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EXTENDED TO NOVEMBER 15, 2016 Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

OMB No 1545-0052

| Departm | nent of the Treasury Do not enter | social security numbers or | this form as it may be m | ade public. | 2010 |
|---------|---|--|----------------------------|---|---|
| | Revenue Service Information about Fo | rm 990-PF and its separate | instructions is at www.irs | s.govnormaaopi. | Ореп то Ривпс іпѕрестіоп |
| | e of foundation | | , 2 | A Employer identification | n number |
| WT | LLIAMSBURG COMMUNITY HEA | ALTH FOIINDATT | ON | 54-1822359 | 9 |
| | er and street (or P O box number if mail is not delivered to street | | Room/suite | B Telephone number | |
| 48 | 01 COURTHOUSE STREET | | 200 | 757-345-09 | 912 |
| | or town, state or province, country, and ZIP or foreign LLIAMSBURG, VA 23188 | postal code | | C If exemption application is | pending, check here |
| | eck all that apply: Initial return | Initial return of a fo | ormer public charity | D 1. Foreign organization | s, check here |
| | Final return | Amended return | | 2. Foreign organizations m | eeting the 85% test |
| | Address change | Name change | | 2. Foreign organizations m check here and attach o | omputation |
| | eck type of organization; X Section 501(c)(3) e Section 4947(a)(1) nonexempt charitable trust | xempt private foundation Other taxable private foundation | ation | E If private foundation st under section 507(b)(1 | |
| | | ting method: Cash | X Accrual | F If the foundation is in a | |
| | m Part II, col. (c), line 16) | Other (specify) | | under section 507(b)(1 | |
| ▶\$ | 118,179,150. (Part I, coll | umn (d) must be on cash | basis) | | |
| Par | (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
| | 1 Contributions, gifts, grants, etc., received | | | N/A | |
| 1 | 2 Check X if the foundation is not required to attach Sch B Interest on savings and temporary | | | <u> </u> | ļ |
| | 3 cash investments | 2,701,851. | 2,700,042. | | STATEMENT 1 |
| 1 | 4 Dividends and interest from securities 5a Gross rents | 2,701,651. | 2,700,042. | | SIAIEMENI I |
| - 1 | b Net rental income or (loss) | | | | |
| | 6a Net gain or (loss) from sale of assets not on line 10 | 4,213,893. | | | |
| and a | b Gross sales price for all 13,386,932. | | | | |
| Revenue | 7 Capital gain net income (from Part IV, line 2) | | 4,214,811. | | |
| - | 8 Net short-term capital gain | | | ļ | <u> </u> |
| 1. | 9 Income modifications Gross sales less returns | | | | |
| - ' | 0a and allowances b Less Cost of goods sold | ļ | | | |
| - 1 | c Gross profit or (loss) | | | | |
| 1 | 1 Other income | <864,906. | | > | STATEMENT 2 |
| 1 | 2 Total. Add lines ដើម្បីវិទិប្តិទិក្សា 🗀 | 6,050,838. | 6,132,201. | | |
| 1 | 3 Compensation of officere directors, trustees, etc., | 162,340. | 0. | ļ | 162,340 |
| - 1 | 4 Other employee salaries and wages 5 Pension plans, employee benefits 016 | 517,611. 205,377. | 93,170. 0. | | 422,437 |
| in i | 5 Pension plans, employee benefits 016 | 205,377. | <u> </u> | | 200,009 |
| ens | b Accounting fees OGDEN STMT 3 | 47,335. | 4,735. | | 42,602 |
| X | c Other professional fees 'STMT 4 | 214,299. | 188,147. | | 26,049 |
| 2 1 | 7 Interest | | | | |
| trai 1 | 8 Taxes STMT 5 | 217,646. | 0. | | 1,357 |
| · [] | 9 Depreciation and depletion | 14,812. | 0. 17,577. | | 107 052 |
| 투 2 | 0 Occupancy | 144,034. 48,333. | 17,377. | | 107,853 |
| וס | 1 Travel, conferences, and meetings2 Printing and publications | 13,191. | 0. | | 13,191 |
| B 2 | 3 Other expenses STMT 6 | 308,244. | 0. | | 309,169 |
| .5.1 | 4 Total operating and administrative | | | | 7 |
| ber | expenses. Add lines 13 through 23 | 1,893,222. | 303,629. | | 1,340,000 |
| 12 | 5 Contributions, gifts, grants paid | 4,645,397. | | <u> </u> | 4,859,200 |
| 2 | 6 Total expenses and disbursements. | 6,538,619. | 303,629. | 1 | 6,199,200 |
| - | Add lines 24 and 25 7 Subtract line 26 from line 12: | 0,330,013. | 303,023. | | 0,133,200 |
| | Excess of revenue over expenses and disbursements | <487,781. | > | - | |
| 1 | b Net investment income (if negative, enter -0-) | | 5,828,572. | | |
| E0050 | c Adjusted net income (if negative, enter -0-) | | | N/A | |
| 52350 | 5 LHA For Paperwork Reduction Act Notice, see | instructions. | | | Form 990-PF (2015 |

Form **990-PF**

| | n 990-PF (2015) WILLIAMSBURG COMMUNITY | Beginning of year | End of | 1822359 Pag |
|---------------|---|------------------------|----------------|-----------------------|
| Pa | art II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only | | (b) Book Value | (c) Fair Market Value |
| $\overline{}$ | 1 , , , , , | (a) Book Value | 158,681. | 158,681 |
| | 1 Cash - non-interest-bearing | 434,896. | | 4,345,727 |
| | 2 Savings and temporary cash investments | 2,278,628. | 4,345,727. | 4,343,72 |
| - 1 | 3 Accounts receivable ► | | | |
| | Less: allowance for doubtful accounts | | | |
| | 4 Pledges receivable ► | | | |
| | Less; allowance for doubtful accounts | | | |
| | 5 Grants receivable | | | |
| | 6 Receivables due from officers, directors, trustees, and other | | | |
| | disqualified persons | | | |
| | 7 Other notes and loans receivable | | | |
| ļ | Less; allowance for doubtful accounts | | | |
| 2 | 8 Inventories for sale or use | | | |
| Assets | 9 Prepaid expenses and deferred charges | 93,105. | 54,574. | 54,57 |
| ۴ | 10a Investments - U.S. and state government obligations | | | |
| | b Investments - corporate stock | | | |
| | c Investments - corporate bonds | | | |
| | 11 Investments - fand, buildings, and equipment basis | | | |
| | Less accumulated depreciation | | | |
| | 12 Investments - mortgage loans | | | |
| - 1 | 13 Investments - other STMT 7 | 122,275,834 | 113,585,960. | 113,585,96 |
| | | | 223,303,300 | |
| | Less accumulated depreciation 14 Land, buildings, and equipment; basis ▶ 97,132. ▶ 62,924. | 19,946. | 34,208. | 34,20 |
| | 15 Other assets (describe ►) | 13,3100 | 31,2000 | 01/10 |
| - 1 | | | | |
| | 16 Total assets (to be completed by all filers - see the | 125 102 409 | 118,179,150. | 118 179 15 |
| \dashv | Instructions. Also, see page 1, item I) | 58,062. | | 110,170,10 |
| | 17 Accounts payable and accrued expenses | 488,498. | | |
| | 18 Grants payable | 400,470. | 200,004. | * |
| .≘ । | 19 Deferred revenue | | | |
| <u>≣</u> | Loans from officers, directors, trustees, and other disqualified persons | | | |
| <u>e</u> . | 21 Mortgages and other notes payable 22 Other habilities (describe ► STATEMENT 8) | 103,414. | 83,298. | |
| | 22 Other liabilities (describe STATEMENT 8) | 103,414. | 03,290. | |
| | OO Tatal tab liking (add long 17 through 00) | 649,974. | 441,013. | |
| -+ | 23 Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here | 043,314. | 441,013. | |
| | · | | , | |
| S | and complete lines 24 through 26 and lines 30 and 31. | 124,452,435. | 117 720 127 | |
| ~ 1 | 24 Unrestricted | 124,452,455. | 117,738,137. | |
| 를 | 25 Temporarily restricted | | | |
| 9 | 26 Permanently restricted | | | |
| Fund | Foundations that do not follow SFAS 117, check here | | | |
| > 1 | and complete lines 27 through 31. | | | |
| ţ | 27 Capital stock, trust principal, or current funds | | | |
| Assets | 28 Paid-in or capital surplus, or land, bldg., and equipment fund | | | |
| <u>ا</u> کے | 29 Retained earnings, accumulated income, endowment, or other funds | 104 150 105 | 448 830 435 | |
| Net | 30 Total net assets or fund balances | 124,452,435. | 117,738,137. | |
| | | | | |
| | 31 Total liabilities and net assets/fund balances | 125,102,409. | 118,179,150. | |
| Pa | art III Analysis of Changes in Net Assets or Fund B | alances | | |
| 1 1 | Fotal net assets or fund balances at beginning of year - Part II, column (a), line | 30 | | |
| (| must agree with end-of-year figure reported on prior year's return) | | 1 | 124,452,43 |
| 2 E | Enter amount from Part I, line 27a | | 2 | <487,78 |
| 3 (| Other increases not included in line 2 (itemize) | | 3 | |
| 4 / | Add lines 1, 2, and 3 | | 4 | 123,964,65 |
| 5 [| Decreases not included in line 2 (itemize) UNREALIZED LOS | S ON INVESTME | NTS 5 | 6,226,51 |
| | | | 6 | 117,738,13 |
| 6 T | Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, c | Olulliii (U), iiile 30 | 10 | |

