,340.
				ecurities	(ii) Other	·			
				513,360.					
			Less: cost or other basis	,					
ō				106,686.					
her Revenue				93,326.>					
eve			Net gain or (loss)	-		<493,326.>			<493,326.
×			Gross income from fundraising events (r			(150,020.5			(150,020.
	0	а	including \$						
Ò			contributions reported on line 1c). Se	-					
			. ,		23,006.				
			Part IV, line 18		6,572.				
			Less: direct expenses		0,372.	16,434.			16,434.
			Net income or (loss) from fundraising			10,434.			10,131.
	9	d	Gross income from gaming activities						
			Part IV, line 19						
			Less: direct expenses						
			Net income or (loss) from gaming ac						
	10	а	Gross sales of inventory, less returns	I					
			and allowances						
			Less: cost of goods sold						
\blacksquare		С	Net income or (loss) from sales of inv	ventory					
ဟ					Business Code				
on e	11	а	MISCELLANEOUS		900099	500.			500.
Miscellaneous Revenue		b							
Sel Sev		С							
Ais		d	All other revenue						
		е	Total. Add lines 11a-11d			500.			
	12		Total revenue. See instructions			1,453,961.	0.	0.	343,748.

Secti	ion 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	er organizations must com	nolete column (A)	
30011	Check if Schedule O contains a response				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	928,080.	928,080.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	264,438.	264,438.		
3	Grants and other assistance to foreign	,	,		
	organizations, foreign governments, and foreign				
4	individuals. See Part IV, lines 15 and 16 Benefits paid to or for members				
5	Compensation of current officers, directors,				
Ū	trustees, and key employees	103,381.	20,676.	79,604.	3,101.
6	Compensation not included above to disqualified	,	,	,	•
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	106 007	20.046	66 740	11 220
7	Other salaries and wages	106,927.	28,846.	66,742.	11,339.
8	Pension plan accruals and contributions (include	6,183.		6,183.	
9	section 401(k) and 403(b) employer contributions) Other employee benefits	0,100•		0,103.	
10	Payroll taxes	15,768.	1,261.	11,196.	3,311.
11	Fees for services (nonemployees):	- ,	, =	, ==	-,
а	Management				
b					
С	Accounting	31,547.		31,547.	
d	, , , , , , , , , , , , , , , , , , , ,				
е	, ,	114 001		114 001	
f	Investment management fees	114,281.		114,281.	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	3,781.	400.	3,381.	
13	Office expenses	6,286.	2000	6,286.	
14	Information technology	10,538.		10,538.	
15	Royalties				
16	Occupancy	28,410.	5,543.	18,815.	4,052.
17	Travel	1,152.		1,152.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	13,484.	6,996.	5,739.	749.
19	Conferences, conventions, and meetings	13,484.	0,990.	5,139.	/49•
20 21	Payments to affiliates				
22	Depreciation, depletion, and amortization	10,907.		10,907.	
23	Insurance	6,899.		6,899.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)	·		·	
а	PRINTING AND PUBLICATIO	17,959.	13,125.	1,309.	3,525.
b	POSTAGE AND SHIPPING	4,586.		4,586.	·
С	UTILITIES	4,461.		4,461.	
d	DUES AND SUBSCRIPTIONS	2,342.	1,213.	1,129.	
	All other expenses	1 601 410	1 000 500	204 555	06 000
<u>25</u>	Total functional expenses. Add lines 1 through 24e	1,681,410.	1,270,578.	384,755.	26,077.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				
	/Silothing SSI SS-2 (ASS SSO-120)				000

Form 990 (2023)

