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Form **990-PF**

Department of the Treasury
Internal Revenue Service

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 instructions is at *www.irs.gov/form990pf*.**

OMB No 1545-0052

2015

Open to Public Inspection

For calendar year 2015, or tax year beginning 07-01-2015 , and ending 06-30-2016

Name of foundation
RICHMOND MEMORIAL HEALTH FOUNDATION

A Employer identification number
51-0211020

Number and street (or P O box number if mail is not delivered to street address)
4901 LIBBIE MILL EAST BLVD NO 210

Room/suite

B Telephone number (see instructions)
(804) 282-6282

City or town, state or province, country, and ZIP or foreign postal code
RICHMOND, VA 23230

C If exemption application is pending, check here ▶ ☐

G Check all that apply ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change

D 1. Foreign organizations, check here ▶ ☐

2. Foreign organizations meeting the 85% test, check here and attach computation ▶ ☐

E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ ☐

H Check type of organization ☑ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

I Fair market value of all assets at end of year *(from Part II, col (c), line 16)* ▶$ 225,066,370

J Accounting method ☐ Cash ☑ Accrual ☐ Other (specify) _____
(Part I, column (d) must be on cash basis)

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ ☐

Part I **Analysis of Revenue and Expenses** *(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))*

			(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1	Contributions, gifts, grants, etc , received (attach schedule)	21,436			
	2	Check ▶ ☐ if the foundation is **not** required to attach Sch B				
	3	Interest on savings and temporary cash investments				
	4	Dividends and interest from securities	1,167,562	1,167,562		
	5a	Gross rents				
	b	Net rental income or (loss) _____				
	6a	Net gain or (loss) from sale of assets not on line 10	1,260,529			
	b	Gross sales price for all assets on line 6a 1,260,529				
	7	Capital gain net income (from Part IV, line 2)		1,260,529		
	8	Net short-term capital gain				
	9	Income modifications				
	10a	Gross sales less returns and allowances				
	b	Less Cost of goods sold				
	c	Gross profit or (loss) (attach schedule)				
	11	Other income (attach schedule)	5,519	0		
	12	**Total.** Add lines 1 through 11	2,455,046	2,428,091		
Operating and Administrative Expenses	13	Compensation of officers, directors, trustees, etc	584,753	83,958		285,333
	14	Other employee salaries and wages	220,781	11,650		184,281
	15	Pension plans, employee benefits	194,085	21,354		112,887
	16a	Legal fees (attach schedule)	3,820	458		2,712
	b	Accounting fees (attach schedule)	17,461	2,095		12,397
	c	Other professional fees (attach schedule)	784,922	426,659		320,122
	17	Interest				
	18	Taxes (attach schedule) (see instructions)	41,379	684		4,045
	19	Depreciation (attach schedule) and depletion	28,212	0		
	20	Occupancy	212,668	10,633		138,224
	21	Travel, conferences, and meetings	84,118	16,387		67,730
	22	Printing and publications	1,702	0		1,702
	23	Other expenses (attach schedule)	283,117	30,131		212,280
	24	**Total operating and administrative expenses.** Add lines 13 through 23	2,457,018	604,009		1,341,713
	25	Contributions, gifts, grants paid	3,244,076			3,244,076
	26	**Total expenses and disbursements.** Add lines 24 and 25	5,701,094	604,009		4,585,789
	27	Subtract line 26 from line 12				
	a	**Excess of revenue over expenses and disbursements**	-3,246,048			
	b	**Net investment income** (if negative, enter -0-)		1,824,082		
	c	**Adjusted net income** (if negative, enter -0-)				

Part II **Balance Sheets** Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)

			Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing	1,689,539	380,856	380,856
	2	Savings and temporary cash investments			
	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 (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶			
		Less allowance for doubtful accounts ▶			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges	25,759	82,751	82,751
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)	9,734,767	5,988,006	5,988,006
	c	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis ▶ 162,365			
		Less accumulated depreciation (attach schedule) ▶ 43,195	155,811	119,170	119,170
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)	65,654,859	62,007,587	62,007,587
	14	Land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach schedule) ▶			
	15	Other assets (describe ▶)	149,672,000	156,488,000	156,488,000
	16	**Total assets** (to be completed by all filers—see the instructions Also, see page 1, item I)	226,932,735	225,066,370	225,066,370
Liabilities	17	Accounts payable and accrued expenses	172,438	279,762	
	18	Grants payable			
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ▶)			
	23	**Total liabilities** (add lines 17 through 22)	172,438	279,762	
Net Assets or Fund Balances		**Foundations that follow SFAS 117, check here ▶ ☑ and complete lines 24 through 26 and lines 30 and 31.**			
	24	Unrestricted	221,693,469	219,706,689	
	25	Temporarily restricted	42,631	55,030	
	26	Permanently restricted	5,024,197	5,024,889	
		Foundations that do not follow SFAS 117, check here ▶ ☐ and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds			
	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds			
	30	**Total net assets or fund balances** (see instructions)	226,760,297	224,786,608	
	31	**Total liabilities and net assets/fund balances** (see instructions)	226,932,735	225,066,370	

Part III **Analysis of Changes in Net Assets or Fund Balances**

1	Total 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	226,760,297
2	Enter amount from Part I, line 27a	2	-3,246,048
3	Other increases not included in line 2 (itemize) ▶	3	6,816,000
4	Add lines 1, 2, and 3	4	230,330,249
5	Decreases not included in line 2 (itemize) ▶	5	5,543,641
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	224,786,608

Part IV Capital Gains and Losses for Tax on Investment Income

	List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co)	How acquired P—Purchase (b) D—Donation	Date acquired (c) (mo , day, yr)	Date sold (d) (mo , day, yr)
1 a	SECURITIES	P		
b				
c				
d				
e				

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a	1,260,529			1,260,529
b				
c				
d				
e				

	Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			Gains (Col (h) gain minus col (k), but not less than -0-) or (l) Losses (from col (h))
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a				1,260,529
b				
c				
d				
e				

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter -0- in Part I, line 7 }	2	1,260,529
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)
If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☑ No
If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2014	3,976,864	76,895,590	0 051718
2013	3,525,405	76,308,265	0 046200
2012	3,245,905	70,165,572	0 046261
2011	2,727,668	65,316,374	0 041761
2010	2,047,719	62,995,760	0 032506

