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PUBLIC DISCLOSURE COPY
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 2020 EXEMPT
ORGANIZATION RETURN, AS FOLLOWS...

2020 FORM 990

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE
WITH THE FILING INSTRUCTIONS.  THE COPY SHOULD BE RETAINED
FOR YOUR FILES.

PLEASE REVIEW THE RETURN FOR COMPLETENESS AND ACCURACY.

WE HAVE PREPARED THE RETURN FROM INFORMATION YOU FURNISHED US
WITHOUT VERIFICATION. 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.

WE SINCERELY APPRECIATE THE OPPORTUNITY TO SERVE YOU. PLEASE
CONTACT US IF YOU HAVE ANY QUESTIONS CONCERNING THE TAX
RETURN.

SINCERELY,

BROWN, EDWARDS & COMPANY, LLP
# TAX RETURN FILING INSTRUCTIONS

** FORM 990 PUBLIC DISCLOSURE COPY **

## FOR THE YEAR ENDING

**DECEMBER 31, 2020**

| Prepared for | GREATER WILLIAMSBURG COMMUNITY TRUST  
1323 JAMESTOWN ROAD, SUITE 103  
WILLIAMSBURG, VA  23185 |
|--------------|---------------------------------------------------------------------|
| Prepared by  | BROWN, EDWARDS & COMPANY, LLP  
701 TOWN CENTER DRIVE  
NEWPORT NEWS, VA  23606 |
| Amount due or refund | NOT APPLICABLE |
| Make check payable to | NOT APPLICABLE |
| Mail tax return and check (if applicable) to | NOT APPLICABLE |
| Return must be 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. |
** Return of Organization Exempt From Income Tax **

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

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

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

---

### Part I: Summary

1. **Briefly describe the organization’s mission or most significant activities:** SEE SCHEDULE O.

### Activities & Governance

- **List of contributors:**
  - **Contributions and grants (Part VIII, line 1h):**
    - Prior Year: 1,031,239.
    - Current Year: 2,390,227.
  - **Program service revenue (Part VIII, line 2g):**
    - Prior Year: 0.
    - Current Year: 0.
  - **Investment income (Part VIII, column (A), lines 3, 4, and 7d):**
    - Prior Year: 557,072.
    - Current Year: 158,073.
  - **Other revenue (Part VIII, column (A), lines 6d, 8c, 9c, 10c, and 11e):**
    - Prior Year: 1,189,415.
    - Current Year: 1,837,662.
  - **Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10):**
    - Prior Year: 813,442.
    - Current Year: 1,477,731.
  - **Professional fundraising fees (Part IX, column (A), line 11e):**
    - Prior Year: 0.
    - Current Year: 0.
  - **Total fundraising expenses (Part IX, column (D), line 25):**
    - Prior Year: 395,700.
    - Current Year: 719,532.

### Expenses

- **Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25):**
  - Prior Year: 1,189,415.
  - Current Year: 1,837,662.

### Revenue

- **Total revenue. Subtract line 21 from line 20:**
  - Prior Year: 20,550,045.
  - Current Year: 23,748,962.

### Net Assets of Fund Balances

- **Net assets or fund balances. Subtract line 22 from line 20:**
  - Prior Year: 20,534,668.
  - Current Year: 23,711,729.

---

**Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Signature of officer**

**NANCY C. SULLIVAN, CHIEF EXECUTIVE OFFICER**

**Date**

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032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION
Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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? No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? No

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 $1,342,836. including grants of $1,303,392. (Revenue $)

DISTRIBUTED GRANTS TO NONPROFIT ORGANIZATIONS PRIMARILY IN THE GREATER WILLIAMSBURG AREA. COMPETITIVE GRANTS WERE AWARDED IN THE FOLLOWING FOCUS AREAS: ARTS & CULTURE, CHILDREN & YOUNG ADULTS, ENVIRONMENT & CONSERVATION, HEALTH & COMMUNITY WELLNESS, AND SENIOR SERVICES. ADDITIONAL GRANTS WERE AWARDED FOR EDUCATION, HISTORIC PRESERVATION, HUMAN SERVICES, TRANSPORTATION, AMATEUR SPORTS, OVARIAN CANCER AND OTHER COMMUNITY NEEDS AT THE REQUEST OF DONORS.

4b (Code: ) Expenses $174,339. including grants of $174,339. (Revenue $)

PROVIDED SCHOLARSHIPS FOR 124 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 $ include grants of $ (Revenue $)

4d Other program services (Describe on Schedule O.)

(Expenses $ include grants of $ (Revenue $)

4e Total program service expenses $1,517,175.
<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Is the organization required to complete Schedule B, Schedule of Contributors?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>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?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Did the organization maintain any 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?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures?</td>
<td>X</td>
<td></td>
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<tr>
<td>8</td>
<td>Did the organization maintain collections of works of art, historical treasures, or other similar assets?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>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?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments?</td>
<td>X</td>
<td></td>
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<tr>
<td>11</td>
<td>If the organization's answer to any of the following questions is &quot;Yes,&quot; then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11a</td>
<td>Did the organization report an amount for land, buildings, and equipment in Part X, line 10?</td>
<td>X</td>
<td></td>
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<tr>
<td>11b</td>
<td>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?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>11c</td>
<td>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?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>11d</td>
<td>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?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>11e</td>
<td>Did the organization report an amount for other liabilities in Part X, line 25?</td>
<td>X</td>
<td></td>
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<tr>
<td>11f</td>
<td>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)?</td>
<td>X</td>
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<tr>
<td>12a</td>
<td>Did the organization obtain separate, independent audited financial statements for the tax year?</td>
<td>X</td>
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<tr>
<td>12b</td>
<td>Was the organization included in consolidated, independent audited financial statements for the tax year?</td>
<td>X</td>
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<tr>
<td>13</td>
<td>Is the organization a school described in section 170(b)(1)(A)(ii)?</td>
<td>X</td>
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<tr>
<td>14a</td>
<td>Did the organization maintain an office, employees, or agents outside of the United States?</td>
<td>X</td>
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<tr>
<td>14b</td>
<td>Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more?</td>
<td>X</td>
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<tr>
<td>15</td>
<td>Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization?</td>
<td>X</td>
<td></td>
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<tr>
<td>16</td>
<td>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?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>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?</td>
<td>X</td>
<td></td>
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<tr>
<td>18</td>
<td>Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a?</td>
<td>X</td>
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<tr>
<td>19</td>
<td>Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a?</td>
<td>X</td>
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<tr>
<td>20a</td>
<td>Did the organization operate one or more hospital facilities?</td>
<td>X</td>
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<td>20b</td>
<td>If &quot;Yes,&quot; did the organization report an amount for other liabilities in Part X, line 25?</td>
<td>X</td>
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<tr>
<td>21</td>
<td>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?</td>
<td>X</td>
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### Part V  Statements Regarding Other IRS Filings and Tax Compliance

#### Part V Checklist of Required Schedules

<table>
<thead>
<tr>
<th>Schedule</th>
<th>Yes</th>
<th>No</th>
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<td>A</td>
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**Note:** All Form 990 filers are required to complete Schedule O

#### Part V Statements Regarding Other IRS Filings and Tax Compliance

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

<table>
<thead>
<tr>
<th>Line</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>1a</td>
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<td>1b</td>
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<td>1c</td>
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032004 12-23-20

13330629 700842 1659326.500 2020.04000 GREATER WILLIAMSBURG COMMUN 16593262
Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a. Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 

   2b. If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 

   Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 

3a. Did the organization have unrelated business gross income of $1,000 or more during the year? 

   3b. 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 authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 

   4b. If "Yes," enter the name of the foreign country. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 

5a. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 

   5b. Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 

   Note: See the instructions for additional information the organization must report on Schedule O. 

