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### EXTENDED TO NOVEMBER 15, 2017 Return of Private Foundation

Form **990-PF** 

Department of the Treasury Internal Revenue Service

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.lrs.gov/form990pf. OMB No 1545-0052

Ford	aten	dar year 2016 or tax year beginning		, and ending		
Nan	ne of	foundation			A Employer identification	number
		JIAMSBURG COMMUNITY HEA			54-1822359	
		d street (or P O box number if mail is not delivered to stree	t address)	Room/suite	B Telephone number 757-345-09	12
	_	L COURTHOUSE STREET wn, state or province, country, and ZIP or foreign	nostal code	200	C If exemption application is p	
		LIAMSBURG, VA 23188	JUSIAI COUE		o il exemption application is p	ending, check here
		all that apply: Initial return	Initial return of a fo	rmer public charity	D 1 Foreign organizations	, check here
		Final return	Amended return			
		Address change	Name change		Foreign organizations me check here and attach co	eting the 85% test, mputation
H C	heck	type of organization: X Section 501(c)(3) e	xempt private foundation		E If private foundation sta	tus was terminated
		ction 4947(a)(1) nonexempt charitable trust	Other taxable private founda		under section 507(b)(1)	(A), check here
1 Fa	ır ma	· I —	ing method: L Cash	X Accrual	F If the foundation is in a	
			ther (specify)		under section 507(b)(1)	(B), check here
<b>_</b>		116,524,152. (Part I, cold				/d\ Durk was marks
<u> Pa</u>	<u>rt I</u>	Analysis of Revenue and Expenses (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)
		Contributions, gifts, grants, etc., received			N/A	
	2	Check If the foundation is not required to attach Sch. B				
	3	Interest on savings and temporary cash investments		0.074 0.04	<u> </u>	oma munerarm 1
	4	Dividends and interest from securities	3,078,730.	3,074,331.		STATEMENT 1
		Gross rents				
	_	Net rental income or (loss)	1,989,283.			
e	ba	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all 11,044,432.	1,909,203.		H RECEIV	<u> </u>
Revenue	7	assets on line 6a		1,953,014.	B NOV 2 7 0	047
æ	8	Net short-term capital gain				J17 6
	9	Income modifications			0000	
	10a	Gross sales less returns			OGDEN,	ון וע
	b	Less Cost of goods sold				
	C	Gross profit or (loss)				
	11	Other income	<917,569.			STATEMENT 2
	12	Total. Add lines 1 through 11	4,150,444.	4,331,003.	<del></del>	167 400
	13	Compensation of officers, directors, trustees, etc	167,488.	0. 104,596.		167,488. 476,491.
	14	Other employee salaries and wages	559,094. 222,819.	104,596.		223,995.
S		Pension plans, employee benefits Legal fees	222,013.	- 0.		223,333.
penses		Accounting fees STMT 3	46,321.	4,632.		41,689.
		Other professional fees STMT 4	219,537.	203,551		7,961.
Š	l	Interest				
rati		Taxes STMT 5	6,863.	0		971.
ist	19	Depreciation and depletion	13,840.	0.		
<u>Ξ</u>	20	Occupancy	145,258.	18,244		112,067.
¥	ı	Travel, conferences, and meetings	7,825.	0.	<u> </u>	7,825.
auc		Printing and publications	10,243.	0.	•	10,243.
Operating and Administrative Ex	ı	Other expenses STMT 6	444,014.	0.	·	434,414.
erat	24	Total operating and administrative	1,843,302.	331,023		1,483,144.
ŏ	۱,,	expenses. Add lines 13 through 23	4,517,282.	331,023	<u> </u>	4,427,043.
		Contributions, gifts, grants paid  Total expenses and disbursements.	4,J11,202.	· · · · · · · · · · · · · · · · · · ·	<u> </u>	2,12,,013.
	20	Add lines 24 and 25	6,360,584.	331,023	.[	5,910,187.
_	27	Subtract line 26 from line 12:		232,023		
		Excess of revenue over expenses and disbursements	<2,210,140.	<b>&gt;</b>		
	l .	Net investment income (if negative, enter -0-)		3,999,980		
	C	Adjusted net income (If negative, enter -0-)			N/A	

623501 11-23-16 LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2016)

ror	m 99	0-PF (2016) WILLIAMSBURG COMMUNITY	HEALTH FOUNDA		-1822359 Page 2
P	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year		d of year
		column should be for end-or-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	ļ	Cash - non-interest-bearing	158,681.	469,268	469,268.
į	l.	Savings and temporary cash investments	4,345,727.	3,985,313	3,985,313.
	3	Accounts receivable	<u> </u>		
	ļ	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  Less allowance for doubtful accounts			
s	Я	Inventories for sale or use		-	<del></del>
Assets		Prepaid expenses and deferred charges	54,574.	71,248	71,248.
As		Investments - U.S. and state government obligations	34,374.	71,240	71,210:
		Investments - corporate stock			
		Investments - corporate bonds			
	11	Investments - land, buildings, and equipment, basis		•	
	١.	Less accumulated depreciation			
		Investments - mortgage loans	443 505 000	444 086 033	444 555 545
		Investments - other STMT 7	113,585,960.	111,972,819	111,972,819.
	14	Land, buildings, and equipment: basis  102,268.			
		Less accumulated depreciation 76,764.	34,208.	25,504	25,504.
	15	Other assets (describe ► )			
	16	Total assets (to be completed by all filers - see the			
		instructions. Also, see page 1, item 1)	118,179,150	116,524,152	116,524,152.
	17	Accounts payable and accrued expenses	77,111.	98,574	•
	18	Grants payable	280,604.	540,751	
s	19	Deferred revenue			
Liabilities	1	Loans from officers, directors, trustees, and other disqualified persons			┦
Ē		Mortgages and other notes payable			
Ë		Other liabilities (describe   STATEMENT 8)	83,298.	100,237	ન .
			00,1001		╡ .
	23	Total liabilities (add lines 17 through 22)	441,013.	739,562	
_		Foundations that follow SFAS 117, check here	,	, 05 , 00 -	7
		and complete lines 24 through 26 and lines 30 and 31.			i
es	24	Unrestricted	117,738,137.	115 784 590	,
ances		Temporarily restricted	±±1,130,±3/4	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
39.5					
D E	20	Permanently restricted			
Ë		Foundations that do not follow SFAS 117, check here			
Net Assets or Fund Bala		and complete lines 27 through 31.			
şţ	27	Capital stock, trust principal, or current funds			_
SSE	28	Paid-in or capital surplus, or land, bldg., and equipment fund			_
¥ A	29	Retained earnings, accumulated income, endowment, or other funds	440 000 400	44E BA4 BA4	
ž	30	Total net assets or fund balances	117,738,137.	115,784,590	<u>'-</u>
	31	Total liabilities and net assets/fund balances	118,179,150.	116,524,152	P
P	art	Analysis of Changes in Net Assets or Fund B	alances		
Ξ		····		· · ·	
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line	30		
	-	st agree with end-of-year figure reported on prior year's return)			1 117,738,137.
2	Enter	amount from Part I, line 27a		Γ	2 <2,210,140.>
3	Othe	r increases not included in line 2 (itemize) <b>UNREALIZED</b>	GAINS ON INVE	STMENTS	3 256,593.
4	Add	lines 1, 2, and 3			4 115,784,590.
5	Decr	eases not included in line 2 (itemize)		F	5 0.
6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30		6 115,784,590.
					Form <b>990-PF</b> (2016)

5,915,323.

