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Department of the Treasury

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

The organization may have be used a copy of the return to solve to take reporting requirements.

OMB No 1545-0047

Inter	mai Reve	enue Service	The organization may have to use a copy of this return to satisfy state reporting requirem	<u>rents</u>	Open to Public Inspection
Α	For the	2007 ca <u>lendar</u>	year, or tax year beginning 7/01/07, and ending 6/30/08		
В	Check if a	pplicable Please	C Name of organization	D Em	ployer identification number
П	Address o	hange use IR		5.	4-6049685
\exists		label o	I WITTIAMCDIDE DIXVEDE THE		elephone number
\sqcup	Name cha	• 1			57-220-0465
	Initial retu	1 000	PO BOX 91		counting method: X Cash
	Terminatio	on Specifi	C Characteristic and TIP and	$\overline{}$	crual Other (specify)
X	Amended	return tions	1	· 	Cital Other (specify)
$\overline{\Box}$			Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable H and I are not applicable to sec	tion 527	/ organizations
Ш	Applicatio	in pending	Annual mont attack =		• — —
_	\#/=b=:4	te: N/A	rita) is this a group return to a		·
_	Websit	·	H(b) If "Yes," enter number of		
J	-	zation type	H(c) Are all affiliates included?	,	∐ Yes ∐ No
	(check	only one)	X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527 (If 'No," attach a list See instru	-	
K	Check h	iere 🕨 📙 if	the organization is not a 509(a)(3) supporting organization and its gross H(d) Is this a separate return fi	-	
	receipts	are normally not r	nore than \$25,000 A return is not required, but if the organization chooses organization covered by a	group r	ruling? Yes No
	to file a	return, be sure to f	ile a complete return I Group Exemption Nur	nber▶	
				organız	zation is not required
<u>L</u>	Gross i	receipts Add lin	es 6b, 8b, 9b, and 10b to line 12▶ 175, 829 to attach Sch B (Forn	n 990, 9	990-EZ, or 990-PF).
P	art I	Revenue	e, Expenses, and Changes in Net Assets or Fund Balances (See the instru	ctions	s.)
	1		gifts, grants, and similar amounts received		<u> </u>
	a	-	o donor advised funds	•	
	١.	_	20.440	1	
	b	· •		1	
	C	Indirect public	support (not included on line 1a)	4	
	d	Government co	ontributions (grants) (not included on line 1a) 1d 6,800	1 1	
	е	Total (add line:	s 1a through 1d) (cash \$)	1e	39,919
	2	Program service	e revenue including government fees and contracts (from Part VII, line 93)	2	118,306
	3	Membership di	ues and assessments	3	
	4	Interest on sav	ings and temporary cash investments	4	14,086
	5			5	
	6a	Gross rents	RECEIVED 6a		
	١.		101	1	
	b	Less rental ex	penses me or (loss) Subtract line 6b from line 6b C 0 0 000000000000000000000000000000	{- <u>-</u> -	
	_C	Net rental incol	ine of (1933), generact time on the face and 7 % MINd 101	6c	
9	7	Other investme	ent income (describe	7	
Revenue	8a	Gross amount	from sales of assets other (A) Secuntures (B) Other	1 1	
Š		than inventory	LUDEN, UI 8a	1 1	
œ	b	Less cost or o	ther basis and sales expenses 8b		
_	С	Gain or (loss) (attach schedule) 8c	1 1	
)Į(d		ss) Combine line 8c, columns (A) and (B)	8d	
201	9	-	and activities (attach schedule) If any amount is from gaming, check her		
₩	a	•	(not including \$ of	1	
	"		·	1	
Z			eported on line 1b)	1 1	
JAN	b	•	penses other than fundraising expenses 9b		
	C		(loss) from special events. Subtract line 9b from line 9a	9c	
SCANNED	10a		inventory, less returns and allowances 10a 499		
N	b	Less cost of g			
Z	С	Gross profit or	(loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a STMT 1	10c	<u>-65</u>
3	11	Other revenue	(from Part VII, line 103)	11	3,019
$\widetilde{\mathbf{S}}$	12	Total revenue.	Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	175,265
	13		es (from line 44, column (B))	13	131,362
ВB	14	•	nd general (from line 44, column (C))	14	19,871
Expenses	15	· ·		15	3,010
χ,			om line 44, column (D))		3,010
ú	16		filiates (attach schedule)	16	154 042
	17		s. Add lines 16 and 44, column (A)	17	154,243
ets	18	Excess or (defi	cit) for the year Subtract line 17 from line 12	18	21,022
\ss	19	Net assets or fo	und balances at beginning of year (from line 73, column (A))	19	747,858
Net Assets	20	Other changes	in net assets or fund balances (attach explanation) SEE STATEMENT 2	20	<u>-57</u>
	21	Net assets or fo	und balances at end of year Combine lines 18, 19, and 20	21	768,823
For	Privacy ruction	Act and Paper	work Reduction Act Notice, see the separate		Form 990 (2007)
DAA	เนเนบก				, ,

Part II	Statement of Functional Expenses		s must	complete column tion 4947(a)(1) no	(A) nexe	Columns (B), (C), and empt charitable trusts t	I (D) are required for second optional for others	ection 501(c)(3) and (4)(See the instructions
	ot include amounts reports, 8b, 9b, 10b, or 16 of			(A) Total		(B) Program services	(C) Management and general	(D) Fundraising
	aid from donor advised funds (a		 			· · · · · · · · · · · · · · · · · · ·		
	non- cash \$)			1			
	ount includes foreign grants, ch	neck here	22a					
	ts and allocations (attach schedule)						j	
(cash\$	non- cash \$)						
	ount includes foreign grants, ch	neck here	22b					
23 Specific a	issistance to individuals (attach	·					1	
schedule)	•		23					
24 Benefits p	paid to or for members (attach]	
schedule)			24					
25a Compens	ation of current officers, directo	ors,						
key emplo	oyees, etc. listed in							
Part V-A			25a					
b Compens	ation of former officers, directo	rs,						
key emplo	oyees, etc. listed in				ļ			
Part V-B			25b					
c Compens	ation and other distributions, no	ot included above,						
•	ified persons (as defined under							
) and persons described in sec		25c			- ,		
	and wages of employees not inc	cluded						
	5a, b, and c		26					
	olan contributions not included of	on						
lines 25a,	•		27					
	benefits not included on lines							
25a – 27			28					
29 Payroll ta:			29	3,0	10			3,010
	nal fundraising fees		30	3,0	TO			3,010
31 Accounting32 Legal feet	•		31 32	1	00		100	
33 Supplies	•		33		-		100	
34 Telephon	a		34	2,2	55	2,029	226	
35 Postage a			35	2,0		2,025	2,052	
36 Occupano	• • •		36					
•	it rental and maintenance		37		\neg			
	nd publications		38	11,2	69	10,292	977	
39 Travel	·		39	•				
40 Conference	es, conventions, and meetings	5	40	7	00	630	70	<u> </u>
41 Interest	-		41	5,1	53		5,153	
42 Depreciat	ion, depletion, etc. (attach sche	edule)	42	36,8	99	36,899		
	enses not covered above (item STATEMENT 3	iize)	43a	92,8	05	81,512	11,293	
b			43b					
С			43c					
d			43d					
е			43e					
f			43f					
g			43g				,	
44 Total fund	ctional expenses. Add lines 22	?a						
through 4	3g (Organizations completing							
columns (B)-(D), carry these totals to line	es					4.6.5-	
13-15)			44	154,2	43	131,362	19,871	3,010
Are any joint o	Check ▶ ☐ If you are follows costs from a combined education the aggregate amount of these join	onal campaign and it costs\$	l fundr	, (ii) the	amou	int allocated to Program s	ervices \$	Yes X No
	allocated to Management and gener	ra\$, and (iv) the	amou	unt allocated to Fundraisir	ıg\$	Form 990 (2007)
ΠΔΔ								Earn MMII (2007)