Part X | Balance Sheet

Part	X	X Balance Sheet					
		Check if Schedule O contains a response or no	te to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	975,206.	1	660,648		
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net			83,980.	3	208,150
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs	stantial c	ontributor, or 35%			
		controlled entity or family member of any of the	ese perso	ons		5	
	6	Loans and other receivables from other disqua	lified per	sons (as defined			
		under section 4958(f)(1)), and persons describe	d in sec	tion 4958(c)(3)(B)		6	
ည	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
ž	9	5				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	323,563.			
	b	Less: accumulated depreciation	10b	88,400.	246,071.		235,163
	11	Investments - publicly traded securities			22,891,988.	11	26,292,317
	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			498,355.	15	458,095
	16	Total assets. Add lines 1 through 15 (must equ	ual line 3	33)	24,695,600.	16	27,854,373
	17	Accounts payable and accrued expenses			7,639.	17	15,704
	18	Grants payable			2,629.	18	
	19	Deferred revenue				19	
:	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
g l	22	Loans and other payables to any current or for					
┋│		trustee, key employee, creator or founder, subs					
Liabilities		controlled entity or family member of any of the				22	
- :	23	Secured mortgages and notes payable to unrel		· · · · · · · · · · · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrelate				24	
- 1:	25	Other liabilities (including federal income tax, p.	•				
		parties, and other liabilities not included on line		· I	25 126		20 245
		of Schedule D			25,126.		29,345
	26	Total liabilities. Add lines 17 through 25			35,394.	26	45,049
_s		Organizations that follow FASB ASC 958, ch	eck her	e X			
Š		and complete lines 27, 28, 32, and 33.			10 116 040		14 206 562
<u>a</u>	27	Net assets without donor restrictions			12,116,949.	27	14,386,562
ž ž	28	Net assets with donor restrictions			12,543,257.	28	13,422,762
<u> </u>		Organizations that do not follow FASB ASC	958, che	eck here			
<u> </u>		and complete lines 29 through 33.					
i (1	29	Capital stock or trust principal, or current funds				29	
SSe	30	Paid-in or capital surplus, or land, building, or e				30	
ا ب	31	Retained earnings, endowment, accumulated in			24 660 206	31	27 000 204
	32	Total net assets or fund balances			24,660,206.	32	27,809,324
:	33	Total liabilities and net assets/fund balances			24,695,600.	33	27,854,373 Form 990 (202

Form **990** (2023)

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	1,45		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,68		
3	Revenue less expenses. Subtract line 2 from line 1	3	<227	, 44	<u>9.></u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	24,66	0,2	<u>06.</u>
5	Net unrealized gains (losses) on investments	5	3,37	6,5	<u>67.</u>
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	27,80	9,3	24.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				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 on Schedule	Ο.			
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,				
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

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SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

Inspection

OMB No. 1545-0047

Name of the organization

GREATER WILLIAMSBURG COMMUNITY TRUST

Employer identification number

		GREA	TER WILLIAM	MSBURG COMMUN	TY T	RUST		5	4-1927558
Par	t I	Reason for Public C	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The o	rgan	ization is not a private found							
1 [A church, convention of chu	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).		
2 [A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	າ 990).)				
з [A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	ii).		
4 [A medical research organiza	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,
		city, and state:							
5 [An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental ur	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6 [A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7 [X	An organization that normal	lly receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from th	e general p	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8 [A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Part	t II.)				
9 [An agricultural research org	anization described	in section 170(b)(1)(A)(i	ix) operate	ed in conju	ınction with a	land-grant	college
		or university or a non-land-g	rant college of agricu	ulture (see instructions).	Enter the i	name, city	, and state of	the college	e or
		university:							
10 [An organization that normal	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membershi	p fees, and	d gross receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	support f	rom gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	and operated exclusi	vely to test for public sat	fety. See	section 50	09(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	ne function	ns of, or to car	ry out the	purposes of one or
		more publicly supported org	ganizations describe	d in section 509(a)(1) o	r section :	509(a)(2).	See section 5	609(a)(3). (Check the box on
	_	lines 12a through 12d that o	describes the type of	f supporting organizatior	and com	plete lines	12e, 12f, and	12g.	
а			anization operated, su	upervised, or controlled	by its supp	orted org	anization(s), ty	pically by	giving
		the supported organization	on(s) the power to rec	gularly appoint or elect a	majority o	f the direc	tors or trustee	es of the su	upporting
		organization. You must c	complete Part IV, Se	ections A and B.					
b			anization supervised	or controlled in connect	ion with its	s supporte	ed organizatior	n(s), by hav	ving
		control or management of			ame perso	ns that co	ntrol or manag	ge the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
С			= : :					y integrate	ed with,
		its supported organization	. , .	•	•	•	•		
d			•					•	* *
		that is not functionally int	-	•	•		•	an attentiv	veness
		requirement (see instructi	•	-					
е		☐ Check this box if the orga					Type I, Type I	I, Type III	
		functionally integrated, or		nally integrated supporting	ng organiz	ation.			
		er the number of supported o vide the following information	•	d organization(s)					
9		i) Name of supported	(ii) EIN	(iii) Type of organization		ınization listed	(v) Amount of	monetary	(vi) Amount of other
	Ì	organization	.,	(described on lines 1-10	in your governi	ng document?	support (see in	•	support (see instructions)
				above (see instructions))	162	NO			
Total									

332021 12-21-23

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.)

