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DLN: 93493309015353

Form **990**

Department of the Treasury Internal Revenue Service

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)

2012

OMB No 1545-0047

2012

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

A Fo	r the	2012 ca	lendar year, or tax year beginnin	g 01-01-2012 , 2012, and endin	q 12-31	-2012			
		applicable	C Name of organization	, ,	,		D Employ	er ide	ntification number
	dress c	• •	WILLIAMSBURG LANDING INC				52-130	1590	۵
□ _{Nai}	me cha	ange	Doing Business As				32-130	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,
	ial retu	-							
_			Number and street (or P O box if r 5700 WILLIAMSBURG LANDING DRI	nail is not delivered to street address) R /E	loom/suite	2	E Telephon	e num	ber
_	mınate						(757)5	65-6	504
_		return	City or town, state or country, and WILLIAMSBURG, VA 23185	ZIP + 4					
App	olicatio	n pending					G Gross red	ceipts \$	26,293,446
			F Name and address of pri				nis a group r	eturn	
			STEPHEN H MONTGOMER 5700 WILLIAMSBURG LAN			affili	ates?		┌ Yes 🗸 No
			WILLIAMSBURG, VA 2318			H(b) Δre	all affiliates	ınclu	ded? TYes TNo
									(see instructions)
I Ta	x-exer	npt status	501(c)(3)	insert no) 4947(a)(1) or 527	7	_			
J W	ebsit	e: ► WV	WW WILLIAMSBURGLANDING C	OM		H(c) Gro	up exemptio	on nur	mber 🟲
V Fam		ran numation	Corporation Trust Association	on Cothor In	<u> </u>	L Voor of f	ormation 1983	. M	State of legal domicile VA
	rt I		imary	one P		L fear of fe	omation 198.	Z M	State of legal dofficile VA
Га									
			lescribe the organization's missi R LIVING COMMUNITY OFFER]	on or most significant activities NG PERSONAL & FINANCIAL F	REEDO	M WITHIN	AN EXTENS	SIVE	CONTINUUM OF
		CARE							
Governance									
≅									
<u>ş</u>	2	Check t	his box 🕶 if the organization di	scontinued its operations or disp	osed of	more than	25% of its r	net as	sets
ទី	-								
26	3	Number	of voting members of the govern	ung body (Part VI, line 1a)			.	3	18
Activities &	4	Number	of independent voting members	of the governing body (Part VI, li	ne 1b)		[4	18
፮	5	Total nu	ımber of ındıvıduals employed ın	calendar year 2012 (Part V, line	2a) .		[5	419
य ब	6	Total nu	ımber of volunteers (estımate ıf ı	[6	211			
	7a	Total ur	nrelated business revenue from P	art VIII, column (C), line 12 .			[7a	0
	ь	Net unre	elated business taxable income t	rom Form 990-T, line 34			[7b	0
						Pri	or Year		Current Year
	8	Contr	ubutions and grants (Part VIII, I	ne 1h)			119,6:	19	114,493
₽	9	9 Program service revenue (Part VIII, line 2g)					26,121,50	07	24,539,902
Revenue	10	Inves	tment income (Part VIII, colum		990,84	49	212,681		
=	11	Other	revenue (Part VIII, column (A),		1,091,28	3 2	883,260		
	12		_	(must equal Part VIII, column (222257	
							28,323,2		25,750,336
	13			IX, column (A), lines 1-3) .			717,2	-	1,433,941
	14			(X, column (A), line 4)				0	0
88	15	Saları 5–10		ee benefits (Part IX, column (A),	lines		11,552,29	9 5	11,869,038
Expenses	16a			column (A), line 11e)			0		0
<u> </u>	ь		undraising expenses (Part IX, column (E						
Э	17			lines 11a–11d, 11f–24e)			14,507,86	5.0	14,911,683
	18			st equal Part IX, column (A), line			26,777,3	-	28,214,662
	19			18 from line 12			1,545,88	-	-2,464,326
± ση 3π Α΄	 	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	expenses oustract file			+	ng of Current	-	
Net Assets or Fund Balances						_	Year		End of Year
388 388	20	Total	assets (Part X, line 16)				126,995,5	19	155,805,232
절절	21	Total	liabilities (Part X, line 26) .				144,087,8	20	206,433,059
žZ	22	Neta	ssets or fund balances Subtract	line 21 from line 20			-17,092,30	01	-50,627,827
Pai	rt II	Sigr	nature Block						
my k	nowle arer h	dge and as any k	belief, it is true, correct, and cor nowledge	amined this return, including acc nplete Declaration of preparer (c		n officer) is			
Her		STE	PHEN H MONTGOMERY PRESIDENT & C	=0					
- -			e or print name and title	<u></u>					
			Print/Type preparer's name	Preparer's signature	Da	te Ch		PTIN	
Paid	d	<u> </u>	JOHN NORMAN			sel	f-employed	P01506	
	pare		Firm's name FCLIFTONLARSONALLEN	ו נגני		Fin	m's EIN 🟲 41-	υ/467·	49
	On		Firm's address ► 101 N TRYON STREET	SUITE 1000		Ph	one no (704)	998-52	200

CHARLOTTE, NC 28246

May the IRS discuss this return with the preparer shown above? (see instructions)

✓ Yes ☐ No

Form	1990 (2012)					Page 2
Par	t III	Statement of Prog Check if Schedule O co				ш	
1	Brief	ly describe the organizat	ion's mission				
						WITH A COMPREHENSIVE (AND PHYSICAL SECURITY	CONTINUUM OF CARE
2	the pr	rıor Form 990 or 990-EZ	?			ear which were not listed on	
	If "Ye	s," describe these new s	ervices on Schedule	0			
3	servi	ne organization cease coi					
_		s," describe these chang					
4	exper		and 501(c)(4) organ	ızatıons	are required to rep	three largest program service ort the amount of grants and	
4a	(Code	e) (Ex	penses \$ 9,	633,367	including grants of \$	1,389,502) (Revenue \$	14,675,623)
	PROV DININ	IDED IN THE 24,000 SQUARE	FOOT DOIG HEALTH CLU ISBURG LANDING PROVI	B AND ELS DES FOR A	EWHERE ON CAMPUS	NT APPROPRIATE ACTIVITIES AND A FINE DINING IS AVAILABLE IN THE M CLINIC SERVED BY A DOCTOR AND I	IAIN DINING ROOM WITH INFORMAL
4b	(Code				including grants of \$) (Revenue \$	10,673,539)
	CARE ACCE AND	, assisted living, and care PTED on a space available i	E FOR THOSE WITH MEM BASIS SERVICES INCLUI PREHENSIVE PROGRAM F	ORY PROB DE ACCESS FOR RESID	LEMS SERVICES ARE P TO A DOCTOR AND NU ENTS WITH MEMORY IS	JDING SKILLED NURSING (MEDICAF ROVIDED PRIMARILY FOR RESIDEN' JRSE PRACTITIONER AND PHYSICAL SSUES ARE ALSO PROVIDED BY THE	TS NON-RESIDENTS MAY BE REHAB A DIETICIAN, ACTIVITIES
4 c	(Code	, (penses \$	•	including grants of \$) (Revenue \$	74,000)
	RESI	DENT MUST PROVE CONCLUSIV	VELY THAT INABILITY TO	PAY IS DU	E TO FINANCIAL REVER	CE FOR THOSE RESIDENTS WHO OURSES OVER WHICH THE RESIDENT HERESIDENT HERESIDENT FUND CURRENTLY	AS NO CONTROL OR IS DUE TO
4d		er program services (Des		•	_) /D	,
		enses \$	ıncludıng g	rants of	\$) (Revenue \$)
4 e	Tota	I program service expens	ses 🖿 18.8	83 088			

Part IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? *	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I^{\bullet}	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 1	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	Yes	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X^{\bullet}	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νo
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1^2 If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, 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," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

-	Charlest School of Contains a grandous to any question in this Part V			_
	Check if Schedule O contains a response to any question in this Part V	•	Yes	No
ı	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 85			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
		2-		NI.
	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3a 3b		N
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		N
	If "Yes," enter the name of the foreign country 🕨			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c 6a		N
	organization nave annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions?	Od		IN
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		N
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		N
	If "Yes," indicate the number of Forms 8282 filed during the year			
		[1	
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		1	
		8		
	Sponsoring organizations maintaining donor advised funds.	0-		
	Did the organization make any taxable distributions under section 4966?	9a 9b		
	Did the organization make a distribution to a donor, donor advisor, or related person?	90		
	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N
	If "Yes " has it filed a Form 7.20 to report these payments? If "No." provide an explanation in Schedule O	14h	l	

Form 990 (2012) Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Rody and Management

	section A. Governing body and Hanagement			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing	-		
	body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any	1		
	other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Νo
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No.
	•	\vdash		
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal F	evenu	<u>ie Cod</u>	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing			
	the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12b 12c	Yes Yes	
c 13				
c 13 14	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
14	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c 13	Yes Yes	
14 15	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c 13 14	Yes Yes Yes	
14 15 a	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c 13 14	Yes Yes Yes	
14 15 a	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c 13 14	Yes Yes Yes	
14 15 a	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c 13 14	Yes Yes Yes	
14 15 a b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c 13 14	Yes Yes Yes	No
14 15 a b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c 13 14 15a 15b	Yes Yes Yes	No
14 15 a b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c 13 14 15a 15b	Yes Yes Yes	No
14 15 a b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c 13 14 15a 15b	Yes Yes Yes	No

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed ►VA
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - Own website Another's website Upon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►NANCY HARRISON CFO 5700 WILLIAMSBURG LANDING DRIVE WILLIAMSBURG, VA (757) 565-6504

Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

- ◆ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ♦ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more pers	than on is	one bot	not box h ar or/tr	check services Highest compensated	s r	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		JSbee	Trustee		3 6	pensated				
(1) ROBERT B ARCHIBALD	4 00									
CHAIR (JAN-MAY)	1 00	X		Х				0	0	0
(2) CARLTON A STOCKTON	4 00						+			
CHAIR (JUN-DEC)	1.00	Х		Х				0	0	0
(3) ELIZABETH DAVIS	1 00						+			
		Х		х				0	0	0
VICE CHAIR (4) TY ALEXANDER	1 00						+			
(4) IT ALEXANDER	1 00	X		х				0	0	0
SECOND VICE CHAIRMAN	1 00						_			
(5) PAUL A DRESSER	1 00	×		×				0	0	0
TREASURER (JAN-MAY)	1 00	,,								Ţ.
(6) RON LODZIESKI	1 00	×		×				0	0	0
TREASURER (JUN-DEC)	1 00	^		^				Ü	O O	0
(7) BRUCE ROBERTSON	1 00	Ţ.,								
CHAIR DEVELOPMENT	1 00	X						0	0	0
(8) ROBERT HORNSBY	1 00									
CHAIR, PLANT & OPERATIONS	1 00	X						0	0	0
(9) KERRY MELLETTE	1 00						+			
CHAIR MARKETING COMMITTEE		Х						0	0	0
(10) RUTH BAUR	1 00						+			
		х						0	0	0
PRESIDENT - RESIDENT ASSOC	1 00						+			
(11) DAN MALONE	1 00	х						0	0	0
PAST PRESIDENT RES ASSOC	1 00						_			
(12) AUDREY BENSON SMITH	1 00	l x						0	0	0
DIRECTOR	1 00						4			
(13) F ROGER THALER	1 00	l x						0	0	0
DIRECTOR	1 00									0
(14) MICHELE Z BALL	1 00									
DIRECTOR	1 00	X						0	0	0
(15) JAMES GOLDEN	1 00						\dashv			
DIRECTOR	1 00	X						0	0	0
(16) SALLY MCCONNELL	1 00	 					+			
		х						0	0	0
DIRECTOR (17) LOIS POLIFKA	1 00			\vdash			+			
		х						0	0	0
DIRECTOR	1 00									Farm 000 (2015)
										Form 990 (2012)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	Name and Title A verage hours per week (list perso any hours and a						ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organiz and re organiz	lated
(18) FRANKLIN ROBESON	1 00							_			
DIRECTOR	1 00	X						0	0		0
(19) CATHY CHAPLAIN	1 00	х						0	0		0
DIRECTOR	1 00	_ ^						U	U		U
(20) PAUL GERHARDT	4 00			X				0	0		0
GEN COUNSEL & SECRETARY	1 00			Ĺ				0	0		
(21) ALEXANDER POWELL	1 00			l x				0	0		0
ASST COUNSEL & ASST SEC	1 00			Ĺ	_			Ů			
(22) STEPHEN H MONTGOMERY	39 00			x				224,115	0		8,953
PRESIDENT & CEO (23) C BENJAMIN PUCKETT	1 00 39 00			_	\vdash						
,				x				149,338	0		24,019
EXECUTIVE VP (24) NANCY L HARRISON	1 00 39 00										
VICE PRESIDENT OF FINANCE	1 00			x				96,716	σ		14,127
VICE FRESIDENT OF FINANCE	1 00				\vdash						
					-						
					+						
					_						
1b Sub-Total						F					
c Total from continuation sheets to Part	VII, Section A					▶					
d Total (add lines 1b and 1c)						►		470,169	0		47,099
Total number of individuals (including b \$100,000 of reportable compensation				ed a	bove	e) who	rec	eived more than			
										Yes	No
3 Did the organization list any former offi on line 1a? If "Yes," complete Schedule J			e, key	y em	nplo	yee, o	r hig	ghest compensate	d employee		No
4 For any individual listed on line 1a, is the organization and related organizations of individual									om the	Yes	
5 Did any person listed on line 1a receive	or accrue com	nensat	ion f	rom	anv	unrel	atec	l organization or i		1.05	
services rendered to the organization?									5		No
										1	
Section B. Independent Contracto	ors										
1 Complete this table for your five highes	t compensated	ındepe	nden	it co	ntra	actors	tha	t received more th	nan \$100,000 of		

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
HENDERSON INC 5806 MOORETOWN ROAD WILLIAMSBURG VA 23188	CONSTRUCTION	10,251,975
CUNNINGHAM CONTRACTING PO BOX 5864 WILLIAMSBURG VA 23188	CONSTRUCTION	498,134
VA HEALTH REHAB 540 ABERTHAW AVENUE NEWPORT NEWS VA 23601	THERAPY SERVICES	296,660
AC MASTERS 215 COOK RD YORKTOWN VA 23690	HVAC	235,871
HILL INTERNATIONAL 303 LIPPINCOTT CENTRE MARLTON NJ 08053	CONST MONITOR	207,163

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►12

		Check if Schedule O conta	ains a respor	ise to any question	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
s s	1a	Federated campaigns .	. 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
الجرق	c	Fundraising events	1c					
i#is ar∤	d	Related organizations .	1d					
% E ∃ %	e	Government grants (contributio	ns) 1e					
ë iz	f	All other contributions, gifts, gra	ants, and 1f	114,493	i			
Contributions, Gifts, Grants and Other Similar Amounts	_	similar amounts not included at Noncash contributions included			ļ	ļ		
를 <mark>무</mark>	g	1a-1f \$	III IIIC3					
3 Ē	h	Total. Add lines 1a-1f .		· · · · •	114,493			
e e				Business Code				
Program Serwce Revenue	2a	RESIDENTIAL SERVICES		623000	18,569,530	18,569,530		
<u>æ</u>	b	HEALTH CARE SERVICES		623000	5,970,372	5,970,372		
MCA	c							
<i>3</i> 8	d							
E	e f	All other program service	revenue					
် န	•							
	g	Total. Add lines 2a-2f.			24,539,902			
	3	Investment income (incluand other similar amounts			586,628			586,62
	4	Income from investment of tax	·	` H				
	5	Royalties						
	6a	(I) R Gross rents	eal	(II) Personal				
	ь	Less rental						
	c	expenses Rental income						
	d	or (loss) Net rental income or (loss	<u> </u>	b.				
	•	(ı) Seci		(II) O ther				
	7a	Gross amount from sales of assets other	169,163					
	b	Less cost or other basis and sales expenses	100,739	442,371				
	c	Gain or (loss)	68,424	-442,371				
	d	Net gain or (loss)	ı		-373,947			-373,947
Other Kevenue	8a	Gross income from fundra events (not including \$ of contributions reported See Part IV, line 18 .	on line 1c)					
<u> </u>	ь	Less direct expenses .	a b					
5	c	Net income or (loss) from		events 🛌				
	9a	Gross income from gamin See Part IV, line 19 .						
	ь	Less direct expenses .	a b					
	c	Net income or (loss) from		vities				
	10a	Gross sales of inventory, returns and allowances						
	ь	Less cost of goods sold						
	c	Net income or (loss) from		entory 🛌				
		Miscellaneous Revenue		Business Code				
	11a							
	b							
	C							
	d	All other revenue	ı		883,260	883,260		
	е	Total. Add lines 11a-11d			883,260			
	12	Total revenue. See Instru	ictions .	🕨	25,750,336	25,423,162	0	212,681

	Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must complete all columns All	ather ergenizati	ana muat aamn	lata galumn (A)	
secui	Check if Schedule O contains a response to any question in this Pa				Г
	of include amounts reported on lines 6b, by, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	1,383,175	1,383,175		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	50,766	50,766		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	30,700	30,700		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	472,011		472,011	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	8,982,128	8,982,128		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	1,752,924	1,752,924		
10	Payroll taxes	661,975	661,975		
11	Fees for services (non-employees)				
а	Management				
b	Legal	114,655		114,655	
c	Accounting	61,390		61,390	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	7,000	7,000		
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	277,846	277,846		
12	Advertising and promotion	312,659	312,659		
13	Office expenses	234,345	234,345		
14	Information technology	1,600	1,600		
15	Royalties				
16	Occupancy	1,514,612	1,514,612		
17	Travel	202,835	202,835		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	44,249	44,249		
20	Interest	3,510,467	53,774	3,456,693	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,493,237		4,493,237	
23	Insurance	219,494	219,494		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	DIETARY COSTS	1,199,298	1,199,298		
b	REPAIRS	984,438	984,438		
c	HEALTHCARE SUPPLIES	742,003	742,003		
d	LOSS ON EXTINGUISHMENT	733,588		733,588	
е	All other expenses	257,967	257,967		
25	Total functional expenses. Add lines 1 through 24e	28,214,662	18,883,088	9,331,574	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