2	**Total** of line 1, column (d)	2	0 218446
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0 043689
4	Enter the net value of noncharitable-use assets for 2015 from Part X, line 5	4	69,556,868
5	Multiply line 4 by line 3	5	3,038,870
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	18,241
7	Add lines 5 and 6	7	3,057,111
8	Enter qualifying distributions from Part XII, line 4	8	4,585,789

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions

Part VI **Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)**

1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter _____ (attach copy of letter if necessary–see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☑ and enter 1% of Part I, line 27b	1	18,241
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2	0
3	Add lines 1 and 2	3	18,241
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4	0
5	**Tax based on investment income.** Subtract line 4 from line 3 If zero or less, enter -0-	5	18,241
6	Credits/Payments		
a	2015 estimated tax payments and 2014 overpayment credited to 2015 — 6a: 61,960		
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	61,960
8	Enter any **penalty** for underpayment of estimated tax Check here ☐ if Form 2220 is attached	8	27
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	43,692
11	Enter the amount of line 10 to be **Credited to 2015 estimated tax** ▶ 43,692 **Refunded** ▶	11	0

Part VII-A **Statements Regarding Activities**

			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		No
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)?	1b		No
	If the answer is "Yes" to ***1a*** *or* ***1b,*** *attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities*			
c	Did the foundation file **Form 1120-POL** for this year?	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year **(1)** On the foundation ▶ $ 0 **(2)** On foundation managers ▶ $ 0			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ $ 0			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? *If "Yes," attach a detailed description of the activities*	2		No
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? *If "Yes," attach a conformed copy of the changes*	3		No
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a	Yes	
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	4b	Yes	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? *If "Yes," attach the statement required by General Instruction T*	5		No
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes	
7	Did the foundation have at least $5,000 in assets at any time during the year? *If "Yes," complete Part II, col (c), and Part XV*	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ VA			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? *If "No," attach explanation*	8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? *If "Yes," complete Part XIV*	9		No
10	Did any persons become substantial contributors during the tax year? *If "Yes," attach a schedule listing their names and addresses*	10		No

Part VII-A Statements Regarding Activities *(continued)*

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	

Website address ▶ N/A

14 The books are in care of ▶ THE ORGANIZATION Telephone no ▶ (804) 282-6282

Located at ▶ 4901 LIBBIE MILL EAST BLVD SUITE 210 RICHMOND VA ZIP+4 ▶ 23230

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of **Form 1041** —Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the year ▶ 15

16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16		No
	See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country ▶			

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☑ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☑ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☑ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☑ Yes ☐ No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? ☐ Yes ☑ No			
	(6) Agree to pay money or property to a government official? (**Exception.** Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). ☑ Yes ☐ No			
b	If any answer is "Yes" to 1a(1)–(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b	Yes	
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2015?	1c	Yes	
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? ☐ Yes ☑ No			
	If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer "No" and attach statement—see instructions).	2b		
c	If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☑ No			
b	If "Yes," did it have excess business holdings in 2015 as a result of **(1)** any purchase by the foundation or disqualified persons after May 26, 1969, **(2)** the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or **(3)** the lapse of the 10-, 15-, or 20-year first phase holding period? *(Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2015).*	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b		No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required *(Continued)*

5a	During the year did the foundation pay or incur any amount to			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☑ No			
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☑ No			
	(3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☑ No			
	(4) Provide a grant to an organization other than a charitable, etc , organization described in section 4945(d)(4)(A)? (see instructions) ☐ Yes ☑ No			
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☑ No			
b	If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)?	5b		
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? ☐ Yes ☐ No			
	If "Yes," attach the statement required by Regulations section 53 4945–5(d)			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☑ No			
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	6b		No
	If "Yes" to 6b, file Form 8870			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ☐ Yes ☑ No			
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?	7b		

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	Title, and average hours per week **(b)** devoted to position	**(c)** Compensation **(If not paid, enter -0-)**	**(d)** Contributions to employee benefit plans and deferred compensation	Expense account, **(e)** other allowances
See Additional Data Table				

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than $50,000	Title, and average hours per week **(b)** devoted to position	**(c)** Compensation	**(d)** Contributions to employee benefit plans and deferred compensation	Expense account, **(e)** other allowances
CYNTHIA I NEWBILLE 4901 LIBBIE MILL EAST BOULEVARD SUITE 210 RICHMOND,VA 23230	PROGRAMS OFFICER & C 35 00	70,375	12,180	420
KENDRA J MOODY 4901 LIBBIE MILL EAST BOULEVARD SUITE 210 RICHMOND,VA 23230	OPERATIONS MANAGER & 40 00	59,000	18,343	0

Total number of other employees paid over $50,000 ▶ 0

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)*

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than $50,000	(b) Type of service	(c) Compensation
MANGHAM ASSOCIATES INC 630 PETER JEFFERSON PKWY CHARLOTTESVILLE,VA 22911	INVESTMENT CONSULTANT	104,500
WITTKIEFFER 2015 SPRING ROAD SUITE 510 OAK BROOK,IL 60523	ACCOUNTING & PERSONNEL CONSULTANT	99,339

Total number of others receiving over $50,000 for professional services. . . . . ▶ 0

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1 NURSE LEADERSHIP INSTITUTE OF VIRGINIA - SEE ATTACHED	2,044
2 THE GREATER RICHMOND PATIENT CENTERED MEDICAL HOME INITIATIVE - SEE ATTACHED	316,051
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments See instructions 3	
Total. Add lines 1 through 3 . . . . . ▶	0

Part X **Minimum Investment Return**
(All domestic foundations must complete this part. Foreign foundations,see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes			
a	Average monthly fair market value of securities		1a	69,601,333
b	Average of monthly cash balances		1b	1,014,777
c	Fair market value of all other assets (see instructions)		1c	0
d	**Total** (add lines 1a, b, and c)		1d	70,616,110
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e 0		
2	Acquisition indebtedness applicable to line 1 assets		2	0
3	Subtract line 2 from line 1d		3	70,616,110
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)		4	1,059,242
5	**Net value of noncharitable-use assets.**Subtract line 4 from line 3 Enter here and on Part V, line 4		5	69,556,868
6	**Minimum investment return.**Enter 5% of line 5		6	3,477,843

