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Form 990-EZ

Department of the Treasury  
Internal Revenue Service**Short Form**  
**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)  
▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.  
▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

**2010**Open to Public  
InspectionA For the 2010 calendar year, or tax year beginning **JUN 1, 2010** and ending **MAY 31, 2011**

B Check if applicable

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

C Name of organization

**GREATER NORFOLK CORPORATION**

Number and street (or P.O. box, if mail is not delivered to street address)

**207 GRANBY STREET**

Room/suite

**301**

City or town, state or country, and ZIP + 4

**NORFOLK, VA 23510**

D Employer identification number

**54-1081488**

E Telephone number

**(757) 622-2242**F Group Exemption  
Number ▶G Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶I Website: ▶ **N/A**J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) ( 6 ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **140,794.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I.)Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1		18	Excess or (deficit) for the year (Subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	2		19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)
3	Membership dues and assessments	3	<b>140,740.</b>	20	Other changes in net assets or fund balances (explain in Schedule O)
4	Investment income	4		21	Net assets or fund balances at end of year. Combine lines 18 through 20
5a	Gross amount from sale of assets other than inventory	5a			
5b	Less: cost or other basis and sales expenses	5b			
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c			
6	Gaming and fundraising events				
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a			
b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b			
c	Less: direct expenses from gaming and fundraising events	6c			
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d			
7a	Gross sales of inventory, less returns and allowances	7a			
b	Less: cost of goods sold	7b			
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c			
8	Other revenue (describe in Schedule O)	8	<b>54.</b>		
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	<b>140,794.</b>		
10	Grants and similar amounts paid (list in Schedule O)	10			
11	Benefits paid to or for members	11	<b>12,353.</b>		
12	Salaries, other compensation, and employee benefits	12	<b>113,289.</b>		
13	Professional fees and other payments to independent contractors	13	<b>2,438.</b>		
14	Occupancy, rent, utilities, and maintenance	14	<b>12,931.</b>		
15	Printing, publications, postage, and shipping	15	<b>1,541.</b>		
16	Other expenses (describe in Schedule O)	16	<b>31,711.</b>		
17	<b>Total expenses.</b> Add lines 10 through 16	17	<b>174,263.</b>		

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2010)



**Part V Other Information** (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V ☒**33** Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O

	Yes	No
<b>33</b>		X

**34** Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)

<b>34</b>		X
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**35** If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.

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**a** Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?

<b>35a</b>		X
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**b** If "Yes," has it filed a tax return on Form 990-T for this year?

<b>35b</b>	N/A	
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**36** Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N

<b>36</b>		X
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**37a** Enter amount of political expenditures, direct or indirect, as described in the instructions.▶ **37a** 0.

<b>37a</b>		
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**b** Did the organization file Form 1120-POL for this year?

<b>37b</b>		X
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**38a** Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?

<b>38a</b>		X
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**b** If "Yes," complete Schedule L, Part II and enter the total amount involved**38b** N/A**39** Section 501(c)(7) organizations. Enter:**a** Initiation fees and capital contributions included on line 9**39a** N/A**b** Gross receipts, included on line 9, for public use of club facilities**39b** N/A**40a** Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:

section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A

**b** Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I

<b>40b</b>	N/A	
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**c** Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

▶ N/A

**d** Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization

▶ N/A

**e** All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T

<b>40e</b>		X
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**41** List the states with which a copy of this return is filed. ▶ VA**42a** The organization's books are in care of ▶ THE CORPORATION

Telephone no. ▶ (757) 622-2242

Located at ▶ 207 GRANBY STREET, SUITE 203, NORFOLK, VA

ZIP + 4 ▶ 23510

**b** At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

	Yes	No
<b>42b</b>		X

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.

**c** At any time during the calendar year, did the organization maintain an office outside of the U.S.?

<b>42c</b>		X
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If "Yes," enter the name of the foreign country: ▶

**43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year▶ **43** N/A**44a** Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

	Yes	No
<b>44a</b>		X

**b** Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

<b>44b</b>		X
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**c** Did the organization receive any payments for indoor tanning services during the year?

<b>44c</b>		X
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**d** If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

<b>44d</b>		
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Form 990-EZ (2010)

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?

	Yes	No
45		X

a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?

If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ

45a		X
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46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?

If "Yes," complete Schedule C, Part I

46		X
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**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

	Yes	No
47		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
-----	--	--

b If "Yes," was the related organization a section 527 organization?

49b		
-----	--	--

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
N/A				

f Total number of other employees paid over \$100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." N/A

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

☐ Yes ☐ No

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

Sign Here

Signature of officer *Barry C. Bishop*

Date *9/26/2011*

Type or print name and title *Barry C. Bishop*

*Executive Vice President*

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

DONALD H. BRITT

*Donald H. Britt*

SEP 23 2011

Firm's name ▶ DIXON HUGHES GOODMAN LLP

Firm's EIN ▶

Firm's address ▶ 440 MONTICELLO AVE, SUITE 1400  
NORFOLK, VA 23510

Phone no. 757.624.5100

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

GREATER NORFOLK CORPORATION

Employer identification number  
54-1081488

**FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:**

DESCRIPTION OF OTHER REVENUE:	AMOUNT:
INTEREST INCOME	54.

**FORM 990-EZ, PART I, LINE 14, OCCUPANCY, RENT, UTILITIES, AND MAINTENANCE:**

DESCRIPTION OF EXPENSES:	AMOUNT:
DEPRECIATION/AMORTIZATION	1,221.
OTHER EXPENSES	11,710.
TOTAL TO FORM 990-EZ, LINE 14	12,931.

**FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:**

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
PAYROLL TAXES	8,364.
TRAVEL	427.
CONFERENCES AND MEETINGS	14,031.
MISCELLANEOUS	466.
INTERNET & FAX	1,393.
TELEPHONE & COMMUNICATION	2,721.
OFFICE INSURANCE	4,309.
TOTAL TO FORM 990-EZ, LINE 16	31,711.

**FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:**

DESCRIPTION	BEG. OF YEAR	END OF YEAR
SECURITY DEPOSIT	800.	800.
OTHER DEPRECIABLE ASSETS	2,401.	1,180.
TOTAL TO FORM 990-EZ, LINE 24	3,201.	1,980.

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

Schedule O (Form 990 or 990-EZ) (2010)

032211  
01-24-11

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
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54-1081488

**FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:**

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE	3,078.	2,014.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO FOCUS ON THOSE  
INITIATIVES THAT HAVE THE POTENTIAL TO ENHANCE NORFOLK'S AND THE  
REGION'S COMPETITIVENESS AND QUALITY OF LIFE, INCLUDING THE CONTINUED  
GROWTH AND DEVELOPMENT OF THE PORT OF VIRGINIA AND THE MODELING AND  
SIMULATION INDUSTRY IN NORFOLK AND THE REGION; ENHANCING NORFOLK'S AND  
THE REGION'S ABILITY TO ATTRACT AND RETAIN YOUNG TALENT; PARTNERING  
WITH NORFOLK PUBLIC SCHOOLS IN SUPPORT OF THE NPS LEADERSHIP ACADEMY  
AND SUPPORTING EFFORTS TO ENSURE A HIGH SPEED PASSENGER RAIL CONNECTION  
TO SOUTH HAMPTON ROADS.

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:  
TO FOCUS ON THOSE INITIATIVES THAT HAVE THE POTENTIAL TO  
ENHANCE NORFOLK'S AND THE REGION'S COMPETITIVENESS AND  
QUALITY OF LIFE, INCLUDING THE CONTINUED GROWTH AND  
DEVELOPMENT OF THE PORT OF VIRGINIA AND THE MODELING AND SIMULATION  
INDUSTRY IN NORFOLK AND THE REGION; ENHANCING NORFOLK'S AND THE  
REGION'S ABILITY TO ATTRACT AND RETAIN YOUNG TALENT; PARTNERING WITH  
NORFOLK PUBLIC SCHOOLS IN SUPPORT OF THE NPS LEADERSHIP ACADEMY AND  
SUPPORTING EFFORTS TO ENSURE A HIGH SPEED PASSENGER RAIL CONNECTION TO  
SOUTH HAMPTON ROADS.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

GREATER NORFOLK CORPORATION

Employer identification number  
54-1081488

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,  
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,  
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.



**Depreciation and Amortization 990-EZ**  
(Including Information on Listed Property)

OMB No 1545-0172

**2010**  
Attachment  
Sequence No **67**

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

Name(s) shown on return <b>GREATER NORFOLK CORPORATION</b>	Business or activity to which this form relates <b>FORM 990-EZ PAGE 1</b>	Identifying number <b>54-1081488</b>
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**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	500,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	2,000,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see instructions	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2009 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	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 to 2011. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)**

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	921.

**Part III MACRS Depreciation (Do not include listed property) (See instructions)**

**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2010	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B - Assets Placed in Service During 2010 Tax Year Using the General Depreciation System**

(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) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27 5 yrs.	MM	S/L	
	/		27 5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs	MM	S/L	
	/			MM	S/L	

**Section C - Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System**

20a Class life	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr	22	921.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**Part V****Listed Property** (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.**Section A - Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)**24a** Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
<b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use							<b>25</b>	
<b>26</b> Property used more than 50% in a qualified business use.								
		%						
		%						
		%						
<b>27</b> Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							<b>28</b>	
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1								<b>29</b>

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

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

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

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

<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
<b>39</b> Do you treat all use of vehicles by employees as personal use?		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use?		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.**Part VI** Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2010 tax year					
<b>43</b> Amortization of costs that began before your 2010 tax year				<b>43</b>	300.
<b>44</b> Total. Add amounts in column (f). See the instructions for where to report				<b>44</b>	300.

## **GNC Officers**

### **President**

William Foster III, President  
TowneBank

### **1st Vice President**

Lisa Chandler, Vice President  
Nancy Chandler & Associates

### **2nd Vice President**

Charles McPhillips  
Kaufman & Canoles, P.C.

### **Secretary**

Charlotte Herndon  
President - Shared Services  
The New York Times  
Company

### **Treasurer**

John D. Cavanaugh, President  
Cavanaugh, Nelson & Co.

### **GNC Staff**

Barry C. Bishop  
Executive Vice President

Tammy Wright  
Executive Assistant

## **GNC Board Members**

J. Scott Adams

Kenneth Alexander, President  
Metropolitan Funeral Home

Stephen Ballard, President  
S.B. Ballard Construction

C. Max Bartholomew  
Dominion Resources Services

Frank Batten Jr.  
Chairman of the Board  
Landmark Communication,  
Inc.

David Bergren, President  
Old Dominion Trust Company

David Bernd, CEO  
Sentara Healthcare

Gilbert Bland, President  
Tycorp Group, Inc.

Robert F. Boyd  
Boyd & Boyd, P.C.

Malcolm Branch, President  
Virginia Ship Repair Assoc.

Alonzo Brandon  
VP, University Advancement  
Old Dominion University

Gan Brandt, President  
American Maritime Holdings

J. Robert Bray

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