Calendar year (or fiscal year beginning in) 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	3459390.
include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 1038103. 2390227. 2904983. 1015864. 1110213. 8	3459390.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	3459390.
ization's benefit and either paid to or expended on its behalf	
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 1038103. 2390227. 2904983. 1015864. 1110213. 8	3459390.
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,	
	852224.
	607166.
Section B. Total Support	
Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023	(f) Total
	3459390.
8 Gross income from interest,	
dividends, payments received on	
securities loans, rents, royalties,	
	3562678.
	7502070:
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.) 254. 229. 374. 502. 500.	1,859.
, , , , , , , , , , , , , , , , , , ,	2023927.
	1023921.
12 Gross receipts from related activities, etc. (see instructions)	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)	
organization, check this box and stop here Section C. Computation of Public Support Percentage	<u></u>
	4.95 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	
stop here. The organization qualifies as a publicly supported organization	
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stars have. The organization qualifies as a publish supported organization.	
and stop here. The organization qualifies as a publicly supported organization	
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or many of the control of	
and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization	
meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10%	6 Or
more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the	
organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (For	

332022 12-21-23

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

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

Calendar year (or fiscal year beginning in) 1 Giffs, grants, contributions, and membership fees received. (On not include any "unusual grants.") 2 Gross necepts from admissions, more more of the company of the comp	Section A. Public Support	now, please comp	Diete Fart II.)				
1 Gills, grants, contributions, and membership teer received. (Do not include any "unusual grants.") 2 Gross neceipts from admissions, formed, or facilities furnished in any activity that is related to the organization's trave-empt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's trave-empt purpose incess under section 513 5 The value of services or facilities furnished by a governmental unit to the organization's benefit and either paid to or expended on its behalf or expended on the behalf of the organization without change of the organization of the organization without change of the organization organization of the organization organization organization organ	Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
include any 'unusual grants.') 2 Gross receipts from admissions, merchandise sold or services per formed, or facilities furnished in any activity that is related to the erganization's trax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or bus iness under section 513 4 Tax revenues levied for the organization's travescent purpose 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7 A mounts included on lines 1,2, and 3 received from disqualified persons by American charge in lines 1 and 1,2 and 3 received from disqualified persons by American charge in lines 1 and 1,2 and 3 received from disqualified persons by American charge in lines 1 and 1,2 and 3 received from disqualified persons by American charge in lines 1 and 1,2 and 3 received from disqualified persons by American charge in lines 1 and 1,2 and 3 received from disqualified persons by American charge in lines 1 and 1,2 and 3 received from disqualified persons by American charge in lines 1 and 1,2 and 3 received from disqualified persons by American charge in lines 1 and 1,2 and 3 received from disqualified persons by American charge in lines 1 and 1,2 and 3 received from disqualified persons by American charge in lines 1 and 1,2 and 4,2 and 4,3 and 4,4 and			, ,	, ,			
2 Gross receipts from admissions, merchandiss add or services per formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf or expended or it	, ,						
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3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. 5 The value of services or facilities furnished by a governmental unit to the organization without charge. 6 Total. Add lines 1 through 5. 7a Amounts included on lines 1, 2, and 3 received from disqualified persons. b Amounts included on lines 1, 2, and 3 received from disqualified persons. b Amounts included on lines 1, 2, and 3 received from disqualified persons. b Amounts included on lines 1 and the services of the	, ,						
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5 The value of services or facilities furnished by a governmental unit to the organization without charge (6 Total, Add lines 1 through 5	ization's benefit and either paid to						
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Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 18 Investment income percentage from 2022 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	15 Public support percentage for 2023 (lin	ne 8, column (f), c	divided by line 13,	column (f))		15	Ç
17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 18 Investment income percentage from 2022 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization						16	(
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line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							
F							

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

 If "Yes." complete Part I of Schedule L (Form 990).
- 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 on 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 on 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 line 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		
За		
3b		
3c		
40		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
40		
10a		
10b		
100		

Par	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	;).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	าstruction		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

3b

	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	31 131/000 Tage 0
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	lov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		·	
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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
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 0.015 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 0.035.	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 0.85 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		

Schedule A (Form 990) 2023

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

instructions).

Schedule A (Form 990) 2023

e Excess from 2023

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Name of the organization

GREATER WILLIAMSBURG COMMUNITY TRUST

54-1927558

Organization type (check one):						
Filers of	:	Section:				
Form 99	0 or 990-EZ	$\overline{\mathbf{X}}$ 501(c)(3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 99	0-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
Note: Or	nly a section 501(c)(s covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
	For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special	Rules					
X	Yor an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions <i>exclusively</i> 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 <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions totaling \$5,000 or more during the year\$						
answer "	aution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must nswer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify nat it doesn't meet the filing requirements of Schedule B (Form 990).					