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

	its return. Therefore, plea grams and accomplishme		e return is complete and acc	urate and fully describes, in Part III, the o	rganization's	
All of coorga	clients served, publication anizations and 4947(a)(1	NT 4 ribe their exempt as issued, etc Dis) nonexempt cha	purpose achievements in a c scuss achievements that are ritable trusts must also enter	clear and concise manner. State the num not measurable. (Section 501(c)(3) and of the amount of grants and allocations to	(4) others)	Program Service Expenses (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)
а	THE GREATER	R TIDEWAT EATRE PRO AND ENTER	ER COMMUNITY INDUCTIONS WHICH	AL LIFE AND EXPERIENC BY PRESENTING PROFES: H CHALLENGE, STIMULA! ENCES, MEMBERS AND	SIONAL	
	(Grants and allocations	\$)	If this amount includes foreign grants.	, check here 🕨 🗌	129,349
b	SEE STATEME	ent 5				
	(Grants and allocations	\$)	If this amount includes foreign grants,	check here	2,013
С	(Grants and allocations	\$)	If this amount includes foreign grants,	check here ▶ □	
d	(Grants and allocations	\$	ì	If this amount includes foreign grants,	check here	
е	Other program services			amount moladoo foreign grants,	555K 11010 F	
-	(Grants and allocations	-	,	If this amount includes foreign grants,	check here ▶	
f			ould equal line 44, column (l		>	131,362
						- 000

<u> P</u>	<u>art IV</u>	Balance Sheets (See the instructions.)					
	Note:	Where required, attached schedules and amounts with column should be for end-of-year amounts only	nin the	description	(A) Beginning of year		(B) End of year
	45	Cash—non-interest-bearing			6,954	45	4,754
	46	Savings and temporary cash investments			140,975	46	51,464
	47a	Accounts receivable	47a	<u> </u>			
	b	Less allowance for doubtful accounts	47b			47c	
	48a	Pledges receivable	48a				
	b	Less allowance for doubtful accounts	48b	<u></u>		48c	
	49	Grants receivable				49	
	50a	Receivables from current and former officers, directors	s, trust	ees, and			
		key employees (attach schedule)				50a	
	b	Receivables from other disqualified persons (as define		er section 4958(f)(1)) and			
		persons described in section 4958(c)(3)(B) (att sched	ule)			50b	
	51a	Other notes and loans receivable (attach					
ş		schedule)	51a	-			
Assets		Less allowance for doubtful accounts Inventories for sale or use	51b			51c	·
∢	52 53	Prepaid expenses and deferred charges				52 53	
		Investments—publicly-traded securities		Cost FMV		54a	
	ь	Investments—other secunties		Cost FMV		54b	
	EEO	(attach schedule)		7 003t 1v			
	55a	Investments—land, buildings, and equipment basis	55a				,
	ь	Less accumulated depreciation (attach					
		schedule)	55b			55c	
	56	Investments—other (attach schedule)		SEE STMT 6	5,012	56	4,955
	57a	Land, buildings, and equipment basis	57a	1,014,015			
	b	Less accumulated depreciation (attach					
		schedule) SEE STATEMENT 7	57b	306,365	656,579	57c	707,650
	58	Other assets, including program-related investments					
		(describe ▶		58			
	59	Total assets (must equal line 74) Add lines 45 throug	h 58		809,520	59	768,823
	60	Accounts payable and accrued expenses				60	
	61	Grants payable				61	
	62	Deferred revenue	-Mash		62		
Liabilities	63	Loans from officers, directors, trustees, and key emplo schedule)	yees (attach		63	
Ē	64a	Tax-exempt bond liabilities (attach schedule)				64a	
Ë	b	Mortgages and other notes payable (attach schedule)	S	EE WORKSHEET	61,662	64b	
i	65	Other liabilities (describe)		65	
				, i			
	66	Total liabilities. Add lines 60 through 65			61,662	66	0
	Orga	nizations that follow SFAS 117, check here ▶ 🗶 a	nd con	plete lines			
		67 through 69 and lines 73 and 74					
Ses	67	Unrestricted			666,991	67	676,134
and	68	Temporarily restricted			80,867	68	92,689
Bal	69	Permanently restricted				69	
pur	Orga	nizations that do not follow SFAS 117, check here	· 📙	and		ł	
Net Assets or Fund Balances		complete lines 70 through 74					
<u>د</u>	70	Capital stock, trust principal, or current funds		70			
)Se(71	Paid-in or capital surplus, or land, building, and equipm		71			
t As	72 73	Retained earnings, endowment, accumulated income,	i		72		
ž	73	Total net assets or fund balances. Add lines 67 through 72 (Column (A) must equal line 19 and so		,			
		70 through 72 (Column (A) must equal line 19 and co equal line 21)	747,858	73	768,823		
	74	Total liabilities and net assets/fund balances. Add In	809,520		768,823		
					7 1	,	

Form	990 (2007)	WILLIAMSBURG PLAY	ERS, INC.	<u> 54-</u>	<u>60496</u>	85			Page 5
Pa	art IV-A	Reconciliation of Revenue	per Audited Financial Sta	tements	With Re	evenue per	Ret		
		instructions.)						N/A	
а	Total revenue,	gains, and other support per audit	ed financial statements				a		
b	Amounts inclu	ded on line a but not on Part I, line	12						
1	Net unrealized	gains on investments		b1					
2	Donated service	ces and use of facilities		b2					
3	Recoveries of	prior year grants		b3				Ì	
4	Other (specify))							
				Ь4					
	Add lines b1 th	nrough b4					ь		
С	Subtract line b	•					С		_
d		ded on Part I, line 12, but not on lir	ne a:						
1		penses not included on Part I, line		d1					
2	Other (specify)	•		<u> </u>				1	
•	Carci (Specify)	,		d2					
	Add lines d1 a	and d2		<u> </u>			d	1	
e		(Part I, line 12) Add lines c and d					e	 	
-			s per Audited Financial St	atomont	e With E	vnenses r	_	PoturiN / A	
				atement	S WILLI L	-xperises p	a	Teturat/11	
a	•	s and losses per audited financial s	statements				<u> </u>	 	
b		ded on line a but not Part I, line 17		ايما					
1		ces and use of facilities		b1					
2		istments reported on Part I, line 20		b2					
3	•	ed on Part I, line 20		ь3					
4	Other (specify))						1	
				b4		,,		1	
	Add lines b1 th	hrough b4					ь	 	
С	Subtract line b	from line a					С		
d	Amounts inclu	ded on Part I, line 17, but not on lin	ne a:	1 1					
1	Investment exp	penses not included on Part I, line	6b	d1					
2	Other (specify))							
				d2					
	Add lines d1 a	nd d2					d		
е		es (Part I, line 17) Add lines c and				•	е	<u> </u>	
Pa			s, Trustees, and Key Empl				an off	ficer, director	, trustee,
		or key employee at any time during	the year even if they were not com		·		1/0	Contabutions to	T .=
		(A) Name and address		(B) Title and avera week devoted	ege hours per to position	(C) Compensati (If not paid, ent -0)	ter pi	mployee benefit ans & deferred appensation plans	(E) Expense account and other allowances
RI	CK HINSON		WILLIAMSBURG	PRESID	ENT				
PC	BOX 91		VA 23185	0			0	0	c
	BERT NOONAN		WILLIAMSBURG	MEMBER					
				_			اہ		. ا