| Fart IV Capital Gains at | id Losses for Tax on in | vestment | income | | | | | | |
|--|---|--------------------|---------------------|--|-----------------------------------|----------------|--|---------------------------|---|
| | e the kind(s) of property sold (e.g. house; or common stock, 200 shs | | | ` P - | w acquire Purchase Donation | 1 147 | Date aco | quired , yr.) | (d) Date sold (mo., day, yr.) |
| 1a PUBLICLY TRADED | SECURITIES | | | | | _ | | | |
| b UBI PARTNERSHIP | | 1 | | | | | | | |
| c PARTNERSHIP INV | | | | | | | | | |
| d | | | | | | | | | |
| e | | | | | | - | | | |
| | (f) Depreciation allowed | (a) Cost | or other basis | ┺ | | | (h) Gair | or (loss) | |
| (e) Gross sales price | (or allowable) | | pense of sale | | | (0 | | f) minus (i | |
| a 13,386,932. | <u>`</u> | . | 3,149,77 | 7 | | | | <u> </u> | 237,159. |
| a 13,386,932. | | - | 91 | | | | | | <918 |
| | | | | | | | | , | 3,977,652. |
| - c d | | | | | | | | | 3,311,032 |
| | | | | | | | | | |
| Complete only for assets showing | gain in column (h) and owned by | the foundation | on 12/31/60 | | | /I) Co | una (Cal | (b) gain | minua |
| Complete only for assets showing | | | | | | col. (k) | iins (Coi), but no | . (h) gain t less than | 11111US 1 -0-) or |
| (i) F.M.V. as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | | cess of col. (1) | 1 | | L | osses (fr | rom col. (i | h)) |
| | 43 01 12/3 // 03 | - Over a | | | | | | | 227 150 |
| <u>a</u> | | | | | | | | | 237,159 |
| <u>b</u> | | | | | | . | | | <918. |
| C | | } | | | | | | | 3,977,652. |
| d | | | | | | | | | |
| _e | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | <u> </u> | | | | | | | |
| 2 Capital gain net income or (net cap | If gain, also ente ital loss) (If (loss), enter -0 | | | } | 2 | | | | 4,213,893 |
| 3 Net short-term capital gain or (loss | | | | 1 | | | | | |
| If gain, also enter in Part I, line 8, c | | iiu (0). | | 11 | , | | | | |
| If (loss), enter -0- in Part I, line 8 | (3). | | | - } } | 3 | | | N/A | |
| Part V Qualification Un | der Section 4940(e) for | Reduced | Tax on Net | Inve | stment | Incor | ne | | |
| If section 4940(d)(2) applies, leave this Was the foundation liable for the section of "Yes," the foundation does not qualif | on 4942 tax on the distributable an y under section 4940(e). Do not co | omplete this pa | rt. | | | | · | | Yes X No |
| 1 Enter the appropriate amount in ea | ich column for each year, see the i | instructions bet | ore making any e | entries. | | | | | 765 |
| (a) Base period years Calendar year (or tax year beginnin | (b) Adjusted qualifying dis | stributions | Net value of no | (c) oncharı | table-use a | ssets | (0 | Distrit | (d) oution ratio vided by col. (c)) |
| 2014 | 5,53 | 36,213. | | | 885, | | | | .04433 |
| 2013 | 5,13 | 39,123. | 1 | 119, | 354, | 753. | | | .04305 |
| 2012 | 5,69 | 9,417. | 1 | 114, | 438, | 157. | | | .04980 |
| 2011 | 5,22 | 22,949. | | 117 | 308, | 693. | | | .04452 |
| 2010 | | 08,233. | | 112 | 561, | 424. | | | .04360 |
| | | | | | | | 7 | | |
| 2 Total of line 1, column (d) | | | | | | | 2 | | .22531 |
| 3 Average distribution ratio for the 5 | -vear hase period - divide the total | on line 2 by 5 | or by the numbe | r of vea | rs | | | | |
| the foundation has been in existen- | • | 011 11110 2 5 7 0, | o. by 1110 11011100 | , , | ., . | | 3 | | .04506 |
| the foundation has been in existen- | ce ii iess than 5 years | | | | | | | | |
| 4 Enter the net value of noncharitable | e-use assets for 2015 from Part X, | , lıne 5 | | | | | 4 | 12 | 0,813,645 |
| 5 Multiply line 4 by line 3 | | | | | | | 5 | | 5,444,346 |
| • | | | | | | | | | |
| 6 Enter 1% of net investment income | e (1% of Part I, line 27b) | | | | | | 6 | | 58,286 |
| 7 Add lines 5 and 6 | | | | | | | 7 | | 5,502,632 |
| 8 Enter qualifying distributions from | Part XII, line 4 | | | | | | 8 | | 6,228,274 |
| If line 8 is equal to or greater than See the Part VI instructions. | , | e 1b, and comp | lete that part usi | ng a 1% | 6 tax rate. | | | | |

| Form 990-PF (2015) WILLIAMSBURG COMMUNITY HEALTH Part VI Excise Tax Based on Investment Income (Section 494) | | | 822359 ee instru | | Page 4 |
|---|--|----------------------|---------------------|-----|----------|
| 1a Exempt operating foundations described in section 4940(d)(2), check here and e | enter "N/A" on line 1. | $\neg \vdash \vdash$ | | | |
| Date of ruling or determination letter: (attach copy of letter if ne | cessary-see instructions) | | | | |
| b Domestic foundations that meet the section 4940(e) requirements in Part V, check here | | 1 1 | 5 | 8,2 | 86. |
| of Part I, line 27b | | | | | |
| c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% | 6 of Part I, line 12, col. (b). | | | | |
| 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. 0 | thers enter -0-) | 2 | | | 0. |
| 3 Add lines 1 and 2 | | 3 | 5 | 8,2 | 86. |
| 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. C | Others enter -0-) | 4 | | | 0. |
| 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- | | 5 | 5 | 8,2 | 86. |
| 6 Credits/Payments: | | | | | |
| a 2015 estimated tax payments and 2014 overpayment credited to 2015 | 6a 233,000 | <u>.</u> | | | |
| b Exempt foreign organizations - tax withheld at source | 6b |] | | | |
| c Tax paid with application for extension of time to file (Form 8868) | 6c | | | | |
| d Backup withholding erroneously withheld | 6d | | | | |
| 7 Total credits and payments. Add lines 6a through 6d | | 7 | 23 | 3,0 | 00. |
| 8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is atta | ached | 8 | | | |
| 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | > | 9 | | | |
| 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | • • • • • • • • • • • • • • • • • • • | 10 | | | 14. |
| 11 Enter the amount of line 10 to be, Credited to 2016 estimated tax | 100,000 Refunded | 11 | 7 | 4,7 | 14. |
| Part VII-A Statements Regarding Activities | | | | | |
| 1a During the tax year, did the foundation attempt to influence any national, state, or local legis | slation or did it participate or interve | пе іп | | Yes | |
| any political campaign? | | | 1a | | _X_ |
| b Did it spend more than \$100 during the year (either directly or indirectly) for political purpo | ses (see instructions for the definit | on)? | 1b | | X |
| If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities an | nd copies of any materials publi | shed or | | | |
| distributed by the foundation in connection with the activities | | | | | |
| c Did the foundation file Form 1120-POL for this year? | | | 1c | | X |
| d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the | e year: | | | | |
| (1) On the foundation. > \$ 0. (2) On foundation managers | s. ▶ \$ (| <u>.</u> | | | |
| e Enter the reimbursement (if any) paid by the foundation during the year for political expend | iture tax imposed on foundation | _ | 1 1 | | |
| managers. > \$ 0. | 202 | | | į | v |
| 2 Has the foundation engaged in any activities that have not previously been reported to the li | RS7 | | 2 | | <u>X</u> |
| If "Yes," attach a detailed description of the activities | | | | | |
| 3 Has the foundation made any changes, not previously reported to the IRS, in its governing bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change | · | , or | 3 | | x |
| 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year | | | 48 | X | |
| b If "Yes," has it filed a tax return on Form 990-T for this year? | • | | 4b | X | |
| 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? | , | | 5 | | X |
| If "Yes," attach the statement required by General Instruction T | | | | | |
| 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied e | ither: | |)) | - 1 | ı |
| By language in the governing instrument, or | | | 1 | | |
| By state legislation that effectively amends the governing instrument so that no mandator | v directions that conflict with the si | ate law |) } | - 1 | ! |
| remain in the governing instrument? | , | | 6 | x | |
| 7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," cor | molete Part II col (c) and Part | χV | 7 | X | |
| | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | |
| 8a Enter the states to which the foundation reports or with which it is registered (see instruction $\mathbf{V}\mathbf{A}$ | ons) ► | | - | | |
| b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the A | attorney General (or designate) | | — | 1 | |
| of each state as required by General Instruction G? If "No," attach explanation | · · · · · · · · · · · · · · · · · · · | | 8b | x | |
| 9 Is the foundation claiming status as a private operating foundation within the meaning of se | ection 4942(j)(3) or 4942(j)(5) for c | alendar | | | |
| year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," of | | | 9 | - 1 | X |
| 10 Did any persons become substantial contributors during the tax year? if "Yes," attach a schedu | • | | 10 | | X |
| | | | Form 990 | -PF | (2015) |

523531 11-24-15

4a

X

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

had not been removed from jeopardy before the first day of the tax year beginning in 2015?