Part XI **Distributable Amount**
(see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ▶ ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6			1	3,477,843
2a	Tax on investment income for 2015 from Part VI, line 5	2a	18,241		
b	Income tax for 2015 (This does not include the tax from Part VI)	2b			
c	Add lines 2a and 2b			2c	18,241
3	Distributable amount before adjustments Subtract line 2c from line 1			3	3,459,602
4	Recoveries of amounts treated as qualifying distributions			4	0
5	Add lines 3 and 4			5	3,459,602
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	3,459,602

Part XII **Qualifying Distributions** (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	4,585,789
b	Program-related investments—total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	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	4,585,789
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 (see instructions)	5	18,241
6	**Adjusted qualifying distributions.**Subtract line 5 from line 4	6	4,567,548

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

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				3,459,602
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only.			2,298,664	
b Total for prior years 20___, 20___, 20___		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 ▶ $ 4,585,789				
a Applied to 2014, but not more than line 2a			2,298,664	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2015 distributable amount.				2,287,125
e Remaining amount distributed out of corpus	0			
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 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' 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 instructions			0	
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015				1,172,477
7 Amounts treated as distributions out of 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 (see instructions)	0			
9 **Excess distributions carryover to 2016.** 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.				

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2015, enter the date of the ruling. . . . . ▶

b Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2015	(b) 2014	(c) 2013	(d) 2012	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
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					
a "Assets" alternative test—enter					
(1) Value of all assets					
(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 investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . .					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the organization had $5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than $5,000) (See section 507(d)(2))

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ▶ ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds If the foundation makes gifts, grants, etc (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed

MARK D CONSTANTINE PRESIDENT CEO RI
4901 LIBBIE MILL EAST BOULEVARD
SUITE 210
RICHMOND,VA 23230
(804) 282-6282

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

SEE ATTACHED COPY OF GRANT APPLICATION GUIDELINES

c Any submission deadlines

SEE ATTACHED COPY OF GRANT APPLICATION GUIDELINES

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

SEE ATTACHED COPY OF GRANT APPLICATION GUIDELINES

Part XV Supplementary Information(continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year* See Additional Data Table				
Total . . . . . ▶ **3a**				3,261,050
b *Approved for future payment* See Additional Data Table				
Total . . . . . ▶ **3b**				2,892,450

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments. . . .					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities. . .			14	1,167,562	
5 Net rental income or (loss) from real estate					
a Debt-financed property.					
b Not debt-financed property.					
6 Net rental income or (loss) from personal property					
7 Other investment income.					
8 Gain or (loss) from sales of assets other than inventory			18	1,260,529	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory . .					
11 Other revenue a OTHER REVENUE			18		5,519
b					
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e). .		0		2,428,091	5,519
13 **Total.** Add line 12, columns (b), (d), and (e).				13	2,433,610

(See worksheet in line 13 instructions to verify calculations)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions)
11A	OTHER MISCELLANEOUS REVENUE RELATED TO ACCOMPLISHMENTS

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

		Yes	No
1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			
a Transfers from the reporting foundation to a noncharitable exempt organization of			
(1) Cash	1a(1)		No
(2) Other assets	1a(2)		No
b Other transactions			
(1) Sales of assets to a noncharitable exempt organization	1b(1)		No
(2) Purchases of assets from a noncharitable exempt organization	1b(2)		No
(3) Rental of facilities, equipment, or other assets	1b(3)		No
(4) Reimbursement arrangements	1b(4)		No
(5) Loans or loan guarantees	1b(5)		No
(6) Performance of services or membership or fundraising solicitations	1b(6)		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		No

d If the answer to any of the above is "Yes," complete the following schedule Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received

(a) Line No	**(b)** Amount involved	**(c)** Name of noncharitable exempt organization	**(d)** Description of transfers, transactions, and sharing arrangements

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☑ No

b If "Yes," complete the following schedule

(a) Name of organization	**(b)** Type of organization	**(c)** Description of relationship

Sign Here

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

Signature of officer or trustee — Date: 2016-11-15 — Title

May the IRS discuss this return with the preparer shown below (see instr)? ☑ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed ▶ ☐	PTIN
VIRGINIA R BELCHER				P00421964

Firm's name ▶ KEITERSTEPHENSHURSTGARY & SHREAVESPC — Firm's EIN ▶ 54-1631262

Firm's address ▶ PO BOX 32066 RICHMOND, VA 232942066 — Phone no (804) 747-0000

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
MARK D CONSTANTINE 4901 LIBBIE MILL EAST BOULEVARD SUITE 210 RICHMOND,VA 23230	PRESIDENT & CEO 40 00	102,083	21,829	500
JEFFREY S CRIBBS SR 4901 LIBBIE MILL EAST BOULEVARD SUITE 210 RICHMOND,VA 23230	PRESIDENT EMERITUS 40 00	206,625	37,189	0
MICHELE AW MCKINNON ESQUIRE 4901 LIBBIE MILL EAST BOULEVARD SUITE 210 RICHMOND,VA 23230	CHAIR 2 00	0	0	0
JR HIPPLE 4901 LIBBIE MILL EAST BOULEVARD SUITE 210 RICHMOND,VA 23230	VICE CHAIR 2 00	0	0	0
JOSEPH SCHILLING 4901 LIBBIE MILL EAST BOULEVARD SUITE 210 RICHMOND,VA 23230	SECRETARY 2 00	0	0	0
A DALE CANNADY 4901 LIBBIE MILL EAST BOULEVARD SUITE 210 RICHMOND,VA 23230	TREASURER 2 00	0	0	0
DANNY TK AVULA 4901 LIBBIE MILL EAST BOULEVARD SUITE 210 RICHMOND,VA 23230	TRUSTEE 1 00	0	0	0
REGINALD E GORDON ESQUIRE 4901 LIBBIE MILL EAST BOULEVARD SUITE 210 RICHMOND,VA 23230	TRUSTEE 1 00	0	0	0
JOHN W MARTIN 4901 LIBBIE MILL EAST BOULEVARD SUITE 210 RICHMOND,VA 23230	TRUSTEE 1 00	0	0	0
WILLIAM R NELSON MD MPH 4901 LIBBIE MILL EAST BOULEVARD SUITE 210 RICHMOND,VA 23230	TRUSTEE 1 00	0	0	0
ROBERT L THALHIMER 4901 LIBBIE MILL EAST BOULEVARD SUITE 210 RICHMOND,VA 23230	TRUSTEE 1 00	0	0	0
DEBORAH L ULMER RN PHD 4901 LIBBIE MILL EAST BOULEVARD SUITE 210 RICHMOND,VA 23230	TRUSTEE 1 00	0	0	0
RICHARD L GRIER 4901 LIBBIE MILL EAST BOULEVARD SUITE 210 RICHMOND,VA 23230	TRUSTEE 1 00	0	0	0
MATT J ILLIAN 4901 LIBBIE MILL EAST BOULEVARD SUITE 210 RICHMOND,VA 23230	TRUSTEE 1 00	0	0	0
ABRAHAM SEGRES 4901 LIBBIE MILL EAST BOULEVARD SUITE 210 RICHMOND,VA 23230	TRUSTEE 1 00	0	0	0
VANESSA WALKER HARRIS MD 4901 LIBBIE MILL EAST BOULEVARD SUITE 210 RICHMOND,VA 23230	TRUSTEE 1 00	0	0	0
JOHN H ESTES 4901 LIBBIE MILL EAST BOULEVARD SUITE 210 RICHMOND,VA 23230	VP FOR PROGRAMS 40 00	136,250	15,119	420
COURTNEY W WORRELL 4901 LIBBIE MILL EAST BOULEVARD SUITE 210 RICHMOND,VA 23230	VP FOR ADMINISTRATION & CFO 40 00	130,500	9,946	0