(A) Name an	d address	Title and average hours per week devoted to position	(If not paid, enter	employee benefit plans & deferred compensation plans	account and other allowances
RICK HINSON	WILLIAMSBURG	PRESIDENT			
PO BOX 91	VA 23185	0	0	0	0
ROBERT NOONAN	WILLIAMSBURG	MEMBER			
PO BOX 91	VA 23185	0	0	0	0
BOB SHEA	WILLIAMSBURG	MEMBER			
PO BOX 91	VA 23185	0	0	0	0
KAREN FOLEY	WILLIAMSBURG	MEMBER			
PO BOX 91	VA 23185	0	0	0	0
AMY LYLES	WILLIAMSBURG	MEMBER			
PO BOX 91	VA 23185	0	0	0	0
HUGH SIGGINS	WILLIAMSBURG	MEMBER			
PO BOX 91	VA 23185	0	0	0	0
CAROL SHEFFLER	WILLIAMSBURG	MEMBER			
РО ВОХ 91	VA 23185	<u> </u>	0	0	<u>o</u>
					İ
					<u> </u>

Form	990 (2007) WILLIAMSBURG PLAYERS, INC. 54-6049685		_ P	age 6			
Pa	rt V-A Current Officers, Directors, Trustees, and Key Employees (continued)		Yes	No			
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board						
_	meetings Para discrete discrete and the state of the stat			ļ			
D	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent		:				
	contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business						
	relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b		X			
С	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest						
	compensated employees listed in Schedule A, Part I, or highest compensated professional and other						
	independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other						
	organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization"						
	If "Yes," attach a statement that includes the information described in the instructions	75c		X			
d	Does the organization have a written conflict of interest policy?	75d	-	X			
Pa	rt V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or	Othe	r Be	nefits			
	(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during	, the ye	ear, lis	t that			
	person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions)	- 1 7					
	(A) Name and address (B) Loans and Advances (C) Compensation (If not pal, employee benefit plans & determed	acco	E) Expe	d other			
	enter -t-) Compensation plan	- - -	allowan	ces			
N/	A						
		+					
							
		+					
		+					
	rt VI Other Information (See the instructions.)		Yes	No			
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a	\Box	res	No			
	detailed statement of each change	76		X			
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		X			
	If "Yes," attach a conformed copy of the changes			1			
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			;			
	this return?	78a		<u> </u>			
	If "Yes," has it filed a tax return on Form 990-T for this year?	78b					
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach	-	-	x ·			
80a	a statement Is the organization related (other than by association with a statewide or nationwide organization) through	79	\vdash				
ova	common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt						
	organization?	80a		$\mathbf{x}^{'}$			
b	If "Yes," enter the name of the organization ▶			,			
	and check whether it is exempt or nonexempt			1			
81a	Enter direct and indirect political expenditures (See line 81 instructions) 81a 0			1			
b	Did the organization file Form 1120-POL for this year?	81b	لـــا	X			
		Form	n 990	(2007)			

Forn	m 990 (2007) WILLIAMSBURG PLAYERS, INC. 54-6049685			F	Page 7
_ <u>P</u> ;	art VI Other Information (continued)			Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge				
	or at substantially less than fair rental value?		82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this				
	amount as revenue in Part I or as an expense in Part II			l	
	(See instructions in Part III)]		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?		83a	X	<u> </u>
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	N/A	83b		
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			_	
	gifts were not tax deductible?	N/A	84b		
85a	501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?	N/A	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N/A	85b		<u> </u>
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization				
	received a waiver for proxy tax owed for the prior year]
С					l
d	Section 162(e) lobbying and political expenditures				
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e				
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f				
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	85g		ļ
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f				
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the		_		
	following tax year?	N/A	85h		
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12				1
b	Gross receipts, included on line 12, for public use of club facilities 86b				
87	501(c)(12) orgs Enter a Gross income from members or shareholders 87a				
Ь	Gross income from other sources (Do not net amounts due or paid to other				ŀ
	sources against amounts due or received from them)				
88a	, , , , , , , , , , , , ,		1 1		
	partnership, or an entity disregarded as separate from the organization under Regulations sections		-	_	
	301 7701-2 and 301 7701-3? If "Yes," complete Part IX		88a		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the				
	meaning of section 512(b)(13)? If "Yes," complete Part XI	•	88b		X
89a	(), ()	•			
	section 4911 ▶ 0 , section 4912 ▶ 0 , section 4955 ▶	0			
b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction				
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach				<u></u> -
	a statement explaining each transaction		89b		X
С	Enter Amount of tax imposed on the organization managers or disqualified	^		!	
	persons during the year under sections 4912, 4955, and 4958	0			· '
d	Enter Amount of tax on line 89c, above, reimbursed by the organization				
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter		_		ٰ ټو ا
£	transaction?		89e		X
T	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?		89f		
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the				
	supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings		00-		х
000	at any time during the year?		89g		
	List the states with which a copy of this return is filed NONE				
b	Number of employees employed in the pay period that includes March 12, 2007 (See	_			Λ
010	Instructions) The books are in care of ▶ WILLIAM HINSON Telephone no ▶	757-	220	-04	65
91a	The books are in care of ► WILLIAM HINSON PO BOX 91 Telephone no ►	, , , , , -	220	-04	J
		125			
	· ————————————————————————————————————	.03			
D	At any time during the calendar year, did the organization have an interest in or a signature or other authority		ſ	V 1	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial			Yes	No X
	account)? If " Yes " enter the name of the foreign country.		91b		
	If " Yes," enter the name of the foreign country				
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts				
	and impanding Accounts		, I		4