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.

8 Enter qualifying distributions from Part XII, line 4

8

Part VI   Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(b), or 4948 - see instructions)		orm 990-PF (2016) WILLIAMSBURG COMMUNITY HEALTH FOUNDATION			822359		Page 4
Dates of ruling or determination letter: (attach copy of letter if necessary-see instructions) of Part I, line 276  • Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶   X   and enter 1%  • All other domestic foundations enter 2% of line 270. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).  • Zi xu under section 511 (domestic section 4947(e)(1) trusts and baxable boundations only. Others enter -0-)  • 3 Add here 1 and 2  • A Subtitle A (recomp lax (domestic section 4947(e)(1) trusts and baxable foundations only. Others enter -0-)  • 5 A based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-  • 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-  • 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-  • 6 Tax paid with application for extension of time to fee From 8868)  • 6 Exempt foreign organizations: Examined as a from 220 is attached  • 8 Incompany organizations: Example 4 from 2200 is attached  • 8 Incompany organizations: Example 5 is more than income. Subtract line 6 from 8200 is attached  • 8 Incompany organization or extension of time to fee From 8868)  • 8 Incompany organizations: Example 6 is more than income. Subtract line 6 from 2200 is attached  • 8 Incompany organization or extension of time to fee From 8868)  • 9 Incompany organization or extension of time to fee From 8868 incompany organizations and payments. Add lines 5 is more than incompany organizations and payments. Add lines 5 is more than the total or lines 5 and 6, terter the amount ower pay of 1000 organizations and 1000 organizations organizations and 1000 organizations organizations organizations and 1000 organizations organizations organizations and 1000 organizations organization			), or 494	<del>18 - :</del>	see instru	ctio	ns)
b Domestic foundations that meet the section 4947(a) requirements in Part V, check here ▶ [X] and enter 1% of Part I, line 12 (70.1 (b)).  A did here to 17 (domestic section 4947(a) (1) trusts and taxable foundations only. Others enter -0-)  3 Add hines 1 star 2  4 Subtitle A (income) bax (domestic section 4947(a) (1) trusts and taxable foundations only. Others enter -0-)  5 Tax based on investment income, Subtract line 4 from line 3. If zero or less, enter -0-  6 C-redistryayments.  2 2 0. 0  3 Add (income) bax (domestic section 4947(a) (1) trusts and taxable foundations only. Others enter -0-)  5 Tax based on investmental income, Subtract line 4 from line 3. If zero or less, enter -0-  6 C-redistryayments.  2 2 0. 0  5 Tax based on subtractions of the section 10 (1) trusts and taxable foundations only. Others enter -0-)  5 Exempt foreign organizations - tax withheld at Source  6 C-redistryayments.  2 2 0. 0  8 Enter any peatally for underpayment of interior 10 (1) trusts and taxable foundations only. Others enter -0-)  8 Enter any peatally for underpayment of stimated tax. Check here □ if Form 2220 is attached  8 Enter any peatally for underpayment of interior 10 (1) to 10 (1) the control interior 10 (1) to 10 (1) the Credited to 2016 is miner than into 10 (1) the Stard Interior 10 (1) to 10 (1) the Credited to 2017 estimated tax ▶  8 0 0.000 Refunded ▶  10 8 0,000 Refunded ▶  11 Enter the amount of here 10 to 5 the Credited to 2017 estimated tax ▶  8 0 0.000 Refunded ▶  11 Enter the amount of here 10 to 10, it action to delated description of the activities and copies of any meterals published or distributed by the foundation attempt to influence any anional, state, or local legislation or did a participate or intervien any political carpagan?  1 bit is spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition?  1 the answers "1%s" to 16 or 10, attach of definition of the activities and confidence of the activities and confidenc	18		) [	[	-		
of Part I, line 27b c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).  2 Tax under section 51 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)  3 Add lines 1 and 2  3 Ad0,000.  3 Add lines 1 and 2  4 Concept Shaped on investment income. Subtract line 4 from line 3.1 zero or less, enter -0-  5 Tax based on investment income. Subtract line 4 from line 3.1 zero or less, enter -0-  5 Credits-Payments:  2 0016 estimated tax payments and 2015 overpayment credited to 2016  5 Exempt foreign organizations -1 x withheld at source  6 Exempt foreign organizations -1 x withheld at source  6 Exempt foreign organizations -1 x withheld at source  6 Exempt foreign organizations -1 x withheld at source  6 Exempt foreign organizations -1 x withheld at source  6 Exempt foreign organizations -1 x withheld at source  6 Exempt foreign organizations -1 x withheld at source  6 Exempt foreign organizations -1 x withheld at source  6 Exempt foreign organizations -1 x withheld at source  6 Exempt foreign organizations -1 x withheld at source  6 Exempt foreign organizations -1 x withheld at source  7 Total credits and payments. Add ties 65 through 6d  8 Enter any pensity for underpayment of estimated tax x Press of the following the x pressity of the load of lines 5 and 65 source and 1 formit 220 is attached  8 Enter any pensity for underpayment of estimated tax x Press of the following the tax year, did the foundation attempt to influence any national, stale, or local legislation or did it participate or intervene in any political campaign?  1 During the tax year, did the foundation attempt to influence any national, stale, or local legislation or did it participate or intervene in any political campaign?  1 During the tax year, did the foundation attempt to influence any nationals, stale, or local legislation or did it participate or intervene in any political campaign?  1 During the tax year, did the foundation attempt to influenc							
a All other domestic foundations enter 2% of time 27b, Exempt foreign organizations enter 4% of Part I, line 12, oc. (b).  2	t	b Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕒 🛣 and enter 1%	<b>}</b>	1	4	0,0	00.
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 3 Add lines 1 and 2 4 Subbtile A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3. It zero or less, enter -0- 5 Credits-Payments: 2 010 6 estimated tax payments and 2015 overpayment credited to 2016 5 Exempt foreign organizations - tax withheld at source 6 Bo 6 Exempt foreign organizations - tax withheld at source 6 Bo 7 Total credits and payments. Add lines 6a through 6d 8 Einter any penalty for underpayment of estimated tax. Provided to 2016 8 Einter any penalty for underpayment of estimated tax. Check here		of Part I, line 27b		- 1			
3 ddd lines 1 and 2  4 Subtrible A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)  5 Tax based on investment it iscome. Subtract line 4 from line 3, if zero or less, enter -0-  6. Credist-Payments:  2 2016 estimated tax payments and 2015 overpayment credited to 2016  5 Exempt foreign organizations - tax withheld at source  6 Tax paid with application for recension of time to file (Form 8868)  6 Exiliar pay penalty for underpayment or estimated tax. Check here □ if Form 2220 is attached  7 Total credits and payments. And times 6 attrough 6d  8 Briter any penalty for underpayment or estimated tax. Check here □ if Form 2220 is attached  9 Tax due. If the total of lines 5 and 5 is more than line 7, enter amount ower  9 Tax due. If the total of lines 5 and 5 is more than line 7, enter amount overpaid  11 Enter the amount of line 1016 bits Credited to 2017 estimated tax ▶ 80,000 . Retunded ▶ 10  80,000 . Retunded ▶ 11  9 Tax VII-A Statements Regarding Activities  1a During the tax year, did the foundation attempt to intificence any national, state, or local legislation or did it participate or intervene in any political campaign?  1a During the tax year, did the foundation attempt to intificence any national, state, or local legislation or did it participate or intervene in any political campaign?  1a X  1b List of the foundation. If the continue of the activities or local legislation or did it participate or intervene in any political campaign?  1a X  2 List of the foundation intervene intervene intervene intervene intervene in any political campaign?  1a X  2 List of the foundation intervene	0	c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).	∕ ∤.	.			