6a. Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 

   6b. If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 

7. Organizations that may receive deductible contributions under section 170(c). 

   a. Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor? 

   b. If "Yes," did the organization notify the donor of the value of the goods or services provided? 

   c. Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 

   d. If "Yes," indicate the number of Forms 8282 filed during the year. 

   e. Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 

   f. Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 

   g. If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 

   h. If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 

8. Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 

9. Sponsoring organizations maintaining donor advised funds. 

   a. Did the sponsoring organization make any taxable distributions under section 4966? 

   b. Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 

10. Section 501(c)(7) organizations. 

   a. Initiation fees and capital contributions included on Part VIII, line 12. 

   b. Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 

11. Section 501(c)(12) organizations. 

   a. Gross income from members or shareholders 

   b. Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 

12a. Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 

   b. If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 

13. Section 501(c)(29) qualified nonprofit health insurance issuers. 

   a. Is the organization licensed to issue qualified health plans in more than one state? 

   Note: See the instructions for additional information the organization must report on Schedule O. 

   b. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. 

   c. Enter the amount of reserves on hand. 

14a. Did the organization receive any payments for indoor tanning services during the tax year? 

   b. If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 

15. Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? 

   If "Yes," see instructions and file Form 4720, Schedule N. 

   16. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 

   If "Yes," complete Form 4720, Schedule O.
Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year ........................................ 1a 24 Yes No
   If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.

1b Enter the number of voting members included on line 1a, above, who are independent ........................................ 1b 24

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .......................................................... 2 X

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .......................... 3 X

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? ............... 4 X

5 Did the organization become aware during the year of a significant diversion of the organization’s assets? .................... 5 X

6 Did the organization have members or stockholders? .......... 6 X

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .................. 7a X

7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 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:
   a The governing body? .................................................. 8a X
   b Each committee with authority to act on behalf of the governing body? .......................... 8b X

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization’s mailing address? If “Yes,” provide the names and addresses on Schedule O .......................... 9 X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

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 X

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? ........ 11a X
   b Describe in Schedule O the process, if any, used by the organization to review this Form 990. .................................. 11b X

12a Did the organization have a written conflict of interest policy? If “No,” go to line 13 .......................... 12a X
   b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .......................... 12b X
   c Did the organization regularly and consistently monitor and enforce compliance with the policy? If “Yes,” describe in Schedule O how this was done .......................... 12c X

13 Did the organization have a written whistleblower policy? .................. 13 X

14 Did the organization have a written document retention and destruction policy? .................. 14 X

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? .................. 15a X
   a The organization’s CEO, Executive Director, or top management official .......................... 15b X
   b Other officers or key employees of the organization .................................. 15c X
      If “Yes” to line 15a or 15b, describe the process in Schedule O (see instructions). .......................... 15d X

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 exempt status with respect to such arrangements? .................. 16b X

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 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
   X Own website  □ Another’s website  X Upon request  □ Other (explain on Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization’s books and records ..........................
   ORGANIZATION’S OFFICERS - 757-259-1660
   1323 JAMESTOWN ROAD, NO. 103, WILLIAMSBURG, VA 23185
## Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization’s tax year.

- List all of the organization’s **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter 0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization’s **current** key employees, if any. See instructions for definition of “key employee.”

- List all of the organization’s **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.

- List all of the organization’s **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.

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

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

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week (list any hours for related organizations below line)</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) NANCY COTE SULLIVAN CHIEF EXECUTIVE OFFICER</td>
<td>40.00 X</td>
<td>90,766.</td>
<td>0.</td>
<td>7,100.</td>
<td>0.</td>
</tr>
<tr>
<td>(2) RONALD LODZIESKI TRUSTEE</td>
<td>1.00 X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(3) JOHN FOGARTY TRUSTEE</td>
<td>1.00 X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(4) MICHELE M. ORABONA TREASURER</td>
<td>1.00 X X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(5) MARGARET PRITCHARD TRUSTEE</td>
<td>1.00 X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(6) KENDALL KERBY CHAIR</td>
<td>1.00 X X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(7) CORINNE GARLAND TRUSTEE</td>
<td>1.00 X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(8) LINDA CAVINESS TRUSTEE</td>
<td>1.00 X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(9) LAURA GEDDY TRUSTEE</td>
<td>1.00 X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(10) KATHY KAMMER TRUSTEE</td>
<td>1.00 X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(11) ALISON LENNARZ TRUSTEE</td>
<td>1.00 X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(12) LISA LUCAS TRUSTEE</td>
<td>1.00 X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(13) RICK NAHM TRUSTEE</td>
<td>1.00 X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(14) WILMA REGISTER SHARP TRUSTEE</td>
<td>1.00 X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(15) KATHLEEN F SLEVIN TRUSTEE</td>
<td>1.00 X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(16) CHRISTINE WILLIAMSON TRUSTEE</td>
<td>1.00 X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(17) DIXIE WOLF TRUSTEE</td>
<td>1.00 X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
</tbody>
</table>
### Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week</th>
<th>(C) Position</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(18) CARTER SONDERS TRUSTEE</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(19) JACK HALDEMAN SECRETARY</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(20) JOE HARROW TRUSTEE</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(21) LORI CONEN TRUSTEE</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(22) JANE TAYLOR VICE CHAIR</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(23) ANTHONY CONYERS III TRUSTEE</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(24) FRANK SMITH TRUSTEE</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(25) BENNY ZHANG TRUSTEE</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
</tbody>
</table>

**1b Subtotal** ➤ 90,766.0. 0. 7,100.0.

**c Total from continuation sheets to Part VII, Section A** ➤ 0. 0. 0.

**d Total (add lines 1b and 1c)** ➤ 90,766.0. 0. 7,100.0.

### Section B. Independent Contractors

1. Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

<table>
<thead>
<tr>
<th>(A) Name and business address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
</table>

2. Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ➤ 0

---

3. Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual. 3 X

4. For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? If "Yes," complete Schedule J for such individual. 4 X

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

---

032008 12-23-20

13330629 700842 1659326.500 2020.04000 GREATER WILLIAMSBURG COMMUN 16593262
### Part VIII Statement of Revenue

<table>
<thead>
<tr>
<th>Contributions, Gifts, Grants and Other Similar Amounts</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512 - 514</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 a Federated campaigns</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 b Membership dues</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 c Fundraising events</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 d Related organizations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 e Government grants (contributions)</td>
<td>537,000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 f All other contributions, gifts, grants, and similar amounts not included above</td>
<td>1,853,227.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 g Noncash contributions included in lines 1a-1f</td>
<td>562,336.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h Total. Add lines 1a-1f</td>
<td>2,390,227.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Service Revenue</th>
<th>Business Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 a</td>
<td></td>
</tr>
<tr>
<td>2 b</td>
<td></td>
</tr>
<tr>
<td>2 c</td>
<td></td>
</tr>
<tr>
<td>2 d</td>
<td></td>
</tr>
<tr>
<td>2 e</td>
<td></td>
</tr>
<tr>
<td>2 f All other program service revenue</td>
<td></td>
</tr>
<tr>
<td>g Total. Add lines 2a-2f</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Investment income (including dividends, interest, and other similar amounts)</th>
<th>359,609.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income from investment of tax-exempt bond proceeds</td>
<td></td>
</tr>
<tr>
<td>Royalties</td>
<td></td>
</tr>
<tr>
<td>(i) Real</td>
<td></td>
</tr>
<tr>
<td>(ii) Personal</td>
<td></td>
</tr>
<tr>
<td>Gross rents</td>
<td>7,000</td>
</tr>
<tr>
<td>Less: rental expenses</td>
<td>0</td>
</tr>
<tr>
<td>Rental income or (loss)</td>
<td>7,000</td>
</tr>
<tr>
<td>d Net rental income or (loss)</td>
<td>7,000</td>
</tr>
<tr>
<td>7 a Gross amount from sales of assets other than inventory</td>
<td></td>
</tr>
<tr>
<td>(i) Securities</td>
<td></td>
</tr>
<tr>
<td>(ii) Other</td>
<td></td>
</tr>
<tr>
<td>7b Less: cost or other basis and sales expenses</td>
<td></td>
</tr>
<tr>
<td>Gain or (loss)</td>
<td></td>
</tr>
<tr>
<td>d Net gain or (loss)</td>
<td></td>
</tr>
</tbody>
</table>

