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Form **990-PF** 

#### Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

OMB No 1545-0052

2008

Department of the Treasury Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements Internal Revenue Service 7/01/08 , and ending 6/30/09 For calendar year 2008, or tax year beginning Final return G Check all that apply Initial return Amended return Address change Name change Name of foundation Employer identification number Use the IRS THE DAVE H. & REBA W. WILLIAMS 13-3381821 label. FOUNDATION Telephone number (see page 10 of the instructions) Otherwise, 434-977-4420 print Number and street (or P O box number if mail is not delivered to street address) Room/suite % SILVERCREST, 614 E. HIGH ST. or type. C If exemption application is pending, check here See Specific City or town, state, and ZIP code 1. Foreign organizations, check here Instructions. CHARLOTTESVILLE VA 22902 2. Foreign organizations meeting the H Check type of organization: |X| Section 501(c)(3) exempt private foundation 85% test, check here and attach computation Section 4947(a)(1) nonexempt chantable trust | Other taxable private foundation If private foundation status was terminated under section 507(b)(1)(A), check here Fair market value of all assets at end J Accounting method X Cash Accrual of year (from Part II, col (c), Other (specify) If the foundation is in a 60-month termination 117,877 (Part I, column (d) must be on cash basis) under section 507(b)(1)(B), check here line 16) > \$ Part I Analysis of Revenue and Expenses (The (a) Revenue and (d) Disbursements expenses per (b) Net investment (c) Adjusted net for charitable total of amounts in columns (b), (c), and (d) may not necessarily books income income purposes equal the amounts in column (a) (see pg 11 of the instructions) (cash basis only) 213,444 Contributions, gifts, grants, etc., received (attach schedule) 2 Check ► I If the foundation is **not** required to attach Sch. B 258 258 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 796 796 5a Gross rents Net rental income or (loss) Revenue 4,954 6a Net gain or (loss) from sale of assets not on line 10 136,522 Gross sales price for all assets on line 6a 27,298 7 Capital gain net income (from Part IV, line 2) Net short-term capital gain Я 9 Income modifications 10a Gross sales less returns & allowances Less. Cost of goods sold Gross profit or (loss) (attach schedule) 11 Other income (attach schedule) 12 219,452 28,352 Total. Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc. Operating and Administrative Expenses 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees (attach schedule) 5,000 5,000 STMT 1 b Accounting fees (attach schedule) STMT 2 4,411 Other professional fees (attach schedule) 4,244 17 Interest 50 50 Taxes (attach schedule) (see page 14 of the instructions)  $\ STMT$ 18 19 Depreciation (attach schedule) and depletion വ Occupancy 21 Travel, conferences, and meetings 120 120 22 Printing and publications 23 Other expenses (att. sch ) Total operating and administrative expenses. 9,581 167 Add lines 13 through 23 414 321,576 Contributions, gifts, grants paid 321,576 167 330,<u>990</u> Total expenses and disbursements. Add lines 24 and 25 331,157 27 Subtract line 26 from line 12: Excess of revenue over expenses & disbursements -111,70528,185 Net investment income (if negative, enter -0-) Adjusted net income (if negative, enter -0-)

1	Part II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	E	End of	year
_		Should be for end-or-year amounts only (See instructions )	(a) Book Value	(b) Book Valu	е	(c) Fair Market Value
	1	Cash—non-interest-bearing .				
	2	Savings and temporary cash investments	226,763	116,	058	116,058
	3	Accounts receivable ▶		`		
		Less: allowance for doubtful accounts ▶				<del></del>
	4	Pledges receivable ▶				
		Less: allowance for doubtful accounts ▶				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other				
		disqualified persons (attach schedule) (see page 15 of the				
		instructions)				
	7	Other notes and loans receivable (att schedule)				
ļ		Less, allowance for doubtful accounts ▶		<del> </del>		
뙶	8	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges				
ĕ	10a	Investments—U S and state government obligations (attach schedule)				
	b	Investments—corporate stock (attach schedule)				
	С	Investments—corporate bonds (attach schedule)				
	11	Investments—land, buildings, and equipment basis				
		Less accumulated depreciation (attach sch.)				
	12	Investments—mortgage toans				
	13	Investments—other (attach schedule)				
	14	Land, buildings, and equipment basis				
		Less accumulated depreciation (attach sch.)				
	15	Other assets (describe ► SEE STATEMENT 4 )		1,	819	1,819
	16	Total assets (to be completed by all filers—see the			1	
$\perp$		instructions. Also, see page 1, item I)	226,763	117,	877	117,877
ł	17	Accounts payable and accrued expenses				
Š	18	Grants payable		1,	000	,
뜵	19	Deferred revenue .				
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons				
<u>.</u> 2.	21	Mortgages and other notes payable (attach schedule)				
_	22	Other liabilities (describe ▶ )				
$\dashv$	23	Total liabilities (add lines 17 through 22)	0	1,	000	
		Foundations that follow SFAS 117, check here				
ces		and complete lines 24 through 26 and lines 30 and 31.				
Ĕ	24	Unrestricted	·			
ह्य	25	Temporarily restricted				
Net Assets or Fund Balan	26	Permanently restricted				
Ĭ		Foundations that do not follow SFAS 117, check here				
Œ		and complete lines 27 through 31.				
ō	27	Capital stock, trust principal, or current funds		-		
윎	28	Paid-in or capital surplus, or land, bldg., and equipment fund	006 760			
SS	29	Retained earnings, accumulated income, endowment, or other funds	226,763	116,	8//	
۲	30	Total net assets or fund balances (see page 17 of the	006 760	116	<u> </u>	
흴		instructions)	226,763	116,	8//	
	31	Total liabilities and net assets/fund balances (see page 17	006 760	117	<u></u>	
ᆛ	Clare H	of the instructions)	226,763	117,	8 <i>I I</i>	<u> </u>
	Part I	······		·		
1		net assets or fund balances at beginning of year—Part II, column (a), line 30 (mu	st agree with		ا ا	200 702
_		f-year figure reported on pnor year's return)		}	1	226,763
		amount from Part I, line 27a			2	-111,705
		increases not included in line 2 (itemize) ► SEE STATEMENT 5		}	3	1,819
		ines 1, 2, and 3	•	}	4	116,877
		eases not included in line 2 (itemize)	h) line 20	. }	5	116 077
_6	rotal	net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (	o), line 30		6	116,877