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

Schedule B (Form 990) (2023)

Name of organization Employer identification number

GREATER WILLIAMSBURG COMMUNITY TRUST

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	ional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
1		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
2		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
3		Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 4	Name, address, and ZIP + 4	Total contributions Type of contribution Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
5		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
6		Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

GREATER WILLIAMSBURG COMMUNITY TRUST

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ 27,328.	Person X Payroll
(a)	(b)	(c)	(d)
No. 10	Name, address, and ZIP + 4	Total contributions \$ 24,000.	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
11		\$ 28,085.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

GREATER WILLIAMSBURG COMMUNITY TRUST

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$\$.	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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash 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.)

Name of organization

Employer identification number

GREATER WILLIAMSBURG COMMUNITY TRUST

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 GIFT		
3			
		\$\$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
Part I		(See Instructions.)	
4	STOCK GIFT		
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received
Part I	Description of noticasti property given	(See instructions.)	Date received
	STOCK GIFT		
9			
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	STOCK GIFT		
11			
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
			Schedule R (Form 990) (2023)

Name of organization **Employer identification number** GREATER WILLIAMSBURG COMMUNITY TRUST 54-1927558 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Page 4

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.

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

OMB No. 1545-0047 Inspection

Name of the organization

GREATER WILLIAMSBURG COMMUNITY TRUST

Employer identification number 54-1927558

Par	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds or A	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	41	
2	Aggregate value of contributions to (during year)	238,154.	
3	Aggregate value of grants from (during year)	297,023.	
4	Aggregate value at end of year	5,219,638.	
5	Did the organization inform all donors and donor advisors in $\boldsymbol{\nu}$	writing that the assets held in donor advised fu	
	are the organization's property, subject to the organization's $\boldsymbol{\varepsilon}$		
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that grant funds can be used	d only
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any other purpose confe	•
Б.			
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recreat	tion or education) Preservation of a his	storically important land area
	Protection of natural habitat	Preservation of a ce	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization of the complete lines 2a through 2d if the organization of the complete lines 2a through 2d if the organization of the complete lines 2a through 2d if the complete lines 2a throu	ied conservation contribution in the form of a	
	day of the tax year.		Held at the End of the Tax Year
b			
C	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included on line 2c acqui	· · · · · · · · · · · · · · · · · · ·	
_	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the orga	anization during the tax
	year	annual to be acted	
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the peri		Yes No
6	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, I		
U	Stall and volunteer flours devoted to florintoning, inspecting, i	nariding of violations, and emorcing conserva	tion easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation of	easements during the year
•	7 thount of expenses mounted in morntoning, inoposting, hard	ing or violations, and ornoroning consorvation (casements daring the year
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 170(h)(4)(F	3)(i)
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footn	•	
	organization's accounting for conservation easements.	9	
Par		Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	8, not to report in its revenue statement and b	alance sheet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education, or research in further	rance of public
	service, provide in Part XIII the text of the footnote to its finan	icial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958	8, to report in its revenue statement and balan	nce sheet works of
	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art, historical trea		
	the following amounts required to be reported under FASB AS	SC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2023

	t III Organizations Maintaining C	ollections of Art	t, Historical Tre	asures, or Oth	er Si	milar Assets	(contin	nued)	ugo		
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that make	signifi	cant use of its					
	collection items (check all that apply).										
а	Public exhibition	d	Loan or excl	hange program							
b	Scholarly research	е	Other								
С	Preservation for future generations										
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.										
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets										
	to be sold to raise funds rather than to be ma						Yes		No		
Par	reported an amount on Form 990, Par		te if the organization	answered "Yes" o	n Form	n 990, Part IV, li	ne 9, or				
1a	Is the organization an agent, trustee, custodi	an, or other intermed	liary for contribution	s or other assets n	ot inclu	uded	_		_		
	on Form 990, Part X?						Yes		No		
b	If "Yes," explain the arrangement in Part XIII				_						
					L		Amoun	t			
С	Beginning balance					1c					
d	Additions during the year					1d					
е	Distributions during the year					1e					
f	Ending balance					1f	_				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrow or cu	stodial account lia	bility?		Yes		No		
_	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds Complete if		wered "Yes" on For	m 990, Part IV, line							
		(a) Current year	(b) Prior year	(c) Two years back	<u> </u>	Three years back	(e) Four				
	Beginning of year balance	22,077,300.	26,460,160.	21,163,250		18,320,285.	16		815.		
b	Contributions	555,037.	422,872.	2,565,113		996,165.		371,	627.		
С	Net investment earnings, gains, and losses	losses 3,244,797. <4,128,168.> 3,401,158. 2,433,847. 1,492,210									
d	Grants or scholarships	677,803. 676,262. 666,543. 468,123. 217,47							477.		
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses	2,770.	1,302.	2,818	_	118,924.			890.		
g	End of year balance	25,196,561.	22,077,300.	26,460,160		21,163,250.	18	,320,	285.		
2	Provide the estimated percentage of the curr		e (line 1g, column (a)) held as:							
а	Board designated or quasi-endowment	46.7300	_%								
b	Permanent endowment 7.5100	%									
С	Term endowment 45.7600	%									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
3a	Are there endowment funds not in the posses	ssion of the organiza	tion that are held an	d administered for	the		,				
	organization by:							Yes	No		
	(i) Unrelated organizations?						3a(i)		X		
	(ii) Related organizations?								X		
b	If "Yes" on line 3a(ii), are the related organiza	•					3b				
4 Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment funds.								
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part	X, line	10.					
	Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation										
1a	1a Land										
b											
	Leasehold improvements							-			
d	Equipment		2	3,563.	17	7,887.		5,6	76.		
е	e Other										
	. Add lines 1a through 1e. (Column (d) must e		X. line 10c. column	(B))	<u></u>		23	5,1	63.		
						Schedule					