	rt X	Check if Schedule O contains a response to any question in the	nis Pai	tX			
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			1,225,601	1	2,720,912
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			338,042	4	222,387
	5	Loans and other receivables from current and former officers, employees, and highest compensated employees Complete P Schedule L	art II	of		5	
Assets	6	Loans and other receivables from other disqualified persons (4958(f)(1)), persons described in section $4958(c)(3)(B)$, and and sponsoring organizations of section $501(c)(9)$ voluntary organizations (see instructions) Complete Part II of Schedule		6			
% %	7	Notes and loans receivable, net				7	
₹	8	Inventories for sale or use			209,987	8	249,257
	9	Prepaid expenses and deferred charges			453,253		417,689
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	145,398,688			<u>'</u>
	Ь	Less accumulated depreciation	10b	51,718,224	83,170,043	10c	93,680,464
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11			17,446,564	12	38,653,966
	13	Investments—program-related See Part IV, line 11	21,580,038	13	17,795,167		
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			2,571,991	15	2,065,390
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			126,995,519	16	155,805,232
	17	Accounts payable and accrued expenses	2,139,228	17	2,087,787		
	18	Grants payable	_,,,,,	18			
	19	Deferred revenue		57,352,406		90,837,549	
	20	Tax-exempt bond liabilities			65,906,480	20	94,588,177
	21	Escrow or custodial account liability Complete Part IV of Sch			55,555,155	21	
lities	22	Loans and other payables to current and former officers, direct key employees, highest compensated employees, and disqual	tors,			21	
Liabiliti		persons Complete Part II of Schedule L				22	
ï	23	Secured mortgages and notes payable to unrelated third parti				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to rela and other liabilities not included on lines 17-24) Complete P	ated t	hird parties,			
		D			18,689,706	25	18,919,546
	26	Total liabilities. Add lines 17 through 25			144,087,820	26	206,433,059
ces		Organizations that follow SFAS 117 (ASC 958), check here ► lines 27 through 29, and lines 33 and 34.	✓ ar	d complete			
lan	27	Unrestricted net assets			-18,161,745	27	-51,776,583
е Ш	28	Temporarily restricted net assets			1,037,804	28	1,117,116
돧	29	Permanently restricted net assets			31,640	29	31,640
Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check	here 🕨	-			
9		complete lines 30 through 34.					
SES.	30	Capital stock or trust principal, or current funds				30	
SS	31	Paid-in or capital surplus, or land, building or equipment fund				31	
Net Assets	32	Retained earnings, endowment, accumulated income, or other				32	
	33	Total net assets or fund balances			-17,092,301	33	-50,627,827
	34	Total liabilities and net assets/fund balances			126,995,519	34	155,805,232

Par	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				৮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		25,	750,336
2	Total expenses (must equal Part IX, column (A), line 25)	2		28,	214,662
3	Revenue less expenses Subtract line 2 from line 1	3			164,326
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			092,301
5	Net unrealized gains (losses) on investments	5			345,141
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-32,4	116,341
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		-50,6	527,827
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. 区
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revi a separate basis, consolidated basis, or both	ewed or	ו		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both	arate			
	☐ Separate basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of th	e 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in t Single Audit Act and OMB Circular A-133?	he	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	require	d 3b		

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As Filed Data -

DLN: 93493309015353

Employer identification number

OMB No 1545-0047

SCHEDULE A

Name of the organization

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

2012

Open to Public Inspection

WILLIA	MSBUF	rg landin	IG INC						52-13059	000	
Pa	rt I	Reas	on for Pu	blic Charity Sta	tus (All or	nanization	s must com	nlete this			ns
				te foundation becaus						isti uctic	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1	Г		•	on of churches, or a	,			·	•		
2	Ė		-	in section 170(b)(1					()()()()		
3	Ė			perative hospital se			· ·	on 170(b)(1	L)(A)(iii).		
4		A medi	cal researci	h organization opera	ted in conjun	ction with a	a hospital des	cribed in se	ection 170(b)(1)(A)(iii). Enter the
	•	hospita	al's name, ci	ty, and state			·				
5	Γ	An org	anızatıon op	erated for the benefi	t of a college	or univers	ity owned or o	perated by	a government	al unit d	escribed in
		sect ior	170(b)(1)((A)(iv). (Complete P	art II)						
6	Γ	A feder	ral, state, or	local government o	r government	tal unit des	cribed in sect	ion 170(b)	(1)(A)(v).		
7	Γ			at normally receives			s support from	a governm	nental unit or f	rom the g	jeneral public
8	_			on 170(b)(1)(A)(vi). : described in sectio i			mnlete Part I	т \			
9	<u> </u>		-	at normally receives			•	-	ibutions mam	harchin f	ees and aross
•	1.			ities related to its e							
		•		oss investment inco	•	-			• •		
				janızatıon after June						,	
10	\vdash			ganized and operated							
11	Ţ.	_	^	ganized and operated						o carrv o	ut the purposes of
	·	one or	more public	ly supported organiz	ations descr	ıbed ın sec	tion 509(a)(1) or section	n 509(a)(2) S		
				bes the type of supp						6	11
_	_			b Type II c							
е	ı		_	ox, I certify that the on managers and ot	-			•			
			n 509(a)(2)	on managers and et		от того ра	.sory support	.ou organiz	41.01.0 40001.0		(4)(2) (1)
f				received a written d	etermınatıon	from the I	RS that it is a	Type I, Ty	pe II, or Type	III supp	orting organizatio <u>n,</u>
			this box	2006, has the organ	ization accor	ated any gif	ft or contributi	on from an	y of the		ı
g			ng persons?	2006, has the organ	ization accep	oted any gn	it of Colleibuti	ion nom an	y of the		
				rectly or indirectly o	controls, eith	er alone or	together with	persons d	escribed in (ii)		Yes No
		and (III) below, the	governing body of th	ne supported	organizatio	on?			[:	11g(i)
		(ii) A f	amıly memb	er of a person descr	ıbed ın (ı) ab	ove?				1	l1g(ii)
		(iii) A	35% contro	lled entity of a perso	n described	ın (ı) or (ıı)	above?			1	.1g(iii)
h		Provide	e the follown	ng information about	the support	ed organıza	ition(s)				
	N No.	f	(::) ETN	(III) Tuna af	(in) To	<u> </u>	(1) Did (1)		(n:) I a		() A may nt of
•	i) Nan Suppoi	ame of (ii) EIN (iii) Type of (iv) Is the (v) Did you notify organization in the organization			(vi) Is organizat		(vii) A mount of monetary				
organiz				(described on	col (i) lıs		ın col (i)		col (i) org		support
				lines 1 - 9 above	your gove		suppoi	rt?	ın the U	S?	
				or IRC section (see	docume	nt?					
				instructions))		T		T	1		
				,,	Yes	No	Yes	No	Yes	No	
			i .	1	1	I	1	1	1	1	ı

Sch	edule A (Form 990 or 990-EZ) 2012							Page 2
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation faile	ed to q	
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	iplete Pa	rt III.)	
	ection A. Public Support endar year (or fiscal year beginning					1		
	in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2	312	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not include any "unusual							
	grants ")							
2	Tax revenues levied for the							
	organization's benefit and either							
	paid to or expended on its behalf							
3	The value of services or facilities							
•	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions by each person (other than a							
	governmental unit or publicly							
	supported organization) included on							
	line 1 that exceeds 2% of the							
	amount shown on line 11, column							
6	(f) Public support. Subtract line 5 from							
	line 4							
S	ection B. Total Support							
Cal	endar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 20)12	(f) Total
_	in) ► A mounts from line 4		. ,		. ,	, ,		. ,
7 8	Gross income from interest,							
0	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar							
9	sources Net income from unrelated							
9	business activities, whether or not							
	the business is regularly carried							
	on							
10	Other income Do not include gain or loss from the sale of capital							
	assets (Explain in Part IV)							
11	Total support (Add lines 7 through							
4.0	10)		<u> </u>					
12	Gross receipts from related activitie					12		
13	First five years. If the Form 990 is this box and stop here							ization, check
	ection C. Computation of Pub				<u> </u>	<u> </u>		
14	Public support percentage for 2012			11, column (f))		14		
15	Public support percentage for 2011			, , , , , , ,		15		
	33 1/3% support test—2012. If the o	· ·	•	on line 13 and l	ine 14 is 33 1/20%		chack ti	nie hov
104	and stop here. The organization qua				me 1 1 13 33 1/3/0	or more,	JIICCK CI	► □
b	33 1/3% support test—2011. If the				and line 15 is 33	3 1/3% or n	nore, ch	eck this
	box and stop here. The organization						. 4 4	▶□
1/a	10%-facts-and-circumstances test- is 10% or more, and if the organizat							•
	in Part IV how the organization mee							
	organization				4	r	,rF3	▶ □
b	10%-facts-and-circumstances test-							
	15 is 10% or more, and if the organ Explain in Part IV how the organizat							lv
	supported organization	ion meets the T	acts-ana-cncum:	stances test III	ic organization qu	uiiiiE5 45 i	a public	·y ▶□
18	Private foundation. If the organizat	on did not check	c a box on line 13	, 16a, 16b, 17a,	or 17b, check thi	s box and	see	·
	instructions							▶ ┌

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	183,453	195,517	195,905	119,619	114,493	808,987
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	24,070,574	25,064,310	26,501,258	27,212,789	25,423,162	128,272,093
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	24,254,027	25,259,827	26,697,163	27,332,408	25,537,655	129,081,080
7a	A mounts included on lines 1, 2, and 3 received from disqualified persons	37,497	35,000	104,976	10,072	45,110	232,655
b	A mounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the	3,623,057	1,626,683	992,800	2,770,417	3,221,920	12,234,877
c	year Add lines 7a and 7b	3,660,554	1,661,683	1,097,776	2,780,489	3,267,030	12,467,532
8	Public support (Subtract line 7c from line 6)						116,613,548
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🟲	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	A mounts from line 6	24,254,027	25,259,827	26,697,163	27,332,408	25,537,655	129,081,080
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,121,681	877,096	872,141	990,849	114,257	3,976,024
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b	1,121,681	877,096	872,141	990,849	114,257	3,976,024
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12)	25,375,708	26,136,923	27,569,304	28,323,257	25,651,912	133,057,104
14	check this box and stop here		-	, thırd, fourth, or	fifth tax year as a	a 501(c)(3) organ	ızatıon, ▶┌
<u> </u>	ction C. Computation of Pu Public support percentage for 201			13 column (f))		15	87 640 %
16	Public support percentage from 20			= > 1 = > (**********************************		16	85 120 %
Se	ction D. Computation of In		•			1 1	
17	Investment income percentage fo				n (f))	17	2 990 %
18	Investment income percentage fro	om 2011 Schedule	A , Part III , line 1	7		18	3 670 %
19a	33 1/3% support tests—2012. If th	ne organization did	not check the bo	x on line 14, and	line 15 is more t	han 33 1/3%, and	line 17 is not

more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493309015353

OMB No 1545-0047

Inspection

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ► See separate instructions.