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

| FORM 990-PF (2015) WILLIAMSBURG COMMUNITY H | | | <u>54-18223</u> | 59 | Page 6 |
|--|--|------------------|--|--------------|----------------------|
| Part VII-B Statements Regarding Activities for Which F | orm 4720 May Be R | equired (contin | ued) | | |
| 5a During the year did the foundation pay or incur any amount to: | | | | - } | 1 |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section | n 4945(e))? | Y | es 🛣 No | ł | ł |
| (2) Influence the outcome of any specific public election (see section 4955); of | er to carry on, directly or indire | | | ł | Ŋ. |
| any voter registration drive? | | | es X No | 1 | ļ |
| (3) Provide a grant to an individual for travel, study, or other similar purposes | ? | Y | es 🗓 No 📗 | 1 | 1 |
| (4) Provide a grant to an organization other than a charitable, etc., organizatio | n described in section | | | 1 | ł |
| 4945(d)(4)(A)? (see instructions) | | Y | es 🛣 No | 1 | 1 |
| (5) Provide for any purpose other than religious, charitable, scientific, literary, | or educational purposes, or f | | | | ì |
| the prevention of cruelty to children or animals? | | Y | es 🗓 No |) | 1 |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unit | der the exceptions described i | n Regulations | |) | Ì |
| section 53.4945 or in a current notice regarding disaster assistance (see instru | ctions)? | | N/A | 5b | ┛ |
| Organizations relying on a current notice regarding disaster assistance check h | ere | | |] | 1 |
| c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f | | . — | | - 1 | 1 |
| expenditure responsibility for the grant? | | [/A Y | es | ı | Į. |
| If "Yes," attach the statement required by Regulations section 53 494. | • • | | | ļ | - [|
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to | pay premiums on | · | | | l |
| a personal benefit contract? | | Y | es 🗓 No | | |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a p | ersonal benefit contract? | | L | 6Ь | X |
| If "Yes" to 6b, file Form 8870 | | | (SE) | 1 | - } |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax s | | Y | es X No | | |
| b If "Yes," did the foundation receive any proceeds or have any net income attribu | | | | 7b | |
| Part VIII Information About Officers, Directors, Trustone Paid Employees, and Contractors | es, Foundation Mai | nagers, Highly | 1 | | |
| List all officers, directors, trustees, foundation managers and their | compensation | | | | |
| Elst all officers, directors, trustees, foundation managers and their | | (c) Compensation | (d) Contributions to | (e) F | урепѕе |
| (a) Name and address | (b) Title, and average hours per week devoted | (If not paid, | employee benefit plans and deferred | accou | xpense int, other |
| | to position | enter -0-) | compensation | allo | wances |
| | | | | j | |
| SEE STATEMENT 9 | | 162,340. | 16,482. |] | 0. |
| ODD DIATEMENT J | | 102,340. | 10,402. | | |
| | | | | } | |
| | i | | | ļ | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | ł | |
| | | | | 1 | |
| 2 Compensation of five highest-paid employees (other than those inc | luded on line 1). If none, | enter "NONE." | | L | |
| A Maria and a later of the late | (b) Title, and average | <u> </u> | (d) Contributions to employee benefit plans and deferred | (e) E | xpense int, other |
| (a) Name and address of each employee paid more than \$50,000 | hours per week devoted to position | (c) Compensation | and deferred compensation | accou | int, other wances |
| KAYREN SEGALL - 4801 COURTHOUSE | DIR., INVESTME | NTS, FIN. | & ADM | | |
| STREET, SUITE 200, WILLIAMSBURG, VA | 40.00 | 98,645. | 21,906. | 1 | 0. |
| | DIR. COMMUNIC | | | | |
| STREET, SUITE 200, WILLIAMSBURG, VA | 40.00 | 87,880. | 16,924. | | 0. |
| | GRANTS PROGRA | | | | |
| STREET, SUITE 200, WILLIAMSBURG, VA | 40.00 | 77,328. | 17,525. | | 0. |
| KYRA A COOK - 4801 COURTHOUSE | GRANTS PROGRA | | | | |
| STREET, SUITE 200, WILLIAMSBURG, VA | 40.00 | 69,940. | 23,671. | | 0. |
| | GRANTS PROGRA | | | | |
| STREET, SUITE 200, WILLIAMSBURG, VA | 40.00 | 57,735. | 9,608. | | 0. |
| Total number of other employees paid over \$50,000 | | | > | | 1 |

| Form 990-PF (2015) WILLIAMSBURG COMMUNITY HEALTH FOU | | -1822359_ | Page 7 |
|--|------------------------------------|--|--------------|
| Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued) | on Managers, Highly | | |
| 3 Five highest-paid independent contractors for professional services. If none, enter "I | NONE." | | |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Con | npensation |
| | INVESTMENT | | |
| BRIDGE 200 BARR HARBOR DR. SUITE 100, WEST | CONSULTING | 121 | ,594. |
| | GRANT CONSULTING | 3 | |
| 9603 BC GAYTON RD, # 201, RICHMOND, VA 23238 | SERVICES | 95 | ,496. |
| | | | |
| Total number of others receiving over \$50,000 for professional services | | • | |
| Part IX-A Summary of Direct Charitable Activities | | | |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistica number of organizations and other beneficiaries served, conferences convened, research papers produce | I information such as the ed, etc. | Expense | s |
| 1 | - , , , | | |
| | |] | |
| SEE STATEMENT 10 | | 39 | <u>,996.</u> |
| 2 | | _] | |
| | | | |
| SEE STATEMENT 11 | | 33 | <u>,475.</u> |
| 3 <u> </u> | | ٠, | |
| COT ON DEVENTO 10 | | | 000 |
| SEE STATEMENT 12 | | 30 | ,000. |
| 4 | | 4 | |
| SEE STATEMENT 13 | | - 22 | ,386. |
| Part IX-B Summary of Program-Related Investments | | 12 | ,300. |
| Describe the two largest program-related investments made by the foundation during the tax year on line | es 1 and 2 | Amount | |
| 1 N/A | | | |
| 1 11/24 | | - | |
| | | ┥ | |
| 2 | | | |
| | | 7 | |
| | | 7 | |
| All other program-related investments. See instructions. | | | |
| · | | | |
| | | | |
| Total. Add lines 1 through 3 | | Form 990- | 0. |
| | | rorm 990- | FF (2015) |

| | art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations | indations | s, see instructions) |
|--------------|---|--------------------|----------------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: | ТТ | <u> </u> |
| a | Average monthly fair market value of securities | 1a | 111,940,707. |
| b | | 16 | 10,712,740. |
| | Fair market value of all other assets | 16 | 307:2277300 |
| d | | 1d | 122,653,447. |
| e | Reduction claimed for blockage or other factors reported on lines 1a and | " - | |
| | 1c (attach detailed explanation) | j j | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 1 2 | 0. |
| 3 | Subtract line 2 from line 1d | 3 | 122,653,447. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | 1,839,802. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 120,813,645. |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 6,040,682. |
| P | art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations a foreign organizations check here and do not complete this part.) | nd certain | |
| - | Minimum investment return from Part X, line 6 | τ.τ | 6,040,682. |
| ' 2a | - 1 1 50 005 | -'- - | 0,040,002. |
| 2a b | Income tax for 2015. (This does not include the tax from Part VI.) | 4 | |
| C | —————————————————————————————————————— | 2c | 58,286. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 5,982,396. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | 0. |
| 5 | Add lines 3 and 4 | 5 | 5,982,396. |
| 6 | Deduction from distributable amount (see instructions) | 6 | 0. |
| 7 | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 | 7 | 5,982,396. |
| | art VIII | 1 1 | 3,302,330. |
| _ | Qualifying Distributions (see instructions) | | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | | |
| a | - p (27, | 1a | 6,199,200. |
| b | | 1b | 0. |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes | 2 | 29,074. |
| 3 | Amounts set aside for specific charitable projects that satisfy the: | 1 [| |
| | Suitability test (prior IRS approval required) | 3a | |
| b | Cash distribution test (attach the required schedule) | 3b | |
| 4 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 6,228,274. |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment | | |
| | income. Enter 1% of Part I, line 27b | 5 | 58,286. |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 6,169,988. |
| | Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years. | qualifies f | or the section |

Part XIII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2014 | (c) 2014 | (d) 2015 |
|--|---------------|---------------------------------------|-------------|--------------------|
| 1 Distributable amount for 2015 from Part XI, | | | | |
| line 7 | | | | 5,982,396. |
| 2 Undistributed income, if any, as of the end of 2015 | | | | |
| a Enter amount for 2014 only | | | 985,475. | |
| b Total for prior years: | | | | |
| ,, | | 0. | | |
| 3 Excess distributions carryover, if any, to 2015: | | | | |
| a From 2010 | | | | |
| b From 2011 | | | | |
| c From 2012 | | | | |
| d From 2013 | | | | |
| e From 2014 | • | | | |
| f Total of lines 3a through e | 0. | | | |
| 4 Qualifying distributions for 2015 from | | | | |
| Part XII, line 4. ►\$ 6,228,274. | | | 005 475 | |
| a Applied to 2014, but not more than line 2a | | | 985,475. | |
| b Applied to undistributed income of prior | | 0. | | |
| years (Election required - see instructions) | | | | |
| c Treated as distributions out of corpus | 0. | | | |
| (Election required - see instructions) | \ | _ | | 5,242,799. |
| d Applied to 2015 distributable amount e Remaining amount distributed out of corpus | 0. | | | 3,242,133. |
| 5 Excess distributions carryover applied to 2015 | 0. | | | 0. |
| (If an amount appears in column (d), the same amount | | | | |
| must be shown in column (a)) 6 Enter the net total of each column as | | i | | |
| indicated below: | | | | |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 0. | | | |
| b Prior years' undistributed income. Subtract | | | | |
| line 4b from line 2b | | 0. | | |
| c Enter the amount of prior years' | i | | | |
| undistributed income for which a notice of deficiency has been issued, or on which | | | | |
| the section 4942(a) tax has been previously | | _ | | |
| assessed | | 0. | | |
| d Subtract line 6c from line 6b. Taxable | | | | |
| amount - see instructions | | 0. | | |
| e Undistributed income for 2014. Subtract line | | | | |
| 4a from line 2a. Taxable amount - see instr. | | | 0. | |
| f Undistributed income for 2015. Subtract | | | | |
| lines 4d and 5 from line 1. This amount must be distributed in 2016 | | | | 739,597. |
| 7 Amounts treated as distributions out of | | | | 133,331. |
| corpus to satisfy requirements imposed by | | | | |
| section 170(b)(1)(F) or 4942(g)(3) (Election | | | | |
| may be required - see instructions) | 0. | | | |
| 8 Excess distributions carryover from 2010 | | | | |
| not applied on line 5 or line 7 | 0. | | | • |
| 9 Excess distributions carryover to 2016. | | | <u> </u> | |
| Subtract lines 7 and 8 from line 6a | 0. | | | |
| 10 Analysis of line 9: | | | | |
| a Excess from 2011 | | | | |
| b Excess from 2012 | | | | |
| c Excess from 2013 | | | } | |
| d Excess from 2014 | | | | |
| e Excess from 2015 | | · · · · · · · · · · · · · · · · · · · | | |
| 500504 11 01 15 | | | _ | Form 000 DE (0045) |