4 0.0.  Tax based on investment income, Subtract line 4 from line 3. if zero or less, enter -0-  6 Cedits-Pyments:  2 0016 estimated tax payments and 2015 overpayment credited to 2016  6 Exempt foreign organizations - tax withheld at source  6 Tax paid with application for extension of time to file (Form 8988)  6 Exempt foreign organizations - tax withheld at source  6 Tax paid with application for extension of time to file (Form 8988)  6 Exempt foreign organizations - tax withheld at source  6 Tax due, if the total of lines 5 and 8 is more than line 7, enter amount owed  7 Total credits and payments. Add lines 6a through 6d  8 Enter any pearaby for underpayment of estimated tax. Check here ☐ if Form 2220 is attached  8 Tax due, if the total of lines 5 and 8, enter the amount owed  9 Tax due, if the total of lines 5 and 8, enter the amount owed  10 Verpayment, If line 7 is more than the total of lines 5 and 8, enter the amount overpaid  10 Enter the amount of line 10 to be Credited to 2017 estimated tax.  10 Total credits and payments are credited to 2017 estimated tax. Check here ☐ if Form 2220 is attached  10 Verpayment, If line 7 is more than the total of lines 5 and 8, enter the amount overpaid  10 Verpayment, If line 7 is more than the total of lines 5 and 8, enter the amount overpaid  10 Verpayment, If line 7 is more than the total of lines 5 and 8, enter the amount overpaid  10 Verpayment, If line 7 is more than the total of lines 5 and 8, enter the amount overpaid  10 Verpayment, If line 7 is more than the total of lines 5 and 8, enter the amount overpaid  10 Verpayment, If line 7 is more than the total of lines 5 and 8, enter the amount overpaid  10 Verpayment, If line 7 is more than the total of lines 5 and 8, enter the amount overpaid  10 Verpayment, If line 7 is more than the total of lines 5 and 8, enter the amount overpaid to the lines of lines and 10 total lines an	2	2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<u> </u>	2			
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter-0-6. Credits/Payments; 2 2016 estimated tax payments and 2015 overpayment credited to 2016 5 Exempt foreign organizations - tax withheld at source c Tax paid with application for extension of time to file (Form 8668) 6 Backup withholding erroneously withheld 7 Total credits and payments. Add lines 6 at through 8d 8 Enter any pearly for underspayment of estimated tax. Check here ☐ if Form 2220 s attached 8 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9 Tax due. If the total of lines 5 and 8 is more than the total of lines 5 and 8, enter the amount owed 9 Tax due. If the total of lines 5 and 8 is more than the total of lines 5 and 8, enter the amount owed 10 Overpayment. If line? Is more than the total of lines 5 and 8, enter the amount owed 11 Enter the amount of line 10 to the Credited to 2017 estimated tax ▶ 80,000 . Retunded 11 0. BROWN Tax You will be supported to 10 the Credited to 2017 estimated tax ▶ 80,000 . Retunded 11 0. BROWN Tax You will be supported to 10 the Credited to 2017 estimated tax ▶ 80,000 . Retunded 11 0. BROWN Tax You will be supported to 10 the Credited to 2017 estimated tax ▶ 80,000 . Retunded 11 0. BROWN Tax You will be supported to 10 the Credited to 2017 estimated tax ▶ 80,000 . Retunded 11 0. BROWN Tax You will be supported to 10 the Credited to 2017 estimated tax Payment Tax You will be supported to 10 the 1	3	3 Add lines 1 and 2	⊢	3	4	0,0	00.
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a 2016 estimated tax payments and 2015 overpayment credited to 2016  b Exempt foreign organizations - tax withheld at source  c Tax paid with application for extension of time to file (Form 8868)  d Backup withholding erroneously withheld  7 Total credits and payments. Add files 6a through 6d  8 Enter any penalty for underpayment of estimated tax. Check here of Form 2220 is attached  9 Tax due. If the total oil inse 5 and 8, in smore than time 7, enter amount owed  10 Overpayment, If line 7 is more than the total of lines 5 and 8, enter the amount owerpaid  11 Enter the amount of lines 5 ond 8, enter the amount overpaid  12 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?  12 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?  13 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?  14 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?  15 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?  16 During the tax year, did the foundation attempt to influence any national, state, or local legislation for did it participate or intervene in any political campaign?  16 During the tax year, did the foundation attempt to influence any national, state, or local legislation for did it participate or intervene in any political campaign?  16 Intervene is "Yes" to 1a or 1b, a stach a defailed description of the activities  17 Oil the foundation legislation intervene int	5	5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	4	<u>0,0</u>	00.
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c Tax paid with application for extension of time to file (Form 8868) d Backup withholding erroneously withholding f Total cerdiads and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here	ē	a 2016 estimated tax payments and 2015 overpayment credited to 2016 6a 100,	000.				
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8 Enter any penalty for underpayment of estimated tax. Check here	C	d Backup withholding erroneously withheld 6d 6d		-  -			=
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be *Credited to 2017 estimated tax ▶ 80,000 • Refunded ▶ 11 0 • Part VII-A Statements Regarding Activities 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?  b Did it spend more than \$100 during the year (either directly) for political purposes (see instructions for the definition)?  If the answer is *Ves* to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation micronnection with the activities c Did the foundation if le Form 1120-PDL for this year?  c 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 .  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 3 Has the foundation make any changes, not previously reported to the IRS?  If *Yes,* attach a detailed description of the activities 4 But If *Yes,* tax if line 3 tax return on Form 990-17 for this year?  5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?  If *Yes,* attach the statement required by General Instruction 7  A preter 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, 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 or o	7	7 Total credits and payments. Add lines 6a through 6d	L	7	12	<u>0,0</u>	00.
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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?  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  Enter the states to which the foundation reports or with which it is registered (see instructions)  VA  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  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 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV  Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses  By Instruction 508 (and in the state of the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," attach a schedule listing their names and addresses  10	5	5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X
<ul> <li>By language in the governing instrument, or</li> <li>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?</li> <li>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</li> <li>Ba Enter the states to which the foundation reports or with which it is registered (see instructions)</li> <li>VA</li> <li>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</li> <li>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 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV</li> <li>9 X</li> <li>10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses</li> <li>10 X</li> </ul>		If "Yes," attach the statement required by General Instruction T					ļ
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?  7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV  7 X  8a Enter the states to which the foundation reports or with which it is registered (see 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  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 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV  10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses  10 X	6	6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					1
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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  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 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV  10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses  10 X		remain in the governing instrument?			6		<u> </u>
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year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV  10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses  10 X		of each state as required by General Instruction G? If "No," attach explanation			<u>8b</u>	<u> </u>	<u></u>
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses 10 X	9	9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5)	for calenda	ar	]		
10 Did tilly pordering bedeeming tille till till till till till till til		year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV			9		
	_10	10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and address	as				<del></del>