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

Political Campaign and Lobbying Activities

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** WILLIAMSBURG LANDING INC 52-1305909 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures 3 Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes 3 Was a correction made? ☐ Yes □ No If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 4 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV **(c)** EIN (e) A mount of political (a) Name (b) Address (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Sch	nedule C (Form 990 or 990-EZ) 2012					Page 2
Pa	art II-A Complete if the organization	is exempt under	section 501(c)(3) and fil	ed Form 5768	(election
_	under section 501(h)). Check ► if the filing organization belongs to a	an affiliated group (and	lict in Part IV os	ach affiliated are	un mambar's nam	o addross EIN
	expenses, and share of excess lobb	ying expenditures)		_	up member s nam	e, address, LTN
<u>B</u>	Check Frifthe filing organization checked box	x A and "limited contro	ıl" provisions apı	oly		
	Limits on Lobbying E (The term "expenditures" means an		l .)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	pınıon (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobb	yıng)			
c	Total lobbying expenditures (add lines 1a and 1b	o)				
d	O ther exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1c	c and 1d)				
f	Lobbying nontaxable amount Enter the amount fo	rom the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on li	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	0,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,	.000		
	Over \$17,000,000	\$1,000,000				
	Grassroots nontaxable amount (enter 25% of lin	e 1f)				
_	Subtract line 1g from line 1a If zero or less, ente	•		-		
i	Subtract line 1f from line 1c If zero or less, ente			-		
_	If there is an amount other than zero on either lin		organization file	Form 4720 rep	ortina	1
-	section 4911 tax for this year?					┌ Yes ┌ No
_	4-Voor Av	veraging Period U	Inder Section	F01/b)		
	(Some organizations that made a scolumns below. See the	section 501(h) el	ection do not	have to cor		ne five
	Lobbying Expe	enditures During	4-Year Avera	ging Period		1
	Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontavable amount					

Part II-B	Complete if the organization is exempt under section 501(c)(3) and has	NOT	
	filed Form 5768 (election under section 501(h)).		

For o	For each "Yes" response to lines 1a through 11 below, provide in Part IV a detailed description of the lobbying activity.			(b)	
				Amount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?		Νo		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Νo		
С	Media advertisements?		Νo		
d	Mailings to members, legislators, or the public?		No		
е	Publications, or published or broadcast statements?		Νo		
f	Grants to other organizations for lobbying purposes?		No		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No		
i	O ther activities?	Yes		46	
j	Total Add lines 1c through 1i			46	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No		
b	If "Yes," enter the amount of any tax incurred under section 4912				
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		Ì		
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	\mathbf{L} THE \mathbf{A} . Computate if the expension is expensely under coefficient $\mathbf{FO4}(a)(A)$, and in	- FA4/-	\		

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
b	Carryover from last year	2b	
С	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Dues, assessments and similar amounts from members

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Identifier	Return Reference	Explanation
EXPLANATION OF LOBBYING ACTIVITIES		THE ORGANIZATION PAID DUES TO AAHSA AND VANHA DURING 2012 THESE ASSOCIATIONS ALLOCATED 5% OF THE DUES, OR \$463, TO LOBBYING ACTIVITIES

1 1

DLN: 93493309015353

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

	me of the organization LIAMSBURG LANDING INC	-	Employer identification number
AATI	TIME DISTRICTIVE		52-1305909
Pa	Organizations Maintaining Donor Adv		inds or Accounts. Complete if the
	organization answered "Yes" to Form 990	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a) Bonor davised failes	(b) Famus and other decounts
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advise funds are the organization's property, subject to the or		or advised Yes No
6	Did the organization inform all grantees, donors, and dused only for charitable purposes and not for the beneficonferring impermissible private benefit?		
Pa	rt III Conservation Easements. Complete if	the organization answered "Yes" to	Form 990, Part IV, line 7.
1 2	Purpose(s) of conservation easements held by the org Preservation of land for public use (e g , recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	or education) Preservation of an Preservation of a c	ertified historic structure
	,,,,,,,	Γ	Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified histo	oric structure included in (a)	2c
d	Number of conservation easements included in (c) accomistoric structure listed in the National Register	quired after 8/17/06, and not on a	2d
3	Number of conservation easements modified, transfer	red, released, extinguished, or terminate	d by the organization during
	the tax year 🛌		
4	Number of states where property subject to conservat	ion easement is located 🛌	<u> </u>
5	Does the organization have a written policy regarding tenforcement of the conservation easements it holds?	the periodic monitoring, inspection, hand	lling of violations, and Yes No
6	Staff and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation easem	nents during the year
7	A mount of expenses incurred in monitoring, inspecting	a, and enforcing conservation easements	during the year
,	► \$,,	,
8	Does each conservation easement reported on line 2(and section 170(h)(4)(B)(II)?	d) above satisfy the requirements of sec	tion 170(h)(4)(B)(i) Yes No
9	In Part XIII, describe how the organization reports co- balance sheet, and include, if applicable, the text of th	e footnote to the organization's financial	
)ar	the organization's accounting for conservation easement IIII Organizations Maintaining Collection		or Other Similar Assets
	Complete if the organization answered "Y		or other ominar Assets.
1a	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide, in Part XIII, the text of the footnote to	ts held for public exhibition, education, o	or research in furtherance of public
b	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide the following amounts relating to thes	ts held for public exhibition, education, o	
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		► \$
2	If the organization received or held works of art, histor following amounts required to be reported under SFAS		• -
а	Revenues included in Form 990, Part VIII, line 1		► \$

b Assets included in Form 990, Part X

Par	Organizations Maintaining Co	Hections of Ar	t, HIS	STOFI	cai i	reası	ires, or c	tne	r Similar	ASSE	ts (co	<u>ntinuea)</u>
3	Using the organization's acquisition, accessicollection items (check all that apply)	on, and other reco	rds, cl	heck	any of	the fol	owing that	are a	sıgnıfıcant	use of	ıts	
а	Public exhibition		d	Γ	Loan	orexc	hange prog	rams				
b	Scholarly research		e	Γ	Othe	r						
С	Preservation for future generations											
4	Provide a description of the organization's co Part XIII	ollections and expl	aın ho	w the	y furth	er the	organızatıor	n's ex	cempt purpo	ose in		
5	During the year, did the organization solicit o								nılar	_		_
В-	assets to be sold to raise funds rather than t										Yes	l No
Pal	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an an						n answere	a Y	es" to For	m 990	,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?		•		•		or other ass	sets	not	Γ,	Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	e follo	wing	able		_					
										Amou	nt	
С	Beginning balance							1c				
d	Additions during the year							1d				
е	Distributions during the year							1e				
f	Ending balance							1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, Iır	ne 21?	,						Γ,	Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	e expla	anatı	on has	been p	rovided in F	art)	XIII			Г
Pa	rt V Endowment Funds. Complete											
		(a)Current year	(b) Prior	year	b (c) ⊺	wo years bacl	(d)	Three years b	ack (e)	Four ye	ears back
1a	Beginning of year balance							_				
Ь	Contributions							_				
С	Net investment earnings, gains, and losses											
d	Grants or scholarships											
e	Other expenditures for facilities											
	and programs							_				
f	Administrative expenses							+				
g	End of year balance											
2	Provide the estimated percentage of the curr	ent year end balar	ice (lir	ne 1g	, colun	nn (a))	held as					
а	Board designated or quasi-endowment 🕨											
b	Permanent endowment ►											
c	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c show	uld equal 100%										
3a	Are there endowment funds not in the posses organization by	_	zatıon	that	are he	d and a	admınıstere	d for	the .		Yes	No
	(i) unrelated organizations		•			•		•		3a(i)		
L	(ii) related organizations							•		3a(ii)		
ь 4	If "Yes" to 3a(II), are the related organization Describe in Part XIII the intended uses of the					•		•		3b		
	t VI Land, Buildings, and Equipme					10						
	Description of property		20,10	(a)	Cost o	rother	(b)Cost or o basis (other		(c) Accumu depreciat		(d) Boo	ok value
1a	Land						5,052	2,257			!	5,052,257
b	Buildings						90,963		32,85	52,478		3,110,861
	Leasehold improvements						12,798		·	31,182		5,667,234
d	Equipment						20,306	5,738	12,73	34,564		7,572,174
e	Other						16,277	7,938			10	5,277,938
	I. Add lines 1a through 1e <i>(Column (d) must e</i>	qual Form 990, Part	X, colu	umn (B), line	10(c).)		>	-	9:	3,680,464