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_			- 2	
P	21	10		t

Part IV Capital Gains a	nd Losses for Tax on Investm	ent Income				
	ibe the kind(s) of property sold (e.g., real estate ehouse, or common stock, 200 shs MLC Co.)	9,	(b) How acquired P—Purchase D—Donation		acquired day, yr)	(d) Date sold (mo , day, yr.)
1a SEE WORKSHEET		-				
b						
<u>c</u>				<u> </u>		
<u>d</u>						
<u>e</u>	· · · · · · · · · · · · · · · · · · ·	T				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	, ,,,,	expense of sale		, ,	n or (loss) n minus (g)
a .			·	<del></del>		
<u>b</u>	<u>.</u>					
d				<del></del>		
e			<del></del>			
	g gain in column (h) and owned by the f	oundation on 12/3	31/69			
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) E	excess of col (i)	(I) col	(k), but not	of (h) gain minus less than -0-) <b>or</b> om cof (h))
a	<del></del>					<del></del>
b						
c						
d						
е						
2 Capital gain net income or (net c	apital loss) If gain, also enter in			2		27,298
3 Net short-term capital gain or (los	ss) as defined in sections 1222(5) and (	_	`			
If gain, also enter in Part I, line 8	, column (c) (see pages 13 and 17 of the	e instructions)				
If (loss), enter -0- in Part I, line 8				3		
Part V Qualification U	nder Section 4940(e) for Redu	ced Tax on N	et Investment Inco	me		
(For optional use by domestic private	e foundations subject to the section 4940	O(a) tax on net inv	vestment income)			
If section 4940(d)(2) applies, leave th	nis part blank					
Was the foundation liable for the see	ction 4942 tax on the distributable amour	at of any year in t	he hase pered? \( \textstyle \tex	s X N	^	
	alify under section 4940(e). Do not comp		nie base penou 16	22 [X] N	o .	
		<del></del>	no hoforo making any an	trion		
(a)	each column for each year; see page 18 (b)	or the instruction	ns before making any en (c)	ines	<del></del>	(d)
Base penod years Calendar year (or tax year beginning	Adjusted qualifying distributio	ns Net v	alue of noncharitable-use as	sets		nbution ratio livided by col. (c))
2007		,765	391,	854	(001 (0)	1.247314
2006		,784	208,			1.590954
2005		,156	42,			4.163674
2004		,222	599,			1.380380
2003	185	,141	856,	711		0.216107
2 Total of line 1, column (d)		•		2		8.598429
3 Average distribution ratio for the	5-year base period—divide the total on	line 2 by 5, or by	the			
number of years the foundation h	has been in existence if less than 5 year	s		3		<u>1.719686</u>
4 Enter the net value of noncharita	able-use assets for 2008 from Part X, line	e 5		4		185,196
5 Multiply line 4 by line 3				5	_	<u>318,479</u>
6 Enter 1% of net investment incor	me (1% of Part I, line 27b)			6	-	282
<ul><li>6 Enter 1% of net investment incom</li><li>7 Add lines 5 and 6</li></ul>	me (1% of Part I, line 27b)			7		282 318,761
	,					
<ul><li>7 Add lines 5 and 6</li><li>8 Enter qualifying distributions from If line 8 is equal to or greater that</li></ul>	m Part XII, line 4 in line 7, check the box in Part VI, line 1l	o, and complete t	that part using a 1% tax r	7		318,761
<ul><li>7 Add lines 5 and 6</li><li>8 Enter qualifying distributions from</li></ul>	m Part XII, line 4 in line 7, check the box in Part VI, line 1l	o, and complete t	that part using a 1% tax r	7		318,761

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Pa	ert VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions			
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1.			
	Date of ruling letter: (attach copy of ruling letter if necessary—see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			282
	here ▶ X and enter 1% of Part I, line 27b			
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4%			
	of Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			<u> </u>
3	Add lines 1 and 2			282
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	•		282
6	Credits/Payments:			
а	2008 estimated tax payments and 2007 overpayment credited to 2008 6a 2, 101			
Ь	Exempt foreign organizations—tax withheld at source 6b			
C	Tax paid with application for extension of time to file (Form 8868)			
d _	Backup withholding erroneously withheld  6d		2	1 / 1
7	Total credits and payments. Add lines 6a through 6d  7		<u> </u>	<u> 101</u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
9 10	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed  Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid  10		1 :	319
11	Enter the amount of line 10 to be: Credited to 2009 estimated tax   1,819  Refunded   11		J.,	<u>519</u>
	ert VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19	1		
	of the instructions for definition)?	1b		Χ
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities.			
С	Did the foundation file Form 1120-POL for this year?	1c		<u>X</u>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation. ▶ \$ (2) On foundation managers.▶ \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on			
	foundation managers. • \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		<u>X</u>
_	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			3.7
4-	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a b	Did the foundation have unrelated business gross income of \$1,000 or more during the year?  If "Yes," has it filed a tax return on Form 990-T for this year?  N/A	4a 4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
•	If "Yes," attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that			
	conflict with the state law remain in the governing instrument?	6	Χ	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7_	X	
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the			
	instructions)   NY NY			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)			
	or 4942(j)(5) for calendar year 2008 or the taxable year beginning in 2008 (see instructions for Part XIV on	_		17
40	page 27)? If "Yes," complete Part XIV	9		<u>X</u> _
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	10		Х
	names and addresses		0-PF	(2008)