Form 990 (20	, 		ic.	54-60	149685		Page 8
Part VI	Other Information (con						Yes No
-	time during the calendar year, did the	-	aın an office o	utside of the United	States?		91c X
If "Yes,	" enter the name of the foreign cou	ntry ▶					
92 Section	4947(a)(1) nonexempt charitable t	rusts filing Form 990	in lieu of Form	1041—Check here		7 (▶∟
and ent	er the amount of tax-exempt intere					▶ 92	
Part VII	Analysis of Income-Pro	oducing Activitie	es (See the	instructions.)			
Note: Enter g	ross amounts unless otherwise		Unrelated	business income	Excluded b	y section 512, 513, or 514	(E)
ndicated			(A) Business code	(B) Amount	(C) Exclusion	(D) Amount	Related or exempt function
93 Program	n service revenue	1	Business code	Amount	code	Amount	income
a PEF	REFORMANCE REVENUE						115,016
b ADV	ÆRTISING				2	3,290	
С					1 1		
d			Ì				
e					1		•
	re/Medicaid payments				1		
	nd contracts from government agen	cias		· · · · · · · ·	 		
_	rship dues and assessments			-	 		
	•	vestments			3	14,086	
	on savings and temporary cash in	vesunents	····		+ -+	14,000	
	ds and interest from securities	<u> </u>			+		
	tal income or (loss) from real estate	}	+		+ +		
	anced property	-			 -		
	t-financed property				+ +		
	tal income or (loss) from personal p	property			+ +		
99 Other in	nvestment income				 		
I 00 Gain or	(loss) from sales of assets other th	an inventory			 		
I01 Net inco	ome or (loss) from special events						
I02 Gross p	profit or (loss) from sales of inventor	y [2	-65	
03 Other re	evenue a						
b MIS	SCELLANEOUS				1	3,019	
С					<u> </u>		
d							
е							
04 Subtota	II (add columns (B), (D), and (E))		ŀ	(20,330	115,016
	add line 104, columns (B), (D), and	(E))				•	135,346
	5 plus line 1e, Part I, should equal		2. Part I				
Part VIII	Relationship of Activiti			of Exempt Pur	poses (S	ee the instruction	ns.)
Line No.	Explain how each activity for w						
▼	of the organization's exempt p					, to	
<u>·</u>	SEE STATEMENT 8	<u></u>		·			
Part IX	Information Regarding	Tavable Subsis	liaries and	Dierogardad E.	titioe (S.	ee the instruction	<u> </u>
Partix	(A)	(B)	naries and	(C)			(E)
partne	Idress, and EIN of corporation, rship, or disregarded entity	Percentage of ownership interes		ature of activities	7	(D) Fotal income	End-of-year assets
N/ <i>I</i>	4		%				
			%				
			%				
			%				
Part X	Information Regarding	Transfers Asso	ciated with	Personal Ben	efit Contr	acts (See the ins	structions.)
(a) Did th	ne organization, during the year, red	ceive any funds, direc	tly or indirectly	, to pay premiums o	n a persona		Yes X No
	ne organization, during the year, pa			n a personal benefit	contract?		Yes X No
Note: If "	Yes" to (b), file Form 8870 and For	n 4720 (see instruction	ons)				
							Form 990 (200

Part	XI Information Regarding Transfe		Iled Entities. Complete	e only if the organ		Page 9
	is a controlling organization as d	efined in section 512(b)	(13).		1	
106	Did the reporting organization make any transfers to the Code? If "Yes," complete the schedule below for		ın section 512(b)(13) of		Yes	No X
	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	An	(D) nount of tr	
а						
b						
c						
	Totals					
107	Did the reporting organization receive any transfers				Yes	
	512(b)(13) of the Code? If "Yes," complete the sche (A) Name, address, of each controlled entity	(B) Employer ID Number	entity (C) Description of transfer	Ап	(D) sount of tr	X ansfer
a						
b						
c						
	Totals				- ··	
108	Did the organization have a binding written contract rents, royalties, and annuities described in question	•	overing the interest,		Yes	No
Pleas Sign Here	Under penalties of perjury, I declare that I have exa and belief, it is true, correct, and complete Declare Signature of officer.	mined this return including accomp	anying schedules and statements s based on all information of which	h preparer has any know Date	nowledge ledge	w9
Paid Prepa	Preparer's signature ANDREA SALAMY	geore	Date Chec self-emple	oyed (See (P0)	rer's SSN or Gen Instr X) 2 7
Use C	I DATE HTER.Y		2	Phone	l-1205 -229-5	

SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

Schedule A (Form 990 or 990-EZ) 2007

2007

Department of the Treasury Internal Revenue Service Supplementary Information-(See separate instructions.)

MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Name of the organization Employer identification number WILLIAMSBURG PLAYERS, INC. 54-6049685 Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 1 of the instructions. List each one. If there are none, enter "None.") (d) Contributions to (e) Expense (a) Name and address of each employee paid more (b) Title and average hours empl benefit plans account and other (c) Compensation than \$50,000 per week devoted to position & deferred comp allowances NONE ▶ Total number of other employees paid over \$50,000 Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.") (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of others receiving over \$50,000 for professional services Compensation of the Five Highest Paid Independent Contractors for Other Services Part II-B (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of other contractors receiving over \$50,000 for other services

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

scne	dule A (Form 990 or 990-EZ) 2007 WILLIAMSBURG PLAIERS, INC. 54-6049665			age 2
Pa	Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$	1		x
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)			
а	Sale, exchange, or leasing of property?	2a	<u> </u>	_ X _
b	Lending of money or other extension of credit?	2b		<u>x</u>
С	Furnishing of goods, services, or facilities?	2c		_ X _
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		х
е	Transfer of any part of its income or assets?	2e		х
3a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments) SEE STATEMENT 9	3a	x	
b	Did the organization have a section 403(b) annuity plan for its employees?	3b		x
С	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3с		<u>x</u>
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		x
4a b	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g. Did the organization make any taxable distributions under section 4966?	4a 4b		<u>x</u>
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		
d	Enter the total number of donor advised funds owned at the end of the tax year			
е	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year			
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts		0	l
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year			0

P	art I	Reason for Non-Private Found	dation Status (See	pages 4 through	8 of the ins	tructions.)				
l cer 5	tıfy tl	hat the organization is not a private foundation to A church, convention of churches, or associate	·		le box)					
6		A school Section 170(b)(1)(A)(ii). (Also compl	ete Part V)							
7		A hospital or a cooperative hospital service org	ganization Section 170(I	b)(1)(A)(III)						
8		A federal, state, or local government or govern	nmental unit Section 170	O(b)(1)(A)(v)						
9		A medical research organization operated in c	onjunction with a hospita	al Section 170(b)(1)(A)	(III) Enter the	hospital's nam	ne, city,			
		and state ▶								
10		An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A)								
11a	X	An organization that normally receives a substantial (a)(1)(A)(vi) (Also complete the Support S		from a governmental u	nit or from the	general public	Section			
11b		A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)								
12		An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions-subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)								
13	An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization Type I Type II Type III-Functionally Integrated Type III-Other									
		Provide the following information about the supported organizations. (See page 8 of the instruction (a) (b) (c) (d) Name(s) of supported organization(s) Employer identification organization organization organization listed in (described in lines the supporting organization's above or IRC governing documents section)		upported on listed in oporting zation's	(e) Amount of support					
					Yes	No				
							-			
										
-		 								
		7								
				<u> </u>						
Tota	<u> </u>					•	. •			
14	П	An organization organized and operated to tes	t for public safety Section	on 509(a)(4) (See page	e 8 of the instr		orm 990 or 990 EZ) 2003			

.Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting.