	LIAMSBURG COM	MUNITY TRUST	54-1927558 Page 3
Part VII Investments - Other Securities	an Farma 000 Bart IV line	11h Can Farma 000 Dark V line 1	0
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book value		z. st or end-of-year market value
	(b) Book value	(e) morned of valuations occ	or or or your marker 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, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 1	3.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cos	st or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets	F 000 D+ IV/ I'	44 d. O. a. Farras 000 Bast V. Bast 4	-
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 1	
	Description		(b) Book value
(1)			
(2)			
(3)			+
<u>(4)</u>			
<u>(5)</u>			
<u>(6)</u>			
<u>(7)</u>			
<u>(8)</u> (9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col	/ (D))		
Part X Other Liabilities	<u>. (D))</u>		
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 OTHE	ERS		29,345.
(3)	·		
(4)			
(5)			
(6)			

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

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

Schedule D (Form 990) 2023

29,345.

(8) (9)

Schedule D (Form 990) 2023

SCHEDULE G (Form 990)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.										
Name of the organizatio										
GREATER WILLIAMSBURG COMMUNITY TRUST 54-1927558 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not										
required to	complete this part	· Complete if the organization answe t.	red "Y	es" or	n Form 990, Part IV, I	ine 1/	. Form 990-E	∠ filers are not		
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a										
• •	(i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Did fundraiser have custody or control of contributions? (iv) Gross receipts from activity (iv) Amount paid to (or retained by) fundraiser listed in col. (i)									
			Yes	No						
		n is registered or licensed to solicit o		 utions	or has been notified	it is ex	xempt from r	egistration		
or incertainty.										
<u> </u>										

332081 09-13-23

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

Schedule G (Form 990) 2023

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-FZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro	oss income on Form 990-	EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events
			SPRING EVENT	O'HARE RACE		(add col. (a) through
40			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	9,975.	13,031.		23,006.
_	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	9,975.	13,031.		23,006.
	4	Cash prizes				
s	5	Noncash prizes				
esuedx	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	4,265.	2,307.		6,572.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)			6,572.
_		Net income summary. Subtract line 10 from li				16,434.
Pa	ırt I		answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.	1	(b) Pull tabs/instant		(d) Total gaming (add
en			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Revenue						() ()
æ	1	Gross revenue				
Se	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	Yes % No	Yes% No	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
0	Ent	ter the state(s) in which the organization condu	uete gamina estivities:			
		the organization licensed to conduct gaming ac				Yes No
		No," explain:				res NO
~						
		ere any of the organization's gaming licenses re	· · · · · · · · · · · · · · · · · · ·			Yes No
b	it "	Yes," explain:				
	_					

332082 09-13-23 Schedule G (Form 990) 2023

Sch	edule G (Form 990) 2023 GREATER WILLIAMSBURG COMMUNITY TRUST 54-	1927558	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
	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:		
	The organization's facility	13a	%
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		,,,
•	Enter the hame and address of the person who propares the organization organization of garming special events been and records.		
	Name		
	Address		
	Address		
		□ v	N
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	∟ No
b	olf "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
C	: If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	, ,	, ,

Schedule G	i (Form 990)	GREATER	WILLIAMSBURG	COMMUNITY	TRUST	54-1927558	Page 4
Part IV	(Form 990) Supplemental Infor	mation _{(contin}	nued)				
-							