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-	art VII-A Statements Regarding Activities (continued)					T		
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the							
	meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)					11		<u>X</u>
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before							
	August 17, 2008?					12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption	application	n?			13	Χ	
	Website address ► N/A							_
14	The books are in care of ► SILVERCREST	Telepho	ne i	no. 🕨	434-9	9.77-	442	0
	614 E. HIGH ST.					_		
	Located at ▶ CHARLOTTESVILLE, VA	. 2	ZIP+	4 ▶	2290	2		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here				1			▶ ∐
	and enter the amount of tax-exempt interest received or accrued during the year				15			
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Re	quired				······		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.					ļ	Yes	No
1a	During the year did the foundation (either directly or indirectly)	_	_					
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	L	_] `	Yes	X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	_	_					
	disqualified person?	L	╛,	Yes	X No X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	L	յ՝	Yes	X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	L	، [	Yes	X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	_	_		_			
	the benefit or use of a disqualified person)?		_ \ _	Yes	X No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if							
	the foundation agreed to make a grant to or to employ the official for a penod after							
	termination of government service, if terminating within 90 days)	[	] ∙	Yes	X No			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in F	Regulation	าร					
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instruction	ıs)?			N/A	1b		
	Organizations relying on a current notice regarding disaster assistance check here				▶ 🗌			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, t	hat .						
	were not corrected before the first day of the tax year beginning in 2008?				N/A	1c		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a privi	ate						
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)).							
а	At the end of tax year 2008, did the foundation have any undistributed income (lines 6d and							
	6e, Part XIII) for tax year(s) beginning before 2008?	ſ	٦,	Yes	X No			
	If "Yes," list the years ▶ 20 , 20 , 20 , 20	_	_					
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(	a)(2)						
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a	)(2)						
	to all years listed, answer "No" and attach statement—see page 20 of the instructions.)				N/A	2b	ļ	
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years he	ere			•			
	<b>▶</b> 20 , 20 , 20 , 20							
3a	Did the foundation hold more than a 2% direct or indirect interest in any business							
	enterprise at any time during the year?	-	η,	Yes	X No			
b	If "Yes," did it have excess business holdings in 2008 as a result of (1) any purchase by the foundation	or	_					
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved b							
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the la	•						
	of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the	•						
	foundation had excess business holdings in 2008 )				N/A	3b		1
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable p	urposes?			, - <b>-</b>	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopal	•			•			
-	chartable purpose that had not been removed from repairly before the first day of the tay year beginn		02			1 ab	]	lv

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	art VII-B Statements Regarding Activities for Which Forn	1 4720 May Be	Required (co	ntinued)		<del></del>
5a	During the year did the foundation pay or incur any amount to					
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section		□,	Yes 🛚 No		
	(2) Influence the outcome of any specific public election (see section 4955), or	to carry on,				
	directly or indirectly, any voter registration drive?		按,	Yes X No		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?		. 📙 '	Yes 🛚 No		
	(4) Provide a grant to an organization other than a charitable, etc., organization	described in				
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the inst	ructions)	□ ,	Yes X No	- 1	1
	(5) Provide for any purpose other than religious, charitable, scientific, literary, o	r		_		
	educational purposes, or for the prevention of cruelty to children or animals?	•	∐ ,	Yes X No		
b	If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under	er the exceptions de	escribed in			
	Regulations section 53.4945 or in a current notice regarding disaster assistance	(see page 22 of th	e instructions)?	_N/A L	5b	
	Organizations relying on a current notice regarding disaster assistance check he	ere		▶ 🗌		
C	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from	om the tax	•			
	because it maintained expenditure responsibility for the grant?		N/A 🔲	Yes 🗌 No	İ	
	If "Yes," attach the statement required by Regulations section 53 4945-5(d)	•	_			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pa	ay premiums				
	on a personal benefit contract?		$\Box$	Yes X No		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a pe	rsonal benefit contr	act?		6b	X
	If you answered "Yes" to 6b, also file Form 8870.		•			
7a	At any time during the tax year, was the foundation a party to a prohibited tax sh	elter transaction?		Yes X No		
b	If yes, did the foundation receive any proceeds or have any net income attributa	ble to the transaction	on?	_N/A	7b	
Pi	art VIII Information About Officers, Directors, Trustees, Fo	undation Mana	agers, Highly	Paid Employe	es,	
	and Contractors				-	
1 1	ist all officers, directors, trustees, foundation managers and their compensa	tion (see page 22	of the instruction	ns).		
	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	acc	Expense ount, other lowances
DZ	VE H. WILLIAMS GREENWICH	TRUSTEE		Compensation	a.	iowances
	75 ZACCHEUS MEAD LANE CT 06831	0	_			0
	CBA W. WILLIAMS GREENWICH	TRUSTEE		,		<u>~</u>
	15 ZACCHEUS MEAD LANE CT 06831	0	,			0
	3 another han lake C1 00031	<u> </u>		,		
						····
	•					
2	Compensation of five highest-paid employees (other than those included or	line 1—see page	23 of the instruc	tions).		
_	If none, enter "NONE."	· ·····o · · · · · · · · · · · · · · ·				
		(b) Title, and average		(d) Contributions to	(e)	Expense
	(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred		ount, other lowances
		devoted to position		compensation		iowances
NO	ONE .					
				<u> </u>		
	· · · · · · · · · · · · · · · · · · ·				<u> </u>	
		J	<u> </u>	<u></u>	<u> </u>	
<u> Fota</u>	1 number of other employees paid over \$50,000				<u> </u>	<u> </u>

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Part VIII	Information About Officers, Directors, Trustees, Foundation	tion Managers, Highly Paid Em	ployees,
	and Contractors (continued)		
3 Five higher	est-paid independent contractors for professional services (see page 23 o	of the instructions). If none, enter "NON	<u> E."</u>
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
			<del></del>
	•		
<del></del>			<del></del>
	· · · · · · · · · · · · · · · · · · ·		
			_ [
			_
Total number of	others receiving over \$50,000 for professional services		<u> </u>
Part IX-A	Summary of Direct Charitable Activities		
	on's four largest direct chantable activities during the tax year. Include relevant statistical in and other beneficiaries served, conferences convened, research papers produced, etc.	nformation such as the number	Expenses
1 N/A			
	77		
2			
3			
J	•		
4			
		•	
Part IX-B	Summary of Program-Related Investments (see page 2	3 of the instructions)	
	largest program-related investments made by the foundation during the tax year on lines	1 and 2	Amount
1 N/A	• • • • •		
2			
-	·		
·			
All other program	n-related investments. See page 24 of the instructions		-
3			
Total. Add lines	1 through 3	▶	

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Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.