Note	: You may use the worksheet in the instru	ctions for converting fr	om the accrual to the	cash method of accour	iting				
Caler	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003		(e) Total		
15	Gifts, grants, and contributions received (Do								
	not include unusual grants See line 28)	27,441	<u>88,396</u>	62,956	32,6	545	211,438		
16	Membership fees received				-		0		
17	Gross receipts from admissions, merchandise					l			
	sold or services performed, or furnishing of								
	facilities in any activity that is related to the			-					
	organization's chantable, etc , purpose	122,333	153,524	77,288	82,7	760	435,905		
18	Gross income from interest, dividends,					İ			
	amounts received from payments on securities					İ			
	loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated								
	business taxable income (less section 511				•	1			
	taxes) from businesses acquired by the					ļ			
	organization after June 30, 1975	7,315	6,297	5,906	2,6	605	22,123		
19	Net income from unrelated business		•						
	activities not included in line 18						0		
20	Tax revenues levied for the organization's								
	benefit and either paid to it or expended on					ı			
	its behalf						0		
21	The value of services or facilities furnished to								
	the organization by a governmental unit without charge. Do not include the value of								
	services or facilities generally furnished to the		•			ŀ	•		
22	public without charge						0		
22	Other income Attach a schedule Do not include gain or (loss) from sale of capital assets STMT 10		700				700		
		157 000	722 248,939	146,150	118,0	110	722 670,188		
23	Total of lines 15 through 22	157,089 34,756					234,283		
24	1 571 0 400 1 400 1 100								
25 26	Enter 1% of line 23 Organizations described on lines 10 or	·		···		26a	4,686		
	_					20a			
	Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the								
	amount shown in line 26a Do not file th	-		-	•	26b	'		
c	Total support for section 509(a)(1) test	-		mese excess amounts		26c	234,283		
d		18 22,			,				
_	rica randanto nom colanin (e) ioi inico		722 _{26b}		▶	26d	22,845		
е	Public support (line 26c minus line 26d to			-	F	26e	211,438		
f	Public support percentage (line 26e (n	•	line 26c (denominato	r))		26f	90.2490%		
27	Organizations described on line 12:								
	person," prepare a list for your records to				•		on "		
	Do not file this list with your return. En	ter the sum of such an	nounts for each year	-			N/A		
	(2006) (2	005)	(2004))	(2003)				
b	For any amount included in line 17 that v	vas received from each	n person (other than "d	lisqualified persons"), p	repare a list for y	your re	ecords to		
	show the name of, and amount received	for each year, that was	s more than the larger	of (1) the amount on li	ne 25 for the yea	er or (2	2) \$5,000		
	(Include in the list organizations describe	ed in lines 5 through 11	b, as well as individua	ls) Do not file this list	with your return	n. Afte	er computing		
	the difference between the amount receive	ved and the larger amo	ount described in (1) or	r (2), enter the sum of t	hese differences	(the e			
	amounts) for each year						N/A		
	(2006) (2	005)	(2004))	(2003)				
С	Add Amounts from column (e) for lines								
	17	20	21		▶	27c			
đ	Add Line 27a total	and line 27b	total			27d			
е	Public support (line 27c total minus line 2	=			•	27e			
f	Total support for section 509(a)(2) test. Enter amount from line 23, column (e)								
g	Public support percentage (line 27e (n	•	•	••		27g			
	Investment income percentage (line 18				· · · · · · · · · · · · · · · · · · ·	27h			
28	Unusual Grants: For an organization de		•	-	_				
	prepare a list for your records to show, for	•			_	iet			
	description of the nature of the grant. Do	not file this list with	vour return. Do not inc	clude these grants in lir	ne 15				

54-6049685 Page 5 Part V Private School Questionnaire (See page 9 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV) N/A Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws. Yes 29 No other governing instrument, or in a resolution of its governing body? 29 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its 30 brochures, catalogues, and other written communications with the public dealing with student admissions, 30 programs, and scholarships? Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way 31 that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement.) 32 Does the organization maintain the following 32a Records indicating the racial composition of the student body, faculty, and administrative staff? Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 32b c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing 32c with student admissions, programs, and scholarships? 32d d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement) Does the organization discriminate by race in any way with respect to 33 Students' rights or privileges? 33a 33b Admissions policies? 33c Employment of faculty or administrative staff? Scholarships or other financial assistance? 33d 33e Educational policies? 33f Use of facilities? 33g Athletic programs? 33h Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement) Does the organization receive any financial aid or assistance from a governmental agency? 34a 34b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement

Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation

35

8ch	edule A (Form	990 or 990-EZ) 2007 W	ILLIAMSBURG	F PLAYERS,	INC.		54	-60	4 96	85 Page	e 6
	art VI-A	Lobbying Expend (To be completed	litures by Electi	ng Public Charit	i es (See p	_		struc N/A		.)	
Che	ck ▶ a	if the organization below	ngs to an affiliated gro	oup Check	b If	you che	cked "a" and	l "lımıt	ed cor	ntrol" provisions apply	
			Lobbying Expe				(a) Affiliated total	group		(b) To be completed for all electing organizations	
			tures" means amount							Organizations	
		expenditures to influence	· · · · · · · · · · · · · · · · · · ·			36					
		expenditures to influence	• • • • • • • • • • • • • • • • • • • •	irect lobbying)		37					
		expenditures (add lines 3	36 and 37)			38					
	·	purpose expenditures	d lines 20 and 20)			39					_
	• •	purpose expenditures (ad	•			40					
41		axable amount Enter the on line 40 is-		owing table- ontaxable amount is		i					
	Not over \$500,0		20% of the amoun		· ¬]					
	•	out not over \$1,000,000		6 of the excess over \$50	0000						
) but not over \$1,500,000	•	6 of the excess over \$1,0		41		-	-		-
) but not over \$17,000,000	•	of the excess over \$1,50	B.						_
	Over \$17,000,00		\$1,000,000								
		ntaxable amount (enter 2	5% of line 41)		_	42			-		
43	Subtract line 4	12 from line 36 Enter -0-	f line 42 is more than	line 36		43					
44	Subtract line 4	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38									
						1					
_	Caution: If the	ere is an amount on eithe									
				raging Period Ur							
		•		on 501(h) election do				colur	nns be	elow.	
			See the instructions for	or lines 45 through 50	on page 13 o	of the in	structions)			<u>.</u> .	
				Lobbying Exp	enditures Du	uring 4-	ear Averagi	ing Pe	riod		
	Calendar yea	r (or	(a)	(b)	(c)		(d)		(e)	
	fiscal year be	ginning in) 🕨	2007	2006	200	05	2(004		Total	
A E	Labbuna nant	axable amount									
		ng amount (150% of									_
	line 45(e))	ing amount (10070 of		ļ							
	10(0))										_
<u>47</u>	Total lobbying	expenditures			<u> </u>						
48	Grassroots no	ntaxable amount									
49	Grassroots ce	iling amount (150% of									
	line 48(e))										
		obying expenditures									
Р	art VI-B	Lobbying Activity				4 \	\(C== ===	4.4	~£ 4b	o instructions \XT	/ 7
_							(See pag	<u>je 14</u>	<u> </u>	e instructions.) N	
	•	id the organization attemp		_		g any		Yes	No	Amount	
	•	ce public opinion on a legi	slative matter or refer	renaum, inrough the i	ise of		ŀ				
a	Volunteers	managamant /lagluda ag	mnoncotion is even	can canadad an linea	a through h \		ŀ		-		
b C	Media adve	management (Include co	лирензации ин ехреп	ses reported on lines	C amougn n.)		ŀ		- $+$,	
			he nublic						-	· · · · · · · · · · · · · · · · · · ·	
d e	=	members, legislators, or ti , or published or broadca					ŀ	$\neg \uparrow$	$\neg \dashv$	· · · · · · · · · · · · · · · · · · ·	_
f		her organizations for lobb					ŀ	$\neg \uparrow$	-		_
g		ct with legislators, their st		cials, or a legislative h	odv		ŀ				_
9 h		nonstrations, seminars, co							$\neg \uparrow$		_
i		ng expenditures (Add line		,,,,	==		ľ				_
	_	ny of the above, also atta		a detailed description	of the lobby	ing activ	rities				
_											