| | | NITY HEALTH | | | 22359 Page 10 |
|--|-----------------------------|---|---------------------------------------|--|---------------------------|
| Part XIV Private Operating F | | | -A, question 9) | N/A | |
| 1 a If the foundation has received a ruling o | | | İ | | |
| foundation, and the ruling is effective fo | - | • | ▶ Ĺ | Transcriptor Transcriptor | 2404.453 |
| b Check box to indicate whether the found | | ng foundation described i | | 4942(j)(3) or4 | 942(j)(5) |
| 2 a Enter the lesser of the adjusted net | Tax year | (1) 00 (4 | Prior 3 years | 7- 7-11-0040 | (.) 7.4.1 |
| income from Part I or the minimum | (a) 2015 | (b) 2014 | (c) 2013 | (d) 2012 | (e) Total |
| investment return from Part X for | | Ì | | | i |
| each year listed | l | |) | | |
| b 85% of line 2a | | | | | |
| c Qualifying distributions from Part XII, | | | | Ţ | T |
| line 4 for each year listed | } | 1 | } | } | |
| d Amounts included in line 2c not | | | | | |
| used directly for active conduct of | Ì |] | | İ | |
| exempt activities | ĺ | Į | ļ | | ļ |
| e Qualifying distributions made directly | | | | | |
| for active conduct of exempt activities. | } | [| | | |
| Subtract line 2d from line 2c | | | } | | |
| 3 Complete 3a, b, or c for the | | | | | |
| alternative test relied upon; | ļ | Į. | | ļ | |
| a "Assets" alternative test - enter: | | { | [| | |
| (1) Value of all assets | | | <u> </u> | | |
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i) | | | | | |
| b "Endowment" alternative test - enter | } | | | | |
| 2/3 of minimum investment return shown in Part X, line 6 for each year | | | } | | |
| listed | | | | | |
| c "Support" alternative test - enter: | | | [| | |
| (1) Total support other than gross | ļ | [| | | |
| investment income (interest, dividends, rents, payments on | İ | | | | 1 |
| securities loans (section | | ł | } | | |
| 512(a)(5)), or royalties) | | i | <u> </u> | | |
| (2) Support from general public | | | | | |
| and 5 or more exempt organizations as provided in | | | : | | (|
| section 4942())(3)(B)(III) | | | 1 | | { |
| (3) Largest amount of support from | | | | | |
| an exempt organization | | | | |) |
| (4) Gross investment income | } | | | | |
| Part XV Supplementary Info | rmation (Comple | te this part only i | f the foundation | had \$5,000 or mo | re in assets |
| at any time during t | | | | | |
| 1 Information Regarding Foundation | n Managers: | | | | |
| a List any managers of the foundation wh | | than 2% of the total contr | abutions received by the | foundation before the clo | se of any tax |
| year (but only if they have contributed n | | | | | , |
| NONE | | | | | |
| b List any managers of the foundation wh | o own 10% or more of th | e stock of a corporation (| or an equally large portion | on of the ownership of a p | artnership or |
| other entity) of which the foundation ha | s a 10% or greater interes | st. | | | |
| NONE | | | · · · · · · · · · · · · · · · · · · · | | |
| 2 Information Regarding Contribut | | • | • | | |
| Check here 🕨 📖 if the foundation of | | | | | |
| the foundation makes gifts, grants, etc. | (see instructions) to indiv | iduals or organizations u | nder other conditions, co | omplete items 2a, b, c, and | 1 d. |
| a The name, address, and telephone num | | he person to whom appli | cations should be addres | ssed: | |
| JEANNE ZEIDLER, 757- | 345-0912 | | | | |
| 4801 COURTHOUSE STRE | ET #200, WI | LLIAMSBURG, | VA 23188 | | |
| b The form in which applications should b | e submitted and informat | tion and materials they sh | ould include: | | |
| SEE ATTACHED GRANT G | UIDELINES | | | | |
| c Any submission deadlines: SEE ATTACHED GRANT G | UIDELINES | | | | |
| d Any restrictions or limitations on awards | | l areas, charitable fields | kinds of institutions or i | other factors: | |
| SEE ATTACHED GRANT G | | a. aud, andriadio noido, | go or momunons, or t | JJ. 140.015. | |
| | | | | | |
| 523601 11-24-15 | | | | | Form 990-PF (2015) |

523611 11-24-15

| Form 990-PF (2015) WILLIAMSBURG | COMMUNITY | HEALTH FOU | NDAT | ION 54-1 | 822359 Page 12 |
|--|---------------------------------------|---------------------------------------|--|--------------------------------|-------------------|
| Part XVI-A Analysis of Income-Prod | lucing Activities | 5 | | | |
| Enter gross amounts unless otherwise indicated. | Unrelated bi | usiness income | | ed by section 512, 513, or 514 | (e) |
| | (a) Business | (b) | (C) Exclu- | (d) | Related or exempt |
| 1 Program service revenue: | code | Amount | sion | Amount | function income |
| a | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | 1 | | |
| e | | | | | |
| f | | | | | |
| g Fees and contracts from government agencies | | | 11 | | |
| 2 Membership dues and assessments | | | | | |
| 3 Interest on savings and temporary cash | | | | | |
| investments | 1 | | 1 1 | | |
| 4 Dividends and interest from securities | 900000 | 1,809. | 14 | 2,700,042. | |
| 5 Net rental income or (loss) from real estate: | | · · · · · · · · · · · · · · · · · · · | 1 | | |
| a Debt-financed property | | | | | |
| b Not debt-financed property | | | | | |
| 6 Net rental income or (loss) from personal | | | ++ | | |
| property | - } | | } } | | |
| 7 Other investment income | 900000 | <82,254. | 514 | <782,652. | • |
| 8 Gain or (loss) from sales of assets other | | | [| | |
| than inventory | 900000 | <918. | L 18 | 4,214,811. | |
| 9 Net income or (loss) from special events | | | [| | |
| 10 Gross profit or (loss) from sales of inventory | | | | | |
| 11 Other revenue: | | | | + | |
| a | 1 | | 1 1 | } | |
| b | - | | | | |
| | - | | ┾╌╌┼╴ | | |
| d | - | | ! | | |
| e | - | | ├──-┼- | | |
| 12 Subtotal. Add columns (b), (d), and (e) | - | <81,363. | ├ - | 6,132,201. | 0. |
| | L | 701,303. | | | 6,050,838 |
| 13 Total. Add line 12, columns (b), (d), and (e) | | | | 13 | 0,030,030 |
| (See worksheet in line 13 instructions to verify calculations. | | | | | |
| Part XVI-B Relationship of Activities | to the Accomp | Diisnment of Ex | empt i | Purposes | |
| Line No. Explain below how each activity for which in | icome is reported in co | lumn (e) of Part XVI-A | contribut | ted importantly to the accomp | lishment of |
| the foundation's exempt purposes (other th | an by providing funds | for such purposes). | | | |
| N/A | | | | | |
| | | | | | |
| | | | | | |
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| Form 99 | | | | | TY HEALTH FO | | | 1822359 | | nge 13 |
|-----------|----------|---|--------------------------|--|------------------------------------|-------------------------|----------------------------|--------------------------|--|----------------|
| Part | XVII | Information Re Exempt Organ | | isfers To a | and Transactions | and Relations | hips With Nor | ncharitable | ; | |
| 1 Dis | d the or | | | of the following | ng with any other organizati | on described in sec | tion 501/c) of | | Yes | No |
| | | | | | 27, relating to political orga | | 0011001100101 | 1 | | |
| | | from the reporting found | | | · · · | neutions. | | ì |]] | l |
| |) Cash | | | | garrent or, | | | 1a(1) | | x |
| • | • | assets | - | | - | - | | 1a(2) | | X |
| | | isactions: | | | | • | | 14(2) | | - |
| | | of assets to a noncharita | hla ovemnt organiza | ation | | | | 15(1) | 1 1 | х |
| | | hases of assets from a no | · - | | | - | | 1b(1) | | X |
| | | al of facilities, equipment, | | organization | | | - | | | X |
| • | | bursement arrangements | | - | | | | 1b(3) | | X |
| • | | - | | | | | | 1b(4) | | X |
| • | | s or loan guarantees | | | | | | 1b(5) | | X |
| • | - | rmance of services or me | • | • | | - | - | 1b(6) | | X |
| | - | f facilities, equipment, ma | - ' | | | | | 1c | لــــا | |
| | | | | | edule. Column (b) should a | - | - | | iets, | |
| | | | | | ed less than fair market val | ue in any transaction | n or snaring arranger | nent, snow in | | |
| (a)Line r | | the value of the goods,(b) Amount involved | | | e exempt organization | 1 (4) = | | | | |
| (a)Line r | 10 | (b) Amount involved | (c) Name o | | e exempt organization | (u) Descriptio | n of transfers, transactio | ns, and sharing an | rangeme | nts |
| | | | ļ | N/A | | | | | | |
| | | | ļ | | | | | | | |
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| | \top | | | | | | | | | |
| | 7 | | | | | | | | | |
| | | | | | | | | | | |
| 2a Is i | he four | dation directly or indirect | tly affiliated with, or | related to, one | or more tax-exempt organ | zations described | | | | |
| | | 501(c) of the Code (other | | | | | | Yes | X | No |
| b lf " | Yes," co | omplete the following sch | edule. | | • | - | | | | |
| | | (a) Name of org | | | (b) Type of organization | 1 | (c) Description of re | lationship | | |
| | | N/A | | | | | | | | |
| | | | | | | <u> </u> | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | ng accompanying schedules and | | | | | |
| Sign | and be | elief, it is true, correct, and con | nplete Declaration of pr | reparer (other tha | n taxpayer) is based on all inform | nation of which prepare | r has any knowledge | return with the | e prepare | er |
| Here | | Manni . | فالمتمح | W | 118/4/16 | PRESI | DENT | shown below X Yes | | No No |
| | Sign | ature of officer or trustee | () | | Date | Title | | - [| | |
| | <u> </u> | Print/Type preparer's na | | Preparer's s | | Date | Check if | PTIN | | |
| | |] | | ــــــــــــــــــــــــــــــــــــــ | | | self- employed | | | |
| Paid | | FRANK H. S | MITH | Frank | _ H. Smith | 11/02/16 | | P00639 | 053 | |
| Prepa | arer | Firm's name ► RAF | | 1 | | F-1,02,10 | Firm's EIN ▶ 5 | $\frac{100033}{2-15112}$ | | |
| Use (| | | , | | | | 1.1111.52111. | | | |