Enter 1% of Part I, line 27b (see page 26 of the instructions)

Adjusted qualifying distributions. Subtract line 5 from line 4

qualifies for the section 4940(e) reduction of tax in those years

Form **990-PF** (2008)

330.

4

990

506,501

178,917

338,060

473,486 322,012

b

С

d

Excess from 2004

Excess from 2005

Excess from 2006

Excess from 2007

Excess from 2008

The name, address, and telephone number of the person to whom applications should be addressed:

N/A

The form in which applications should be submitted and information and materials they should include:

Any submission deadlines

Any restrictions or limitations on awards, such as by geographical areas, chantable fields, kinds of institutions, or other factors. N/A

DAA

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Foundation Recipient Purpose of grant or status of Amount contribution recipient Name and address (home or business) a Paid during the year PC SEE ATTACHED NONE **GENERAL** 321,576 Total ▶ 3a 321,576 Approved for future payment N/A ▶ 3b Total

DAA

Form **990-PF** (2008)

	Part XVI-A er gross amo	Analysis of Income-Producing Actions unless otherwise indicated		usiness income	Excluded	by section 512, 513, or 514	(e)
			(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of
1		vice revenue <sup>.</sup>					the instructions )
	a		.				
		<del></del>	· <del>                                    </del>		<del> </del>		<del></del>
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	a Fees an	d contracts from government agencies	·	<del> </del>	1		
2		dues and assessments					<del></del> _
		avings and temporary cash investments	<del></del>		14	258	· · · · · · · · · · · · · · · · · · ·
		nd interest from secunties	<del>                                     </del>		14	796	
		come or (loss) from real estate			1 1 7	7.70	······································
•		anced property					
		i-financed property	<del></del>	<del></del>			
6		come or (loss) from personal property	<del> </del>	-			
	Other invest				<del></del>		
		s) from sales of assets other than inventory		.,.	14	4,954	
		or (loss) from special events			<del></del>	4,334	
		or (loss) from sales of inventory	1		1		
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14		u columns (b), (u), and (e)	1				
			L	<u>'</u>	<u>~1                                    </u>		
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Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(e) of the Code (other than section 501(e)(3) organizations) or in section 527, relating to political organization or organizations or the reporting foundation to a nonchantable exempt organization or (1) Cash Other transactions:  (1) Cash Other transactions:  (1) Sales of assets to an onchantable exempt organization (2) Purchase of assets from a nonchantable exempt organization (3) Rental of facilities, equipment, or other assets (4) Rembusement arrangements (5) Loans or foan guarantees (6) Performance of services or membership or fundrishing solicitations (5) Loans or foan guarantees (6) Performance of services or membership or fundrishing solicitations (7) An organization of the property of the document of the following schedule. Column (b) should always show the fair market value in any transaction or sharing arrangement, shown column (b) the solicitation organization received less than fair market value in any transaction or sharing arrangement shown column (b) the solicitation organizations are colored to the goods, other assets, or services given by the reporting organization (b) Boscoption of transfers, transactions, and sharing arrangements will be colored to the colored property or sharing arrangement sharing aschedule  (a) Name of organization (b) Type of organization (c) Description of transfers, transactions, and sharing arrangements are colored to the colored property of the colored property organizations of the colored property depthic in t	_	ar Avii	Exempt Organiza	_	insters to and tr	ansacuon	s and r	veiauonsnips w	nui Nonch	iai ilabie		
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sharing of facilities, equipment, malling lists, other assets, or paid employees  d if the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.  (a) Line no  (b) Amount involved  (c) Name of noncharitable exempt organization  (d) Description of transfers, transactions, and sharing arrangements.  (e) Amount involved  (f) Name of noncharitable exempt organization  (g) Description of transfers, transactions, and sharing arrangements are second to the goods, other assets, or services received.  (a) Line no  (b) Amount involved  (c) Name of noncharitable exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  (b) If "Yes," complete the following schedule  (a) Name of organization  (b) Type of organization  (c) Description of relationship.  (d) Description of relationship.  (e) Description of relationship.  (f) Type of organization  (g) Description of relationship.  (g) Description of relationship.  (h) Type of organization  (g) Description of relationship.  (h) Type of organization  (g) Description of relationship.  (g) Description of relationship.  (h) Type of organization  (h) Type of organization  (h) Type of organizations and statements, and to the best of my knowledge and belief, it is true, consider any organization or proper to the following proper or following any organization or find the following			-		·							
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value of the goods, other assets, or services given by the reporting organization. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.  (a) Line no (b) Amount involved (c) Name of nonchantable exempt organization (d) Description of transfers, transactions, and sharing arrangements.  (b) Amount involved (c) Name of nonchantable exempt organization (d) Description of transfers, transactions, and sharing arrangements.  2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No If "Yes," complete the following schedule  (a) Name of organization (b) Type of organization (e) Description of relationship N/A  Under penalties of pergry glacture that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, if it is true, correct institutional organization of officer or trustee Date TRISTEE Table TRISTEE  Under penalties of pergry glacture that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, if it is true, correct institution of which perpare has any knowledge and belief, if it is true, correct institution of which perpare to self-employed Finds and personal true for trustee Date Check if Interest True Preparer's identifying number (see Signature on page 30 of the instruction) and penalties of pergraphy and penalties of penalties o		_		-						. <u>1c</u>		_X_
value in any transaction or shanng arrangement, show in column (d) the value of the goods, other assets, or services received.  (d) Lies no  (d) Amount involved  (e) Name of nonchantable exempt organization  (d) Description of transfers, transactions, and sharing arrangements  2a. Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  (g) Name of organization  (g) Description of relationship  (g) Description	d				•			=				
(d) Description of transfers, transactions, and sharing arrangements    A			<del>-</del>	_	· · · · · ·	-						
2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   No   If "Yes," complete the following schedule												