	95 1 37 PM edule A (For	rm 990 or 990-EZ) 2007	WILLIA	AMSBURG PLAYERS,	INC.	54-6049685		Page 7
Pa	art VII			ransfers To and Transact ee page 14 of the instruct		ips With Noncharitable		
51	Did the re			ctly engage in any of the following		on described in section		
	501(c) of 1	the Code (other than sec	ction 501(c)(3) organizations) or in section 52	7, relating to political organ	izations?		
а	Transfers	from the reporting organ	nization to a	noncharitable exempt organization	n of		Yes	
	(i) Cas	h				51a(i)	X
	(ii) Oth	er assets				a(ii)		X
þ	Other tran	sactions						
	(i) Sale	es or exchanges of asse	ts with a nor	ncharitable exempt organization		<u>b(i)</u>	↓	X
	(ii) Pur	chases of assets from a	noncharitab	le exempt organization		b(ii)	-	X
	(iii) Ren	ital of facilities, equipme	nt, or other a	assets		b(iii)	Ц	X
	(iv) Rei	mbursement arrangeme	nts			b(iv)	4	X
		ns or loan guarantees				<u>b(v)</u>	4	X
			•	or fundraising solicitations		_b(vi)	4	X
С	-		-	other assets, or paid employees		<u>c</u>		<u> </u>
d	goods, oth	ner assets, or services g	iven by the r	nplete the following schedule Co reporting organization. If the orga olumn (d) the value of the goods,	nization received less than	fair market value in any		
	(a)	(b)	1	(c)	1 233010, 07 001 11003 1	(d)		
	Line no	Amount involved	Name o	of noncharitable exempt organization	Description of trans	sfers, transactions, and shanng arrang	jements	i
N/	A		<u> </u>					
			<u> </u>					
						· · · · · · · · · · · · · · · · · · ·		
						-		
				100				
52a	•	•	•	ed with, or related to, one or more than section 501(c)(3)) or in section	· -	▶ □	Yes [X No
<u>b</u>	If "Yes," c	omplete the following so	hedule					
		(a) Name of organization		(b) Type of organization		(c) Description of relationship		
	7/2	Name of organization		Type of organization		Description of relationship		
	N/A							
					 			
					 			
		· · · · ·				 		
					 			
		÷						

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return.

OMB No 1545-0172

Attachment Sequence No Name(s) shown on return Identifying number WILLIAMSBURG PLAYERS, INC. 54-6049685 Business or activity to which this form relates

I	NDIRECT DEPRECIAT								
Pá	art I Election To Exper	ise Certain Pro	perty Under Section	า 179					
	Note: If you have a	any listed prope	rty, complete Part V	before you	u con	nplete P	art I.		
1	Maximum amount See the instruc	ctions for a higher lin	nit for certain businesses					1_	125,000
2	Total cost of section 179 property	placed in service (se	ee instructions)					2_	
3	Threshold cost of section 179 prop	perty before reduction	on in limitation					3	500,000
4	Reduction in limitation Subtract lin	ne 3 from line 2. If z	ero or less, enter -0-					4	
5	Dollar limitation for tax year Subtract lin	ne 4 from line 1 If zero	or less, enter -0- If marned file	ng separately, s	see inst	ructions		5	
	(a) Descriptio	n of property	(b) Co	ost (business us	se only)	(c)	Elected cos	it	
6							· · · · · · · · · · · · · · · · · · ·		!
7	Listed property Enter the amount	from line 29			_7				
8	Total elected cost of section 179 p	property Add amour	its in column (c), lines 6 a	nd 7				8	
9	Tentative deduction Enter the sm	aller of line 5 or line	8					9	
10	Carryover of disallowed deduction	from line 13 of your	2006 Form 4562					10	
11	Business income limitation Enter	the smaller of busin	ess income (not less than	zero) or line	5 (see	ınstructior	ıs)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11							12	
13	Carryover of disallowed deduction			<u> </u>	13		 		
	e: Do not use Part II or Part III below								
Pa	art II Special Depreciat	ion Allowance	<u>and Other Deprecia</u>	<u>tion (Do n</u>	ot inc	clude lis	ted prop	<u>erty.</u>	.) (See instructions.)
14	Special allowance for qualified New	w York Liberty or Gu	alf Opportunity Zone prope	rty (other tha	n listed	t			
	property) and cellulosic biomass e	thanol plant propert	y placed in service during	the tax year (see in:	structions)		14	
15	Property subject to section 168(f)(1) election							15	
16	Other depreciation (including ACR							16	36,899
Pa	art III MACRS Depreciat	tion (Do not inc	lude listed property.)	(See instr	ructio	ns.)			
			Section A	. 					
17	MACRS deductions for assets place						. \Box	17	<u> </u>
18	If you are electing to group any assets p							<u> </u>	
	Section B-As	T	vice During 2007 Tax Yea		Gener	al Deprec	iation Sys	tem	
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) (Convention	(f) Me	thod	(g) Depreciation deduction
19a	3-year property			1					
b									
	5-year property								
С									
d	7-year property								
d	7-year property 10-year property								
d e	7-year property 10-year property 15-year property			25 yrs			S/L		
d e f	7-year property 10-year property 15-year property 20-year property 25-year property Residential rental			25 yrs 27 5 yrs		MM	S/L S/L		
d e f	7-year property 10-year property 15-year property 20-year property 25-year property			27 5 yrs 27 5 yrs		ММ			
d e f	7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real			27 5 yrs			S/L		
d e f g h	7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property			27 5 yrs 27 5 yrs 39 yrs		MM MM MM	S/L S/L S/L		
d e f g h	7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C-Ass	ets Placed in Servi	ce During 2007 Tax Year	27 5 yrs 27 5 yrs 39 yrs		MM MM MM	S/L S/L S/L		
d e f g h	7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property	ets Placed in Servi	ce During 2007 Tax Year	27 5 yrs 27 5 yrs 39 yrs Using the Al		MM MM MM	S/L S/L S/L S/L ciation Sy	vstem	
d e f g h i	7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C-Ass Class life 12-year	ets Placed in Servi	ce During 2007 Tax Year	27 5 yrs 27 5 yrs 39 yrs Using the Al	ternat	MM MM MM ive Depre	S/L S/L S/L S/L ciation Sy S/L S/L	rstem	
d e f g h i	7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C-Ass Class life 12-year 40-year		ce During 2007 Tax Year	27 5 yrs 27 5 yrs 39 yrs Using the Al	ternat	MM MM MM	S/L S/L S/L S/L ciation Sy	rstem	
d e f g h i	7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C-Ass Class life 12-year 40-year art IV Summary (see ins	tructions)	ce During 2007 Tax Year	27 5 yrs 27 5 yrs 39 yrs Using the Al	ternat	MM MM MM ive Depre	S/L S/L S/L S/L ciation Sy S/L S/L	vstem	
d e f g h i	7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C-Ass Class life 12-year 40-year art IV Summary (see ins	tructions)		27 5 yrs 27 5 yrs 39 yrs Using the Al 12 yrs 40 yrs	ternat	MM MM MM ive Depre	S/L S/L S/L S/L ciation Sy S/L S/L	rstem	
d e f g h i	7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C-Ass Class life 12-year 40-year art IV Summary (see ins) Listed property Enter amount from Total. Add amounts from line 12, I	tructions) n line 28 lines 14 through 17,	lines 19 and 20 in column	27 5 yrs 27 5 yrs 39 yrs Using the Al 12 yrs 40 yrs	ternat	MM MM MM ive Depre	S/L S/L S/L S/L ciation Sy S/L S/L	vstem 21	26.900
d e f g h i	7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C-Ass Class life 12-year 40-year art IV Summary (see ins Listed property Enter amount from Total. Add amounts from line 12, I Enter here and on the appropriate	tructions) In line 28 Ines 14 through 17, Ilines of your return	lines 19 and 20 in column Partnerships and S corpo	27 5 yrs 27 5 yrs 39 yrs Using the Al 12 yrs 40 yrs	ternat	MM MM MM ive Depre	S/L S/L S/L S/L ciation Sy S/L S/L	vstem	36,899
d e f g h i	7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C-Ass Class life 12-year 40-year art IV Summary (see ins) Listed property Enter amount from Total. Add amounts from line 12, I	tructions) In line 28 Ines 14 through 17, Ilines of your returned in service during	lines 19 and 20 in column Partnerships and S corpo the current year,	27 5 yrs 27 5 yrs 39 yrs Using the Al 12 yrs 40 yrs	ternat	MM MM MM ive Depre	S/L S/L S/L S/L ciation Sy S/L S/L	vstem 21	36,899