Pa	art VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of	}		1
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		Х
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		х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	-
-	Website address WWW.WILLIAMSBURGHEALTHFOUNDATION.ORG			<b></b>
14	The books are in care of ► THE ORGANIZATION Telephone no. ► 757-34	5-0	912	
	Located at ▶ 4801 COURTHOUSE STREET, NO. 200, WILLIAMSBURG, VA ZIP+4 ▶23			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			$\Box$
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
	foreign country	1		1
Pa	art VII-B   Statements Regarding Activities for Which Form 4720 May Be Required			·
Ь	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?	ł		١,
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	Į.		
	a disqualified person?	•		,
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	İ		<b> </b>
	(5) Transfer any income or assets to a disqualified person (or make any of either available	1		'
	for the benefit or use of a disqualified person)?	ŀ		ł
	(6) Agree to pay money or property to a government official? (Exception. Check "No"	}		ł
	if the foundation agreed to make a grant to or to employ the official for a period after	}		ļ
	termination of government service, if terminating within 90 days.)	}		
þ	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)?	16	ļ	X
	Organizations relying on a current notice regarding disaster assistance check here	1	ĺ	
C	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	-		] 2
	before the first day of the tax year beginning in 2016?	10	<u> </u>	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	ì	}	1 '
	defined in section 4942(j)(3) or 4942(j)(5)):	}	}	]
8	a At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning	1	ļ	1 :
	before 2016?			1
	If "Yes," list the years \	1	(	1 !
	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	1	ĺ	1 :
	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.)  N/A	1	<u> </u>	}
	,	2b	<del> </del>	<b>├</b>
Ü	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	,	1	ļ
2.	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time		1	}
38			1	
	during the year?  LX Yes L No  b If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after		1	ļ
	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	1	Ì	1
	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,	1	ł	
	Form 4720, to determine if the foundation had excess business holdings in 2016.)	36	ļ	x
Δa	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	48	<del> </del>	X
	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	<del></del>		<del> </del>
•	had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4b		x
—		rm 990	)-PF	

orm 990-PF (2016) WILLIAMSBURG COMMUNITY H Part VII-B   Statements Regarding Activities for Which F			54-18223	59 Page <b>6</b>
5a During the year did the foundation pay or incur any amount to:	form 4720 May be F	tequirea (contin	uea)	<del> </del>
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e)\?	[	es X No	1
(2) Influence the outcome of any specific public election (see section 4955); o				1 1
any voter registration drive?	r to carry on, anoday or mane		es 🗓 No	} {
(3) Provide a grant to an individual for travel, study, or other similar purposes'	7		s X No	1 1
(4) Provide a grant to an organization other than a charitable, etc., organization				1 1
4945(d)(4)(A)? (see instructions)		· [] Ye	es X No	1 1
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f			} }
the prevention of cruelty to children or animals?			es X No	- } - } -
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	ler the exceptions described i	n Regulations	j	] ]
section 53.4945 or in a current notice regarding disaster assistance (see instru	· ·	-	N/A	5b   -
Organizations relying on a current notice regarding disaster assistance check h	ere			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		ned	Į.	11;
expenditure responsibility for the grant?	N	/A 🗀 Ye	es 🔲 No	1 1 1
If "Yes," attach the statement required by Regulations section 53 4945	5-5(d)			11,
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	pay premiums on			
a personal benefit contract?		Ye	es 🗶 No	.   .  .
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		L.	6b X
If "Yes" to 6b, file Form 8870				
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Ye	es 🗶 No 📙	
<b>b</b> If "Yes," did the foundation receive any proceeds or have any net income attribu				7b
Part VIII Information About Officers, Directors, Trust	ees, Foundation Ma	nagers, Highly	y	
Paid Employees, and Contractors			<del></del>	
List all officers, directors, trustees, foundation managers and their		(c) Compensation	(d) Contributions to	(a) Evnance
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deterred	(e) Expense account, other
1-7	to position	enter -0-)	compensation	allowances
				•
SEE STATEMENT 9		167,488.	17,330.	0.
SEE STATEMENT 9		107,400.	17,330.	
		1		
<del></del>	<del></del>			<del></del>
		ł		
		<del> </del>		
		}		
		}		
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(a) Name and address of each employee paid more than \$55,000	devoted to position	(C) Compensation	and deferred compensation	allowances
	DIR., INVESTME	· ·	& ADM	
STREET, SUITE 200, WILLIAMSBURG, VA	40.00	99,478.	23,743.	0.
	DIR. COMM. RE			
STREET, SUITE 200, WILLIAMSBURG, VA	40.00	91,797.	17,395.	0.
	GRANTS PROGRA			•
STREET, SUITE 200, WILLIAMSBURG, VA	40.00	80,079.	19,786.	0.
	DIR.STRAT INI			•
STREET, SUITE 200, WILLIAMSBURG, VA	40.00	73,662.	25,452.	0.
	GRANTS PROGRA			0
STREET, SUITE 200, WILLIAMSBURG, VA	40.00	61,409.	10,842.	0.
Total number of other employees paid over \$50,000	<del></del>	<del></del>	Form	990-PF (2016)
			FULIN	JJU-F I- (2010)

Total. Add lines 1 through 3

All other program-related investments. See instructions.

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndation	s, see instructions )
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	107,719,636.
b	Average of monthly cash balances	16	8,931,670.
c	Fair market value of all other assets	1c	14,982.
đ	Total (add lines 1a, b, and c)	10	116,666,288.
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	116,666,288.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	1,749,994.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	114,916,294.
6	Minimum investment return. Enter 5% of line 5	6	5,745,815.
Р	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here	nd certai	n
1	Minimum investment return from Part X, line 6	1	5,745,815.
2a	Tax on investment income for 2016 from Part VI, line 5		<del></del>
b	Income tax for 2016. (This does not include the tax from Part VI.)		
	Add lines 2a and 2b	2c	40,000.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	5,705,815.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	5,705,815.
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	5,705,815.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	[[	
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	5,910,187.
b	Program-related investments - total from Part IX-B	15	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	5,136.
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	5,915,323.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	1 [	
	income. Enter 1% of Part I, line 27b	5	40,000. 5,875,323.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	5,875,323.
	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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI,				<del> </del>
line 7			i .	5,705,815.
2 Undistributed income, if any, as of the end of 2016	<del></del>			_ <del></del>
a Enter amount for 2015 only			739,597.	
b Total for prior years:	- <del></del>	<del> </del>	<del></del>	<del></del>
		0.		
3 Excess distributions carryover, if any, to 2016:	<del></del>	i		
a From 2011				
b From 2012			,	
c From 2013				
d From 2014			,	
e From 2015				
f Total of lines 3a through e	0.		•	
4 Qualifying distributions for 2016 from				
Part XII, line 4. ►\$ 5,915,323.				
a Applied to 2015, but not more than line 2a		•	739,597.	
· · · · · · · · · · · · · · · · · · ·			737,337.	
b Applied to undistributed income of prior		0.		
years (Election required - see instructions)				<del></del>
c Treated as distributions out of corpus	0.			
(Election required - see instructions)	U•			E 175 776
d Applied to 2016 distributable amount			<del></del>	5,175,726.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income. Subtract	<del></del>			
line 4b from line 2b		0.		
c Enter the amount of prior years'	<del></del>		<del></del>	<del></del>
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 2015. Subtract line	<del></del>			
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2016. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2017				530,089.
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 2011	<del>-</del>			
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2017.		<del></del>	<del></del>	<del></del>
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2012				
b Excess from 2013				
c Excess from 2014			•	
d Excess from 2015				
e Excess from 2016			ĺ	
8 EXCESS 110111 ZU 10	<del> </del>		<u></u>	Form 990-DF (2016)