2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   No   If "Yes," complete the following schedule	_		(b) Amount involved	(C) Name	of nonchantable exempt of	rganization	( <b>a</b> ) D	escription of transfers, ti	ransactions, an	d sharing arrange	ements	
described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   No	1/	<u>n</u>						<del> </del>				
described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   No								<del> </del>				
described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   No										<del></del>		_
described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   No					<del></del>					<del></del>		
described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   No				<del></del>								
described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   No												
described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   No						i i						
described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   No												
described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   No												
described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   No												
described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   No												
described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   No												
described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   No												
described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   No												
described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   No												
b If "Yes," complete the following schedule  (a) Name of organization  (b) Type of organization  (c) Description of relationship  N/A  Under penalties of penjury 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 taxpayer or fiduciary) is based on all information of which preparer has any knowledge  TRUSTEE Title  Preparer's dentifying number (see Signature on page 30 of the instructions) P00544405  Firm's name (or yours if self-employed), address, and ZIP code  CHARLOTTESVILLE, VA 22902  Phone no 434-977-4420	<b>2</b> a		•	•	•		•	rganizations		$\Box$	17	1
(c) Description of relationship  N/A  Under penalties of penum 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 greparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge  TRUSTEE Title  Preparer's identifying number (see Signature on page 30 of the instructions) Proposed on all information of which preparer has any knowledge  TRUSTEE Title  Preparer's identifying number (see Signature on page 30 of the instructions) P00544405  Firm's name (or yours if self-employed), address, and ZIP code  CHARLOTTESVILLE, VA 22902  Phone no 434-977-4420					than section 501(c)(3))	or in section	527?			∐ Y	es <u> X</u>	J No
Under penalties of penjury, 1 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 convollete, Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge  TRUSTEE Title  Date  Preparer's identifying number (see Signature on page 30 of the instructions) Proposition of preparer in the instructions page 30 of	b			nedule								
Under penalties of penus? 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 taxpayer or fiduciary) is based on all information of which preparer has any knowledge  TRUSTEE  Title  Preparer's  Signature of officer or trustee  Date  Check if self-employed I preparer's identifying number (see Signature on page 30 of the instructions)  POS 44405  Firm's name (or yours if self-employed), address, and ZIP code  CHARLOTTESVILLE, VA 22902  Phone no 434-977-4420	_		Name of organization		(b) Type of organi	zation		(c) De	scription of rela	tionship		
TRUSTEE  Title  Date  Date  Date  Date  Date  Date  Date  Date  Preparer's identifying number (see Signature on page 30 of the instructions) Propage 30 of the instructions and instructions are also as a second and instructions are also as a second and instructions are also as a second		IV /, A	<u> </u>			+						
TRUSTEE  Title  Date  Date  Date  Date  Date  Date  Date  Date  Preparer's identifying number (see Signature on page 30 of the instructions) Propage 30 of the instructions and instructions are also as a second and instructions are also as a second and instructions are also as a second										<del></del>		
TRUSTEE  Title  Date  Date  Date  Date  Date  Date  Date  Date  Preparer's identifying number (see Signature on page 30 of the instructions) Propage 30 of the instructions and instructions are also as a second and instructions are also as a second and instructions are also as a second			<u> </u>									
TRUSTEE  Title  Date  Date  Date  Date  Date  Date  Date  Date  Preparer's identifying number (see Signature on page 30 of the instructions) Propage 30 of the instructions and instructions are also as a second and instructions are also as a second and instructions are also as a second									<del></del>			
TRUSTEE  Title  Date  Date  Date  Date  Date  Date  Date  Date  Preparer's identifying number (see Signature on page 30 of the instructions) Propage 30 of the instructions and instructions are also as a second and instructions are also as a second and instructions are also as a second		Under penalti	es of penua declare that	I have exami	ned this return, including a	companying s	chedules a	nd statements, and to th	e best of my kr	nowledge and		
Signature of officer or trustee  Date  Date  Date  Check if self-employed   Firm's name (or yours if self-employed), address, and ZIP code  Signature of officer or trustee  Date  Date  Date  Check if self-employed   Check if self-employed   Date  Date  Date  Date  Check if self-employed   Preparer's identifying number (see Signature on page 30 of the instructions)  PO544405  EIN   11-2461669  CHARLOTTESVILLE, VA 22902  Phone no 434-977-4420		belief, it is tru	e, correct, and complete, [	eclaration of	preparer (other than taxpay	er or fiduciary)	is based or	n all information of which	h preparer has	any knowledge		
Signature of officer or trustee  Date  Date  Date  Check if self-employed   Firm's name (or yours if self-employed), address, and ZIP code  Signature of officer or trustee  Date  Date  Date  Check if self-employed   Check if self-employed   Date  Date  Date  Date  Check if self-employed   Preparer's identifying number (see Signature on page 30 of the instructions)  PO544405  EIN   11-2461669  CHARLOTTESVILLE, VA 22902  Phone no 434-977-4420			KY WU	Ulid	w	1		TRU	STEE			
Preparer's signature of the instructions of th		Signatur	e of officer or trustee			Date	<del></del>					
Preparer's signature G.DAVID PHELPS HAMAR, JD, CPA 2/02/10 PHOD544405  Firm's name (or yours if self-employed), address, and ZIP code CHARLOTTESVILLE, VA 22902 Phone no 434-977-4420	ב כ			$\overline{\Lambda}$	/ A A		Da	ate		Preparer's identi	fying	
self-employed), address, and ZIP code CHARLOTTESVILLE, VA 22902 Phone no 434-977-4420			1) <sub>a</sub>	女人	TUM			Check	ıf	number (see Sig	nature	on
self-employed), address, and ZIP code CHARLOTTESVILLE, VA 22902 Phone no 434-977-4420	5	출출   P	reparer's V		- 4			self-en	nployed 🕨 🔲	page 30 of the in	struction	s)
self-employed), address, and ZIP code CHARLOTTESVILLE, VA 22902 Phone no 434-977-4420	מ	Pai Pai Se O	gnature G.DAVI							P00544	4405	5
self-employed), address, and ZIP code CHARLOTTESVILLE, VA 22902 Phone no 434-977-4420		ຊີລຸ   E					ERVI	CES, INC.				
		S										
		<u>_</u>	nd ZIP code	CHARI	<u>OTTESVILLE,</u>	<u>VA 2</u>	<u> 2902</u>		Phone			

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

990-PF) ► Attach to Form 990, 990-EZ, and 990-PF.