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
A GRACE PLACE ADULT CARE CENTER 8030 STAPLES MILL ROAD RICHMOND,VA 23228	N/A	PC	PROGRAM SUPPORT ACQUIRING A CASE AND QUALITY ASSURANCE MANAGER	37,500
ACCESS NOW 2821 EMERYWOOD PARKWAY SUITE 200 RICHMOND,VA 23294	N/A	PC	PROGRAM SUPPORT CARE COORDINATION PROGRAM	40,000
BETTER HOUSING COALITION 23 WEST BROAD STREET SUITE 100 RICHMOND,VA 23219	N/A	PC	PROGRAM SUPPORT SENIOR HEALTH INITIATIVE	50,000
BON SECOURS RICHMOND HEALTH SYSTEM MEDICAL OFFICE SOUTH SUITE 710 5875 BREMO RD RICHMOND,VA 23226	N/A	PC	PROGRAM SUPPORT RESIDENTIAL COMMUNITY HOSPICE HOUSE	100,000
CAPITAL AREA HEALTH NETWOK 2025 EAST MAIN STREET SUITE 100 RICHMOND,VA 23223	N/A	PC	PROGRAM SUPPORT RMHF PATIENT CENTERED MEDICAL HOME INITIATIVE	38,000
CAPITAL AREA HEALTH NETWORK PO BOX 27947 RICHMOND,VA 23261	N/A	PC	PROGRAM SUPPORT COORDINATED NURSING CARE	100,000
CHILDSAVERS-MEMORIAL CHILD GUIDANCE CLINIC 200 NORTH 22ND STREET RICHMOND,VA 23223	N/A	PC	PROGRAM SUPPORT TRAUMA-INFORMED THERAPEUTIC CARE COORDINATION PROGRAM	55,000
CROSSOVER HEALTHCARE 8600 QUIOCCASIN ROAD SUITE 102 RICHMOND,VA 23229	N/A	PC	PROGRAM SUPPORT IMPROVED QUALITY OF CARE FOR VULNERABLE POPULATIONS	100,000
CROSSOVER MINISTRY 108 COWARDIN AVENUE RICHMOND,VA 23224	N/A	PC	PROGRAM SUPPORT RMHF PATIENT CENTERED MEDICAL HOME INITIATIVE	38,000
DAILY PLANET 517 WEST GRACE STREET RICHMOND,VA 23220	N/A	PC	PROGRAM SUPPORT RMHF PATIENT CENTERED MEDICAL HOME INITIATIVE	38,000
EAST DISTRICT FAMILY RESOURCE CENTER 2405 JEFFERSON AVE RICHMOND,VA 23223	N/A	PC	PROGRAM SUPPORT 7TH DISTRICT HEALTH & WELLNESS INITIATIVE & YOUTH HEALTH EQUITY LEADERSHIP INSTITUTE PROGRAM	50,000
FAMILY LIFELINE 2325 WEST BROAD STREET RICHMOND,VA 23220	N/A	PC	PROGRAM SUPPORT CLINICAL EXPANSION PROGRAM	150,000
FAN FREE CLINIC 1010 N THOMPSON STREET RICHMOND,VA 23230	N/A	PC	PROGRAM SUPPORT RMHF PATIENT CENTERED MEDICAL HOME INITIATIVE	38,000
FAN FREE CLINIC 1010 N THOMPSON STREET RICHMOND,VA 23230	N/A	PC	PROGRAM SUPPORT PCMH INTEGRATED CARE PROJECT	100,000
GOOCHLAND FREE CLINIC AND FAMILY SERVICES PO BOX 116 GOOCHLAND,VA 23063	N/A	PC	PROGRAM SUPPORT RMHF PATIENT CENTERED MEDICAL HOME INITIATIVE	38,000
Total . . . . . ▶ **3a**				3,261,050