| Gross income from fundraising events (not including $ of contributions reported on line 1c). See Part IV, line 18 | 2,896. |
| Less: direct expenses                                                      | 1,231. |
| c Net income or (loss) from fundraising events                            | 1,665. |

| Gross income from gaming activities. See Part IV, line 19                  |         |
| Less: direct expenses                                                      |         |
| c Net income or (loss) from gaming activities                             |         |

| Gross sales of inventory, less returns and allowances                     |         |
| Less: cost of goods sold                                                   |         |
| c Net income or (loss) from sales of inventory                            |         |

<table>
<thead>
<tr>
<th>Miscellaneous Revenue</th>
<th>Business Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 a ANIM FEE INCOME</td>
<td>900099</td>
</tr>
<tr>
<td>b</td>
<td>229.</td>
</tr>
<tr>
<td>c</td>
<td>229.</td>
</tr>
<tr>
<td>d All other revenue</td>
<td>229.</td>
</tr>
<tr>
<td>e Total. Add lines 11a-11d</td>
<td>2,557,194.</td>
</tr>
<tr>
<td>f</td>
<td>0.</td>
</tr>
<tr>
<td>g</td>
<td>0.</td>
</tr>
<tr>
<td>h Total. Add revenue. See instructions</td>
<td>166,967.</td>
</tr>
</tbody>
</table>

### Part IX: Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

<table>
<thead>
<tr>
<th>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</th>
<th>Total expenses</th>
<th>Program service expenses</th>
<th>Management and general expenses</th>
<th>Fundraising expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21</td>
<td>1,303,392.</td>
<td>1,303,392.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Grants and other assistance to domestic individuals. See Part IV, line 22</td>
<td>174,339.</td>
<td>174,339.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Benefits paid to or for members</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Compensation of current officers, directors, trustees, and key employees</td>
<td>83,404.</td>
<td>16,681.</td>
<td>64,221.</td>
<td>2,502.</td>
</tr>
<tr>
<td>6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Other salaries and wages</td>
<td>66,333.</td>
<td>13,267.</td>
<td>51,076.</td>
<td>1,990.</td>
</tr>
<tr>
<td>8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)</td>
<td>4,750.</td>
<td>503.</td>
<td>4,172.</td>
<td>75.</td>
</tr>
<tr>
<td>9 Other employee benefits</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Payroll taxes</td>
<td>11,440.</td>
<td>2,288.</td>
<td>8,809.</td>
<td>343.</td>
</tr>
<tr>
<td>11 Fees for services (nonemployees):</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Management</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Legal</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Accounting</td>
<td>25,401.</td>
<td>25,401.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Lobbying</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Professional fundraising services. See Part IV, line 17</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f Investment management fees</td>
<td>93,853.</td>
<td>93,853.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Office expenses</td>
<td>16,396.</td>
<td>1,026.</td>
<td>13,211.</td>
<td>2,159.</td>
</tr>
<tr>
<td>14 Information technology</td>
<td>14,068.</td>
<td>2,500.</td>
<td>11,568.</td>
<td></td>
</tr>
<tr>
<td>15 Royalties</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 Occupancy</td>
<td>10,616.</td>
<td>1,679.</td>
<td>8,685.</td>
<td>252.</td>
</tr>
<tr>
<td>17 Travel</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 Payments of travel or entertainment expenses for any federal, state, or local public officials</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19 Conferences, conventions, and meetings</td>
<td>3,379.</td>
<td>620.</td>
<td>2,759.</td>
<td></td>
</tr>
<tr>
<td>20 Interest</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 Payments to affiliates</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22 Depreciation, depletion, and amortization</td>
<td>8,423.</td>
<td>8,423.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23 Insurance</td>
<td>4,454.</td>
<td>4,454.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a UTILITIES</td>
<td>4,399.</td>
<td>880.</td>
<td>3,387.</td>
<td>132.</td>
</tr>
<tr>
<td>b POSTAGE AND SHIPPING</td>
<td>4,091.</td>
<td>4,091.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c SUPPLIES</td>
<td>3,971.</td>
<td>3,971.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d DUES AND SUBSCRIPTIONS</td>
<td>1,070.</td>
<td>1,070.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e All other expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25 Total functional expenses. Add lines 1 through 24e</td>
<td>1,837,662.</td>
<td>1,517,175.</td>
<td>309,151.</td>
<td>11,336.</td>
</tr>
<tr>
<td>26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Check here ▶ if following SOP 98-2 (ASC 958-720)
## Part X  Balance Sheet

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

|   |   |   |   |   |   |   
|---|---|---|---|---|---|---|
|   | (A) | (B) |   |   |   |   |
| 1 | Cash - non-interest-bearing | 224,657. | 596,645. |   |   |   |
| 2 | Savings and temporary cash investments | 427,504. | 676,712. |   |   |   |
| 3 | Pledges and grants receivable, net | 1,294,958. | 150,989. |   |   |   |
| 4 | Accounts receivable, net |   |   |   |   |   |   |
| 5 | Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons |   |   |   |   |   |   |
| 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) |   |   |   |   |   |   |
| 7 | Notes and loans receivable, net |   |   |   |   |   |   |
| 8 | Inventories for sale or use |   |   |   |   |   |   |
| 9 | Prepaid expenses and deferred charges |   |   |   |   |   |   |
| 10 | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 318,245. | 264,629. |   |   |   |
| 11 | Investments - publicly traded securities | 18,033,299. | 21,612,146. |   |   |   |
| 12 | Investments - other securities. See Part IV, line 11 |   |   |   |   |   |   |
| 13 | Investments - program-related. See Part IV, line 11 |   |   |   |   |   |   |
| 14 | Intangible assets |   |   |   |   |   |   |
| 15 | Other assets. See Part IV, line 11 | 304,998. | 452,104. |   |   |   |
| 16 | Total assets. Add lines 1 through 15 (must equal line 33) | 20,550,045. | 23,748,962. |   |   |   |
| 17 | Accounts payable and accrued expenses |   | 15,377. |   |   |   |
| 18 | Grants payable |   |   |   |   |   |
| 19 | Deferred revenue |   |   |   |   |   |
| 20 | Tax-exempt bond liabilities |   |   |   |   |   |
| 21 | Escrow or custodial account liability. Complete Part IV of Schedule D |   |   |   |   |   |
| 22 | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons |   |   |   |   |   |
| 23 | Secured mortgages and notes payable to unrelated third parties |   |   |   |   |   |
| 24 | Unsecured notes and loans payable to unrelated third parties |   |   |   |   |   |
| 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D |   |   |   |   |   |
| 26 | Total liabilities. Add lines 17 through 25 | 15,377. | 37,233. |   |   |   |

**Net Assets or Fund Balances**

**Organizations that follow FASB ASC 958, check here ▶ X**

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>27</td>
<td>Net assets without donor restrictions</td>
<td>8,114,391.</td>
<td>10,081,584.</td>
</tr>
<tr>
<td>28</td>
<td>Net assets with donor restrictions</td>
<td>12,420,277.</td>
<td>13,630,145.</td>
</tr>
</tbody>
</table>