OMB No 1545-0047

2008

Department of the Treasury Internal Revenue Service

Name of the organization
THE DAVE H. & REBA W. WILLIAMS
FOUNDATION

Organization type (check one):

**Schedule of Contributors** 

Organization type (check one):					
Filers of:	Section:				
Form 990 or 990-EZ	501(c)( ) (enter number) organization				
	4947(a)(1) nonexempt chantable trust <b>not</b> treated as a private foundation				
	527 political organization				
Form 990-PF	X 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 co	overed by the General Rule or a Special Rule. (Note. Only a section 501(c)(7), (8), or (10)				
	for both the General Rule and a Special Rule. See instructions )				
General Rule					
	Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or contributor. Complete Parts I and II.				
Special Rules					
under sections 509(a)(	organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations (1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the r (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line id II.				
during the year, aggre	), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, gate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, ducational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.				
dunng the year, some not aggregate to more the year for an exclusi	), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did than \$1,000. (If this box is checked, enter here the total contributions that were received during vely religious, charitable, etc., purpose. Do not complete any of the parts unless the <b>General Rule</b> ation because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more.				
Caution. Organizations that ar	e not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990,				
000 EZ az 000 DE) haddhaara	and analysis "No" on Dort IV line 2 of their Form 200, as should the hours of their				

Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Schedule & (Form 990, 990-EZ, or 990-PF) (2008)

Page 1 of 1 of Part I

Name of organization

THE DAVE H. & REBA W. WILLIAMS

Employer identification number 13-3381821

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	DAVE H. WILLIAMS 135 ZACCHEUS MEAD LANE GREENWICH CT 06831	\$ 172 <b>,</b> 506	Person X Payroll Noncash X (Complete Part II if there is a noncash contribution )
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	REBA W. WILLIAMS 135 ZACCHEUS MEAD LANE GREENWICH CT 06831	<b>\$</b> 40,938	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$ .	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

 Schedule & (Form 990, 990-EZ, or 990-PF) (2008)
 Page 1 of 2 of Part II

 Name of organization
 Employer identification number

 THE DAVE H. & REBA W. WILLIAMS
 13-3381821

Part II	Noncash Property (see instructions)								
(a) No. from Part I	(b)  Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received					
1	360 SHS CHEVRON CORP								
	· · · · · · · · · · · · · · · · · · ·	\$	26,053	12/30/08					
(a) No. from Part I	(b)  Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received					
1.	200 SHS CVS CORP								
		\$	5,578	12/30/08					
(a) No. from Part I	(b)  Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received					
1	795 SHS HEWLETT-PACKARD CO								
		\$	28,445	12/30/08					
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received					
1	277 SHS MDU RESOURCES GROUP INC	\$	5,795	12/30/08					
	· · · · · ·	-	3,793	12/30/00					
(a) No. from Part I	(b)  Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received					
1	2,440 SHS ORACLE CORP								
		\$	42,846	12/30/08					
(a) No. from Part I	(b)  Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received					
1	205 SHS SAFEWAY INC								
	·	\$	4,662	12/30/08					

 Schedule B (Form 990, 990-EZ, or 990-PF) (2008)
 Page 2 of 2 of Part II

 Name of organization
 Employer identification number

 THE DAVE H. & REBA W. WILLIAMS
 13-3381821

Part II Noncash Property (see instructions)

Part II	Noncash Property (see instructions)			
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
1	550 SHS VERIZON COMMUNICATIONS			
		\$	18,189	12/30/08
(a) No. from Part I	(b)  Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
:		\$		
a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
		<b>\$</b> .		
a) No. from Part I	(b)  Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
		\$		
a) No. from Part I	(b)  Description of noncash property given	1	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$		
a) No. from Part I	(b)  Description of noncash property given	1	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$		

Form 990-PF	Capital	Gains and Losses			200	18
	For calendar year 2	008, or tax year beginning	7/01/08 , and	ending 6/30/		
lame				Emp	oloyer Identification N	Numbe
THE DAVE H.	& REBA W.	WILLIAMS		12	2201021	
FOUNDATION			1 (4)		-3381821	
(a) Li	ist and describe the kind -story brick warehouse,	d(s) of property sold, e.g., real estate or common stock, 200 shs MLC Co	e, ( <b>D)</b> Hov P-P	v acquired (c) Date (mo , contains	acquired (d) Date day, yr) (mo., da	te sold ay, yr)
1) 360 SHS CI	HEVRON COR	P			7/06 1/02	2/0
	VS CAREMAR				3/04 1/02	
<del></del>		KARD CO.		) VAR	IOUS 1/02	2/0
	DU RES GRO	UP		12/06	6/04 1/02	2/0
	ORACLE CO	RP	1		IOUS   1/02	<u> 2/0</u>
s) 205 SAFEWA			<u></u>		3/04 1/02	
y 550 VERIZO		<u>C.</u>	<u> </u>	) VAR	<u> 1/02</u>	2/0
<del></del>	#013223					
9)					<del></del>	
l0) l1)				<del></del>	<del>    -</del>	
12)			<del></del>	<del></del>	<del></del>	
13)						
14)			-			
15)	-					
			,			
(e) Gross sales pro	ce (f	Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (loss) (e) plus (f) minus (g)	
27,2	06	<u> </u>	22,28	4	4,922	2
2) 5,8			4,58		1,239	
29,0			23,44		5,561	_
4) 6,1			5,05	0	1,117	7
44,3			33,35		10,974	
6) 4,8			3,88		994	
7) 18,8			16,62	1	2,223	
	68	<del></del> -			268	8
9) 10)						
11)						
12)						
13)						
14)						
15)						
·						
Complete only for ass	sets showing gain in	column (h) and owned by the f	oundation on 12/31/69		Going (Col. (b) goin #	2000
(i) FMV as of 12/31	/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (ı) over col (ı), if any	col'(	Gains (Col. (h) gain m k), but not less than -0-) Losses (from col. (h))	) <b>or</b>
1)				<del></del>	4,922	
2)	+			<del></del>	1,239	
3)		<del></del>			5,562	
1)		•		·	1,11	
5)		·			10,974	
5)		-			994	
7)					2,223	
3)		<del> </del>			268	8
9)						
10)		·				
11)						
	I					
12)						
12) 13) 14)						