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2007)

(10)

Totals

28995 1 37 PM					
Forms	Moi	tgages and Ot	her Notes Payable		
990 <i>l</i> 990-PF			-		2007
<u></u>	For calendar year 2007, o	r tax year beginning	7/01/07 , and ending	6/30/08	
Name				Employer Ide	ntification Number
WILLIAMSBURG	PLAYERS, INC.			54-6049	685
	,				
FORM 990, PA	RT IV, LINE 64	B - ADDITION	NAL INFORMATION		
(1) NOTE PAYAB	Name of lender		Relationship	to disqualified persor	<u> </u>
(2)	, <u></u>				
(2)					
(4)					
		<u> </u>			
(8)		·	 		<u> </u>
(9)	· · · · · · · · · · · · · · · · · · ·				
(10)					
		 			
Original amour		Maturity			Interest
borrowed (1) 150,0	Date of loan 000 10/31/06	date 10/31/11	Repayment ter 5 YEARS EQUAL M	MS ONTHIV DAY	rate M 7.500
(1) 150, ((2)	10/31/00	10/31/11	3 ILANS EQUAL I	ONTINDI IMI	7.500
(3)					
(4)					
(5)					
(6)					
(7) (8)					
(9)					
(10)					
			· · · · · · · · · · · · · · · · · · ·		
(1) PROPERTY A	Security provided by borrower IND IMPROVEMENT	<u> </u>	CONSTRUCTION OF	ose of loan PARKING I.O	m
(2)	MD IIIIIOVIIIIIII	<u> </u>	COMBINGUION OF	111111111111111111111111111111111111111	
(3)					
(4)					
(5)			 		
(6)					
(7) (8)		•			
(9)					
(10)					
					<u>-</u>
0	dension formula dibirilanda		Balance due at		ance due at
(1)	deration furnished by lender		beginning of year 61, 662	e	nd of year
(2)			32,002		
(3)		-			
(4)					
(5)					
(6)					
(7) (8)					
(9)					

61,662

28995 WILLIAMSBURG PLAYERS, INC.

54-6049685

Federal Statements

FYE: 6/30/2008

Statement 1 - Form 990, Line 10c - Sales of Inventory

Description	Gross Sales	 cogs	Gross Profit
CONCESSIONS	\$ 499	\$ 564	\$ -65
TOTAL	\$ 499	\$ 564	\$ -65

Statement 2 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances

	<u>Am</u>	Amount		
UNREALIZED LOSS ON INVESTMENTS	\$	-57		
TOTAL	\$	-57		

Statement 3 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses_	Program Service	Mgt & General	Fund- Raising
EXPENSES	\$ \$	5	\$	\$
INVESTMENT DEPRECIATION				
PRODUCTION	52,513	52,513		
50TH ANNIVERSARY	752	752		
PREMIER OPENING	121	121		
OFFICE SUPPLIES	888		888	
INTERNET	450	405	45	
DUES AND SUBSCRIPTIONS	1,722	1,550	172	
REPAIRS AND MAINTENANCE	5,373	4,836	537	
UTILITIES	10,134	9,121	1,013	
INSURANCE	3,051	2,746	305	
SERVICE CHARGES	2,054		2,054	
ADVERTISING	8,283	7,455	828	
SCHOLARSHIPS	2,013	2,013		
MISCELLANEOUS	5,451	· · · · · · · · · · · · · · · · · · ·	5,451	
TOTAL	\$ 92,805 \$	81,512	11,293	\$0

Statement 4 - Form 990, Part III - Organization's Primary Exempt Purpose

Description

TO PROVIDE A COMMUNITY THEATRE COMMITTED TO ENRICHING AND BROADENING THE CULTURAL LIFE AND EXPERIENCE OF THE GREATER T TIDEWATER COMMUNITY. TO PRESENT PROFESSIONAL QUALITY THEATRE PRODUCTIONS WHICH CHALLENGE, STIMULATE, EDUCATE, AND ENTERTAIN OUR AUDIENCES, MEMBERS AND VOLUNTEERS. HANDS ON TEACHING AND SCHOLARSHIP PROGRAMS PROVIDE OPPORTUNITIES F FOR EDUCATION, EXPERIENCE, GROWTH, AND CHALLANGE.