Part VII Investments—Other Securities. See		
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
1)Financial derivatives		
2)Closely-held equity interests		
3)O ther		_
A) ASSETS LIMITED AS TO USE	38,653,966	F
	+	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	38,653,966	
Part VIII Investments—Program Related. Se		
(a) Description of investment type	(b) Book value	(c) Method of valuation
	,	Cost or end-of-year market value
(1) INVESTMENT	17,795,167	F
	, ,	
Tatal (Calumn (b) must aqual Farm 000 Part V cal (B) line 12)	▶ 17.795.167	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	- 1 / 1 - 7 - 5 - 1	
Part IX Other Assets. See Form 990, Part X, (a) Descri		(b) Book value
(a) Desci	iption	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1		
Part X Other Liabilities. See Form 990, Part		
1 (a) Description of liability	(b) Book value	
Federal income taxes		
DEPOSITS	9,774,044	
INTEREST PAYABLE	1,125,184	
REFUNDABLE ADVANCE FEES	7,936,789	
GIFT ANNUITY PAYMENT LIABILITIES	83,529	
	1	
	+	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	11	
2. Fin 48 (ASC 740) Footnote In Part XIII, provide the te	ext of the footnote to the organiz	ation's financial statements that reports the

Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	26,150,131
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	73,359
3	Subtract line 2e from line 1	3	26,076,772
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)		
C	Add lines 4a and 4b	4 c	-326,436
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	25,750,336
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial statements	1	27,481,074
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	27,481,074
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	733,588
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	28,214,662
	Note: Consider a stall Tofacoustics		

Part XIII Supplemental Information

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

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	WILLIAMSBURG LANDING, INC IS A TAX-EXEMPT ORGANIZATION AS DEFINED UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND AS SUCH IS EXEMPT FROM FEDERAL INCOME TAXES IN ADDITION, WILLIAMSBURG LANDING, INC IS ALSO EXEMPT FROM STATE INCOME TAXES BIRCHWOOD IS A SINGLE MEMBER LIMITED LIABILITY COMPANY SOLELY OWNED BY WILLIAMSBURG LANDING, INC AS SUCH, IT IS CONSIDERED A DISREGARDED ENTITY FOR TAX PURPOSES WILLIAMSBURG LANDING, INC FILES AS A TAX-EXEMPT ORGANIZATION SHOULD THIS STATUS BE CHALLENGED IN THE FUTURE, THE 2009, 2010, AND 2011 TAX YEARS ARE OPEN FOR EXAMINATION BY FEDERAL, STATE, AND LOCAL AUTHORITIES MANAGEMENT IS NOT AWARE OF ANY ACTIVITIES THAT WOULD JEOPARDIZE ITS TAX-EXEMPT STATUS MANAGEMENT IS NOT AWARE OF ANY SIGNIFICANT ACTIVITIES THAT ARE SUBJECT TO TAX ON UNRELATED BUSINESS INCOME OR EXCISE OR OTHER TAXES, OTHER THAN CERTAIN RENTAL INCOME RECEIVED FROM BIRCHWOOD MANAGEMENT DOES NOT CONSIDER THIS INCOME TO BE MATERIAL FOR THE YEARS ENDED DECEMBER 31, 2012 AND 2011 WILLIAMSBURG LANDING, INC ADOPTED GUIDANCE IN THE INCOME TAX STANDARD REGARDING RECOGNITION AND MEASUREMENT OF UNCERTAIN TAX POSITIONS THIS STANDARD HAD NO IMPACT ON THE COMMUNITY'S COMBINED FINANCIAL STATEMENTS FOR THE YEARS ENDED DECEMBER 31, 2012 AND 2011
PART XI, LINE 2D - OTHER ADJUSTMENTS		NET ASSETS RELEASED FROM RESTRICTION 73,359
PART XI, LINE 4B - OTHER ADJUSTMENTS		RESTRICTED CONTRIBUTIONS 114,493 RESTRICTED INTEREST INCOME 1,442 LOSS ON DISPOSAL OF ASSETS AND IMPAIRMENT CHARGES -442,371
PART XII, LINE 4B - OTHER ADJUSTMENTS		LOSS ON EXTINGUISHMENT OF DEBT 733,588

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Schedule I

(Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States OMB No 1545-0047

DLN: 93493309015353

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Department of the Treasury ► Attach to Form 990 Internal Revenue Service **Inspection** Employer identification number Name of the organization WILLIAMSBURG LANDING INC 52-1305909 **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (a) Name and address of (b) EIN (c) IRC Code section (d) Amount of cash (e) Amount of non-(f) Method of (g) Description of (h) Purpose of grant organization ıf applıcable grant cash valuation non-cash assistance or assistance or government assistance (book, FMV, appraisal, other) (1) WILLIAMSBURG 54-6433122 501(C)(3) 1,383,175 TO PROVIDE FOR LANDING CONTINUING THE FINANCIAL SECURITY OF CARE TRUST 5700 WILLIAMSBURG WILLIAMSBURG LANDING DRIVE LANDING, INC RESIDENTS WILLIAMSBURG, VA 28135 1

IN THE U S

(a)Type of grant or assistance

(b)Number of

recipients

(f)Description of non-cash assistance

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, F	Part IV,	line 22
	Part III can be duplicated if additional space is needed.		

(d)A mount of

non-cash assistance

(e)Method of valuation (book,

FMV, appraisal, other)

(c)A mount of

cash grant

(1) BENEVOLENCE FUND		3	50,766		воок					
	ental Information		e 2 Part III column (h) and	d any other additional inf	formation					
Identifier	Return Reference		t I, line 2, Part III, column (b), and any other additional information Explanation							
PROCEDURE FOR PART I, LINE 2 SCHEDULE I, PART I, LINE 2 GRANTS SUPPORT RESIDENTS OR EMPLOYEES THAT DEMONSTRATE NEED MONITORING GRANTS										

DLN: 93493309015353

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

Compensation Information

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization WILLIAMSBURG LANDING INC

Employer identification number

52-1305909

Рa	Questions Regarding Compensation							
			Yes	No				
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items							
	First-class or charter travel Housing allowance or residence for personal use							
	Travel for companions Payments for business use of personal residence							
	Tax idemnification and gross-up payments Faxing the state of personal residence							
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)							
	,							
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or							
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Yes					
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers,							
	directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes					
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the							
	organization's CEO/Executive Director Check all that apply Do not check any boxes for methods							
	used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III							
	✓ Compensation committee ✓ Written employment contract ✓ Independent compensation consultant ✓ Compensation survey or study							
	☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee							
	Approval by the board of compensation committee							
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organizati	on						
	or a related organization							
а	Receive a severance payment or change-of-control payment?	4a		No				
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo				
c	Participate in, or receive payment from, an equity-based compensation arrangement?							
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III							
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.							
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any							
	compensation contingent on the revenues of							
а	The organization?	5a		Νo				
b	Any related organization?	5b		Νo				
	If "Yes," to line 5a or 5b, describe in Part III							
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of							
а	The organization?	6a	Yes					
b	Any related organization?	6b	, 03	No				
_	If "Yes," to line 6a or 6b, describe in Part III	55		 				
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed							
,	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No				
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was							
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe							
	ın Part III	8		No				
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations							
	section 53 4958-6(c)?	9	1	ĺ				

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MIS (ii) Bonus & Incentive	C compensation (iii) Other reportable	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported as deferred in prior Form 990	
		compensation	compensation compensation		compensation			piiloi i oiiii 990	
(1)STEPHEN H MONTGOMERY PRESIDENT & CEO	(i) (ii)	166,755 0	57,360 0	0	4, 07 4 0	4 ,879 0	233,068	0	
(2)C BENJAMIN PUCKETT EXECUTIVE VP	(i) (ii)	125,955 0	23,383 0	0	7,720 0	16,299 0	173,357 0	0	

Schedule J (Form 990) 2012

Part IIII Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Identifier	Return Reference Explanation									
	· · ·	PRES/CEO STEVE MONTGOMERY IS REIMBURSED FOR ROTARY DUES VICE PRESIDENT/COO BEN PUCKETT IS REIMBURSED FOR KIWANIS DUES								
	, · · · · · · · · · · · · · · · · · · ·	ONE OF THE GOALS OF SENIOR LEADERSHIP IS TO ACHIEVE NET OPERATING INCOME THIS IS WORTH 10-20% OF A PERSON'S GOAL DEPENDING UPON THEIR POSITION								

Schedule J (Form 990) 2012

DLN: 93493309015353

OMB No 1545-0047

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

WILLIAMSBURG LANDING INC

Employer identification number

VVI	LLIAMSBURG LANDING INC	AMSBURG LANDING INC											52-1305909				
	Part I Bond Issues									,							
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	price	(f)	Description	on of purpose	(g) De	feased	beh	On alf of uer		Pool ncing		
										Yes	No	Yes	No	Yes	No		
A	IDA JAMES CITY COUNTY	54-1139263	47029PAY8	09-01-2003	50,0		FINAN: EDGEW	ID 1996 A ICE PORT WOOD PR IDING HO	ION OF OJECT	Х			x		x		
В	EDA JAMES CITY COUNTY VA	54-1139263	47029WAA5	09-01-2005	18,0	00,000	REFUND 1996 B BONDS, CONSTRUCTION OF HOUSES, APARTMENTS, WELLNESS CENTER			5,	x		x		x		
С	EDA WILLIAMSBURG VA	54-1696911	99999999	11-14-2007	9,0	00,000	PREPAY PRIOR OBLIGATION THAT FUNDED EXPANSION			Х		х		Х			
D	IDA MATHEWS COUNTY VA	54-6001417	99999999	12-12-2007	5,5	15,000	REFUND 2003 B BONDS			х		х		х			
P	art III Proceeds																
						A		E	3		С			D			
_1			15,050,	,000		30,000		95	,000								
_2	A mount of bonds legally defeas	A mount of bonds legally defeased					,329										
_3	Total proceeds of issue	Total proceeds of issue					,000	:	17,970,000		8,905	5,000	5,515,00				
4	Gross proceeds in reserve fund	Gross proceeds in reserve funds					,200		974,200								
_5	Capitalized interest from proce	eds															
6	Proceeds in refunding escrows																
7	Issuance costs from proceeds					1,069,	,616 374,068			131,500			112,500				
8	Credit enhancement from proce	eeds															
9	Working capital expenditures fr	rom proceeds				3,	,200 3,200						2,439				
10	Capital expenditures from proc	eeds				11,033,	,600		8,790,000		9,000	,000					
11	Other spent proceeds																
12	Other unspent proceeds																
13	Year of substantial completion				20	04		20	06	20	008			2008			
					Yes	No		Yes	No	Yes	N	,	Yes		No		
14	Were the bonds issued as part	of a current refundi	ng issue?		Х			Х			x				X		
15	Were the bonds issued as part	of an advance refur	nding issue?			×		Х			X		Х				
16	Has the final allocation of proceeds been made?					Х		Х		Х			Х				
17	7 Does the organization maintain adequate books and records to support the final allocation of proceeds?							Х		Х			Х				
P	art IIII Private Business Us	se															
						Ą		ı	3		Ç			D			
					Yes	No	<u> </u>	Yes	No	Yes	N	0	Yes		No		

property financed by tax-exempt bonds?

financed property?