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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization							Employer identification number
GREATER W		54-1927558					
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records		~			-		
criteria used to award the grants or assis	stance?						X Yes No
2 Describe in Part IV the organization's pro						· "	
Part II Grants and Other Assistance to recipient that received more than to	_				anization answered "Y	es" on Form 990, Part	t IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
BOYS HOME OF VIRGINIA							
414 BOYS' HOME ROAD							
COVINGTON VA 24426	54-0505870	501(C)(3)	72,652.	0.			GENERAL SUPPORT
	01 0000070		72,002.				
COLLEGE OF WILLIAM AND MARY							
PO BOX 8795							
WILLIAMSBURG, VA 23187	54-6001718	501(C)(3)	6,000.	0.			GENERAL SUPPORT
COLONIAL WILLIAMSBURG FOUNDATION PO BOX 1776 WILLIAMSBURG, VA 23187	54-0505888	501(C)(3)	10,000.	0.			GENERAL SUPPORT
FRIENDS OF WILLIAMSBURG REGIONAL LIBRARY FOUNDATION - 7770 CROAKER							
ROAD - WILLIAMSBURG, VA 23188	54-1639135	501(C)(3)	8,000.	0.			GENERAL SUPPORT
GWENDOLYN'S WISH, INC PO BOX 6776 WILLIAMSBURG, VA 23188	47-2214689		96,869.	0.			GENERAL SUPPORT
HOSPICE HOUSE AND SUPPORT CARE OF WILLIAMSBURG - 4445 POWHATAN PARKWAY - WILLIAMSBURG, VA 23188	52-1289657	501(C)(3)	48,434.	0.			GENERAL SUPPORT
2 Enter total number of section 501(c)(3) a	1		e line 1 table			•	20.
3 Enter total number of other organization	s listed in the line	1 table					0.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACKSON-FEILD BEHAVIORAL HEALTH							
ERVICES - 546 WALNUT GROVE DRIVE							
JARRATT, VA 23867	54-0505920	501(C)(3)	24,217.	0.			GENERAL SUPPORT
	01 0000320		21,227.	•			
SAINT BEDE CATHOLIC CHURCH							
686 IRONBOUND ROAD							
VILLIAMSBURG, VA 23188	95-4747370	501(C)(3)	51,856.	0.			GENERAL SUPPORT
·			·				
THE SALVATION ARMY, A GEORGIA							
CORPORATION - 216 IRONBOUND ROAD -							
VILLIAMSBURG, VA 23188	58-0660607	501(C)(3)	31,856.	0.			GENERAL SUPPORT
WALSINGHAM ACADEMY							
PO BOX 8702							
WILLIAMSBURG, VA 23187	54-0592702	501(C)(3)	63,713.	0.			GENERAL SUPPORT
WILLIAM & MARY ATHLETIC							
EDUCATIONAL FOUNDATION - PO BOX	54 6056400	501 (6) (2)	6 000				
399 - WILLIAMSBURG, VA 23187	54-6056480	501(C)(3)	6,000.	0.			GENERAL SUPPORT
WILLIAMSBURG MUSIC CLUB							
PO BOX 1808							
VILLIAMSBURG, VA 23187	51-0187047	501(C)(3)	5,659.	0.			GENERAL SUPPORT
COLONIAL COURT APPOINTED SPECIAL	31 0107017	301(0)(3)	3,033.	•			DIVILIUI DOLLORI
ADVOCATES PROGRAM, INC - 3917							
MIDLANDS RD., SUITE 2A -							
VILLIAMSBURG, VA 23188	13-4148824	501(C)(3)	8,000.	0.			GENERAL SUPPORT
•			,				
DREAM CATCHERS							
РО ВОХ 1261							
VILLIAMSBURG, VA 23187	54-1692709	501(C)(3)	8,000.	0.			GENERAL SUPPORT
ROVE CHRISTIAN OUTREACH CENTER							
3800 POCAHONTAS TRAIL							
VILLIAMSBURG, VA 23188	27-0077733	501(C)(3)	8,000.	0.			GENERAL SUPPORT