523622 11-24-15 Firm's address ▶ 1899 L ST. NW #900

WASHINGTON, DC 20036

Phone no. 202-822-5000

| FORM 990-PF . | DIVIDENDS | AND INTER | EST | FROM SECUI | RITIES S | TATEMENT 1 |
|--|-----------------|------------------------------|------|-----------------------------|-----------------------------------|-------------------------------|
| SOURCE | GROSS AMOUNT | CAPITAL GAINS DIVIDEND | | (A) REVENUE PER BOOKS | (B) NET INVEST- MENT INCOME | |
| INVESTMENTS | 1,943,777. | · | 0. | 1,943,777 | . 1,943,777. | |
| LIMITED PARTNERSHIPS UBI FROM | 756,265. | | 0. | 756,265 | . 756,265. | |
| PARTNERSHIPS | 1,809. | | 0. | 1,809 | . 0. | |
| TO PART I, LINE 4 | 2,701,851. | ====== | 0. | 2,701,851 | 2,700,042. | |
| FORM 990-PF | | OTHER I | исом | E | S | TATEMENT 2 |
| DESCRIPTION | | | REV | | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME |
| EARNINGS IN EQUITY UBI - PARTNERSHIPS | INVESTMENTS | : | | 782,652.> <82,254.> | <782,652.> 0. | |
| TOTAL TO FORM 990-P | PF, PART I, | LINE 11 | < | 864,906.> | <782,652.> | |
| FORM 990-PF | | ACCOUNTI | NG F | EES | S | TATEMENT 3 |
| DESCRIPTION | | (A) EXPENSES PER BOOKS | | (B) INVEST- I INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
| ACCOUNTING FEES | | 47,335. | | 4,735. | | 42,602. |
| TO FORM 990-PF, PG | 1, LN 16B | 47,335. | | 4,735. | | 42,602. |

| FORM 990-P.F | THER PROFES | SIONAL FEES | S' | TATEMENT 4 |
|--|--|--|-------------------------------|---|
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
| CONSULTING FEES INVESTMENT FEES | 26,152. 188,147. | | | 26,049. |
| TO FORM 990-PF, PG 1, LN 16C | 214,299. | 188,147. | | 26,049. |
| FORM 990-PF | TAX | ES | S | ratement 5 |
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
| MUNICIPAL PROPERTY TAXES FEDERAL EXCISE TAX STATE TAXES | 1,356. 214,346. 1,944. | 0. 0. 0. | | 1,357. 0. 0. |
| TO FORM 990-PF, PG 1, LN 18 | 217,646. | 0. | | 1,357. |
| FORM 990-PF | OTHER E | XPENSES | S' | ratement 6 |
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
| PAYROLL FEES ANNUAL AWARDS OFFICE SUPPLIES MARKETING TELEPHONE/INTERNET POSTAGE UTILITIES MAINTAINENCE AGREEMENTS INSURANCE DUES DCA- CHRONIC CARE DCA-FREE MEETING SPACE DCA-CHI PROGRAM DCA-ONE CALL DCA-OTHER | 1,341. 17,823. 9,402. 13,747. 12,992. 2,870. 575. 30,914. 6,296. 31,589. 39,996. 33,475. 30,000. 23,385. 53,839. | 0. 0. 0. 0. 0. 0. 0. | | 1,341. 17,823. 10,177. 13,897. 12,992. 2,870. 575. 30,914. 6,296. 31,589. 39,996. 33,475. 30,000. 23,385. 53,839. |
| TO FORM 990-PF, PG 1, LN 23 | 308,244. | 0. | | 309,169. |

| FORM 990-PF | THER INVESTMENTS | | STATEMENT 7 |
|---|---------------------|---------------------------------------|----------------------|
| DESCRIPTION | VALUATION METHOD | BOOK VALUE | FAIR MARKET VALUE |
| MIT PRIVATE EQUITY FUND | COST | 534,226. | 534,226. |
| TIFF ABSOLUTE RETURN POOL | COST | 14,585,219. | 14,585,219. |
| PRIVATE ADVISORS DISTRESSED OPS | | 175,734. | 175,734. |
| TIFF PARTNERS V - US | COST | 348,208. | 348,208. |
| TIFF PARTNERS V - INTERNATIONAL | COST | 181,892. | 181,892. |
| TIFF SECONDARY PARTNERS I | COST | 565,039. | 565,039. |
| TIFF REAL ESTATE PARTNERS II | COST | 746,024. | 746,024. |
| GMO FORESTRY FUND 7 | COST | 1,431,103. | 1,431,103. |
| PRIVATE ADVISORS INCOME FUND | COST | 0. | 0. |
| TIFF PEP 2007 | COST | 1,518,368. | 1,518,368. |
| MA INVESTORS FUND 1, LLC | COST | 2,138,799. | 2,138,799. |
| PRIVATE ADVISORS SMALL CO BUYOUT | | 871,205. | 871,205. |
| TIFF PEP 2008 | COST | 1,085,077. | 1,085,077. |
| TIFF SHORT TERM FUND | COST | 5,209,318. | 5,209,318. |
| MREP 2008-DCIF | COST | 852,783. | 852,783. |
| TIFF SECONDARY PARTNERS II | COST | 1,771,338. | 1,771,338. |
| TIFF MULTI-ASSET FUND | COST | 35,976,554. | 35,976,554. |
| TIFF MODIT-ASSET FOND TIFF KEYSTONE FUND | COST | 40,689,053. | 40,689,053. |
| TIFF PEP 2012 | COST | 1,016,938. | 1,016,938. |
| TIFF SOF | COST | 1,630,027. | 1,630,027. |
| TIFF PEP 2013 | COST | 1,704,858. | 1,704,858. |
| TIFF PEP 2013 | COST | 245,420. | 245,420. |
| TIFF FEF 2014 TIFF RR IV | COST | 216,004. | 216,004. |
| TIFF REP 2015 | COST | 92,773. | 92,773. |
| MARKET ADJUSTMENT | COST | 92,773. | 92,113. |
| MARKET ADOUGTMENT | COST | · · · · · · · · · · · · · · · · · · · | 0. |
| TOTAL TO FORM 990-PF, PART II, L | INE 13 | 113,585,960. | 113,585,960. |
| FORM 990-PF C | THER LIABILITIES | | STATEMENT 8 |
| DESCRIPTION | | BOY AMOUNT | EOY AMOUNT |
| DEFERRED FEDERAL EXCISE TAX LIAB | SILITY | 103,414. | 83,298. |
| TOTAL TO FORM 990-PF, PART II, L | INE 22 | 103,414. | 83,298. |
| | = | | |