Part XV Supplementary Information	(continued)			
3 Grants and Contributions Paid During the You	ear or Approved for Future	Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
a Paid during the year		1		
		1		
SEE ATTACHED SCHEDULE	NONE	PUBLIC CHARITY	[	4,427,043.
	<del> </del>			4,427,040.
		1		
			}	
		1		
		ł		
		1		
		]	<b>\</b>	
		<u></u>		
	<u> </u>	<del> </del>		
		·		
Total	<del></del>	<del></del>	<b>▶</b> 3a	4,427,043.
<b>b</b> Approved for future payment		1		
			,	
SEE ATTACHED SCHEDULE	NONE	PUBLIC CHARITY	}	540 854
<del> </del>	<del> </del>	<del> </del>		540,751.
				1
		}		H
		<del> </del>		<del></del>
		}		
		<u> </u>		
Total			<b>▶</b> 3b	540,751.

Part XVI-A Analysis of Income-Proc	lucing Activiti	es			
Enter gross amounts unless otherwise indicated.	Unrelated (a) Business	business income (b)	(C) Exclu-	(d)	(e) Related or exempt
1 Program service revenue:	code	Amount	sion code	Amount	function income
a	_		1		
b	_		1		<del></del>
<u> </u>	_ <del>    -</del>		├		<del></del>
d	_ <del>                                    </del>	<del></del>	├		
	- <del>  +</del>		├─┤		
g Fees and contracts from government agencies	- <del>   </del>		<del>  -  </del>		
2 Membership dues and assessments	<del></del>		<del>  </del>		
3 Interest on savings and temporary cash	<del> </del>			<del></del>	<del></del>
investments	)		]		
4 Dividends and interest from securities	900000	4,399.	14	3,074,331.	
5 Net rental income or (loss) from real estate:				<del></del>	
a Debt-financed property					
b Not debt-financed property					1
6 Net rental income or (loss) from personal					
property	-   -		} }		
7 Other investment income	900000	<221,227.	>14	<696,342.	>
8 Gain or (loss) from sales of assets other					
than inventory	900000	36,269.	18	1,953,014.	L
9 Net income or (loss) from special events	<u> </u>				<u></u>
10 Gross profit or (loss) from sales of inventory					
11 Other revenue.			1 1		
a	_		11		
a	_				
c					ļ
d	-				
6	<del> </del>	<180,559.	-1	4,331,003.	0.
12 Subtotal. Add columns (b), (d), and (e)	L	<100,333.	<u> </u>	13	4,150,444.
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.	,			'° <u> </u>	4,130,444.
<del></del>	<del>*</del>	<del> </del>			
Part XVI-B Relationship of Activities	s to the Accor	nplishment of Ex	(emp	t Purposes	
Line No. Explain below how each activity for which is	ncome is reported in	column (e) of Part XVI-A	contrib	uted importantly to the accor	nplishment of
the foundation's exempt purposes (other th	ian by providing fund	ls for such purposes).			
N/A				- <del></del>	
	<del> </del>				
	<del></del>			<del></del>	<del></del>
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Page 13

<del></del>	Exempt Organ	izations							
1 Did th	e organization directly or indii	rectly engage in any	of the followin	g with any other organization	on described in section	on 501(c) of		Yes	No
the Co	de (other than section 501(c)	)(3) organizations) oi	r in section 52	27, relating to political organ	izations?		1 1		
a Transf	fers from the reporting founda	ation to a noncharital	ole exempt or	ganization of:			) }		ļ
(1) C	ash						1a(1)		_X_
(2) 0	ther assets						1a(2)		X
<b>b</b> Other	transactions:								
(1) S	ales of assets to a noncharital	ble exempt organizat	on .				1b(1)		X
(2) P	urchases of assets from a no	nchantable exempt o	rganization			•	1b(2)		X
(3) R	ental of facilities, equipment,	or other assets					1b(3)		X
(4) R	eimbursement arrangements						1b(4)		X
(5) L	oans or loan guarantees						1b(5)		X
(6) P	erformance of services or me	mbership or fundrais	sing solicitatio	ons	•		1b(6)		X
c Sharir	ng of facilities, equipment, ma	uling lists, other asse	ts, or paid em	ployees			10		X
d If the	answer to any of the above is	"Yes," complete the f	ollowing sche	edule. Column (b) should ab	ways show the fair m	arket value of the goods, o	ther ass	ets,	
	vices given by the reporting fo			ed less than fair market valu	ie in any transaction	or sharing arrangement, sl	now in		
	n (d) the value of the goods,								
(8)Line no	(b) Amount involved	(c) Name of		e exempt organization	(d) Description	of transfers, transactions, and s	hering am	angeme	:nts
			N/A	<u>.</u>		<del></del>			
		<b></b>			<del></del>				
			<del></del>			·_ · · · _ · · · · · · · · · · · · · ·			
		<del></del>		<del> </del>	<del></del>	<del></del>			
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		<del>                                     </del>				· · · · · · · · · · · · · · · · · · ·			
		<del> </del>		<u>.                                  </u>	<del></del>	<del></del>			
	<del>,</del>				1	<del>'</del>			
		<u> </u>				·····			<del></del>
2a is the	foundation directly or indirec	tly affiliated with, or r	elated to, one	or more tax-exempt organ	zations described				_ ·
	tion 501(c) of the Code (other		(3)) or in sect	tion 527?	••	L	Yes	LX	No
b If "Yes	s," complete the following sch				<del>,</del>	<del> </del>			
	(a) Name of org	ganization		(b) Type of organization	<u> </u>	(c) Description of relationsh	1IP		
	N/A			ļ	<u> </u>				
	<del></del>	<del></del>	<del> </del>	ļ					
	<del></del>	<del></del>		ļ	ļ				
				<del> </del>	<del> </del>				
10	inder penalties of perjury, I declare	that I have examined the	s return, includu	ng accompanying schedules and	statements, and to the	best of my knowledge			
	nd belief, it is true, correct, and cor					has any knowledge retu	n with the	a prepa	rer
Here	lann	2	_	1////5/17	PRESID		wn below Yes		"No
ļ ·	Signature of officer or trustee	()		Date	Title	<u> </u>	103		
	Print/Type preparer's na		Preparer's s		Date	Check if PTIN			
			ا		1	self- employed			
Paid	FRANK H. S	HTIM	1 Frank	LH. Smith	11/06/17	P00	0639	053	J
Prepar		FA, PC	<u> </u>		<del></del>	Firm's EIN ▶ 52-1	5112	75	
Use Or	·								
	Firm's address ► 18		NW #90						
	WA	SHINGTON,	DC 20	036		Phone no. 202-83			
						Fo	rm <b>99</b> 0	)-PF	(2016)