Was the organization a partner in a partnership, or a member of an LLC, which owned

Are there any lease arrangements that may result in private business use of bond-

Χ

Χ

Χ

Χ

Χ

Χ

Χ

Sche	dule K (Form 990) 2012									Page 2	
Par	Private Business Use (Continued)										
				Α		В		<u>C</u>		<u>D</u>	
-	Are there any management or service contracts that may result in private	hueinace uca	Yes	No	Yes	No	Yes	No	Yes	No	
3a	of bond-financed property?	business use		X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or counsel to review any management or service contracts relating to the fina property?										
С	Are there any research agreements that may result in private business use financed property?	e of bond-		×		х		Х		х	
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or counsel to review any research agreements relating to the financed proper										
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government			%		%		9/	0	%	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501 (c)(3) organization, or a state or local government			%		%		0/1	D	%	
6	Total of lines 4 and 5			%		%		0/	0	%	
7	Does the bond issue meet the private security or payment test?			Х		Х		Х		Х	
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?			×		Х		х		х	
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of			%		%		0/	0	%	
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?										
9	Has the organization established written procedures to ensure that all none bonds of the issue are remediated in accordance with the requirements unclean Regulations sections 1 141-12 and 1 145-2?			x		x		x		х	
Do-											
Par	t IV Arbitrage	A			В		С		D		
		Yes	No	Yes	No	Yes		No	Yes	No	
1	Has the Issuer filed Form 8038-T?	×		Х				Х	Х		
2	If "No" to line 1, did the following apply?										
а	Rebate not due yet?		Х					Х			
b	Exception to rebate?	×				Х					
С	No rebate due?		Х					Х			
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed			•	•	•	•	•	•		
3	Is the bond issue a variable rate issue?		Х		Х			Х		Χ	
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		Х		Х			Х		X	
b	Name of provider										
С	Term of hedge										
d	Was the hedge superintegrated?										
e	Was a hedge terminated?										
					•	-	•				

1

Has the organization established written procedures to ensure

that violations of federal tax requirements are timely identified

and corrected through the voluntary closing agreement program if

Pal	Arbitrage (Continuea)								
		А		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		х		Х		Х		Х
b	Name of provider								
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		х		Х		х		Х
7	Has the organization established written procedures to monitor the requirements of section 148?		Х		Х		х		Х
Pa	rt V Procedures To Undertake Corrective Action	•							
		Α		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No

Identifier	Return Reference				Explana	ition			
Part VI Supplemental In	formation. Complete this part to p	rovide addition	al informatio	n for respon	ises to quest	ions on Sch	edule K (see	instructions)).
self-remediation is not availab	le under applicable regulations?								

Χ

Schedule K (Form 990) 2012

DLN: 93493309015353

Open to Public

OMB No 1545-0047

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. ► Attach to Form 990. ► See separate instructions.

Inspection

52-1305909

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Cat No 50193E

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Schedule K (Form 990) 2012

Internal Revenue Service Name of the organization

Department of the Treasury

WILLIAMSBURG LANDING INC

Part I Bond Issues

property financed by tax-exempt bonds?

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

financed property?

Are there any lease arrangements that may result in private business use of bond-

Employer identification number

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	price	(1	(f) Descriptio	n of purpose	(g) De	feased	beha	On alf of uer		Pool ncing
l										Yes	No	Yes	No	Yes	No
A_	IDA MATHEWS COUNTY VA	54-6001417	99999999	12-15-2011	10,0			RUCTURAL IS NOVATION	SSUES AND		Х		Х		Х
В	IDA OF MATHEWS COUNTY VA (SERIES 2012A)	54-6001417		12-19-2012	2,5	000,00	REF	FUND 2003A	BONDS		x		х		Х
c	IDA OF ESSEX COUNTY (SERIES 2012B)	54-2033575		12-19-2012	3,30	00,000	REF	-UND 2003A	BONDS		Х		х		Х
D	EDA OF THE CITY OF WILLIAMSBURG VA (SERIES 2012C)	54-1696911		12-19-2012	4,8	20,000	REF	FUND 2003A	BONDS		x		х		Х
Pa	rt III Proceeds														
_	A					<u> </u>		В			С			D	
1	Amount of bonds retired Amount of bonds legally defeas														
2	Total proceeds of issue								2.522.222						
3 4	Gross proceeds in reserve fund				:	10,000,0	000		2,500,000		3,300	0,000		4,	820,000
4 5	Capitalized interest from proces						+								
6	Proceeds in refunding escrows														
7	Issuance costs from proceeds					100,0	011		32,109		31	5,453			75,883
8	Credit enhancement from proce					100,0			32,103			,,,,,,,			73,003
9	Working capital expenditures fr						\dashv					+			
10	Capital expenditures from proc					6,793,9	947								
11	Other spent proceeds					- / / -									
12	Other unspent proceeds														
13	Year of substantial completion														
					Yes	No		Yes	No	Yes	N	o	Yes		No
14	Were the bonds issued as part	of a current refundır	ng issue?			Х		Х		X			Χ		
15	Were the bonds issued as part	of an advance refun	iding issue?			Х			Х		×	(Х
16	Has the final allocation of proce	eeds been made?				Х		Х		Х			Х		
17	Does the organization maintain allocation of proceeds?	ı adequate books an	nd records to suppo	rt the final	Х			Х		Х			Х		
Pai	TTTT Private Business Us	se													
						A		В			C	_		D	
1	Was the organization a partner	ın a partnership, or	a member of an LLO	C, which owned	Yes	No X	\dashv	Yes	No X	Yes	N N	,	Yes	-	No X

chedule K	(Form 990) 2012		
Part III	Private	Business	Use	(Continued

Par	Till Private Business Use (Continued)									
			Α	<u> </u>		В		Ç		D
		Ĺ	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business of bond-financed property?			×		×		Х		Х
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other ou counsel to review any management or service contracts relating to the financed property?	ıtsıde								
С	Are there any research agreements that may result in private business use of bond financed property?	\- 		х		Х		Х		х
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other ou counsel to review any research agreements relating to the financed property?	itside								
4	Enter the percentage of financed property used in a private business use by entities other than a section $501(c)(3)$ organization or a state or local government	S Þ -		%		%			%	%
5	Enter the percentage of financed property used in a private business use as a resultunrelated trade or business activity carried on by your organization, another section (c)(3) organization, or a state or local government			%		%			%	%
6	Total of lines 4 and 5			%		%			%	%
7	Does the bond issue meet the private security or payment test?			X		X		Х		Х
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?			х		х		×		х
ь	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed	of		%		%			%	%
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?			<u></u>				$\overline{\mathbb{L}}$		
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?			×		х		Х		х
Par	t IV Arbitrage									
		Α			В		С		D	
	Yes	;;	No	Yes	No	Yes	's	No	Yes	No
1	Has the Issuer filed Form 8038-T?				Х			Х		Х
2	If "No" to line 1, did the following apply?								_	
а	Rebate not due yet?		Х		Х			Х		Х
			$\overline{}$	$\overline{}$		$\overline{}$	$\overline{}$	$\overline{}$		

1	Has the issuer filed Form 8038-T?	X			Х		Х		Х
2	If "No" to line 1, did the following apply?								
а	Rebate not due yet?		X		Х		Х		Х
ь	Exception to rebate?	X		Х		Х		Х	
С	No rebate due?	Х		Х		Х		Х	
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed			•				•	•
3	Is the bond issue a variable rate issue?	Х			Х		Х		х
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		Х		Х		Х		Х
b	Name of provider								
С	Term of hedge								
d	Was the hedge superintegrated?								
е	Was a hedge terminated?								
							C-	hadula I/ (Fam	000) 2012

Part IV Arbitrage (Continued)

		A		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		х		Х		Х		×
b	Name of provider								
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		х		х		х		×
7	Has the organization established written procedures to monitor the requirements of section 148?		X		х		x		×
Pa	rt V Procedures To Undertake Corrective Action								
		А		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		х		х		х		х

Part VI	Supplemental Info	ormation. Complete this part to p	provide additional information for responses to questions on Schedule K (see instructions).
	Ident if ier	Return Reference	Explanation

Schedule K (Form 990) 2012

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DLN: 93493309015353

2012

OMB No 1545-0047

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. ► Attach to Form 990. ► See separate instructions.