**Organizations that do not follow FASB ASC 958, check here ▶ □**

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>29</td>
<td>Capital stock or trust principal, or current funds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30</td>
<td>Paid-in or capital surplus, or land, building, or equipment fund</td>
<td></td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>Retained earnings, endowment, accumulated income, or other funds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>32</td>
<td>Total net assets or fund balances</td>
<td>20,534,668.</td>
<td>23,711,729.</td>
</tr>
<tr>
<td>33</td>
<td>Total liabilities and net assets/fund balances</td>
<td>20,550,045.</td>
<td>23,748,962.</td>
</tr>
</tbody>
</table>
### Part XI Reconciliation of Net Assets

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

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Line 1</th>
<th>Line 2</th>
<th>Line 3</th>
<th>Line 4</th>
<th>Line 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue (must equal Part VIII, column (A), line 12)</td>
<td>2,557,194.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Total expenses (must equal Part IX, column (A), line 25)</td>
<td>1,837,662.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Revenue less expenses. Subtract line 2 from line 1</td>
<td>719,532.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))</td>
<td>20,534,668.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Net unrealized gains (losses) on investments</td>
<td>2,457,529.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Donated services and use of facilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Investment expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Prior period adjustments</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Other changes in net assets or fund balances (explain on Schedule O)</td>
<td>0.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))</td>
<td>23,711,729.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Part XII Financial Statements and Reporting

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

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Accounting method used to prepare the Form 990:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Cash ☑ Accrual ☐ Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2a</td>
<td>If the organization changed its method of accounting from a prior year or checked &quot;Other,&quot; explain in Schedule O.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td>Were the organization’s financial statements compiled or reviewed by an independent accountant?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2c</td>
<td>If &quot;Yes,&quot; check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3a</td>
<td>As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Yes ☐ No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3b</td>
<td>If &quot;Yes,&quot; did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(i) Name of supported organization</td>
<td>(ii) EIN</td>
<td>(iii) Type of organization (described on lines 1-10 above (see instructions))</td>
<td>(iv) Is the organization listed in your governing document?</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>---------</td>
<td>-----------------------------------------------------------------------------</td>
<td>-------------------------------------------------</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>No</td>
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<td></td>
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</tr>
</tbody>
</table>

**Total**
### 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.)

#### Section A. Public Support

**Calendar year (or fiscal year beginning in)**

<table>
<thead>
<tr>
<th></th>
<th>(a) 2016</th>
<th>(b) 2017</th>
<th>(c) 2018</th>
<th>(d) 2019</th>
<th>(e) 2020</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Gifts, grants, contributions, and membership fees received. (Do not include any “unusual grants.”)</td>
<td>1,004,290</td>
<td>4,961,615</td>
<td>2,538,862</td>
<td>1,038,103</td>
<td>2,390,227</td>
</tr>
<tr>
<td>2</td>
<td>Tax revenues levied for the organization’s benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td><strong>Total. Add lines 1 through 3</strong></td>
<td>1,004,290</td>
<td>4,961,615</td>
<td>2,538,862</td>
<td>1,038,103</td>
<td>2,390,227</td>
</tr>
<tr>
<td>5</td>
<td>The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td><strong>Public support. Subtract line 5 from line 4.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section B. Total Support

**Calendar year (or fiscal year beginning in)**

<table>
<thead>
<tr>
<th></th>
<th>(a) 2016</th>
<th>(b) 2017</th>
<th>(c) 2018</th>
<th>(d) 2019</th>
<th>(e) 2020</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Amounts from line 4</td>
<td>1,004,290</td>
<td>4,961,615</td>
<td>2,538,862</td>
<td>1,038,103</td>
<td>2,390,227</td>
</tr>
<tr>
<td>8</td>
<td>Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td>156,077</td>
<td>216,089</td>
<td>335,592</td>
<td>558,153</td>
<td>366,609</td>
</tr>
<tr>
<td>9</td>
<td>Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td><strong>Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI).</strong></td>
<td>251</td>
<td>254</td>
<td>229</td>
<td></td>
<td>734</td>
</tr>
<tr>
<td>11</td>
<td><strong>Total support. Add lines 7 through 10</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Gross receipts from related activities, etc. (see instructions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td><strong>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.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th></th>
<th>(a) 2016</th>
<th>(b) 2017</th>
<th>(c) 2018</th>
<th>(d) 2019</th>
<th>(e) 2020</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Public support percentage from 2019 Schedule A, Part II, line 14</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **16a 33 1/3% support test - 2020.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization.

- **b 33 1/3% support test - 2019.** 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 **stop here.** The organization qualifies as a publicly supported organization.

- **17a 10% facts-and-circumstances test - 2020.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.

- **b 10% facts-and-circumstances test - 2019.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-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.
### 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.)

#### Section A. Public Support

**Calendar year (or fiscal year beginning in)** | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total
--- | --- | --- | --- | --- | --- | ---
1. Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | 
2. Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | 
3. Gross receipts from activities that 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 | | | | | | 
7b. Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year | | | | | | 
8. Add lines 7a and 7b | | | | | | 
9. Public support. (Subtract line 7c from line 6) | | | | | | 

#### Section B. Total Support

**Calendar year (or fiscal year beginning in)** | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total
--- | --- | --- | --- | --- | --- | ---
9. Amounts from line 6 | | | | | | 
10a. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | 
10b. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | 
11. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | 
12. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | 
13. Add lines 10a, 10b, 11, and 12 | | | | | | 
14. Total support. (Add lines 9, 10c, 11, and 12) | | | | | | 
15a. 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

16. Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) | | %
17. Public support percentage from 2019 Schedule A, Part III, line 15 | %

#### Section D. Computation of Investment Income Percentage

18. Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) | %
19a. Investment income percentage from 2019 Schedule A, Part III, line 17 | %
19b. Investment income percentage from 2018 Schedule A, Part III, line 17 | %
19c. 33 1/3% support tests - 2020. 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 | | 
19d. 33 1/3% support tests - 2019. 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 | | 
20. Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions | |
**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 508(a)(2)? If "Yes," explain 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 or 990-EZ).

8. Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).

9a. Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.

   b. Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.

   c. Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

10a. Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 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.)
### Part IV Supporting Organizations (continued)

#### Section B. Type I Supporting Organizations

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>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 &quot;No,&quot; 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.</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

#### Section C. Type II Supporting Organizations

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>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 &quot;No,&quot; 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).</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

#### Section D. All Type III Supporting Organizations

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>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?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>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 &quot;No,&quot; explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>3. By reason of the relationship described in 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 &quot;Yes,&quot; describe in Part VI the role the organization’s supported organizations played in this regard.</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

#### Section E. Type III Functionally Integrated Supporting Organizations

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>a. The organization satisfied the Activities Test. Complete line 2 below.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>b. The organization is the parent of each of its supported organizations. Complete line 3 below.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>c. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>2. Activities Test. Answer lines 2a and 2b below.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>a. 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 &quot;Yes,&quot; 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.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>b. Did the activities described in line 2a, above, constitute activities that, but for the organization’s involvement, one or more of the supported organization(s) would have been engaged in? If &quot;Yes,&quot; 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.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>3. Parent of Supported Organizations. Answer lines 3a and 3b below.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>a. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If &quot;Yes&quot; or &quot;No&quot; provide details in Part VI.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>b. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If &quot;Yes,&quot; describe in Part VI the role played by the organization in this regard.</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>
**Part V**

**Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

**Section A - Adjusted Net Income**

<table>
<thead>
<tr>
<th></th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Net short-term capital gain</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Recoveries of prior-year distributions</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Other gross income (see instructions)</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Add lines 1 through 3.</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Depreciation and depletion</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>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)</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Other expenses (see instructions)</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td><strong>Adjusted Net Income</strong> (subtract lines 5, 6, and 7 from line 4)</td>
<td>8</td>
</tr>
</tbody>
</table>

**Section B - Minimum Asset Amount**

<table>
<thead>
<tr>
<th></th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Average monthly value of securities</td>
<td>1a</td>
</tr>
<tr>
<td>b</td>
<td>Average monthly cash balances</td>
<td>1b</td>
</tr>
<tr>
<td>c</td>
<td>Fair market value of other non-exempt-use assets</td>
<td>1c</td>
</tr>
<tr>
<td>d</td>
<td><strong>Total</strong> (add lines 1a, 1b, and 1c)</td>
<td>1d</td>
</tr>
<tr>
<td>e</td>
<td><strong>Discount</strong> claimed for blockage or other factors (explain in detail in Part VI):</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Acquisition indebtedness applicable to non-exempt-use assets</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2 from line 1d.</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Net value of non-exempt-use assets (subtract line 4 from line 3)</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Multiply line 5 by 0.035.</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Recoveries of prior-year distributions</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td><strong>Minimum Asset Amount</strong> (add line 7 to line 6)</td>
<td>8</td>
</tr>
</tbody>
</table>

**Section C - Distributable Amount**

<table>
<thead>
<tr>
<th></th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Adjusted net income for prior year (from Section A, line 8, column A)</td>
</tr>
<tr>
<td>2</td>
<td>Enter 0.85 of line 1.</td>
</tr>
<tr>
<td>3</td>
<td>Minimum asset amount for prior year (from Section B, line 8, column A)</td>
</tr>
<tr>
<td>4</td>
<td>Enter greater of line 2 or line 3.</td>
</tr>
<tr>
<td>5</td>
<td>Income tax imposed in prior year</td>
</tr>
<tr>
<td>6</td>
<td><strong>Distributable Amount</strong>. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).</td>
</tr>
</tbody>
</table>

**Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).**
### Part V: Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

#### Section D - Distributions

<table>
<thead>
<tr>
<th>Section</th>
<th>Amounts paid to supported organizations to accomplish exempt purposes</th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td><strong>1</strong></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity</td>
<td><strong>2</strong></td>
</tr>
<tr>
<td>3</td>
<td>Administrative expenses paid to accomplish exempt purposes of supported organizations</td>
<td><strong>3</strong></td>
</tr>
<tr>
<td>4</td>
<td>Amounts paid to acquire exempt-use assets</td>
<td><strong>4</strong></td>
</tr>
<tr>
<td>5</td>
<td>Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)</td>
<td><strong>5</strong></td>
</tr>
<tr>
<td>6</td>
<td>Other distributions (describe in Part VI). See instructions.</td>
<td><strong>6</strong></td>
</tr>
<tr>
<td>7</td>
<td>Total annual distributions. Add lines 1 through 6.</td>
<td><strong>7</strong></td>
</tr>
<tr>
<td>8</td>
<td>Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.</td>
<td><strong>8</strong></td>
</tr>
<tr>
<td>9</td>
<td>Distributable amount for 2020 from Section C, line 6</td>
<td><strong>9</strong></td>
</tr>
<tr>
<td>10</td>
<td>Line 8 amount divided by line 9 amount</td>
<td><strong>10</strong></td>
</tr>
</tbody>
</table>

#### Section E - Distribution Allocations (see instructions)

<table>
<thead>
<tr>
<th>Section</th>
<th>(i) Excess Distributions</th>
<th>(ii) Underdistributions Pre-2020</th>
<th>(iii) Distributable Amount for 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Distributable amount for 2020 from Section C, line 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Excess distributions carryover, if any, to 2020</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>From 2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>From 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>From 2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>From 2018</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>From 2019</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Total of lines 3a through 3e</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h</td>
<td>Applied to 2020 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i</td>
<td>Carryover from 2015 not applied (see instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j</td>
<td>Remainder. Subtract lines 3g, 3h, and 3i from line 3f.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Distributions for 2020 from Section D, line 7:</td>
<td><strong>$</strong></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Applied to 2020 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Remainder. Subtract lines 4a and 4b from line 4.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Excess distributions carryover to 2021. Add lines 3j and 4c.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Excess from 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Excess from 2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Excess from 2018</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Excess from 2019</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Excess from 2020</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
PART VI, Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART II, SECTION A, LINE 1E

** PUBLIC DISCLOSURE COPY **

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Name of the organization
GREATER WILLIAMSBURG COMMUNITY TRUST

Employer identification number
54-1927558

Organization type (check one):

Filers of: Section:
Form 990 or 990-EZ

501(c)( ) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor’s total contributions.

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) $5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering “N/A” in column (b) instead of the contributor name and address), II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don’t complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling $5,000 or more during the year

Caution: An organization that isn’t covered by the General Rule and/or the Special Rules doesn’t file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer “No” on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn’t meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)
### Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>$152,049.</td>
<td>Person X Payroll X Noncash (Complete Part II for noncash contributions.)</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>$100,000.</td>
<td>Person X Payroll X Noncash (Complete Part II for noncash contributions.)</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>$503,333.</td>
<td>Person X Payroll X Noncash (Complete Part II for noncash contributions.)</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>$57,929.</td>
<td>Person X Payroll X Noncash (Complete Part II for noncash contributions.)</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td>$509,916.</td>
<td>Person X Payroll X Noncash (Complete Part II for noncash contributions.)</td>
</tr>
<tr>
<td>6</td>
<td></td>
<td>$100,000.</td>
<td>Person X Payroll X Noncash (Complete Part II for noncash contributions.)</td>
</tr>
</tbody>
</table>
## Part II  Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

<table>
<thead>
<tr>
<th>No. from Part I</th>
<th>Description of noncash property given</th>
<th>FMV (or estimate)</th>
<th>Date received</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>STOCK - 312 SHRS MKC</td>
<td>$ 50,142</td>
<td>02/24/20</td>
</tr>
<tr>
<td>5</td>
<td>STOCK - SHARES OF MULTIPLE STOCKS</td>
<td>$ 409,916</td>
<td>12/07/20</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
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<tr>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(e) Transfer of gift

<table>
<thead>
<tr>
<th>Transferee's name, address, and ZIP + 4</th>
<th>Relationship of transferor to transferee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(a) No. from Part I

<table>
<thead>
<tr>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(e) Transfer of gift

<table>
<thead>
<tr>
<th>Transferee's name, address, and ZIP + 4</th>
<th>Relationship of transferor to transferee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(a) No. from Part I

<table>
<thead>
<tr>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(e) Transfer of gift

<table>
<thead>
<tr>
<th>Transferee's name, address, and ZIP + 4</th>
<th>Relationship of transferor to transferee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(a) No. from Part I

<table>
<thead>
<tr>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(e) Transfer of gift

<table>
<thead>
<tr>
<th>Transferee's name, address, and ZIP + 4</th>
<th>Relationship of transferor to transferee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
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<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(a) No. from Part I

<table>
<thead>
<tr>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(e) Transfer of gift

<table>
<thead>
<tr>
<th>Transferee's name, address, and ZIP + 4</th>
<th>Relationship of transferor to transferee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
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<tr>
<td></td>
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<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**SCHEDULE D**

**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, 11g, 11h, 11i, 11j, or 12b.

Attach to Form 990.