| |)-PF PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS | | | | STATI | EMENT 9 |
|--|---|-----|--------------------------|------------------------|---------------------------------|--------------------|
| NAME AND ADDRESS | | | TITLE AND AVRG HRS/WK | COMPEN- SATION | EMPLOYEE BEN PLAN CONTRIB | EXPENSE ACCOUNT |
| JEANNE ZEIDLER 4801 COURTHOUSE STREET, WILLIAMSBURG, VA 23188 | SUITE | 200 | PRESIDENT/CEO | /SECRETARY 162,340. | 16,482. | 0. |
| JEFFERY O. SMITH 4801 COURTHOUSE STREET, WILLIAMSBURG, VA 23188 | SUITE | 200 | BOARD CHAIR 1.00 | 0. | 0. | 0. |
| JAMES R. GOLDEN 4801 COURTHOUSE STREET, WILLIAMSBURG, VA 23188 | SUITE | 200 | BOARD VICE CHA | AIR 0. | 0. | 0. |
| CLARENCE A. WILSON 4801 COURTHOUSE STREET, WILLIAMSBURG, VA 23188 | SUITE | 200 | TRUSTEE 1.00 | 0. | 0. | 0. |
| STEPHEN R. ADKINS 4801 COURTHOUSE STREET, WILLIAMSBURG, VA 23188 | SUITE | 200 | TRUSTEE 1.00 | 0. | 0. | 0. |
| CATHERINE ALLPORT 4801 COURTHOUSE STREET, WILLIAMSBURG, VA 23188 | SUITE | 200 | TRUSTEE (LEFT 1.00 | DURING 2015 0. | 0. | 0. |
| DAVID C. ANDERSON 4801 COURTHOUSE STREET, WILLIAMSBURG, VA 23188 | SUITE | 200 | TRUSTEE 1.00 | 0. | 0. | 0. |
| DAVID E. BUSH 4801 COURTHOUSE STREET, WILLIAMSBURG, VA 23188 | | | | 0. | 0. | 0. |
| CRESSONDRA B. CONYERS 4801 COURTHOUSE STREET, WILLIAMSBURG, VA 23188 | | | | DURING 2015 0. | | 0. |
| RANDALL FOSKEY 4801 COURTHOUSE STREET, WILLIAMSBURG, VA 23188 | SUITE | 200 | TRUSTEE 1.00 | 0. | 0. | 0. |
| PAUL W. GERHARDT 4801 COURTHOUSE STREET, WILLIAMSBURG, VA 23188 | SUITE | 200 | TRUSTEE 1.00 | 0. | 0. | 0. |

| , WILLIAMSBURG COMMUNITY | HEALTH FO | UNDATION | | 54- | 1822359 |
|---|-----------|--------------------|--------------|---------|---------|
| F.BRIAN HIESTAND 4801 COURTHOUSE STREET, S WILLIAMSBURG, VA 23188 | SUITE 200 | TRUSTEE 1.00 | | 0. | 0. |
| JOYCE M. JARRETT 4801 COURTHOUSE STREET, S WILLIAMSBURG, VA 23188 | SUITE 200 | TRUSTEE 1.00 | 0. | 0. | 0. |
| LAURA J. LODA 4801 COURTHOUSE STREET, S WILLIAMSBURG, VA 23188 | | TRUSTEE 1.00 | 0. | 0. | 0. |
| ETHYLYN MCQUEEN-GIBSON 4801 COURTHOUSE STREET, S WILLIAMSBURG, VA 23188 | SUITE 200 | TRUSTEE 1.00 | 0. | 0. | 0. |
| STEPHEN H. MONTGOMERY 4801 COURTHOUSE STREET, S WILLIAMSBURG, VA 23188 | SUITE 200 | TRUSTEE 1.00 | 0. | 0. | 0. |
| DOUGLAS J. MYERS 4801 COURTHOUSE STREET, S WILLIAMSBURG, VA 23188 | SUITE 200 | TRUSTEE 1.00 | 0. | 0. | 0. |
| RICHARD H. RIZK 4801 COURTHOUSE STREET, S WILLIAMSBURG, VA 23188 | | | 0. | 0. | 0. |
| LOUIS F. ROSSITER 4801 COURTHOUSE STREET, S WILLIAMSBURG, VA 23188 | SUITE 200 | TRUSTEE 1.00 | 0. | 0. | 0. |
| ROBERT G. SINGLEY 4801 COURTHOUSE STREET, S WILLIAMSBURG, VA 23188 | SUITE 200 | TRUSTEE 1.00 | 0. | 0. | 0. |
| JACKSON C. TUTTLE II 4801 COURTHOUSE STREET, S WILLIAMSBURG, VA 23188 | | | 0. | 0. | 0. |
| MARSHALL N. WARNER 4801 COURTHOUSE STREET, S WILLIAMSBURG, VA 23188 | SUITE 200 | TRUSTEE 1.00 | 0. | 0. | 0. |
| JONATHAN V. WEISS 4801 COURTHOUSE STREET, S WILLIAMSBURG, VA 23188 | SUITE 200 | TRUSTEE (LEFT 1.00 | DURING 2015) | 0. | 0. |
| KIMBERLY ZEULI 4801 COURTHOUSE STREET, S WILLIAMSBURG, VA 23188 | SUITE 200 | TRUSTEE 1.00 | 0. | 0. | 0. |
| TOTALS INCLUDED ON 990-PF | , PAGE 6, | PART VIII | 162,340. | 16,482. | 0. |

| FORM 990-PF . SUMMARY OF DIRECT CHARITABLE ACTIVITIES | STATEMENT | 10 |
|--|-----------|----------|
| ACTIVITY ONE | | |
| CHRONIC CARE INITIATIVE- A COLLABORATIVE WITH HEALTHCARE ORGANIZATIONS THAT PROVIDE DIRECT SERVICES TO UNINSURED AND UNDER-INSURED, CHRONICALLY ILL INDIVIDUALS IN THE GREATER WILLIAMSBURG AREA. THE GOAL IS TO IMPROVE THE HEALTH OF THE UNDERSERVED COMMUNITY BY IMPROVING THE ORGANIZATIONS' INDIVIDUAL AND COLLECTIVE CAPACITY TO SERVE THIS POPULATION. | | |
| | EXPENSES | |
| TO FORM 990-PF, PART IX-A, LINE 1 | 39,9 | 96. |
| FORM 990-PF SUMMARY OF DIRECT CHARITABLE ACTIVITIES | STATEMENT | |
| ACTIVITY TWO | | |
| FREE CONFERENCE ROOM MEETING SPACE- FREE ACCESS TO WILLIAMSBURG COMMUNITY HEALTH FOUNDATION MEETING ROOM | | |
| | | |
| | EXPENSES | ; |
| FACILITIES IS PROVIDED AS A SERVICE FOR NON-PROFIT ORGANIZATIONS WITHIN THE FOUNDATION'S SERVICE AREA. TO FORM 990-PF, PART IX-A, LINE 2 | EXPENSES | |
| ORGANIZATIONS WITHIN THE FOUNDATION'S SERVICE AREA. TO FORM 990-PF, PART IX-A, LINE 2 | | |
| ORGANIZATIONS WITHIN THE FOUNDATION'S SERVICE AREA. TO FORM 990-PF, PART IX-A, LINE 2 | 33,4 | 75. |
| ORGANIZATIONS WITHIN THE FOUNDATION'S SERVICE AREA. TO FORM 990-PF, PART IX-A, LINE 2 FORM 990-PF SUMMARY OF DIRECT CHARITABLE ACTIVITIES | 33,4 | 75. |
| ORGANIZATIONS WITHIN THE FOUNDATION'S SERVICE AREA. TO FORM 990-PF, PART IX-A, LINE 2 FORM 990-PF SUMMARY OF DIRECT CHARITABLE ACTIVITIES ACTIVITY THREE CHILD HEALTH INITIATIVE- A COLLABORATIVE OF HUMAN SERVICE AND HEALTHCARE PROVIDERS DESIGNED TO IMPROVE LONG-TERM HEALTH OUTCOMES FOR CHILDREN LIVING IN POVERTY IN THE COMMUNITY. THE COLLABORATIVE EMPLOYS A MULTI-DISCIPLINARY, HOME-BASED SERVICE DELIVERY APPROACH TO WORK IN PARTNERSHIP | 33,4 | 12 |

FORM 990-PF . SUMMARY OF DIRECT CHARITABLE ACTIVITIES STATEMENT 13

ACTIVITY FOUR

ONE CALL SYSTEM- DEVELOPMENT AND IMPLEMENTATION OF SINGLE POINT OF ENTRY FOR TRANSPORTATION SERVICES PROVIDED TO THE ELDERLY AND DISABLED IN THE REGION. THE SYSTEM ALLOWS CUSTOMERS TO SCHEDULE TRANSPORTATION SERVICES FROM MULTIPLE PROVIDERS THROUGH ONE PHONE CALL.

EXPENSES

TO FORM 990-PF, PART IX-A, LINE 4

23,386.

Williamsburg Community Health Foundations Form 990-PF, Part XV-Contributions Paid during the year Year Ended December 31, 2015

•. . • • .