Open to Public **Inspection** Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

WILLIAMSBURG LANDING INC

52-1305909

										52	-13059	09			
Pa	Bond Issues														
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	price	(f)) Descriptio	n of purpose	(g) De	feased	beha	On alf of uer		Pool ncing
										Yes	No	Yes	No	Yes	No
A	EDA OF GLOUCESTER COUNTY VA (SERIES 2012D)	54-1189758		12-19-2012	10,00	0,000	REFU	ND 2003A	BONDS		x		×		X
В	IDA OF MATHEWS COUNTY VA (SERIES 2012)	54-6001417		01-26-2012	7,50	0,000	WILL: PROJ	IAMSBURG JECT	LANDING		Х		х		х
Pa	Ttt Proceeds			•						· ·					
					4	A		E	3		С			D	
1	A mount of bonds retired														
	A mount of bonds legally defeas	sea 													
3	Total proceeds of issue	1_				10,000	,000		7,500,000						
4	Gross proceeds in reserve fund														
5	Capitalized interest from proces	eas													
6	Proceeds in refunding escrows Issuance costs from proceeds														
7	Credit enhancement from proceeds	a do				153	3,225		60,000						
8	Working capital expenditures fr														
9	Capital expenditures from proce	•													
10	Other spent proceeds	eeas ———————————————————————————————————				890	,824		890,824						
11	Other unspent proceeds														
12	Year of substantial completion					6,549	,176		6,549,176						
13	Teal of substantial completion				Yes	l No	_	Yes	l No l	Vaa	1 .	ı <u>.</u> 1	V	ı	No.
14	Were the bonds issued as part of	of a current refundii	na issue?		X	INC	b	res	X	res	 	10	res		NO
15	Were the bonds issued as part				 	X	.		X		+			+	
	Has the final allocation of proce		lang issue.		<u> </u>	 ^	·				+			+	
16	<u> </u>				X				Х		+				
17	Does the organization maintain allocation of proceeds?	adequate books ar	na records to supp	ort the final	X			Х							
Pa	rt IIII Private Business Us	se			_						Yes No Yes No C D Yes No Yes No				
						Α		E			-			 -	
					Yes	No	<u> </u>	Yes	No	Yes	N	lo	Yes		No

property financed by tax-exempt bonds?

financed property?

Was the organization a partner in a partnership, or a member of an LLC, which owned

Are there any lease arrangements that may result in private business use of bond-

Χ

Χ

Χ

Sche	dule K (Form 990) 2012									Page 2
Par	Private Business Use (Continued)		1			T			T	
				Α		В		C		D
За	Are there any management or service contracts that may result in private	business use	Yes	No X	Yes	No X	Yes	No	Yes	No
b	of bond-financed property? If "Yes" to line 3a, does the organization routinely engage bond counsel or counsel to review any management or service contracts relating to the final property?									
С	Are there any research agreements that may result in private business use financed property?	e of bond-		×		×				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or counsel to review any research agreements relating to the financed proper									
4	Enter the percentage of financed property used in a private business use be other than a section $501(c)(3)$ organization or a state or local government			%		%		%		%
5	Enter the percentage of financed property used in a private business use a unrelated trade or business activity carried on by your organization, anothe (c)(3) organization, or a state or local government			%		%		%		%
6	Total of lines 4 and 5			%		%		%		%
7	Does the bond issue meet the private security or payment test?			Х		Х				
8a	Has there been a sale or disposition of any of the bond financed property to nongovernmental person other than a 501(c)(3) organization since the bor issued?			х		х				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or	disposed of		%		%		%		%
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations 1 141-12 and 1 145-2?	sections								
9	Has the organization established written procedures to ensure that all non- bonds of the issue are remediated in accordance with the requirements und Regulations sections 1 141-12 and 1 145-2?			x		x				
Dar	t IV Arbitrage									
æ	Arbitrage	Α .			В		С С		D	
		Yes	No	Yes	No	Yes	;	No	Yes	No
1	Has the issuer filed Form 8038-T?		Х		Х					
2	If "No" to line 1, did the following apply?									
а	Rebate not due yet?		X	Х						
b	Exception to rebate?	×			Х					
С	No rebate due?	X			Х					
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed				•	•	•	•	•	
3	Is the bond issue a variable rate issue?		Х		Х					
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		Х					
b	Name of provider									
С	Term of hedge									
d	Was the hedge superintegrated?									
е	Was a hedge terminated?									
		•		•	•	•				

Part IV Arbitrage (Continued)

Identifier

Return Reference

		A	В		С		D		
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х		Х				
b	Name of provider								
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		х		Х				
7	Has the organization established written procedures to monitor the requirements of section 148?		x		X				
Pa	rt V Procedures To Undertake Corrective Action								
		А		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		Х		Х				
Pa	self-remediation is not available under applicable regulations? art VI Supplemental Information. Complete this part to pr	ovide addition	 al_informati	on for respon	nses to ques	tions on Sche	edule K (see	 	

Schedule K (Form 990) 2012

Explanation

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493309015353

OMB No 1545-0047

2012

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

								Em	ploye	r identii	fication	number	
									-1305				
												(d) Corre	actod2
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, (a) Name of disqualified person (b) Relationship between disqualified person and organization 2 Enter the amount of tax incurred by organization managers or disqualified persons during 4958. 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, organization reported an amount on Form 990, Part X, line 5, 6, or 22 (a) Name of disqualified persons Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, organization reported an amount on Form 990, Part X, line 5, 6, or 22 (a) Name of disqualified person disqualified persons Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, organization reported an amount on Form 990, Part X, line 5, 6, or 22 (b) Relationship (c) Purpose (d) Loan to or from the principal amount due organization? To From To From To From To From To Grants or Assistance Benefitting Interested Persons.						(C) Descrip	JCIOII O	i tialis	action		res	No	
				•									110
	Enter the amount of tax incurred to the amount of tax, if any, on the complete if the organization. Enter the amount of tax, if any, on the complete if the organization organization reported an all ame of the complete if the organization rested.												
	Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Tet II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, organization reported an amount of Form 990, Part X, line 5, 6, or 22 with organization of loan to organization? To From To Fro												
											-		
	ount of ta	x incurre	d by organiza	ition mana	gers or disc	ualified perso	_	yearu	ınders	ection			
									•	F \$			
3 Enterthe am	ount of tax	x, ir any,	on line 2, and	ove, reimbi	arsed by the	e organizatior			•	- 5			
Part III Loar	ns to an	d/or F	rom Inter	ested Pe	rsons.								
							ine 38a, or Fo	rm 990	0, Par	t IV , lın	e 26, o	r ıf the	
							(f)Palance	(a)	In	(h	`	(i)Wrı	tton
interested									ult?	Appro		agreen	
person				organızatı	on?	amount				by boa			
					Τ_	4			T	commi	1	1,4	T
				10	From			Yes	No	Yes	No	Yes	No
						1						_	
												_	
						1						_	
											†	_	
												_	
Γotal	•			▶ \$	•	•			•			7	
Part IIII Gran	ts or As	sistan	ce Benefit	ting Inte	erested P	ersons.						•	
	1						t IV, line 27.						
(a) Name of inte	rested	` '	atıonshıp bet ted person ar) A mount o	fassistance	(d) Type of	fassis	tance	(e)	Purpos	e of assı	stance
person			rganization	id tile									
							_						
						-	= -						
							_						
							_						

(a) Name of interested person	(b) Relationship	(c) A mount of	(d) Description of transaction	(e) Sh	_
	between interested person and the organization	transaction		of organiz reveni	ation's
				Yes	No
(1) PAUL GERHARDT	GENERAL COUNSEL AND SECRETARY	279,875	IN ADDITION TO BEING GENERAL COUNSEL AND SECRETARY OF THE BOARD, PAUL GERHARDT AND HIS LAW FIRM, KAUFMAN & CANOLES, PROVIDE LEGAL SERVICES TO WILLIAMSBURG LANDING		Νο
(2) JIM GOLDEN	BOARD MEMBER		JIM IS AN ADVISORY BOARD MEMBER WITH TOWNE BANK, WITH WHOM WILLIAMSBURG LANDING HAS \$22 MILLION IN DEBT AND \$8 MILLION IN DEPOSITS DURING THE YEAR, WILLIAMSBURG LANDING PAID \$70,894 IN INTEREST PAYMENTS TO TOWNE BANK		No
(3) CARLTON STOCKTON	BOARD MEMBER	70,894	CARLTON IS AN ADVISORY BOARD MEMBER WITH TOWNE BANK, WITH WHOM WILLIAMSBURG LANDING HAS \$22 MILLION IN DEBT AND \$8 MILLION IN DEPOSITS DURING THE YEAR, WILLIAMSBURG LANDING PAID \$70,894 IN INTEREST PAYMENTS TO TOWNE BANK		No
(4) CATHY CHAPLAIN	BOARD MEMBER		CATHY IS AN ADVISORY BOARD MEMBER WITH CHESAPEAKE BANK, WITH WHOM WILLIAMSBURG LANDING HAS \$5 5 MILLION IN DEBT DURING THE YEAR, WILLIAMSBURG LANDING PAID \$213,861 IN INTEREST TO CHESAPEAKE BANK		No
(5) BRUCE ROBERTSON	BOARD MEMBER	213,861	BRUCE ROBERTSON IS AN ADVISORY BOARD MEMBER WITH CHESAPEAKE FINANCIAL SHARES, A COMPANY RELATED TO CHESAPEAKE BANK (WITH WHOM WILLIAMSBURG LANDING HAS \$5 5 MILLION IN DEBT) DURING THE YEAR, WILLIAMSBURG LANDING PAID \$213,861 IN INTEREST TO CHESAPEAKE BANK		No
(6) ELIZABETH DAVIS Part V Supplemental Informa	CHAIRMAN OF THE BOARD	,	ELIZABETH DAVIS IS MARRIED TO GREG DAVIS, WHO IS A PARTNER IN THE LAW FIRM, KAUFMAN & CANOLES KAUFMAN & CANOLES PROVIDES LEGAL SERVICES TO WILLIAMSBURG LANDING		No