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOOCHLAND FREE CLINIC AND FAMILY SERVICES PO BOX 116 GOOCHLAND,VA 23063	N/A	PC	PROGRAM SUPPORT HEALTH CARE SVCS PROGRAM	100,000
GREATER RICHMOND CHAMBER FOUNDATION 600 EAST MAIN STREET SUITE 700 RICHMOND,VA 23219	N/A	PC	PROGRAM SUPPORT GREATER RICHMOND CAPITAL REGION COLLABORATIVE PROJECT	10,000
HEART HAVENS INC 812 MOOREFIELD PARK DRIVE SUITE 301 RICHMOND,VA 23236	N/A	PC	PROGRAM SUPPORT BUILDING A CAREER LADDER FOR DIRECT SUPPORT PROVIDERS PROGRAM	11,150
LUCY CORR FOUNDATION 6800 LUCY CORR BOULEVARD PO DRAWER 170 CHESTERFIELD,VA 23832	N/A	PC	PROGRAM SUPPORT LCV DENTAL CLINIC	20,000
MEDICAL COLLEGE OF VIRGINIA FOUNDATION PO BOX 980234 RICHMOND,VA 232980234	N/A	PC	PROGRAM SUPPORT RMHF PATIENT CENTERED MEDICAL HOME INTIATIVE	30,000
METROPOLITAN RICHMOND SPORTS BACKERS 100 AVENUE OF CHAMPIONS SUITE 300 RICHMOND,VA 23230	N/A	PC	PROGRAM SUPPORT ADVOCATING FOR ACTIVE LIVING THROUGH BICYCLE AND PEDESTRIAN INFRASTRUCTURE	75,000
NUEVA VIDA 206 NORTH WASHINGTON STREET SUITE 300 ALEXANDRIA,VA 22314	N/A	PC	PROGRAM SUPPORT HEALTHCARE NEEDS OF VULNERABLE, HIGH RISK LATINA WOMEN WITH CANCER	19,175
RX PARTNERSHIP 2924 EMERYWOOD PKWY SUITE 300 RICHMOND,VA 23294	N/A	PC	PROGRAM SUPPORT RX DRUG ACCESS PARTNERSHIP	20,000
SOUTHEASTERN COUNCIL OF FOUNDATIONS 100 PEACHTREE STREET SUITE 2080 ATLANTA,GA 30303	N/A	PC	PROGRAM SUPPORT CHAIRMAN'S RECOGNITION	500
TRICYCLE GARDENS 2314 JEFFERSON AVENUE RICHMOND,VA 23223	N/A	PC	PROGRAM SUPPORT FOODACCESS PROGRAM	30,000
VIRGINIA COMMONWEALTH UNIVERSITY-GIFTS AND RECORDS MANAGEMENT PO BOX 843042 RICHMOND,VA 232843042	N/A	PC	PROGRAM SUPPORT EXCELLENCE IN VIRGINIA GOVERNMENT AWARDS	1,000
VIRGINIA LEAGUE FOR PLANNED PARENTHOOD 201 HAMILTON ST RICHMOND,VA 23221	N/A	PC	PROGRAM SUPPORT RMHF PATIENT CENTERED MEDICAL HOME INITIATIVE	38,000
ALZHEIMER'S ASSOCIATION 4600 COX ROAD SUITE 130 RICHMOND,VA 23060	N/A	PC	PROGRAM SUPPORT EARLY INTERVENTION & CARE CONSULTATION PROGRAM	15,000
CHALLENGE DISCOVERY PROJECTS 1503 SANTA ROSA ROAD SUITE 211 RICHMOND,VA 23229	N/A	PC	PROGRAM SUPPORT VIRGINIA HEALTH CENTER SATELLITE COUNSELING	75,000
DAILY PLANET 517 WEST GRACE STREET RICHMOND,VA 23220	N/A	PC	PROGRAM SUPPORT ORAL HEALTH-PRIMARY HEALTH INTEGRATION IN A SAFETY NET SETTING	160,000
Total . . . . . ▶ **3a**				3,261,050

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EAST DISTRICT FAMILY RESOURCE CENTER 2405 JEFFERSON AVENUE RICHMOND,VA 23223	N/A	PC	PROGRAM SUPPORT 7TH DIST HEALTH & WELLNESS INITIATIVE	25,000
FAMILY LIFELINE 2325 WEST BROAD STREET RICHMOND,VA 23220	N/A	PC	PROGRAM SUPPORT STRATEGIC PARTNERSHIP DEVELOPMENT PROGRAM	62,400
FREE CLINIC OF POWHATAN 3908 OLD BUCKINGHAM ROAD POWHATAN,VA 23139	N/A	PC	PROGRAM SUPPORT CLINICAL SERVICES PROGRAM	40,000
GREATER RICHMOND FIT4KIDS 501 EAST FRANKLIN ST SUITE 418 RICHMOND,VA 23219	N/A	PC	PROGRAM SUPPORT FIT4KIDS WELLNESS INTEGRATION	100,000
J SARGEANT REYNOLDS PO BOX 26924 RICHMOND,VA 23261	N/A	PC	PROGRAM SUPPORT HEALTH INFORMATION MANAGEMENT CAREER PATHWAY	50,000
LUCY CORR FOUNDATION 6800 LUCY CORR BOULEVARD PO DRAWER 170 CHESTERFIELD,VA 23832	N/A	PC	PROGRAM SUPPORT LCV DENTAL CLINIC COMMUNITY PROJECT	25,000
PARTNERSHIP FOR NONPROFIT EXCELLENCE 7501 BOULDERS VIEW DR SUITE 101 RICHMOND,VA 23225	N/A	PC	PROGRAM SUPPORT GENERAL OPERATING SUPPORT	100,000
RICHMOND CITY HEALTH DISTRICT 400 EAST CARY STREET RICHMOND,VA 23219	N/A	GOVERNMENT ENTITY (T	PROGRAM SUPPORT COMMUNITY ADVOCATES THE USE OF LOCAL HEALTH WORKERS IN NEIGHBORHOOD RESOURCE CENTER	92,225
SENIOR CONNECTIONS 24 EAST CARY ST RICHMOND,VA 23219	N/A	PC	PROGRAM SUPPORT GREATER RICHMOND AGE WAVE COLLABORATIVE	250,000
SOUTH RICHMOND ADULT DAY CARE CENTER 1500 HULL STREET RICHMOND,VA 23224	N/A	PC	PROGRAM SUPPORT CLINICAL NURSE MANAGER FOR THE ADULT DAY HEALTH CARE PROGRAM	100,000
VCU DEPARTMENT OF PSYCHOLOGYVCU FOUNDATION 909 WEST FRANKLIN STREET RICHMOND,VA 23284	N/A	PC	PROGRAM SUPPORT	100,000
VIRGINIA LEAGUE FOR PLANNED PARENTHOOD 201 HAMILTON ST RICHMOND,VA 23221	N/A	PC	PROGRAM SUPPORT EXPANDING PRIMARY CARE PROGRAM	150,000
VIRGINIA SUPPORTIVE HOUSING P O BOX 8585 RICHMOND,VA 23226	N/A	PC	PROGRAM SUPPORT A PLACE TO START	100,000
VIRGINIA TREATMENT CENTER FOR CHILDRENMCV FOUNDATION 1228 EAST BROAD STREET RICHMOND,VA 23298	N/A	PC	PROGRAM SUPPORT CHILDREN'S MENTAL HEALTH RESOURCE CENTER	150,000
YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER RICHMOND 2 WEST FRANKLIN STREET RICHMOND,VA 23220	N/A	PC	PROGRAM SUPPORT DIABETES CONTROL PROGRAM	150,000
Total . . . . . ▶ **3a**				3,261,050