organization or government if applicable cash grant noncash assistance (book, FMA),	Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Scho	edule I (Form 990), Pa	rt II.)	T
ACCHMOND, VA 23294 26-3114011 501(C)(3) 29,000. 0. GENERAL SUPPORT COUNDATION - 3737 GLERWOOD AVE STE 160 - RALEIGH, NC 27612 58-1661700 501(C)(3) 10,000. 0. GENERAL SUPPORT		(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	noncash	valuation (book, FMV,		(h) Purpose of grant or assistance
7814 CAROUSEL LANE RICHMOND, VA 23294 26-3114011 501(C)(3) 29,000. 0. GENERAL SUPPORT NORTH CAROLINA COMMUNITY POUNDATION - 3737 GLENWOOD AVE STE 460 - RALEIGH, NC 27612 58-1661700 501(C)(3) 10,000. 0. GENERAL SUPPORT PORT OF A TOUR CHARITIES INC 100 PGA TOUR BLVD PONTE VEDRA BEACH, FL 32082 52-0999206 501(C)(3) 30,000. 0. GENERAL SUPPORT TIDEWATER JEWISH FOUNDATION, INC 5000 CORPORATE WOODS DRIVE #200 VIRGINIA BEACH, VA 23462 54-1653165 501(C)(3) 11,282. 0. GENERAL SUPPORT OBJECT SENERAL SUPPORT OBJECT OBJECT SENERAL SUPPORT OBJECT OBJECT SENERAL SUPPORT OBJECT	LOCHE IMPACT INVESTING							
RICHMOND, VA 23294 26-3114011 501(C)(3) 29,000. 0. GENERAL SUPPORT NORTH CAROLINA COMMUNITY FOUNDATION - 3737 GLENWOOD AVE STE 460 - RALEIGH, NC 27612 58-1661700 501(C)(3) 10,000. 0. GENERAL SUPPORT PART OF THE PROPERT OF								
NORTH CAROLINA COMMUNITY FOUNDATION - 3737 GLENWOOD AVE STE 460 - RALEIGH, NC 27612 58-1661700 501(C)(3) 10,000. 0. GENERAL SUPPORT PGA TOUR CHARITIES INC 100 PGA TOUR BLVD PONTE VEDRA BEACH, FL 32082 52-0999206 501(C)(3) 30,000. 0. GENERAL SUPPORT TIDEWATER JEWISH FOUNDATION, INC 5000 CORPORATE WOODS DRIVE #200 VIRGINIA BEACH, VA 23462 54-1653165 501(C)(3) 11,282. 0. GENERAL SUPPORT W&M MASON SCHOOL OF BUSINESS FOUNDATION - PO BOX 2220 -		26-3114011	501(C)(3)	29 000.	0.			GENERAL SUPPORT
FOUNDATION - 3737 GLENWOOD AVE STE 460 - RALEIGH, NC 27612 58-1661700 501(C)(3) 10,000. 0. GENERAL SUPPORT PGA TOUR CHARITIES INC 100 PGA TOUR BLVD PONTE VEDRA BEACH, FL 32082 52-0999206 501(C)(3) 30,000. 0. GENERAL SUPPORT TIDEWATER JEWISH FOUNDATION, INC 5000 CORPORATE WOODS DRIVE #200 VIRGINIA BEACH, VA 23462 54-1653165 501(C)(3) 11,282. 0. GENERAL SUPPORT W&M MASON SCHOOL OF BUSINESS FOUNDATION - PO BOX 2220 -	,			, -				
460 - RALEIGH, NC 27612 58-1661700 501(C)(3) 10,000. 0. GENERAL SUPPORT PGA TOUR CHARITIES INC 100 PGA TOUR BLVD PONTE VEDRA BEACH, FL 32082 52-0999206 501(C)(3) 30,000. 0. GENERAL SUPPORT TIDEWATER JEWISH FOUNDATION, INC 5000 CORPORATE WOODS DRIVE #200 VIRGINIA BEACH, VA 23462 54-1653165 501(C)(3) 11,282. 0. GENERAL SUPPORT WAM MASON SCHOOL OF BUSINESS FOUNDATION - PO BOX 2220 -	NORTH CAROLINA COMMUNITY							
PGA TOUR CHARITIES INC 100 PGA TOUR BLVD PONTE VEDRA BEACH, FL 32082 52-0999206 501(C)(3) 30,000. 0. GENERAL SUPPORT TIDEWATER JEWISH FOUNDATION, INC 5000 CORPORATE WOODS DRIVE #200 VIRGINIA BEACH, VA 23462 54-1653165 501(C)(3) 11,282. 0. GENERAL SUPPORT W&M MASON SCHOOL OF BUSINESS FOUNDATION - PO BOX 2220 -	FOUNDATION - 3737 GLENWOOD AVE STE							
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100 PGA TOUR BLVD PONTE VEDRA BEACH, FL 32082 52-0999206 501(C)(3) 30,000. 0. GENERAL SUPPORT TIDEWATER JEWISH FOUNDATION, INC 5000 CORPORATE WOODS DRIVE #200 VIRGINIA BEACH, VA 23462 54-1653165 501(C)(3) 11,282. 0. GENERAL SUPPORT W&M MASON SCHOOL OF BUSINESS FOUNDATION - PO BOX 2220 -								
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TIDEWATER JEWISH FOUNDATION, INC 5000 CORPORATE WOODS DRIVE #200 VIRGINIA BEACH, VA 23462 VIRGINIA BEACH, VA 23462 W&M MASON SCHOOL OF BUSINESS FOUNDATION - PO BOX 2220 -								
5000 CORPORATE WOODS DRIVE #200 VIRGINIA BEACH, VA 23462 54-1653165 501(C)(3) 11,282. 0. GENERAL SUPPORT FOUNDATION - PO BOX 2220 -	PONTE VEDRA BEACH, FL 32082	52-0999206	501(C)(3)	30,000.	0.			GENERAL SUPPORT
5000 CORPORATE WOODS DRIVE #200 VIRGINIA BEACH, VA 23462 54-1653165 501(C)(3) 11,282. 0. GENERAL SUPPORT FOUNDATION - PO BOX 2220 -	MIDDINAMED TOWN ON FOUNDAMENT INC							
VIRGINIA BEACH, VA 23462 54-1653165 501(C)(3) 11,282. 0. GENERAL SUPPORT W&M MASON SCHOOL OF BUSINESS FOUNDATION - PO BOX 2220 -								
W&M MASON SCHOOL OF BUSINESS FOUNDATION - PO BOX 2220 -		54_1653165	501(C)(3)	11 282	,			CENEDAL CUIDDODT
FOUNDATION - PO BOX 2220 -	VIRGINIA BEACH, VA 23402	34-1033103	501(0/(3/	11,202.	0.			GENERAL SUFFORT
FOUNDATION - PO BOX 2220 -	W&M MASON SCHOOL OF BUSINESS							
		23-7079011	501(C)(3)	7,500.	0.			GENERAL SUPPORT
	,			,				
				+				