FORM 990-PF	DIVIDENDS	AND, INTER	EST	FROM SECUE	RITIES S	TATEMENT 1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
INVESTMENTS	2,191,150.		0.	2,191,150	2,191,150.	
LIMITED PARTNERSHIPS	883,181.	(	0.	883,181	883,181.	
UBI FROM PARTNERSHIPS	4,399.	(	0.	4,399	0.	
TO PART I, LINE 4	3,078,730.		0.	3,078,730	3,074,331.	
	<del></del>	<del></del>		<del></del>		
FORM 990-PF	<del></del>	OTHER II	NCOM	Œ	S	TATEMENT 2
DESCRIPTION	•	1	REV		(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
EARNINGS IN EQUITY UBI - PARTNERSHIPS	INVESTMENTS			696,342.> 221,227.>	<696,342.> 0.	
TOTAL TO FORM 990-F	PF, PART I,	LINE 11		917,569.>	<696,342.>	
FORM 990-PF	<del></del>	ACCOUNTI	NG F	rees	S	TATEMENT 3
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) NINVEST- NT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES		46,321.		4,632.		41,689.
TO FORM 990-PF, PG	1, LN 16B	46,321.		4,632.		41,689.

FORM 990-PF (	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	15,986. 203,551.			7,961.
TO FORM 990-PF, PG 1, LN 16C	219,537.	203,551.		7,961.
FORM 990-PF	TAX	ES	S	TATEMENT 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	971. 5,892. 0.	0. 0. 0.		971. 0. 0.
TO FORM 990-PF, PG 1, LN 18	6,863.	0.		971.
FORM 990-PF	OTHER E	XPENSES	S	TATEMENT 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 EDUCATION AND TRAINING MAINTAINENCE AGREEMENTS INSURANCE DUES DCA- CHRONIC CARE DCA-OTHER	1,645. 19,141. 10,619. 19,441. 13,294. 2,683. 810. 28,267. 32,235. 6,520. 19,279. 47,050. 243,030.	0. 0. 0. 0. 0. 0.		1,645. 19,143. 10,617. 19,441. 13,294. 2,683. 810. 28,267. 32,235. 6,520. 19,279. 47,050. 233,430.
TO FORM 990-PF, PG 1, LN 23	444,014.	0.		434,414.

FORM 990-PF O	THER INVESTMENTS		STATEMENT 7
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
MIT PRIVATE EQUITY FUND	FMV	380,302.	380,302.
TIFF ABSOLUTE RETURN POOL	FMV	13,455,737.	13,455,737.
PRIVATE ADVISORS DISTRESSED OPS		0.	0.
TIFF PARTNERS V - US	FMV	242,463.	242,463.
TIFF PARTNERS V - INTERNATIONAL	FMV	100,726.	100,726.
TIFF SECONDARY PARTNERS I	FMV	367,397.	367,397.
TIFF REAL ESTATE PARTNERS II	FMV	548,071.	548,071.
GMO FORESTRY FUND 7	FMV	1,343,601.	1,343,601.
TIFF PEP 2007	FMV	1,387,980.	1,387,980.
MA INVESTORS FUND 1, LLC	FMV	1,722,348.	1,722,348.
PRIVATE ADVISORS SMALL CO BUYOUT		743,631.	743,631.
TIFF PEP 2008	FMV	1,050,614.	1,050,614.
TIFF SHORT TERM FUND	FMV	4,854,295.	4,854,295.
MREP 2008-DCIF	FMV	409,370.	409,370.
TIFF SECONDARY PARTNERS II	FMV	798,471.	798,471.
TIFF MULTI-ASSET FUND	FMV	37,575,964.	37,575,964.
TIFF KEYSTONE FUND	<b>FM</b> V	39,706,458.	39,706,458.
TIFF PEP 2012	FMV	1,145,639.	1,145,639.
TIFF SOF	FMV	2,556,616.	2,556,616.
TIFF PEP 2013	FMV	2,490,058.	2,490,058.
TIFF PEP 2014	FMV	457,561.	457,561.
TIFF RR IV	FMV	360,988.	360,988.
TIFF PEP 2015	FMV	148,783.	148,783.
TIFF PEP 2016	FMV	125,746.	125,746.
TOTAL TO FORM 990-PF, PART II, L	INE 13	111,972,819.	111,972,819.
FORM 990-PF O	THER LIABILITIES		STATEMENT 8
DESCRIPTION		BOY AMOUNT	EOY AMOUNT
DEFERRED FEDERAL EXCISE TAX LIAB	ILITÝ	83,298.	100,237.
TOTAL TO FORM 990-PF, PART II, L	INE 22	83,298.	100,237.

FORM 990-PF PART V			OF OFFICERS, DEFOUNDATION MANAGE		STATI	EMENT 9
NAME AND ADDRESS			TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	
JEANNE ZEIDLER 4801 COURTHOUSE STREET, WILLIAMSBURG, VA 23188	SUITE	200	PRESIDENT/CEO/	SECRETARY 167,488.	17,330.	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	IR 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.
DAVID C. ANDERSON 4801 COURTHOUSE STREET, WILLIAMSBURG, VA 23188			TRUSTEE 1.00	.0.	0.	0.
DAVID E. BUSH 4801 COURTHOUSE STREET, WILLIAMSBURG, VA 23188	SUITE		TRUSTEE 1.00	0.	0.	0.
PAUL W. GERHARDT 4801 COURTHOUSE STREET, WILLIAMSBURG, VA 23188			TRUSTEE 1.00	0.	0.	0.
F.BRIAN HIESTAND 4801 COURTHOUSE STREET, WILLIAMSBURG, VA 23188	SUITE	200	TRUSTEE 1.00	0.	0.	0.
JOYCE M. JARRETT 4801 COURTHOUSE STREET, WILLIAMSBURG, VA 23188	SUITE	200	TRUSTEE 1.00	0.	0.	0.
LAURA J. LODA 4801 COURTHOUSE STREET, WILLIAMSBURG, VA 23188	SUITE	200	TRUSTEE 1.00	0.	0.	0.

WILLIAMSBURG COMMUNITY HEALTH FO	UNDATION		54-	1822359
ETHYLYN MCQUEEN-GIBSON 4801 COURTHOUSE STREET, SUITE 200 WILLIAMSBURG, VA 23188		0.	0.	0.
RICHARD H. RIZK 4801 COURTHOUSE STREET, SUITE 200 WILLIAMSBURG, VA 23188	TRUSTEE 1.00	0.	0.	0.
LOUIS F. ROSSITER 4801 COURTHOUSE STREET, SUITE 200 WILLIAMSBURG, VA 23188	TRUSTEE 1.00	0.	0.	0.
ROBERT J. SINGLEY 4801 COURTHOUSE STREET, SUITE 200 WILLIAMSBURG, VA 23188	TRUSTEE 1.00	0.	0.	0.
JACKSON C. TUTTLE II 4801 COURTHOUSE STREET, SUITE 200 WILLIAMSBURG, VA 23188		0.	0.	. 0.
MARSHALL N. WARNER 4801 COURTHOUSE STREET, SUITE 200 WILLIAMSBURG, VA 23188	TRUSTEE 1.00	0.	0.	0.
KIMBERLY ZEULI 4801 COURTHOUSE STREET, SUITE 200 WILLIAMSBURG, VA 23188	TRUSTEE 1.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6,	PART VIII	167,488.	17,330.	0.