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier Return Reference Explanation

DLN: 93493309015353

SCHEDULE 0

(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 to provide any additional information. ► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Name of the organization WILLIAMSBURG LANDING INC

Employer identification number

52-1305909

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	ELIZABETH DAVIS, CHAIRMAN OF THE BOARD IS RELATED BY MARRIAGE TO GREG DAVIS
	FORM 990, PART VI, SECTION B, LINE 11	FINANCE COMMITTEE COMPOSED OF BOARD MEMBERS WILL REVIEW THE 990 BEFORE IT IS FILED WITH THE IRS WE WILL REPORT THE RESULTS OF THE REVIEW TO THE FULL BOARD OF DIRECTORS
	FORM 990, PART VI, SECTION B, LINE 12C	CONFLICT OF INTEREST FORMS ARE REQUIRED FOR ALL DIRECTORS, OFFICERS, KEY EMPLOYEES OF WILLIAMSBURG LANDING EACH YEAR THE FORMS ARE REVIEWED BY THE PRESIDENT & CEO AND THE CHAIRMAN OF THE BOARD ANY DIRECTORS WITH A CONFLICT ARE REQUIRED TO REFRAIN FROM VOTING ON THOSE ISSUES KEY EMPLOYEES CANNOT BE INVOLVED IN BUSINESS DECISIONS IN WHICH THERE IS A CONFLICT
	FORM 990, PART VI, SECTION B, LINE 15	A REVIEW WAS PERFORMED FOR THE CEO, COO, CFO, AND DIRECTORS OF RESIDENT SERVICES, COMMUNITY SERVICES, DEVELOPMENT, AND MARKETING, HUMAN RESOURCES IN 2010
	FORM 990, PART VI, SECTION C, LINE 19	FINANCIAL STATEMENTS ARE DISTRIBUTED MONTHLY TO THE BOD AND RESIDENT FINANCE COMMITTEE. MONTHLY VERBAL REPORTS ARE MADE TO RESIDENTS AT A MONTHLY MEETING BONDHOLDERS AND INTERESTED PARTIES CAN REQUEST AND RECEIVE QUARTERLY FINANCIALS BY EMAIL, QUARTERLY STATEMENTS AND AUDITED FINACIAL STATEMENTS ARE AVAILABLE THROUGH EMMA, AUDITED STATEMENTS ARE AVAILABLE TO RESIDENTS AND INTERESTED PARTIES DISCLOSURE STATEMENT FILED WITH STATE AND AVAILABLE TO RESIDENTS AND GIVEN TO PROSPECTIVE RESIDENTS THE CONTINUING CARE TRUST BALANCE IS REPORTED ON WL STATEMENTS RESIDENTS RECEIVE A REPORT YEARLY ON THE TRUST
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	CHANGE IN PRESENT VALUE OF CHARITABLE GIFT ANNUITIES 50,607 NET ASSET RELEASE ADJUSTMENT -4,556 CHANGE IN ACCOUNTING METHOD -32,462,392
	FORM 990, PART XII, LINE 2C	THE PROCESS FOR APPROVING AUDITED FINANCIAL STATEMENTS OR SELECTING INDEPENDENT ACCOUNTANTS HAS NOT CHANGED FROM THE PRIOR YEAR
CHANGE IN ACCOUNTING METHOD	FORM 990, PART XI, LINE 9	IN JULY 2012, THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ISSUED ACCOUNTING STANDARDS UPDATE (ASU) 2012-01 HEALTH CARE ENTITIES CONTINUING CARE RETIREMENT COMMUNITIES REFUNDABLE ADVANCE FEES THE AMENDMENTS IN THIS ASU CLARIFY THAT AN ENTITY SHOULD CLASSIFY AN ENTRANCE FEE AS DEFERRED REVENUE WHEN THE ENTITY HAS A RESIDENT CONTRACT THAT PROVIDES FOR PAYMENT OF THE REFUNDABLE ENTRANCE FEE UPON REOCCUPANCY BY A SUBSEQUENT RESIDENT, WHICH IS LIMITED TO THE PROCEEDS OF REOCCUPANCY BY A SUBSEQUENT RESIDENT THE AMENDMENTS ALSO CLARIFY THAT REFUNDABLE ENTRANCE FEES THAT ARE CONTINGENT UPON REOCCUPANCY BY A SUBSEQUENT RESIDENT BUT ARE NOT LIMITED TO THE PROCEEDS OF REOCCUPANCY SHOULD BE ACCOUNTED FOR AND REPORTED AS A LIABILITY PRIOR TO ADOPTION OF THIS STANDARD, WILLIAMSBURG LANDING AMORTIZED REFUNDABLE ADVANCE FEES OVER THE LIFE OF THE APPLICABLE UNIT THE AMENDMENTS IN THE ASU ARE EFFECTIVE FOR WILLIAMSBURG LANDING FOR THE PERIOD ENDED DECEMBER 31, 2013, HOWEVER, WILLIAMSBURG LANDING HAS ELECTED EARLY ADOPTION, WHICH HAS RESULTED IN AN ADJUSTMENT DECREASING NET ASSETS BY \$32,462,392 AT JANUARY 1, 2011

DLN: 93493309015353

OMB No 1545-0047

Open to Public Inspection

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. ► See separate instructions.

Related Organizations and Unrelated Partnerships

Employer identification number Name of the organization WILLIAMSBURG LANDING INC. 52-1305909 Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) (d) (e) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity (1) BIRCHWOOD LAND LLC HOLD LAND VA N/A 5700 WILLIAMSBURG LANDING DRIVE WILLIAMSBURG, VA 23185 52-1305909 Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) (b) (d) (f) (e) (g) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) or foreign country) (if section 501(c)(3)) entity (13) controlled entity? Yes No (1) WILLIAMSBURG LANDING CONTINUING CARE TRUST TRUST FOR RESIDENT VA 501(C)(3) 509(A)(3) No FINANCIAL SECURITY 5700 WILLIAMSBURG LANDING DRIVE N/A WILLIAMSBURG, VA 28135 54-6433122

(a) Name, address, and EIN o related organization	f	(b) Primary activity	(c) Legal domicile (state or foreign country)	entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-	(f) Share of total income	(g) Share of end-of-yea assets	(h Disprop r allocat	ortionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	ral or	(k) Percentae ownersh
					514)			Yes	No		Yes	No	
V Identification of Related Or line 34 because it had one or r	ganizations Taxa nore related organi	ble as a Corpo zations treated a	ration s a cor	or Trust (poration or	Complete if t	he organı the tax ye	zatıon ar ar.)	swere	ed "Ye	s" to Form	990,	Part	IV,
(a) Name, address, and EIN of related organization	(a) Name, address, and EIN of related organization (b) Primary activity		(c) Legal domicile (state or foreign country)		(e) Type of enti (C corp, S corp, or trust)	(f) Share of to income	total Share e of	(g) Share of end- of-year assets		(h) ercentage wnership	(i) Section 512 (b)(13) controlled entity?		
		,,			,						Yes		No

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No				
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more i	related organizations li	sted in Parts II-IV?								
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity										
b	Gift, grant, or capital contribution to related organization(s)										
C	Gift, grant, or capital contribution from related organization(s)										
d	Loans or loan guarantees to or for related organization(s)										
е	e Loans or loan guarantees by related organization(s)										
f	f Dividends from related organization(s)										
g	g Sale of assets to related organization(s)										
h	Purchase of assets from related organization(s)				1h		No				
i	i Exchange of assets with related organization(s)										
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		No				
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		No				
ı	I Performance of services or membership or fundraising solicitations for related organization(s)										
m Performance of services or membership or fundraising solicitations by related organization(s)											
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)											
• Sharing of paid employees with related organization(s)											
р	Reimbursement paid to related organization(s) for expenses				1 p		No				
Reimbursement paid by related organization(s) for expenses											
r	Other transfer of cash or property to related organization(s)				1r	Yes					
s	s Other transfer of cash or property from related organization(s)										
2	If the answer to any of the above is "Yes," see the instructions for information on who must complet	e this line, including co	vered relationships	and transaction thresholds							
	(a) Name of other organization	(b) Transaction	(c) Amount involved	(d) Method of determining amo	ount ii	nyalyad	ı				
	Name of other organization	type (a-s)	Amount involved	Method of determining and	ount ii	nvoivea					
1) \	ILLIAMSBURG LANDING CONTINUING CARE TRUST	Q	1,220,227	INTERCOMPANY TRANSFER							
2) W	/ILLIAMSBURG LANDING CONTINUING CARE TRUST	R	1,383,175	INTERCOMPANY TRANSFER							
		I	I								

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross)

revenue) that was not a related organization See instructions re	garding exclu	sion for ce		nent	partnerships				`	,		_		
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512- 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of	end-of-year	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) Percentage ownership	
			514)	Yes	No			Yes	No		Yes	No		
												1		

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier Return Reference Explanation

Additional Data Return to Form

Software ID: Software Version:

EIN: 52-1305909

Name: WILLIAMSBURG LANDING INC

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