54-1822359

| Name and Address Angels of Mercy Medical Mission 7151 Richmond Road, Suite 401 Williamsburg, VA 23188 | If Individual, List Relationship to Foundation Manager or Substantial Contributor N/A | Foundation Status of Recipient Public Chanty | Purpose of Grant or Contribution Program Support Chronic Care Collaborative | s | Amount 113,000 |
|---|---|---|---|---|-------------------|
| Avalon A Center for Women and Children P O Box 6805 Williamsburg, VA 23188 | N/A | Public Charity | Program Support Hospital Accompaniment | | 13,500 |
| ARC P O Box 6805 Wilhamsburg, VA 23188 | N/A | Public Charity | Program Support Fitness Program | | 20,000 |
| Bacon Street 247 McLaws Circle, Suite 100 Post Office Drawer 279 | N/A | Public Chanty | Program Support Healing Project | | 32,000 |
| Williamsburg, VA 23187-0279 Bacon Street 247 McLaws Circle, Suite 100 Post Office Drawer 279 Milliamsburg, VA 2327-0279 | N/A | Public Chanty | Program Support YSAIT | | 31,500 |
| Williamsburg, VA 23187-0279 Center for Child and Family Services, Inc P O Box 7315 2021 Cunningham Drive, Suite 400 | N/A | Public Charity | Program Support PATTS Program | | 10,000 |
| Hampton, VA 23666-3371 Center for Child and Family Services, Inc P O Box 7315 2021 Cunningham Drive, Suite 400 | N/A | Public Chanty | Program Support Violence Prevention and Intervention Program | | 25,000 |
| Hampton, VA 23668-3371 Child and Family Connection 348 McLaws Circle, Unit 3 Williamsburg, VA 23185 | N/A | Public Chanty | Program Support Multicultural Counseling Outreach Program | | 57,000 |
| Child Development Resources (CDR) PO Box 280 Norge, VA 23127 | N/A | Public Charity | Program Support Infant & Parents | | 150,000 |
| Child Development Resources (CDR) PO Box 280 Norge, VA 23127 | N/A | Public Charity | Program Support Parents as Teachers of Greater Williamsburg | | 125,000 |
| City of Williamsburg 401 Lafayette Street Williamsburg, VA 23185 | N/A | Public Chanty | Program Support Children's Behavioral Health Initiative | | 260,000 |
| City of Williamsburg 401 Lafayette Street Williamsburg VA 23185 | N/A | Public Chanty | Program Support Walking Works | | 500 |
| Colonial Behavioral Health 1657 Merimac Trail Williamsburg, VA 23185 | N/A | Public Chanty | Program Support Chronic Care Collaborative - CBH | | 127,000 |
| Colonial Behavioral Health 1657 Merimac Trail Williamsburg, VA 23185 | N/A | Public Chanty | Program Support Greater Williamsburg Child Assessment Center (GWCAC) | | 294,000 |
| Colonial Behavioral Health 1657 Merrimac Trail Williamsburg, VA 23185 | N/A | Public Chanty | Program Support Intensive Outpatient Program | | 22,500 |
| Colonial Community Corrections 4093 Ironbound Road, Suite B Williamsburg, VA 23188 | N/A | Public Chanty | Program Support- Better Ways Program | | 25,250 |
| Community Housing Partners 448 Depot Street Christiansburg, VA 24073 | N/A | Public Charity | Program Support Lackey Mobile Food Pantry | | |
| Dreamcatchers 10120 Fire Tower Road Toana, VA 23168 | N/A | Public Chanty | y Program Support Annual Award | | 5,000 |

| FREE Foundation for Rehabilitation Equipmer Endowment , PO Box 8873 Roanoke, VA 24014 | nt and | N/A | Public Charity | Program Support | 44,000 | |
|--|--------|-----|----------------|---|---------|--|
| FISH, Inc 312 Waller Mill Road, Suite 800 Williamsburg, VA 23185 | | N/A | Public Chanty | Program Support | 10,000 | |
| Gioucester-Mathews Free Clinic 2278 George Washington Memorial Highway Hayes, VA 23072 | | N/A | | Program Support Chronic Care Collaborative | 390,000 | |
| Grove Christian Outreach Center 8910 Pocahontas Trail Williamsburg, VA 23185 | | N/A | Public Chanty | Program Support | 8,000 | |
| KaBOOM! Inc Conneticut Avenue NW Washington D.C. 20008-2304 | 4301 | N/A | Public Chanty | Program Support | 86,730 | |
| Literacy for Life at the Rita Welsh Adult Learn Center P O Box 8795 Williamsburg, VA 23187-8795 | ing | N/A | | Program Support HEAL Program | 95,000 | |
| New Honzons Family Counseling Center The School of Education College of William & Mary, PO Box 8795 Williamsburg, VA 23187-8795 | | N/A | Public Chanty | Program Support | 109,000 | |
| Olde Towne Medical Center 5249 Olde Towne Road Williamsburg, VA 23188 | | N/A | Public Chanty | Program Support Diabetic Self-Management Research | 11,000 | |
| Olde Towne Medical Center 5249 Olde Towne Road Williamsburg, VA 23188 | | N/A | Public Chanty | Program Support Chronic Care Collaborative | 250,000 | |
| Olde Towne Medical Center 5249 Olde Towne Road Williamsburg, VA 23188 | | N/A | Public Chanty | Program Support Walking Works | 1,000 | |
| Olde Towne Medical Center 5249 Olde Towne Road Williamsburg, VA 23188 | | N/A | Public Chanty | Program Support Spanish Interpretation Program | 20,000 | |
| Olde Towne Medical Center 5249 Olde Towne Road Williamsburg, VA 23188 | | N/A | Public Chanty | Program Support Pharmacy Sink | 4,100 | |
| Olde Towne Medical Center 5249 Olde Towne Road Williamsburg, VA 23188 | | N/A | Public Chanty | Program Support Chronic Care Collaborative | 450,000 | |
| Olde Towne Medical Center 5249 Olde Towne Road Williamsburg, VA 23188 | | N/A | Public Chanty | Program Support Transition Program | 66,000 | |
| Olivet Medical Ministry, Inc 1620 Old Williamsburg Road Yorktown, VA 23690 | | N/A | Public Chanty | Program Support Chronic Care Collaborative | 420,000 | |
| Olivet Medical Ministry, Inc 1620 Old Williamsburg Road Yorktown, VA 23690 | | N/A | Public Chanty | Program Support Mobile Food Pantry | 7,000 | |
| Peninsula Agency on Aging 739 Thimble Shoals Boulevard, Suite 1006 Newport News, VA 23606-3585 | | N/A | Public Chanty | Program Support Senior Health Assistance Resource Project (S H A R P) | 128,000 | |
| Peninsula Agency on Aging 739 Thimble Shoals Boulevard, Suite 1006 Newport News, VA 23606-3585 | | N/A | Public Chanty | Program Support RIDES Program | 110,000 | |
| Postpartum Support Virginia P O Box 7521 Arlington, VA 22207 | | N/A | Public Chanty | Program Support | 5,000 | |
| Rx Partnership 2924 Emerywood Parkway, Suite 300 Richmond, VA 23294 | | N/A | Public Chanty | Program Support Chronic Care Collaborative | 30,000 | |

. . ' . .

| Sentara Wmsbg Regional Med Ctr Auxiliary 100 Sentara Circle Williamsburg, VA 23185 | N/A | Public Chanty Program Support Free Mammogram Program | 10,000 |
|---|-----|--|-------------------------|
| United Way of Greater Williamsburg 5400 Discovery Park Blvd , Suite 104 Williamsburg, VA 23188 | N/A | Public Chanty Program Support Mobile Pantry | 1,020 |
| Virginia Health Care Foundation 707 E. Main Street, Suite 1350 Richmond, VA 23219 | N/A | Public Chanty Program Support Greater Williamsburg Medicatio Program (GWMAP) | 390,000 n Assistance |
| Virginia Legacy Soccer Club 1117 Old Colony Lane Williamsburg, VA 23185 | N/A | Public Chanty Program Support | 16,000 |
| Virginia Oral Health Coalition 4200 Innslake Drive, Suite 103 Glen Allen, VA 23060 | N/A | Public Chanty Program Support | 5,000 |
| Virginia Regional Ballet 1228 Richmond Road Williamsburg, VA 23185 | N/A | Public Chanty Program Support Virginia Regional Ballet Fitness | 4,600 Camp |
| Virginia Peninsula Foodbank 2401 Aluminum Avenue Hampton, VA 23681 | N/A | Public Chanty Program Support Annual Award | 5,000 |
| Virginia Peninsula Foodbank 2401 Aluminum Avenue Hampton VA 23661 | N/A | Public Chanty Program Support Mobile Pantry Fresh Produce | 20,000 |
| WHRO 5200 Hampton Boulevard Norfolk, VA 23508 | N/A | Public Charity Program Support Geddy Educational Fund | 50 000 |
| Williamsburg Area Faith in Action 354 McLaws Circle Suite 2 Williamsburg, VA 23185 | N/A | Public Chanty Program Support Medical Transportation | 22,000 |
| Williamsburg Area Faith in Action 354 McLaws Circle, Suite 2 Williamsburg, VA 23185 | N/A | Public Charity Program Support Walking Works | 500 |
| Williamsburg Area Faith in Action 354 McLaws Circle, Suite 2 Williamsburg, VA 23185 | N/A | Public Chanty Program Support Aging in Place | 33,500 |
| Williamsburg Area Meals-On-Wheels, Inc P O Box 709 Williamsburg, VA 23187-0709 | N/A | Public Chanty Program Support Annual Award | 5,000 |
| Williamsburg Area Meals-On-Wheels, Inc P O Box 709 Williamsburg, VA 23187-0709 | N/A | Public Chanty Program Support | 74,000 |
| Williamsburg-James City County Public Schools 101-D Mounts Bay Road P O Box 8783 Williamsburg, VA 23187-8783 | N/A | Public Chanty Program Support School Health Initiative Progra | n (SHIP) |
| Williamsburg-James City County Public Schools 101-D Mounts Bay Road, P O Box 8783 Williamsburg, VA 23187-8783 | N/A | Public Chanty Program Support Walking Works | 500 |
| Williamsburg-James City County Public Schools 101-D Mounts Bay Road, P O Box 8783 Williamsburg, VA 23187-8783 | N/A | Public Chanty Program Support Annual Award | 5,000 |
| York County Division of Juvenile Services 224 Ballard Street, P O Box 532 Yorktown, VA 23690 | N/A | Public Chanty Program Support PSAS | 35,000 |

Williamsburg Community Health Foundation Form 990-PF, Part XV-Approved for Future Payment Year Ended December 31, 2015