### ACTIVITY ONE

FORM 990-PF

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
го	FORM	990-PF,	PART	IX-A,	LINE	1	42,825.

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT 10

FORM 990-PF SUMMARY OF DIRECT CHARITABLE ACTIVITIES STATEMENT 11 ACTIVITY TWO WHRO-A CONTRACT WITH A MULTI-MEDIA COMPANY TO DEVELOP A LIVE ACTION, INTERACTIVE VIDEO SIMULATION IN WHICH MIDDLE SCHOOL STUDENTS ARE ASKED TO MAKE DECISIONS REGARDING ALCOHOL AND DRUG ABUSE, WITH A FOCUS ON THE CONSEQUENCES OF THEIR DECISIONS. SEVERAL STORYLINES AND OUTCOMES WILL BE POSSIBLE BASED ON THE DECISIONS THE STUDENTS MAKE DURING THE SIMULATION. EXPENSES 50,000. TO FORM 990-PF, PART IX-A, LINE 2 SUMMARY OF DIRECT CHARITABLE ACTIVITIES STATEMENT 12 FORM 990-PF 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 WITH FAMILIES. **EXPENSES** 30,750. TO FORM 990-PF, PART IX-A, LINE 3 SUMMARY OF DIRECT CHARITABLE ACTIVITIES STATEMENT 13 FORM 990-PF ACTIVITY FOUR SCHOOL HEALTH INITIATIVE PROJECT-A CONTRACT WITH THE SCHROEDER CENTER FOR HEALTH POLICY AT THE COLLEGE OF WILLIAM AND MARY TO PROVIDE SUPPORT TO THE SCHOOL HEALTH INITIATIVE PROGRAM (SHIP). THE SCHROEDER CENTER WORKS WITH SHIP TO ADMINISTER SURVEYS THAT EXAMINE CHANGES IN KNOWLEDGE, ATTITUDE AND BEHAVIORS IN THE AREAS OF PHYSICAL ACTIVITY AND WELLNESS. DATA IS COLLECTED AND ANALYZED BY THE SCHROEDER CENTER AND RESULTS ARE USED TO EVALUATE PROGRAM IMPACT. EXPENSES 50,121. TO FORM 990-PF, PART IX-A, LINE 4

### Williamsburg Community Health Foundations Form 990-PF, Part XV-Contributions Paid during the year Year Ended December 31, 2016

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 N/A	Foundation Status of Recipient Public Charity	Purpose of Grant or Contribution Program Support Chronic Care Collaborative	\$ <b>Amount</b> 113,000
Avalon A Center for Women and Children P O Box 6805	N/A	Public Charity	Program Support Hospital Accompaniment	\$ 13,500
Williamsburg VA 23188 Avalon A Center for Women and Children P O Box 6805	N/A	Public Charity	Program Support Walking Works	\$ 500
Williamsburg VA 23188 ARC P O Box 6805 Williamsburg, VA 23188	N/A	Public Charity	Program Support Fitness Program	\$ 25,000
Bacon Street 247 McLaws Circle, Suite 100 Post Office Drawer 279	N/A	Public Charity	Program Support Healing Project Partnership	\$ 32,000
Williamsburg VA 23187-0279 Bacon Street 247 McLaws Circle, Suite 100 Post Office Drawer 279	N/A	Public Charity	Program Support Youth Substance Abuse Intervention and Treatment	\$ 12,500
Williamsburo VA 23187-0279 Center for Child and Family Services, Inc P O Box 7315	N/A	Public Charity	Program Support Neurofeedback Counseling Program	\$ 12,500
2021 Cunningham Drive Suite Center for Child and Family Services, Inc P O Box 7315	N/A	Public Chanty	Program Support Violence Prevention and Intervention Program	\$ 30,000
2021 Cunningham Drive Suite Center for Child and Family Services, Inc P O Box 7315	N/A	Public Charity	Program Support Multicultural Counseling Outreach Program	\$ 40,000
2021 Cunningham Drive Suite Child Development Resources PO Box 280 Norge, VA 23127	N/A	Public Charity	Program Support Breastfeeding Building Confidence and	\$ 12,000
Child Development Resources PO Box 280 Norge, VA 23127	N/A	Public Charity	Competence Program Support Walking Works	\$ 500
City of Williamsburg 401 Lafayette Street Williamsburg, VA 23185	N/A	Public Charity	Program Support Children's Health Initiative	\$ 260,000
City of Williamsburg 401 Lafayette Street Williamsburg, VA 23185	N/A	Public Charity	Program Support Eat Well to Compete Well	\$ 5,000
City of Williamsburg 401 Lafayette Street Williamsburg, VA 23185	N/A	Public Charity	Program Support Walking Works	\$ 500
City of Williamsburg 401 Lafayette Street Williamsburg, VA 23185	N/A	Public Charity	Program Support 2016 Annual Awards Honoree	\$ 10,000
Colonial Behavioral Health 1657 Memmac Trail Williamsburg, VA 23185	N/A	Public Chanty	Program Support Greater Williamsburg Network of Care (NOC)	\$ 34,000 _
Colonial Behavioral Health 1657 Merimac Trail Williamsburg, VA 23185	N/A	Public Charity	Website Program Support Chronic Care Collaborative	\$ 183,000
Colonial Behavioral Health 1657 Merrimac Trail Williamsburg, VA 23185	N/A	Public Charity	Program Support Greater Williamsburg Child Assessment Center (GWCAC)	\$ 271,000