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

| Name of the organization | GREATER WILLIAMSBURG COMMUNITY TRUST | Employer identification number | 54-1927558 |

**Part I  Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

| 1 | Total number at end of year | (a) Donor advised funds | 41 |
| 2 | Aggregate value of contributions to (during year) | (b) Funds and other accounts | 797,247 |
| 3 | Aggregate value of grants from (during year) | | 289,311 |
| 4 | Aggregate value at end of year | | 4,782,382 |

**Part II  Conservation Easements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply). 
- Preservation of land for public use (for example, recreation or education) 
- Preservation of a historically important land area 
- Protection of natural habitat 
- Preservation of a certified historic structure 
- Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

| Held at the End of the Tax Year |
| 2a | Total number of conservation easements | 2 |
| 2b | Total acreage restricted by conservation easements | 58 |
| 2c | Number of conservation easements on a certified historic structure included in (a) | 1 |
| 2d | Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register | 2 |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year.

4 Number of states where property subject to conservation easement is located.

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year.

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year.

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization’s accounting for conservation easements.

**Part III  Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X
Schedule D (Form 990) 2020

GREATER WILLIAMSBURG COMMUNITY TRUST 54-1927558 Page 2

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- Public exhibition
- Scholarly research
- Preservation for future generations
- Loan or exchange program
- Other

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 maintained as part of the organization's collection?  

Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  

Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1c</td>
</tr>
<tr>
<td>1d</td>
</tr>
<tr>
<td>1e</td>
</tr>
<tr>
<td>1f</td>
</tr>
</tbody>
</table>

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  

Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

1a Beginning of year balance ............... 18,320,285. 16,785,815. 8,573,963. 4,501,283. 3,853,887.

b Contributions 996,165. 371,627. 8,860,570. 3,732,890. 197,606.


d Grants or scholarships 468,123. 217,477. 198,103. 343,149. 126,955.

e Other expenditures for facilities and programs

f Administrative expenses 118,924. 111,890. 62,333. 25,295. 17,229.

g End of year balance 21,163,250. 18,320,285. 16,785,815. 8,573,963. 4,501,283.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment 35.6000 %

b Permanent endowment 8.9400 %

c Term endowment 55.4600 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations

(ii) Related organizations  

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  

3a(ii) X 3b

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

<table>
<thead>
<tr>
<th>Description of property</th>
<th>(a) Cost or other basis (investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Accumulated depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Land</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Buildings</td>
<td></td>
<td>300,000.</td>
<td>47,436.</td>
<td>252,564.</td>
</tr>
<tr>
<td>c Leasehold improvements</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Equipment</td>
<td></td>
<td>18,245.</td>
<td>10,443.</td>
<td>7,802.</td>
</tr>
<tr>
<td>e Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 260,366.

Schedule D (Form 990) 2020

13330629 700842 1659326.500 2020.04000 GREATER WILLIAMSBURG COMMUN 16593262

26
### Part VII Investments - Other Securities.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

<table>
<thead>
<tr>
<th>(a) Description of security or category (including name of security)</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Financial derivatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Closely held equity interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Other</td>
<td>(A)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(B)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(C)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(D)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(E)</td>
<td></td>
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<td>(F)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(G)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(H)</td>
<td></td>
</tr>
</tbody>
</table>

**Total:** (Col. (b) must equal Form 990, Part X, col. (B) line 12.)

### Part VIII Investments - Program Related.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

<table>
<thead>
<tr>
<th>(a) Description of investment</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
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<tr>
<td>(4)</td>
<td></td>
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<tr>
<td>(5)</td>
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<td>(6)</td>
<td></td>
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<tr>
<td>(7)</td>
<td></td>
<td></td>
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<tr>
<td>(8)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total:** (Col. (b) must equal Form 990, Part X, col. (B) line 13.)

### Part IX Other Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

<table>
<thead>
<tr>
<th>(a) Description</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
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<tr>
<td>(4)</td>
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<td>(7)</td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
</tbody>
</table>

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

### Part X Other Liabilities.
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)                       |
   | (3)                       |
   | (4)                       |
   | (5)                       |
   | (6)                       |
   | (7)                       |
   | (8)                       |
   | (9)                       |

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

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

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GREATER WILLIAMSBURG COMMUNITY TRUST 54-1927558
Page 3

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13330629 700842 1659326.500 2020.04000 GREATER WILLIAMSBURG COMMUN 16593262
### Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue, gains, and other support per audited financial statements</td>
<td>4,920,870</td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part VIII, line 12:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Net unrealized gains (losses) on investments</td>
<td>2,457,529</td>
</tr>
<tr>
<td></td>
<td>b Donated services and use of facilities</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c Recoveries of prior year grants</td>
<td></td>
</tr>
<tr>
<td></td>
<td>d Other (Describe in Part XIII.)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>e Add lines 2a through 2d</td>
<td>2,457,529</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td>2,463,341</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part VIII, line 12, but not on line 1:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td>93,853</td>
</tr>
<tr>
<td></td>
<td>b Other (Describe in Part XIII.)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c Add lines 4a and 4b</td>
<td>93,853</td>
</tr>
<tr>
<td>5</td>
<td>Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)</td>
<td>2,557,194</td>
</tr>
</tbody>
</table>

### Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total expenses and losses per audited financial statements</td>
<td>1,743,809</td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part IX, line 25:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Donated services and use of facilities</td>
<td>2a</td>
</tr>
<tr>
<td></td>
<td>b Prior year adjustments</td>
<td>2b</td>
</tr>
<tr>
<td></td>
<td>c Other losses</td>
<td>2c</td>
</tr>
<tr>
<td></td>
<td>d Other (Describe in Part XIII.)</td>
<td>2d</td>
</tr>
<tr>
<td></td>
<td>e Add lines 2a through 2d</td>
<td>2e</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td>1,743,809</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part IX, line 25, but not on line 1:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td>93,853</td>
</tr>
<tr>
<td></td>
<td>b Other (Describe in Part XIII.)</td>
<td>4b</td>
</tr>
<tr>
<td></td>
<td>c Add lines 4a and 4b</td>
<td>4c</td>
</tr>
<tr>
<td>5</td>
<td>Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)</td>
<td>1,837,662</td>
</tr>
</tbody>
</table>

### Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART V, LINE 4:**

**THE ENDOWMENT IS A PERPETUAL FUND WHOSE PURPOSE IS TO PROVIDE FUNDING FOR THE TRUST'S PROGRAM OBJECTIVES AND TO SUSTAIN THE TRUST'S OPERATIONS.**
## Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

### Part I General Information on Grants and Assistance

<table>
<thead>
<tr>
<th>1</th>
<th>Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

### Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments

#### (f) Method of valuation (book, FMV, appraisal, other)

#### (g) Description of noncash assistance

#### (h) Purpose of grant or assistance

<table>
<thead>
<tr>
<th>Name and address of organization or government</th>
<th>EIN</th>
<th>IRC section (if applicable)</th>
<th>Amount of cash grant</th>
<th>Amount of non-cash assistance</th>
<th>Method of valuation</th>
<th>Description of noncash assistance</th>
<th>Purpose of grant or assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>AVALON: A CENTER FOR WOMEN AND CHILDREN - P.O. BOX 6805 - WILLIAMSBURG, VA 23188</td>
<td>52-1208945</td>
<td>501(C)(3)</td>
<td>15,000</td>
<td>0</td>
<td></td>
<td></td>
<td>GENERAL SUPPORT</td>
</tr>
<tr>
<td>BACON STREET YOUTH AND FAMILY SERVICES - 247 MCCLAWS CIRCLE, SUITE 100 - WILLIAMSBURG, VA 23185</td>
<td>54-0891035</td>
<td>501(C)(3)</td>
<td>5,000</td>
<td>0</td>
<td></td>
<td></td>
<td>GENERAL SUPPORT</td>
</tr>
<tr>
<td>BOYS' HOME OF VIRGINIA 414 BOYS' HOME RD COVINGTON, VA 24426</td>
<td>54-0506330</td>
<td>501(C)(3)</td>
<td>38,450</td>
<td>0</td>
<td></td>
<td></td>
<td>GENERAL SUPPORT</td>
</tr>
<tr>
<td>CAMP KASEM NATIONAL 10586 W. PICO BLVD, #196 LOS ANGELES, CA 90064</td>
<td>51-0454157</td>
<td>501(C)(3)</td>
<td>6,000</td>
<td>0</td>
<td></td>
<td></td>
<td>GENERAL SUPPORT</td>
</tr>
<tr>
<td>CENTER FOR CHILD AND FAMILY SERVICES - 348 MCCLAWS CIRCLE - WILLIAMSBURG, VA 23185</td>
<td>04-2104754</td>
<td>501(C)(3)</td>
<td>5,000</td>
<td>0</td>
<td></td>
<td></td>
<td>GENERAL SUPPORT</td>
</tr>
<tr>
<td>COLLEGE OF WILLIAM AND MARY FOUNDATION - P.O. BOX 1693 - WILLIAMSBURG, VA 23187</td>
<td>54-0734117</td>
<td>501(C)(3)</td>
<td>5,000</td>
<td>0</td>
<td></td>
<td></td>
<td>GENERAL SUPPORT</td>
</tr>
</tbody>
</table>

2. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3. Enter total number of other organizations listed in the line 1 table

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.
<table>
<thead>
<tr>
<th>(a) Name and address of organization or government</th>
<th>(b) EIN</th>
<th>(c) IRC section if applicable</th>
<th>(d) Amount of cash grant</th>
<th>(e) Amount of non-cash assistance</th>
<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
<th>(g) Description of non-cash assistance</th>
<th>(h) Purpose of grant or assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>COLONIAL WILLIAMSBURG FOUNDATION P.O. BOX 1776 WILLIAMSBURG, VA 23187</td>
<td>54-0505888</td>
<td>501(C)(3)</td>
<td>10,000.</td>
<td>0.</td>
<td></td>
<td></td>
<td>GENERAL SUPPORT</td>
</tr>
<tr>
<td>COMMUNITY OF FAITH MISSION, INC P.O. BOX 6357 WILLIAMSBURG, VA 23188</td>
<td>90-0967936</td>
<td>501(C)(3)</td>
<td>10,000.</td>
<td>0.</td>
<td></td>
<td></td>
<td>GENERAL SUPPORT</td>
</tr>
<tr>
<td>DREAM CATCHERS THERAPEUTIC RIDING CENTER - P.O. BOX 1261 - WILLIAMSBURG, VA 23187</td>
<td>54-1692709</td>
<td>501(C)(3)</td>
<td>6,000.</td>
<td>0.</td>
<td></td>
<td></td>
<td>GENERAL SUPPORT</td>
</tr>
<tr>
<td>FISH 312 WALLER MILL RD, SUITE 800 WILLIAMSBURG, VA 23185</td>
<td>53-0201504</td>
<td>501(C)(3)</td>
<td>5,000.</td>
<td>0.</td>
<td></td>
<td></td>
<td>GENERAL SUPPORT</td>
</tr>
<tr>
<td>FRIENDS OF WILLIAMSBURG REGINIONAL LIBRARY FOUNDATION - 7770 CROAKER RD - WILLIAMSBURG, VA 23188</td>
<td>54-1639135</td>
<td>501(C)(3)</td>
<td>6,000.</td>
<td>0.</td>
<td></td>
<td></td>
<td>GENERAL SUPPORT</td>
</tr>
<tr>
<td>GWENDOLYN'S WISH, INC. P.O. BOX 6776 WILLIAMSBURG, VA 23188</td>
<td>47-2214689</td>
<td>501(C)(3)</td>
<td>51,267.</td>
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<td>HOSPICE HOUSE AND SUPPORT CARE OF WILLIAMSBURG - 4445 POWHATAN PARKWAY - WILLIAMSBURG, VA 23188</td>
<td>52-1289657</td>
<td>501(C)(3)</td>
<td>35,633.</td>
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<td>HOUSING PARTNERSHIPS, INC. P.O. BOX 441 WILLIAMSBURG, VA 23187</td>
<td>59-2704597</td>
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<tr>
<td>JACKSON-FIELD BEHAVIORAL HEALTH SERVICES - 546 WALNUT GROVE DRIVE - JARRATT, VA 23867-8611</td>
<td>54-0505920</td>
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<td>12,817.</td>
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<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
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<td>PENINSULA AGENCY ON AGING, INC. 739 THIMBLE SHOALS BOULEVARD SUITE NEWPORT NEWS, VA 23606</td>
<td>51-0151069</td>
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<td>54-0930168</td>
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<td>54-0642331</td>
<td>501(C)(3)</td>
<td>$29,066.00</td>
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<td>58-0660607</td>
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<td>VIRGINIA 30 DAY FUND INC 7117 BURTONWOOD DRIVE ALEXANDRIA, VA 23207</td>
<td>85-0602776</td>
<td>501(C)(3)</td>
<td>$566,000.00</td>
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<td>VIRGINIA PENINSULA FOODBANK 2401 ALUMINUM AVENUE HAMPTON, VA 23661</td>
<td>54-1422298</td>
<td>501(C)(3)</td>
<td>$5,000.00</td>
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<td>WALSINGHAM ACADEMY P.O BOX 8702 WILLIAMSBURG, VA 23187</td>
<td>54-0592702</td>
<td>501(C)(3)</td>
<td>$58,133.00</td>
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<td>31-1812124</td>
<td>501(C)(3)</td>
<td>$20,000.00</td>
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<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
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<td>GREATER WILLIAMSBURG COMMUNITY TRUST</td>
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<td>WILLIAMSBURG BOAT CLUB</td>
<td>47-3624521</td>
<td>501(C)(3)</td>
<td>5,000.00</td>
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<td>WILLIAMSBURG JAMES CITY COUNTY PUBLIC SCHOOLS -</td>
<td>47-2579468</td>
<td>501(C)(3)</td>
<td>5,000.00</td>
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<td>CHILD DEVELOPMENT RESOURCES</td>
<td>54-0791991</td>
<td>501(C)(3)</td>
<td>16,000.00</td>
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<td>PO BOX 280</td>
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<td>NORGE, VA 23127</td>
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<td>GROVE CHRISTIAN OUTREACH CENTER</td>
<td>27-0077733</td>
<td>501(C)(3)</td>
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<td>8800 POCAHONTAS TRAIL</td>
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<td>54-1054921</td>
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<td>10,000.00</td>
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<td>150-D STRAWBERRY PLAINS ROAD</td>
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<td>WILLIAMSBURG, VA 23188</td>
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<td>117 IRONBOUND ROAD</td>
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<td>COLONIAL CASA</td>
<td>54-1751706</td>
<td>501(C)(3)</td>
<td>5,000.00</td>
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<td>3917 MIDLANDS ROAD, SUITE 2A</td>
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<td>WILLIAMSBURG, VA 23188</td>
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<tr>
<td>LITERACY FOR LIFE</td>
<td>54-1085026</td>
<td>501(C)(3)</td>
<td>5,000.00</td>
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<td>GENERAL SUPPORT</td>
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<tr>
<td>P.O. BOX 8795</td>
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<td>WILLIAMSBURG, VA 23187</td>
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<tr>
<td>WILLIAMSBURG AREA MEALS ON WHEELS</td>
<td>54-0952118</td>
<td>501(C)(3)</td>
<td>20,000.00</td>
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<td>GENERAL SUPPORT</td>
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<tr>
<td>1769 JAMESTOWN RD., SUITE 2C</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
</tr>
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<td>WILLIAMSBURG HOUSE OF MERCY, INC.</td>
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<td>30,000</td>
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<td>GENERAL SUPPORT</td>
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<tr>
<td>10 Harrison Avenue</td>
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</tr>
<tr>
<td>WILLIAMSBURG, VA 23185</td>
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</tr>
</tbody>
</table>
**Part III** Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