Part III can be duplicated if additional space is needed	d.		_	T	
(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 noncash assistance
		-			
COLLEGE SCHOLARSHIPS	118	264,438.	0.		
			4)		
Part IV Supplemental Information. Provide the information r	equired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	
PART I, LINE 2:					
COMPETITIVE GRANT APPLICATIONS AR	E SUBMITTE	D STATING	THE ORGANI	ZATION'S	
NEED AND INTENDED USE OF GRANT FU	אחפ ייווי	י בפאאיי אסנ	DI.TCATTONG	ARE REVIEWED	
THOROUGHLY BY THE DISTRIBUTION CO	MMITTEE AN	D ULTIMATE	ELY APPROVE	D BY THE	
ENTIRE BOARD OF TRUSTEES. COMPETI	TIVE GRANT	RECIPIENT	S ARE REQU	IRED TO FILE	
A FOLLOW-UP REPORT ON THE USE OF	THE FUNDS.	ADDITIONA	ALLY, COMPE	TITIVE GRANT	
RECIPIENTS MAY BE ASKED FOR A SIT	E VISIT OR	TNTERVIEW	V FOLLOWING	COMPLETION	
OF THE GRANT. SITE VISIT IS CONDU	CTED BY DI	STRIBUTION	1 COMMITTEE	MEMBERS.	

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Open to Public Inspection **Employer identification number**

_	GREATER WILL	LAMSBU.	RG COMMUN.	LTY TRUST	54-	1927	558		
Par	rt I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of one noncash contrib			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		10	150 246					
9	Securities - Publicly traded	X	18	152,346.	PER STOCK	EXCH	ANGE	<u> </u>	
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ()								
26	Other ()								
27	Other ()								
<u>28</u> 29	Other () Number of Forms 8283 received by the organize	otion during	the tax year for a	antributions					
29	for which the organization completed Form 828	=	•						
	for which the organization completed Form 626	oo, rait v, L	onee Acknowledg	ement 29			Yes	No	
30a	During the year, did the organization receive by	, contributio	n any property rep	orted in Part I lines 1 throug	h 28 that it		163	140	
ooa	must hold for at least 3 years from the date of								
	exempt purposes for the entire holding period?			·		30a		Х	
h	If "Yes," describe the arrangement in Part II.					Jour			
31							х		
	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash								
JŁU	contributions?							х	
b	If "Yes," describe in Part II.		•••••			32a			
33	If the organization didn't report an amount in co	olumn (c) foi	a type of property	for which column (a) is chec	ked.				
	describe in Part II.				· ·,				
For F	For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2023								

332141 09-11-23

Schedule M (Form 990) 2023

332142 09-11-23

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

GREATER WILLIAMSBURG COMMUNITY TRUST

Employer identification number 54-1927558

FORM 990, ITEM C, 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 VI, SECTION B, LINE 11B:

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

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 CHIEF EXECUTIVE OFFICER.

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page 2						
Name of the organization GREATER WILLIAMSBURG COMMUNITY TRUST	Employer identification number 54-1927558					
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.						
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	IT AND					
SELECTION OF THE INDEPENDENT AUDITORS.						
	_					