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RICHMOND HIGH BLOOD PRESSURE CENTER 1200 WEST CARY STREET RICHMOND,VA 23220	N/A	PC	PROGRAM SUPPORT EMERGENCY FUNDING	20,000
VIRGINIA DENTAL ASSOCIATION FOUNDATION 3460 MAYLAND COURT SUITE 110 RICHMOND,VA 23233	N/A	PC	PROGRAM SUPPORT DONATED DENTAL SERVICES PROGRAM	20,000
YWCA OF RICHMOND 6 NORTH 5TH STREET RICHMOND,VA 23210	N/A	PC	PROGRAM SUPPORT HEALTH NAVIGATOR PROGRAM	50,000
VCU FOUNDATION PO BOX 842028 RICHMOND,VA 23284	N/A	PC	PROGRAM SUPPORT JEFFREY S CRIBBS, SR ENDOWED SCHOLARSHIP IN PHILANTHROPY AT VCU	50,000
COUNCIL ON FOUNDATIONS PO BOX 0021 WASHINGTON,DC 20055	N/A	PC	PROGRAM SUPPORT COUNCIL ON FOUNDATIONS GRANT	13,000
THE CENTER FOR EFFECTIVE PHILANTHROPY 675 MASSACHUSETTS AVENUE SUITE 7 CAMBRIDGE,MA 02139	N/A	PC	PROGRAM SUPPORT GRANTEE PERCEPTION REPORT	10,600
THE CENTER FOR EFFECTIVE PHILANTHROPY 675 MASSACHUSETTS AVENUE SUITE 7 CAMBRIDGE,MA 02139	N/A	PC	PROGRAM SUPPORT APPLICANT PERCEPTION REPORT	3,400
FUNDERS FOR LGBTQ ISSUES 116 EAST 16TH STREET 6TH FLOOR NEW YORK,NY 10003	N/A	PC	PROGRAM SUPPORT CONTRIBUTION FOR FUNDERS FOR LGBTQ ISSUES	2,500
PHILANTHROPY NEW YORK 1500 BROADWAY 7TH FLOOR NEW YORK,NE 10036	N/A	PC	PROGRAM SUPPORT ASSET FUNDERS NETWORK HEALTH WEALTH BRIEF	15,000
UNITED WAY OF GREATER RICHMOND & PETERSBURG 2001 MAYWILL STREET RICHMOND,VA 23230	N/A	PC	PROGRAM SUPPORT EARNED INCOME TAX CREDIT RESEARCH	4,600
Total . . . . . ▶ **3a**				3,261,050

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TY 2015 Accounting Fees Schedule

Name: RICHMOND MEMORIAL HEALTH FOUNDATION

EIN: 51-0211020

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
AUDITING AND TAX COMPLIANCE	17,461	2,095		12,397

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491320031506

TY 2015 Investments Corporate Stock Schedule

Name: RICHMOND MEMORIAL HEALTH FOUNDATION

EIN: 51-0211020

Name of Stock	End of Year Book Value	End of Year Fair Market Value
STOCKS	5,988,006	5,988,006

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491320031506

TY 2015 Investments - Other Schedule

Name: RICHMOND MEMORIAL HEALTH FOUNDATION

EIN: 51-0211020

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
MUTUAL FUNDS	AT COST	37,737,032	37,737,032
PARTNERSHIPS	AT COST	24,270,555	24,270,555

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491320031506

TY 2015 Legal Fees Schedule

Name: RICHMOND MEMORIAL HEALTH FOUNDATION

EIN: 51-0211020

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	3,820	458		2,712

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491320031506

TY 2015 Other Assets Schedule

Name: RICHMOND MEMORIAL HEALTH FOUNDATION

EIN: 51-0211020

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
PROGRAM-RELATED INVESTMENT IN BONSECOURS RICHMOND HEALTH SYSTEM	149,672,000	156,488,000	156,488,000

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TY 2015 Other Decreases Schedule

Name: RICHMOND MEMORIAL HEALTH FOUNDATION

EIN: 51-0211020

Description	Amount
UNREALIZED GAIN/LOSS ON INVESTMENTS	5,543,641

TY 2015 Other Expenses Schedule

Name: RICHMOND MEMORIAL HEALTH FOUNDATION

EIN: 51-0211020

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
DCA-NURSE LEADERSHIP INSTITUTE	2,044	0		2,044
DCA-PATIENT CENTERED MEDICAL HOME	4,431	0		4,431
DIRECT GRANT ADMINISTRATIVE EXPENSES	35,792	0		35,792
DIRECT INVESTMENT ADMINISTRATIVE EXPENSE	1,396	1,396		0
EQUIP LEASES, SVC CONTRACTS, MAINTENANCE	6,852	823		4,866
INFORMATION TECHNOLOGY	12,946	1,553		9,191
INSURANCE	5,999	720		4,260
INTERNET ACCESS	7,357	883		5,223
SUPPLIES AND MATERIALS	14,827	1,779		10,527
TELEVISION ACCESS	1,103	132		783
MEMBERSHIPS	129	15		92
BANK SERVICE FEES	2,014	242		1,430
RECOGNITION AND GIFTS	3,246	390		2,305
POSTAGE	1,472	177		1,045
CATERING/MEALS	10,344	1,241		7,344
BOARD & STAFF EVENTS	19,112	2,293		13,570
FURNISHINGS AND EQUIPMENT	86,746	10,410		61,590
SUBSCRIPTIONS	2,484	298		1,763
COPORATE FILINGS	50	6		36
PROFESSIONAL TEAM DEVELOPMENT	7,823	939		5,554
HUMAN DEVELOPMENT	8,561	1,027		6,078
JOB POSTING	924	111		656
OTHER MISCELLANEOUS EXPENSES	590	71		419
EXPENSE ALLOCATION	46,875	5,625		33,281

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TY 2015 Other Income Schedule

Name: RICHMOND MEMORIAL HEALTH FOUNDATION

EIN: 51-0211020

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
OTHER REVENUE	5,519		5,519

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TY 2015 Other Increases Schedule

Name: RICHMOND MEMORIAL HEALTH FOUNDATION

EIN: 51-0211020

Description	Amount
CHANGE IN EQUITY INTEREST OF PROGRAM RELATED INVESTMENT	6,816,000