54-1822359

| Name and Address Avalon A Center for Women and Children | if Individual, List Relationship to Foundation Manager or Substantial Contributor N/A | Foundation Status of Recipient Public Charity | Purpose of Grant or Contribution Program Support | its Payable Balance 13,500 |
|--|--|---|--|----------------------------------|
| P O Box 6805 Williamsburg, VA 23188 | | | Hospital Accompaniment | |
| Bacon Street 247 McLaws Circle, Suite 100 Post Office Drawer 279 Williamsburg, VA 23187-0279 | N/A | Public Charity | Program Support | \$ 12,500 |
| Bacon Street 247 McLaws Circle, Suite 100 Post Office Drawer 279 Williamsburg, VA 23187-0279 | N/A | Public Chanty | Program Support The Healing Project | \$ 32,000 |
| Colonial Behavioral Health 1657 Merrimac Trail Wilhamsburg, VA 23185 | N/A | Public Charity | Program Support Intensive Outpatient Program | \$ 22,500 |
| Colonial Community Corrections 4093 fronbound Road, Suite B Williamsburg, VA 23188 | N/A | Public Charity | Program Support- Better Ways Program | \$ 11,000 |
| Community Health Solutions (CHS) 9603 Gayton Road Suite 201 Richmond, VA 23228 | N/A | N/A | Program Support Childrens Behavioral Health Initiative | \$ 5,750 |
| Community Health Solutions (CHS) 9603 Gayton Road Suite 201 Richmond, VA 23228 | N/A | N/A | Program Support Childrens Health Initiative | \$ 15,000 |
| Community Health Solutions (CHS) 9603 Gayton Road Suite 201 Richmond, VA 23228 | N/A | N/A | Program Support Community Learning Project | \$ 3,524 |
| Community Health Solutions (CHS) 9603 Gayton Road Suite 201 Richmond, VA 23228 | N/A | N/A | Program Support Chronic Care Collaborative | \$ 19,998 |
| FREE Foundation for Rehabilitation Equipment and Endowment P O Box 8873 Roanoke, VA 24014 | N/A | Public Charity | Program Support | \$ 19,000 |
| KFH 4920 Elm Street, Suite 350 Bethesda, MD 20814 | N/A | N/A | Program Support One Call System | \$ 16,832 |
| New Horizons Family Counseling Center The School of Education College of William & Mary, P O Box 8795 Williamsburg, VA 23187-8795 | N/A | Public Charity | Program Support | \$ 46,500 |
| Olde Towne Medical Center 5249 Olde Towne Road Williamsburg, VA 23188 | NIA | Public Charity | Program Support Transition Program | \$ 33,000 |
| VA Ctr for Health Innovation 3831 Westerre Parkway Henrico, VA 23233 | N/A | Public Charity | Program Support Accountable Care Community Meeting | \$ 1,000 |
| Williamsburg Area Faith in Action 354 McLaws Circle, Suite 2 Williamsburg, VA 23185 | N/A | Public Charity | Program Support Resource Visitors Program | \$ 14,500 |
| York County Division of Juvenile Services 224 Ballard Street, P O Box 532 Yorktown, VA 23690 | N/A | Public Charity | Program Support | \$ 14,000 |

The following criteria apply to all WCHF grants:

Basic eligibility:

- Agency type
- Non-profit 501(c)3 agencies (IRS determination letter required)
- State, local or other government agencies
- Fiscal Sponsorships in accordance with WCHF policies are permitted
- Program/project must serve residents in the WCHF service area (City of Williamsburg, City of Poquoson, James City County, York 0
- Required documents from applicant agencies (in addition to WCHF application forms):
- Board roster
- Annual report
- o IRS Form 990
- Annual audit in accordance with WCHF policies

Allowable costs:

- o Program and/or operating costs as outlined in the grant application
- Indirect costs calculated at up to 15% of salaries and wages (employee benefits not included) included in the project budget 0
 - Employee benefits in accordance with WCHF policies

Excluded costs:

- Annual appeals and fundraising
- Endowments
- Real estate acquisition
- Restoration of funds cut by governments or other organizations
- Lobbying

| Grant category | 1 | Eligibility (in addition to | Requirements | Cha | Characteristics | Ap . | Application forms (in addition |
|----------------|----|-----------------------------|--|-----|----------------------------|------|--------------------------------|
| | pa | basic eligibility) | | | | 2 | to required documents) |
| Foundation- | • | Invitation only | Program aligns | • | Ongoing grant | • | Streamlined WCHF |
| directed | • | May evolve from | significantly with WCHF | • | Intense, year-round staff | | application |
| | | another type of grant | Strategic Plan | | involvement | • | List of measurable goals, |
| | | category | Population served aligns | • | Innovative, thus outcomes | | both long-term and for |
| | • | Or may develop into | with WCHF Strategic Plan | | may initially involve some | | grant cycle |
| | | another type of grant | Need for program is | | uncertainty | • | Organization budget |
| | | category | clearly demonstrated | • | Involves collaboration | • | Program budget |
| | | | Outcomes are process- | | with multiple partners | • | Program budget narrative |
| | | | driven, data-driven and | | | • | Job description(s), if |
| | | | long-term | | | | applicable |
| _ | | | | | | • | Contract includes |
| | | | | | | | measurable goals with six- |
| | | | | | | | month and final reporting |
| | | | | | | | requirements |

| Grant | Eligibility (in addition to basic eligibility) | Requirements | Characteristics | Appli addit docu | Application forms (in addition to required documents) |
|-----------|---|---|---|------------------------|---|
| Basic | Invitation only | Organization mission | Ongoing grant | • | Streamlined WCHF |
| Operating | May evolve from | aligns with WHCF | Intense staff involvement | | application |
| Support | another type of grant | Strategic Plan | at the invitation stage of | • | List of measurable goals |
| | category | Population served aligns | grant making process | • | for grant cycle |
| | Or may develop into | with WCHF Strategic Plan | Grant made on an annual | • | Organization budget |
| | another type of grant | Need for the organization | basis | • | Contract includes |
| | category | mission is clearly | Grant funds are | Ε | measurable goals with six- |
| | Government agencies, | demonstrated | unrestricted, keeping in | | month and final renorting |
| | colleges and | Outcomes are data-driven | mind excluded costs | | requirements |
| | universities, and | and clear | Outputs and outcomes are | | |
| | hospitals are not eligible | Organization has | predictable |) | - |
| | No agency may receive | significant track record | Initial "basic operating | bi C | |
| | more than one WCHF | and must have received | support" funding | 0 | |
| | "basic operating | WCHF funding within the | recommendations are | و | |
| | support" grant at any | last three years | based on existing WCHF | ÇH. | |
| | given time | WCHF support may not | funding amounts and | · - | |
| | | exceed 30% of | supported by best- | | |
| | | organization budget | practices research | | |
| | | Organization has | | | |
| | | demonstrated at least | | | |
| | | three years of stable | | | |
| | | executive leadership | | | |
| | | Must successfully seek | | | |
| | | funding from additional | | | |
| | | sources | | | |

| • | Application forms (in addition | Streamlined WCHF application List of measurable goals for grant cycle Program budget Program income form Job description(s), if applicable Contract includes measurable goals with sixmonth and final reporting requirements | |
|-----------------------------|--------------------------------|--|--|
| S carcgolles | Cnaracteristics | Ongoing grant Intense staff involvement at the invitation stage of grant making process Grant made on an annual basis Offers an opportunity for service delivery of interest to WCHF Grant funds are restricted to specific program Outputs and outcomes are predictable Initial "basic program support" funding recommendations are based on existing WCHF funding amounts and supported by best-practices research | |
| Requirements | | Program goals aligns with WCHF Strategic Plan Population served aligns with WCHF Strategic Plan Need for the program is clearly demonstrated Outcomes are data-driven and clear Organization operating the program has significant track record Must successfully seek funding from additional sources | |
| Eligibility (in addition to | • Invitation only | May evolve from another type of grant category Or may develop into another type of grant category No agency may receive more than two WCHF "basic program support" grants in any calendar year | |
| Grant category | Basic | Support | |

| Grant category | 1 | Eligibility (in addition | Re | Requirements | ਤੱ | Characteristics | Application forn | Application forms (in addition to |
|----------------|----|--------------------------|----|------------------------------|----|------------------------------------|-----------------------------------|-----------------------------------|
| | to | to basic eligibility) | | | | | required documents) | ients) |
| Responsive | • | Initiated by LOI | | | • | Provides opportunity to | Post-LOI, inv | Post-LOI, invitation to apply: |
| | • | Open to any | • | Population served aligns | | fund new initiatives | o Curre | Current WCHF |
| | | qualified applicant | | with WCHF Strategic Plan | • | May include WCHF requests | applic | application |
| | • | Or may develop | • | Program/project aligns | | to address a specific need | o Progr | Program budget |
| . | | from a "basic | | with WCHF Strategic Plan | • | May be one-time grant | o Progr | Program budget |
| | | operating | • | Need for program is | • | Or funding declines over 3 | narrative | ıtive |
| | | support" or "basic | | demonstrated | | to 4 years or less: | o Progr | Program income form |
| _ | | program support" | • | Outcomes are data-driven | | Year 1 was a new | p qor o | Job description(s), if |
| | | grant should | | and near-term | | grant or from a | applicable | cable |
| | | WCHF choose to | • | If applicable, realistic | | different category | Contract incl | Contract includes indicators of |
| | | decrease funding | | sustainability plan in place | | Vear 2 at 75% | success with | success with six-month and final |
| | • | No agency may | | to accommodate | | Year 3 at 50% | reporting requirements | quirements |
| | | receive more than | | decreased funding | | Year 4 at 25% | | |
| - | | two WCHF | | | | Year 5 at zero | | |
| | | "responsive" | | | • | Not obligated to fund for | | |
| | | grants in any | | | | four years if outcomes are | | |
| | | calendar year | | | | not met | | |
| | | | | | • | Or, if successful, program | | |
| | | | ļ | | | "graduates" to another level | | |