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28995 WILLIAMSBURG PLAYERS, INC. 54-6049685

FYE: 6/30/2008

Federal Statements

Statement 5 - Form 990, Part III, Line b - Statement of Program Service Accomplishments

Description

TO PROVIDE \$500 SCHOLARSHIPS TO COLLEGE STUDENTS WHO HAVE A RELATED "ARTS" MAJOR. THE APPLICANTS MUST BE LOCAL HIGH SCHOOL SENIORS WHO PLAN TO GO TO COLLEGE AND MAJOR IN SOME ASPECT OF THEATRE OR DANCE. THIS INCLUDES ACTING, LIGHTING DESIGN, SCENE DESIGN, DIRECTING, ETC. THE STUDENTS ARE ASKED TO MAKE AN APPLICATION TO OUR SCHOLARSHIP COMMITTEE DURING THE LAST HALF OF THEIR SENIOR IN ADDITION TO THE APPLICATION, AN AUDITION OR DISPLAY OF WORK ALREADY DONE IS ASKED FOR, DEPENDING UPON THE FIELD OF STUDY THEY ARE PLANNING TO PURSUE. THE COMMITTEE EVALUATES ALL MATERIAL PROVIDED AND ATTEMPTS TO SELECT TWO RECIPIENTS EVERY YEAR.

Statement 6 - Form 990, Part IV, Line 56 - Other Investments

Description	B	eginning of Year	 End of Year	Basis of Valuation
AMERICAN CENTURY INVESTMENTS	\$	5,012	\$ 4,955	
TOTAL	\$	5,012	\$ 4,955	

Statement 7 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

Description

	- E	Beginning of Year	Accum Depr	End of Year	Accum Depr
FURNITURE AND FIXTURES	\$	60,686 \$	29,449	\$ 63,552 \$	34,845
BUILDINGS	•	757,016	240,016	921,443	271,520
MISCELLANEOUS		79,322	,		•
LAND		29,020		29,020	
TOTAL	\$ <u></u>	926,044 \$	269,465	\$ 1,014,015 \$	306,365

Statement 8 - Form 990, Part VIII - Relationship of Activities

Line No.	Description
93A	EVENUES FROM PROFESSIONAL QUALITY THEATRE PRODUCTIONS
93A	WHICH CHALLEGE, STIMULATE, EDUCATE, AND ENTERTAIN OUR
93A	AUDIENCES, MEMBERS AND VOLUNTEERS TO ENRICH AND BROADEN
93A	THE CULTURAL LIFE AND EXPERIENCE OF THE GREATER TIDE-
93A	WATER COMMUNITY. THEATRE PRODUCTIONS INCLUDED BABY,
93A	MOON AND MAGNOLIAS, GEORGE M, COMMUNICATING DOORS,
93A	DRIVING MISS DAISY, AND RETREAT FROM MOSCOW.

28995 WILLIAMSBURG PLAYERS, INC.

Federal Statements

FYE: 6/30/2008

54-6049685

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Statement 9 - Schedule A, Part III, Line 3a - Explanation of Grant/Loan Qualifications

Description

THE APPLICANTS MUST BE LOCAL HIGH SCHOOL SENIORS WHO PLAN TO GO TO COLLEGE AND MAJOR IN SOME ASPECT OF THEATRE OR DANCE. THIS INCLUDES ACTING, LIGHTING DESIGN, SCENE DESIGN, DIRECTING, ETC. THE STUDENTS ARE ASKED TO MAKE AN APPLICATION TO OUR SCHOLARSHIP COMMITTEE DURING THE LAST HALF OF THEIR SENIOR YEAR. IN ADDITION TO THE APPLICATION, AN AUDITION OR DISPLAY OF WORK ALREADY DONE IS ASKED FOR, DEPENDING UPON THE FIELD OF STUDY THEY A ARE PLANNING TO PURSUE. THE COMMITTEE EVALUATES ALL MATERIAL PROVIDED AND A ATTEMPTS TO SELECT TWO RECIPIENTS EVERY YEAR.

Statement 10 - Schedule A, Part IV-A, Line 22 - Other Income

Description		2006	_	2005	_	2004	_	2003
MISCELLANEOUS	\$_		\$_	722	\$_		\$_	
TOTAL	\$	0	\$_	722	\$_	0	\$_	0

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28995 WILLIAMSBURG PLAYERS, INC. 54-6049685 Federal Asset Report FYE: 6/30/2008 Form 990, Page 1

<u>Asset</u>	Description	Date In Service	Cost	Bus Sec _%_ 179Bonus	Basis o for Depr	PerConv Meth	Prior	Current
Other	Depreciation:							
1	ARCHITECT FEES	6/30/92	9,486		9 486	15 MO S/L	9,486	0
2	BUILDING	6/30/78	100,000		100,000		100,000	ŏ
3	BUILDING	6/30/97	19,000		19,000		5,359	48 7
4	EQUIPMENT	11/01/79	125		125		125	0
5	EQUIPMENT	11/01/79	7,744		7,744	5 MO S/L	7,744	Ó
6	EXPANSION	6/30/99	159,583		159,583		38,914	4,092
7	ADDITIONAL EXPANSION	6/30/97	11,070		11,070		2,271	284
8	FURNISHINGS	6/30/96	10,217		10,217	7 MO S/L	10,217	0
9	IMPROVEMENTS	6/30/92	37,089		37,089	7 MO S/L	37,089	0
10	IMPROVEMENTS	6/30/92	38,253		38,253		38,253	0
11 12	LAND	5/30/05	29,020		29,020		0	0
14	SALVAGE VALUE MISC EQUIP 3 CHAIRS	6/30/78 7/16/02	2,500 313		2,500 313	5 MO S/L 7 MO S/L	0 90	0 44
15	MUD SINK	4/01/92	486		486		65	32
16	KEYBOARD	10/27/03	4,169		4,169		1,787	595
i7	CHAIRS	12/15/03	23,479		23,479		7,044	2,348
18	SHED	12/15/03	3,331		3.331	10 MO S/L	,,,,,,	333
19	NEW ROOF	2/13/05	19,340		19,340		4,835	1,934
20	HVAC SYSTEM	4/26/06	5,028		5,028	7 MO S/L	838	718
21	HEADSETS	12/23/05	5,622		5,622	7 MO S/L	1,205	803
22	PARKING LOT	5/18/07	354,835		354,835		1,971	23,656
23	PARALIGHTS LIGHT BOARD	7/10/06	5,381		5,381	5 MO S/L	1,076	1,077
24	DELL COMPUTER	9/22/06	650		650		98	130
25	LAPTOP	7/01/07	1,579		1,579	5 MO S/L	0	316
26	PARKING LOT FIXTURES	11/17/07	1,286		1,286		0	50
27	BUILDING ADDITION	6/30/08	164,427		164,427	39 MO S/L	0	0
	Total Other Depreciation		1,014,013		1,014,013		269,466	36,899
Total ACRS and Other Depreciation			1,014,013		1,014,013		269,466	36,899
	Grand Totals Less: Dispositions Less: Start-up/Org Expensed		1,014,013 0 0		1,014,013 0 0		269,466 0 0	36,899 0 0
	Net Grand Totals	•	1,014,013		1,014,013		269,466	36,899