PF5034 THE DAVE H. & REBA W. WILLIAMS   Federal Statements	2/2/2010 3:40 PM·	Adjusted Net         Charitable Purpose           \$         5,000           \$         5,000	sted Charit	Adjusted Charitables S S S S S S S S S S S S S S S S S S S
Description  Description  Description  Description  EEE  EXCISE TAXES	Federal Statements	990-PF, Part I, Lii af 5, 000 5, 000 \$	5,000 \$  5,000 \$ <b>D-PF, Part I, Line 16c - Other F</b> al	- Form 990-PF, Part I, Line Net So \$ 50 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
	DAVE H. & REBA W. WILLIAMS	Description	Description ADVISORY FEES	Description FEE EXCISE TAXES

DF5034 THE DAVE H. & REBA W. WILLIAMS

113-3381821

### **Federal Statements**

2/2/2010 3:40 PM

FYE: 6/30/2009

Description	Beginning of Year	 End of Year	 Fair Market Value
PREPAID FEDERAL EXCISE TAXES-990PF	\$	\$ 1,819	\$ 1,819
TOTAL	\$0	\$ 1,819	\$ 1,819

#### Statement 5 - Form 990-PF, Part III, Line 3 - Other Increases

Description						_	Amount
RECOGNITION (	OF	PREPAID	FEDERAL	EXCISE	TAXES-990PF	\$_	1,819
TOTAL						\$_	1,819

DF5034 THE DAVE H. & REBA W. WILLIAMS

13-3381821

**Federal Statements** 

FYE: 6/30/2009

Statement 6 - Form 990-PF, Part XV, Line 1a - Managers Who Contributed Over 2% or \$5,000

Name of Manager	Amount
DAVE H. WILLIAMS	\$ 172,506
REBA W. WILLIAMS	40,938
TOTAL	\$\$

2/2/2010 3:40 PM

The Dave & Reba Williams Foundation Donations Made Tax Year 2008 (July 1, 2008 through June 30, 2009)

Charitable Donations made to:	Address	Relationship	p Status	Purpose	∢	Amount
American Associate of Royal Academy	555 Madison Avenue, Suite 1300, New York, NY 10022	NONE	PUBLIC CHARITY	GENERAL	<del>s</del>	25,000
Stonington Free Library	20 High Street PO Box 232 Stonington, CT 06379	NONE	PUBLIC CHARITY	GENERAL	<del>69</del>	1,000
Stonington Historical Society	PO Box 103, Stonington, CT 06378	NONE	PUBLIC CHARITY	GENERAL	<del>69</del>	200
Adult Cardiology Research Endowment	PO Box 20345, M C 3-117, Houston, TX 77225-0345	NONE	PUBLIC CHARITY	GENERAL	<del>⇔</del>	1,000
PEN American Center	588 Broadway Suite 303, New York, NY 10012	NONE	PUBLIC CHARITY	GENERAL	<del>ss</del>	1,000
The Mercantile Library Center for Fiction	17 East 47 Street, New York, NY 10017	NONE	PUBLIC CHARITY	GENERAL	<del>69</del>	5,000
American Associate of Royal Academy	555 Madison Avenue, Suite 1300, New York, NY 10022	NONE	PUBLIC CHARITY	GENERAL	ઝ	5,000
American Patrons of Tate	1285 6th Avenue (35th Floor), New York, NY 10019	NONE	PUBLIC CHARITY	GENERAL	↔	1,500
Historical Society of the Town of Greenwich	69 Stnckland Road, Cos Cob, CT 06807	NONE	PUBLIC CHARITY	GENERAL	<del>69</del>	1,000
Intrepid Museum Foundation	One Intrepid Square, New York, NY 10036-4103	NONE	PUBLIC CHARITY	GENERAL	↔	25,000
The Metropolitan Museum of Art	1000 5th Avenue, New York, NY 10028	NONE	PUBLIC CHARITY	GENERAL	↔	10,000
Amencan Friends of the British Museum	6 West 48th St., 10th Floor, New York, NY 10036	NONE	PUBLIC CHARITY	GENERAL	↔	3,500
Grace Cathedral	1000 Mason San Francisco, California 94108	NONE	PUBLIC CHARITY	GENERAL	<del>s</del>	1,000
Glimmerglass Opera	PO Box 91 Cooperstown, NY 13326	NONE	PUBLIC CHARITY	GENERAL	<del>69</del>	5,310
Stonington Village Improvement Association	PO Box 18, Stonington, CT 06378	NONE	PUBLIC CHARITY	GENERAL	↔	15,000
The University of Texas at Austin	1 University Station D1100, Austin, TX 78712-0335	NONE	PUBLIC CHARITY	GENERAL	↔	100,000
PEN American Center	588 Broadway Suite 303, New York, NY 10012	NONE		GENERAL	↔	7,500
Stonington Free Library	20 High Street PO Box 232 Stonington, CT 06379	NONE	PUBLIC CHARITY	GENERAL	<del>69</del>	2,000
The Bruce Museum	One Museum Drive, Greenwich, CT 06830-7100	NONE	PUBLIC CHARITY	GENERAL	↔	5,000
The Nature Conservancy of the State of Texas	PO Box 1440 San Antonio, TX 78295-1440	NONE	PUBLIC CHARITY	GENERAL	↔	1,000
Amencan Friends of Sentebale	1325 Sixthe Avenue, 27th Floor, New York, NY 10019	NONE	PUBLIC CHARITY	GENERAL	↔	10,000
Intrepid Museum Foundation	One Intrepid Square, New York, NY 10036-4103	NONE	PUBLIC CHARITY	GENERAL	ઝ	20,000
Historical Society of the Town of Greenwich	69 Strickland Road, Cos Cob, CT 06807	NONE	PUBLIC CHARITY	GENERAL	↔	10,000
American Associates of the Royal Nat'l Theater	268 West 44th St, 4FL, New York, NY 10036	NONE	PUBLIC CHARITY	GENERAL	↔	2,500
Stonington Village Improvement Association	PO Box 18, Stonington, CT 06380	NONE	PUBLIC CHARITY	GENERAL	↔	1,000
PEN American Center	588 Broadway Suite 303, New York, NY 10012	NONE	PUBLIC CHARITY	GENERAL	↔	954
PEN American Center	588 Broadway Suite 303, New York, NY 10012	NONE	PUBLIC CHARITY	GENERAL	↔	5,812
Intrepid Museum Foundation	One Intrepid Square, New York, NY 10036-4103	NONE	PUBLIC CHARITY	GENERAL	es e	25,000
Total					A	321,576