TY 2015 Other Professional Fees Schedule

Name: RICHMOND MEMORIAL HEALTH FOUNDATION

EIN: 51-0211020

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT MANAGEMENT	303,284	303,284		0
INVESTMENT CONSULTANT	104,500	104,500		0
COMMUNICATIONS CONSULTANT	10,285	0		7,302
PROGRAM CONSULTANTS	209,663	0		209,663
EMPLOYEE SEARCH/BENEFITS CONSULTANT	141,972	17,037		92,282
IT, DESIGN & ARCHITECTURE CONSULTANTS	11,970	1,436		8,499
MISCELLANEOUS	3,248	402		2,376

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TY 2015 Taxes Schedule

Name: RICHMOND MEMORIAL HEALTH FOUNDATION

EIN: 51-0211020

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXCISE TAX	35,681	0		0
BUSINESS PERSONAL PROPERTY TAX	5,698	684		4,045

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Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at *www irs gov/form990*

OMB No 1545-0047

2015

Name of the organization
RICHMOND MEMORIAL HEALTH FOUNDATION

Employer identification number
51-0211020

Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☑ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions

General Rule

☑ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or other property) from any one contributor Complete Parts I and II See instructions for determining a contributor's total contributions

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc , purposes, but no such contributions totaled more than $1,000 If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc , contributions totaling $5,000 or more during the year . . . . . ▶ $ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization RICHMOND MEMORIAL HEALTH FOUNDATION

Employer identification number 51-0211020

Part I **Contributors** (see instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	REINVESTMENT FUND INC 1700 MARKET STREET 19TH FLOOR PHILADELPHIA, PA 19103	$ 20,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)

Name of organization
RICHMOND MEMORIAL HEALTH FOUNDATION

Employer identification number
51-0211020

Part II Noncash Property
(see instructions) Use duplicate copies of Part II if additional space is needed

(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

Name of organization
RICHMOND MEMORIAL HEALTH FOUNDATION

Employer identification number
51-0211020

Part III *Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this information once. See instructions.) ▶ $ ____________

Use duplicate copies of Part III if additional space is needed

(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

Richmond Memorial Health Foundation

2015 Form 990-PF, Part IX-A
Summary of Direct Charitable Activities

Nurse Leadership Institute of Virginia

The Nurse Leadership Institute of Virginia (NLI) was created by RMHF in 2006 with matching funds from the Robert Wood Johnson Foundation/Northwest Health Foundation In 2010 RMHF brought the NLI in-house and began operating the NLI as a direct program The NLI focused on Virginia's nursing shortage by increasing nurse retention and improving patient outcomes by addressing Registered Nurses' leadership and management skills The program was designated for nurse leaders from all sectors of healthcare including community hospitals, academic health centers, public health, long term care and home health

The NLI was a 9-month intensive leadership development program for nurse managers and emerging nurse leaders with exceptional clinical skills, equipping them with leadership, financial and performance improvement skills to meet the challenges of leading a staff in a complex work environment The NLI enjoyed broad community support from Virginia's nursing professional associations, healthcare employers and others Since inception, 254 nurses from across the Commonwealth have participated in the program

The RMHF board voted to discontinue the NLI effective June 30, 2016

The Greater Richmond Patient Centered Medical Homes Initiative

Started in 2009 by Richmond Memorial Health Foundation, the Patient Centered Medical Home Initiative was a learning collaborative that focused on strengthening the region's health care safety net by helping primary care safety net clinics implement the patient centered medical home model of care, encourage partnerships among safety net providers to build systems of care that ensured patients receive the right care at the right time, and to engage the organization's Leadership in Health Reform discussions

Participants in the PCMH included local safety net health care organizations working together to build their capacity to deliver patient centered care Participating organizations were provided technical assistance relating to team-base care, care coordination, National Committee for Quality Assurance recognition as a part of health reform implementation, change management, and in the collection, analysis and use of data to drive quality improvement Collectively these organizations registered over 130,000 patient visits during the fiscal year

The RMHF board voted to discontinue its funding of the PCMH collaborative effective June 30, 2016 In September 2016 the board approved $100,000 operating grants for each of the PCMH collaborative members

The foundation for better health℠

RESPONSIVE GRANT GUIDELINES & ELIGIBILITY CRITERIA

OUR APPROACH TO A *HEALTHYRVA*℠

Guided by our Vision, Mission and Values, the Richmond Memorial Health Foundation adopted multiple priorities and strategies for working with and through grantees, the nonprofit sector, civic and community leaders, and health and healthcare leaders to improve health and healthcare. We promise to:

BE OPEN TO INNOVATIVE IDEAS
CREATE A PROCESS THAT IS BOTH UNDERSTANDABLE AND MEANINGFUL
LISTEN TO YOU
RESPOND TO YOUR QUESTIONS AND CONCERNS IN A TIMELY MANNER
TREAT YOU FAIRLY
EXPLAIN OUR PROCESS AND OUR DECISIONS

RMHF Mission: The Richmond Memorial Health Foundation invests financial, intellectual and leadership resources through grant making, strategic initiatives and partnerships with nonprofit organizations, foundations, government, businesses and academic institutions to improve health and healthcare.

RMHF Beliefs: As *The foundation for better health*℠, we invest financial, intellectual and social capital through grant making, strategic initiatives and partnerships with others to create a healthier community.

RMHF Values: An entrepreneurial spirit to partner with others to address community centered needs defines and frames six values embedded in the Richmond Memorial Health Foundation's organizational and philanthropic culture. The Foundation's Board of Trustees and Staff are charged with fulfilling the Foundation's Vision and Mission through commitment to these values.

- *Leadership:* The Foundation strives to provide *Leadership* in the community by partnering with others sharing RMHF's vision and mission to create healthier communities.
- *Heritage:* The Foundation's *Heritage* is vital to a legacy of community centered care. Trustees and Staff are stewards of the financial and social capital invested to create our legacy institution, Richmond Memorial Hospital.

- *Responsiveness:* The Foundation is committed to being *Responsive* to our community by identifying, exploring and responding to needs and opportunities, investing alone or in partnership with others.
- *Relationship Driven:* The Foundation invests time, talent and resources in order to develop meaningful *Relationships* with grantees, the nonprofit sector, civic and community leaders, government, the private sector, health and healthcare leaders, academic professionals and other foundations.
- *Impact:* The Foundation strives for community *Impact*, which may occur through evidence based programmatic services, innovations or direct investments in one or more organizations or community initiatives. We recognize that achieving and sustaining *Impact* requires time as well as financial and other resources.
- *Commitment:* Foundation Trustees and Staff share a Commitment to community services. Together, we bring diverse experiences, expertise and expectations to bear on a single goal: creating a healthier community.