<table>
<thead>
<tr>
<th>(a) Type of grant or assistance</th>
<th>(b) Number of recipients</th>
<th>(c) Amount of cash grant</th>
<th>(d) Amount of non-cash assistance</th>
<th>(e) Method of valuation (book, FMV, appraisal, other)</th>
<th>(f) Description of noncash assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>COLLEGE SCHOLARSHIPS</td>
<td>124</td>
<td>174,339.</td>
<td>0,</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

**PART I, LINE 2:**

COMPETITIVE GRANT APPLICATIONS ARE SUBMITTED STATING THE ORGANIZATION'S NEED AND INTENDED USE OF GRANT FUNDS. THESE GRANT APPLICATIONS ARE REVIEWED THOROUGHLY BY THE DISTRIBUTION COMMITTEE AND ULTIMATELY APPROVED BY THE ENTIRE BOARD OF TRUSTEES. COMPETITIVE GRANT RECIPIENTS ARE REQUIRED TO FILE A FOLLOW-UP REPORT ON THE USE OF THE FUNDS. ADDITIONALLY, COMPETITIVE GRANT RECIPIENTS MAY BE ASKED FOR A SITE VISIT OR INTERVIEW FOLLOWING COMPLETION OF THE GRANT. SITE VISIT IS CONDUCTED BY DISTRIBUTION COMMITTEE MEMBERS.
**Part I** Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

<table>
<thead>
<tr>
<th></th>
<th>Name of disqualified person</th>
<th>Relationship between disqualified person and organization</th>
<th>Description of transaction</th>
<th>Corrected?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
<td>Yes</td>
</tr>
<tr>
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<td>No</td>
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</tr>
</tbody>
</table>

2  Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958  $  

3  Enter the amount of tax, if any, on line 2, above, reimbursed by the organization  $  

**Part II** Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

<table>
<thead>
<tr>
<th></th>
<th>Name of interested person</th>
<th>Relationship with organization</th>
<th>Purpose of loan</th>
<th>Loan to or from the organization?</th>
<th>Original principal amount</th>
<th>Balance due</th>
<th>In default?</th>
<th>Approved by board or committee?</th>
<th>Written agreement?</th>
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<tbody>
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</tbody>
</table>

Total  $  

**Part III** Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

<table>
<thead>
<tr>
<th></th>
<th>Name of interested person</th>
<th>Relationship between interested person and the organization</th>
<th>Amount of assistance</th>
<th>Type of assistance</th>
<th>Purpose of assistance</th>
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<tbody>
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</tbody>
</table>
**Part IV** Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

<table>
<thead>
<tr>
<th>(a) Name of interested person</th>
<th>(b) Relationship between interested person and the organization</th>
<th>(c) Amount of transaction</th>
<th>(d) Description of transaction</th>
<th>(e) Sharing of organization's revenues?</th>
</tr>
</thead>
<tbody>
<tr>
<td>MARGARET PRITCHARD</td>
<td>BOARD SECRETARY</td>
<td>7,000</td>
<td>THE FATHER</td>
<td>X</td>
</tr>
</tbody>
</table>

---

**Part V** Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

**SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:**

(A) NAME OF PERSON: MARGARET PRITCHARD

(D) DESCRIPTION OF TRANSACTION: THE FATHER OF MARGARET PRITCHARD DONATED OFFICE SPACE VALUED AT $300,000 TO THE FOUNDATION IN 2015. IN ACCORDANCE WITH A SEPARATE LEASE AGREEMENT, THE FOUNDATION LEASES A PORTION OF THE DONATED OFFICE SPACE BACK TO THE RELATED PARTY. THE LEASE AGREEMENT CALLS FOR MONTHLY PAYMENTS OF $1,000 TO THE FOUNDATION AND ENDED IN SEPTEMBER 2020. RELATED PARTY RENTAL INCOME FOR THE FOUNDATION WAS $7,000 FOR THE SHORT-FISCAL YEAR ENDED DECEMBER 31, 2020.
<table>
<thead>
<tr>
<th>Part I</th>
<th>Types of Property</th>
<th>(a) Check if applicable</th>
<th>(b) Number of contributions or items contributed</th>
<th>(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g</th>
<th>(d) Method of determining noncash contribution amounts</th>
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<tbody>
<tr>
<td>1</td>
<td>Art - Works of art</td>
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<tr>
<td>2</td>
<td>Art - Historical treasures</td>
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<tr>
<td>3</td>
<td>Art - Fractional interests</td>
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<td>4</td>
<td>Books and publications</td>
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<td>5</td>
<td>Clothing and household goods</td>
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<td>6</td>
<td>Cars and other vehicles</td>
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<td>7</td>
<td>Boats and planes</td>
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<td>8</td>
<td>Intellectual property</td>
<td></td>
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<tr>
<td>9</td>
<td>Securities - Publicly traded</td>
<td></td>
<td>X 35 562,336 PER STOCK EXCHANGE</td>
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<tr>
<td>10</td>
<td>Securities - Closely held stock</td>
<td></td>
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<tr>
<td>11</td>
<td>Securities - Partnership, LLC, or trust interests</td>
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<tr>
<td>12</td>
<td>Securities - Miscellaneous</td>
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<td>13</td>
<td>Qualified conservation contribution - Historic structures</td>
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<td>14</td>
<td>Qualified conservation contribution - Other</td>
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<td>15</td>
<td>Real estate - Residential</td>
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<td>16</td>
<td>Real estate - Commercial</td>
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<td>17</td>
<td>Real estate - Other</td>
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<td>18</td>
<td>Collectibles</td>
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<td>19</td>
<td>Food inventory</td>
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<td>20</td>
<td>Drugs and medical supplies</td>
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<td>21</td>
<td>Taxidermy</td>
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<td>22</td>
<td>Historical artifacts</td>
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<td>23</td>
<td>Scientific specimens</td>
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<td>24</td>
<td>Archeological artifacts</td>
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<td>25</td>
<td>Other</td>
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<td>26</td>
<td>Other</td>
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<td>27</td>
<td>Other</td>
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<td>28</td>
<td>Other</td>
<td>( )</td>
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</tr>
</tbody>
</table>

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

<table>
<thead>
<tr>
<th>30a</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
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</tbody>
</table>

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

<table>
<thead>
<tr>
<th>31</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td></td>
<td>X</td>
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</tbody>
</table>

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

<table>
<thead>
<tr>
<th>32a</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
FORM 990, PART I, DOING BUSINESS AS:

WILLIAMSBURG COMMUNITY FOUNDATION

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

PROVIDED GRANTS TO 501(C)(3) NONPROFIT ORGANIZATIONS AND GOVERNMENT ENTITIES SERVING THE GREATER WILLIAMSBURG COMMUNITY. PROVIDED SERVICES AND INFORMATION ON THE NEEDS OF THE GREATER WILLIAMSBURG COMMUNITY TO DONOR-ADVISORS. ASSISTED DONOR-ADVISORS WITH PHILANTHROPIC ACTIVITIES.

FORM 990, PART 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.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST 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 AUDIT AND SELECTION OF THE INDEPENDENT AUDITORS.