## SILVERCREST ASSET MANAGEMENT GROUP LLC REALIZED GAINS AND LOSSES

Dave & Reba W. Williams Foundation UAD 12/12/86 From 07-01-08 Through 06-30-09

							GAIN O	R Loss
OPEN DATE	CLOSE DATE	QUANTITY	SECURITY	Cost Basis	AMORT. OR	PROCEEDS	SHORT TERM	LONG TERM
01-17-06	01-02-09	360	CHEVRON CORP NEW COM	22,284	ł	27,206		4,922
12-03-04	01-02-09	200	CVS CAREMARK CORPORATION COM	4,580	)	5,819		1,239
01-17-06	01-02-09	9	HEWLETT PACKARD CO COM	284	<b>\</b>	328		44
01-05-06	01-02-09	786	HEWLETT PACKARD CO	23,163	•	28,681		5,517
01-05-06	01-02-09	70	VERIZON COMMUNICATIONS INC COM	2,115	i	2,398		283
01-17-06	01-02-09	480	VERIZON COMMUNICATIONS INC COM	14,506	5	16,446		1,940
12-06-04	01-02-09	277	MDU RES GROUP INC COM	5,050	)	6,167		1,117
06-01-06	01-02-09	1,770	ORACLE CORP COM	24,957	,	32,154		7,197
01-17-06	01-02-09	670	ORACLE CORP COM	8,395	;	12,171		3,776
12-03-04	01-02-09	205	SAFEWAY INC COM NEW	3,889	)	4,883		994
TOTALC	GAINS						0	27,031
TOTALL							0	0
				109,223	0	136,254	0	27,031
TOTALD	EALIZED (	220 MAIAS	27.031	•				

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

OMB No 1545-1709

Department of t		► File a separate application for each return.			
		utomatic 3-Month Extension, complete only Part I and check this box			<b>▶</b> X
		dditional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this fo	orm).		
-		less you have already been granted an automatic 3-month extension on a previously filed		8868	
Part I		c 3-Month Extension of Time. Only submit original (no copies needed			
A corporation Part I only	required to fil	e Form 990-T and requesting an automatic 6-month extension—check this box and comple	ete		▶ □
All other corp		ding 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an e	xtens	ion of	
	•	enerally, you can electronically file Form 8868 if you want a 3-month automatic extension low (6 months for a corporation required to file Form 990-T). However, you cannot file Form			
		t the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8			
returns, or a	composite or o	consolidated Form 990-T Instead, you must submit the fully completed and signed page 2	(Part	II) of Fo	orm
8868 For mo	re details on t	he electronic filing of this form, visit www irs gov/efile and click on e-file for Charities & Non	profit	s.	
Type or	Name of Ex	empt Organization Em	ploy	er iden	tification number
print	THE DA	AVE H. & REBA W. WILLIAMS			
File by the	FOUNDA		<u> - 3:</u>	<u> 3818</u>	21
due date for filing your		eet, and room or suite no. If a P O box, see instructions VERCREST, 614 E. HIGH ST.			
return See instructions	City, town o	r post office, state, and ZIP code For a foreign address, see instructions.			
Check type o		filed (file a separate application for each return):			
Form 99		Form 990-T (corporation)		П	Form 4720
Form 99		Form 990-T (sec 401(a) or 408(a) trust)			Form 5227
Form 99		Form 990-T (trust other than above)		-	Form 6069
X Form 99		Form 1041-A		$\vdash$	Form 8870
The book	s are in the ca	re of▶ SILVERCREST			
<ul><li>If the orga</li><li>If this is for</li></ul>	anization does or a Group Re	, and an	nis is		▶ □
for the whole		<u> </u>	ch		
		INs of all members the extension will cover			
-		c 3-month (6 months for a corporation required to file Form 990-T) extension of time			
	•	, to file the exempt organization return for the organization named above. The extension	IS		
	organization's				
	calendar year	or 7/01/00 and and 6/20/00			
	tax year begii	nning 7/01/08, and ending 6/30/09.			
2 If this ta	ix year is for l	ess than 12 months, check reason I Initial return Final return Change in a	ccour	nting pe	riod
		or Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,			202
		le credits. See instructions	3a	\$	282
	•	or Form 990-PF or 990-T, enter any refundable credits and estimated tax	١,,	•	2,101
		ude any prior year overpayment allowed as a credit	3b	_\$	2,101
		ct line 3b from line 3a Include your payment with this form, or, if required,			
		pon or, if required, by using EFTPS (Electronic Federal Tax Payment	,	e	0
	) See instruc		3c ]	<u>\$</u>	
for navment		o make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8	0/ <del>9</del> -E	.0	

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.