FUNDING PRIORITIES

The Foundation considers responsive funding requests that achieve measurable results that address programmatic, operating or capital needs; planning and/or strategic development requirements; nonprofit infrastructure investments; and advocacy and awareness initiatives in the following *Areas of Emphasis*:

- ***Access and Quality of Care*:** RMHF seeks to support access and quality of care for vulnerable populations (uninsured and underinsured - including medical, dental and behavioral health); strengthen the healthcare safety net; advance the patient centered medical home model of care; invest in preventative care; investigate or plan for new strategies for addressing unmet community health needs.
- ***Healthcare Workforce Education and Development:*** RMHF seeks to support expansion or reform of educational opportunities; articulation through degree programs or across institutions; leadership development; career ladder progression; employment readiness and retention efforts; workforce supply and demand; workforce policy issues.
- ***Aging Services Planning and Delivery:*** RMHF seeks to promote policies and practices advancing aging services, adult day services, caregiver support, care coordination; advance heath and healthcare related age wave planning activities. In addition to direct service delivery and in order to encourage evidence based practices or innovation, RMHF may consider demographic or other age wave studies.
- ***Community/Population Health Investments:*** RMHF collaborates, partners or strategically aligns Foundation resources with others sharing the Foundation's commitment to improving health and healthcare in the community or where improving health and healthcare complements other initiatives strengthening the community.

ELIGIBILITY CRITERIA

To be eligible for funding from the Richmond Memorial Health Foundation, organizations must meet the following requirements:

- Have a mission consistent with the mission, vision and priorities of RMHF.
- Be a nonprofit tax exempt organizations under Section 501(c)(3) of the Internal Revenue Code. Private Foundations and non-functionally integrated "Type III" supporting organization as defined by Section 509(a) of the IRS Code may be considered at the discretion of the Foundation and may be subject to additional reporting guidelines. This consideration will be based on the charitable and strategic intent of the proposal.
- Organizations described in Section 170(c)(1) (governmental entities) and/or Section 511(a)(2)(B) (colleges and universities) may be considered at the discretion of the Foundation. This consideration will be based on the charitable and strategic intent of the proposal.
- Be located within, or having program(s) focused within Richmond or Central Virginia. Organizations located or having program(s) outside this geographic area may be considered at the discretion of the Foundation. This consideration will be based on the charitable and strategic intent of the proposal and where the outcomes demonstrate a direct benefit to Richmond and Central Virginia and/or the Foundation.
- Have a recent financial audit or financial review performed by an independent outside agency.

The Foundation does not fund:

- Organizations that discriminate based on race, creed, gender, or sexual orientation.
- Direct grants to individuals.
- Sectarian religious activities.
- Direct political lobbying.
- Clinical research or trials.
- Bereavement services.
- Camps.
- Endowment funds not associated with the Richmond Memorial Health Foundation.
- Event sponsorships or other fund raising activities not associated with the Richmond Memorial Health Foundation
- Debt reduction.
- Costs, assessments or fees associated with other funding/grant awards.
- Direct replacement of discontinued government or other funding support.
- Requests that, in the judgment of the Foundation, are the responsibility of Federal, State, or Local Government.

APPLICATION PROCESS

The Foundation employs a three step process for receiving and considering responsive grant requests. These steps include a Letter of Inquiry, a pre-application meeting with Foundation Staff, and the submission of a full Grant Application. The Foundation intends to administer up to two grant cycles per year. Prior to submitting a Letter of Inquiry, organizations should contact the Foundation to discuss the request. The value of this conversation is to develop a preliminary understanding of the organization, its mission and priorities, proposal scope, and the alignment of the aforementioned with the Foundation's Vision, Mission and Priorities.

Direct contact with Foundation Trustees to advocate for a specific request is strongly discouraged.

The Foundation conducts a disciplined due diligence review during each step. Funding decisions are made through a combined effort of Foundation Staff, the Program & Evaluation Committee and the Board of Trustees. Responsive grant requests are assessed on multiple criteria including: Identified Need, Foundation Area of Emphasis, Impact, Systemic Change, and Organizational Capacity.

The Foundation will only consider one year funding requests.

RMHF has identified several priority considerations that apply as review criteria. Requests will be assessed on factors including, but not limited to:

- Demonstration of need.
- Demonstration that project is grounded in evidence based practices or is a well thought out new idea.
- Demonstration of clearly defined and measurable program goals, objectives, and outcomes.
- Demonstration of an ability to make significant and measurable impact or improvement in health and healthcare in Richmond and Central Virginia.
- Demonstration of an ability to be sustained following the grant award period.
- Demonstration of strong organizational leadership.
- Demonstration of a commitment to a broader community education/learning component whereby the results, reports and appropriate information gained through grant funded activities are systematically shared with others.
- Participation by other partners, nonprofit organizations, foundations, government, businesses and academic institutions, and/or the inclusion of matching funds.

EVALUATION AND IMPACT:

Richmond Memorial Health Foundation is committed to advancing learning and evaluation through a review of each Grant Award and believes that lessons, successes

and failures learned are important. The evaluation process will take place on two levels - project monitoring and shared learning on the community level that hopefully will drive improvement. To support this we ask that all grantees agree to have their results, findings, progress reports and appropriate grant related information shared with the broader community.

CONDITIONS FOR ACCEPTING GRANT AWARDS

Grant recipients must execute a Letter of Agreement with Richmond Memorial Health Foundation. The Letter of Agreement defines the scope of the grant award as well as the terms, objectives and any conditions associated with the grant award. The Letter of Agreement will establish evaluation criteria, reporting procedures, and payment schedules that will be employed during the grant period.

Commitments or expenditures incurred prior to the execution of a Letter of Agreement with the Foundation are not considered part of the proposal.

Richmond Memorial Health Foundation reserves the right to amend, modify or waive grant guidelines if the Foundation deems it appropriate or necessary to do so.

For more information about Richmond Memorial Health Foundation or for questions concerning the Grant Guidelines, please contact the Foundation Offices.