•	Colonial Behavioral Health 1657 Merrimac Trail Williamsburg, VA 23185	N/A	Public Charity	Program Support Intensive Outpatient Program	\$ 67,500
	Colonial Community Corrections 4093 Ironbound Road, Suite B Williamsburg, VA 23188	N/A	Public Charity	Program Support- Better Ways Program	\$ 25,000
	Community Housing Partners 448 Depot Street Christiansburg, VA 24073	N/A	Public Charity	Program Support Mobile Food Pantry	\$ 5,927
	The Doorways 612 E Marshall Street Richmond, VA 23219	N/A	Public Charity	Program Support Patient and Family Access	\$ 15,000
	FREE Foundation for Rehabilitation Equipment and Endowment	N/A	Public Charity	Program Support Geographic Expansion to Serve WHF Service Area	\$ 31,500
	P O Box 8873 FISH, Inc 312 Waller Mill Road, Suite 800 Williamsburg, VA 23185	N/A	Public Charity	Program Support Health Pnonties in Action	\$ 6,300
	Gloucester-Mathews Free Clinic 2276 George Washington Memonal Highway	N/A	Public Charity	Program Support Chronic Care Collaborative	\$ 270,000
	Haves VA 23072 Grove Christian Outreach Center 8910 Pocahontas Trail Williamsburg, VA 23185	N/A	Public Charity	Program Support Children's Summer Lunch Program	\$ 4,400
	Grove Christian Outreach Center 8910 Pocahontas Trail Williamsburg, VA 23185	N/A	Public Charity	Program Support Food Access Outreach Program	\$ 4,000
	Housing Partnerships 115 Palace Lane Wilhamsburg, VA 23185	N/A	Public Charity	Program Support Rapid Response Ramp Loan Program	\$ 13,878
	Institute for Public Health Innovation 1301 Connecticut Ave, NW Suite	N/A	Public Charity	Program Support	\$ 20,000
	200 KaBOOM! Inc 4301 Conneticut Avenue NW Washington D C 20008-2304	N/A	Public Charity	Program Support Community Playground Build	\$ 100,000
	Literacy for Life at the Rita Welsh Adult Learning Center P O Box 8795	N/A	Public Charity	Program Support HEAL Program	\$ 60,000
	Williamsburg VA 23187-8795 New Honzons Family Counseling Center The School of Education	N/A	Public Charity	Program Support Youth and Family Counseling	\$ 171,500
	College of William & Marv P O Olde Towne Medical Center 5249 Olde Towne Road Williamsburg, VA 23188	N/A	Public Charity	Program Support Basic Operating Support	\$ 225,000
	Olde Towne Medical Center 5249 Olde Towne Road Williamsburg, VA 23188	N/A	Public Charity	Program Support Chronic Care Collaborative	\$ 250,000
	Olde Towne Medical Center 5249 Olde Towne Road Williamsburg, VA 23188	N/A	Public Chanty	Program Support Transition from Hospital to Home Partnership	\$ 58,000
	Olivet Medical Ministry, Inc 1620 Old Williamsburg Road Yorktown, VA 23690	N/A	Public Charity	Program Support Chronic Care Collaborative	\$ 420,000
	Orivet Medical Ministry, Inc 1629 O'd Williamsburg Roba Yorktown, Vr. 23660	N/A	Public Chanty	Program Support Mobile Food Pantry	
	Olivet Medical Ministry, Inc 1620 Old Williamsburg Road Yorktown, VA 23690	N/A	Public Chanty	Program Support Volunteer Recruitment Program	\$ 13,000

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Peninsula Agency on Aging 739 Thimble Shoals Boulevard, Suite 1006	N/A	Public Charity	Program Support Senior Health Assistance Resource Project	\$ 64,000
Newbort News VA 23606-3585 Peninsula Agency on Aging 739 Thimble Shoals Boulevard, Suite 1006	N/A	Public Charity	(S H A R P ) Program Support Care Transitions Intervention Pilot Program	\$ 37,500
Newport News VA 23606-3585 Peninsula Agency on Aging 739 Thimble Shoals Boulevard, Suite 1006	N/A	Public Charity	Program Support RIDES Program	\$ 117,846
Newport News VA 23606-3585 PeninsulaMetropolitan YMCA 41 Old Oyster Point Road, Suite C	N/A	Public Charity	Program Support YMCA's Diabetes Prevention Program	\$ 22,753
Newport News VA 23602 Postpartum Support Virginia P O Box 7521 Arlington, VA 22207	N/A	Public Charity	Program Support Healthy Mother, Healthy Family	\$ 4,000
Rx Partnership 2924 Emerywood Parkway, Suite 300	N/A	Public Charity	Program Support Chronic Care Collaborative .	\$ 35,000
Richmond VA 23294 United Way of Greater Williamsburg 5400 Discovery Park Blvd , Suite	N/A	Public Charity	Program Support Home for Good .	\$ 130,000
104 United Way of Greater Williamsburg 5400 Discovery Park Blvd , Suite	N/A	Public Charity	Program Support  Professional Consulting  Services	\$ 6,500
104 Virginia Health Care Foundation 707 E Main Street, Suite 1350 Richmond, VA 23219	N/A	Public Charity	Program Support Greater Williamsburg Medication Assistance	\$ 400,000
Virginia Legacy Soccer Club 1117 Old Colony Lane Williamsburg, VA 23185	N/A	Public Charity	Program (GWMAP) Program Support Virginia Legacy Soccer Club Community	\$ 16,000
Virginia Oral Health Coalition 4200 Innslake Drive, Suite 103 Glen Allen, VA 23060	N/A	Public Charity	Partnershio Program Support Oral Health Integration for Greater Williamsburg	\$ 4,000
Virginia Regional Ballet 1228 Richmond Road Williamsburg, VA 23185	N/A	Public Charity	Program Support Virginia Regional Ballet Fitness Camp	\$ 4,700
Virginia Peninsula Foodbank 2401 Aluminum Avenue Hampton, VA 23661	N/A	Public Charity	Program Support Mobile Pantry Fresh Produce	\$ 20,000
Williamsburg Area Faith in Action 354 McLaws Circle, Suite 2 Williamsburg, VA 23185	N/A	Public Charity	Program Support Medical Transportation	\$ 24,000
Williamsburg Area Faith in Action 354 McLaws Circle, Suite 2 Williamsburg, VA 23185	N/A	Public Charity	Program Support Resource Visitors Program	\$ 14,500
Williamsburg Area Faith in Action 354 McLaws Circle, Suite 2 Williamsburg, VA 23185	N/A	Public Charity	Program Support Walking Works	\$ 500
Williamsburg Area Meals-On- Wheels, Inc P O Box 709	N/A	Public Charity	Program Support Annual Award	\$ 4,257
Williamsburo VA 23187-0709 Williamsburg Area Meals-On- Wheels, Inc P O Box 709	N/A	Public Charity	Program Support Nutntious Noontime Meals	\$ 25,000
Williamsburo VA 23187-0709 Williamsburg House of Mercy, Inc 10 Hamson Avenue	N/A	Public Charity	Program Support Upper James City County Mobile Food Pantry	\$ 6,500
Williamsburg VA 23185 Williamsburg-James City County Public Schools 1010-0-0000000000000000000000000000000	N/A	Public Chanty	Program Support Eat Well to Compete Well Jamestown High School	\$ 4,482
Box 8783				

•					
•				•	
<ul> <li>Williamsburg-James City County Public Schools</li> <li>101-D Mounts Bay Road, P O</li> </ul>	N/A	Public Charity	Program Support School Health Initiative Program (SHIP)	\$ 640,000	
Box 8783 Williamsburg-James City County Public Schools 101-D Mounts Bay Road, P O	N/A	Public Charity	Program Support Walking Works	\$ 1,500	
Box 8783 York County Division of Juvenile Services 224 Ballard Street, P O Box 532	N/A	Public Charity	Program Support Psychological and Substance Abuse Services	\$ 28,000	
Yorktown VA 23690 TOTAL CONTRIBU	TIONS PAID DUR	ING THE YEAR		\$ 4,427,043	

### Williamsburg Community Health Foundation Form 990-PF, Part XV-Approved for Future Payment Year Ended December 31, 2016

54-1822359

	If Individual, List Relationship to Foundation Manager or Substantial	Foundation Status of			Payable
Name and Address Center for Child and Family Services, Inc P O Box 7315 2021 Cunningham Drive, Suite 400 Hampton, VA 23666-3371	Contributor N/A	Recipient Public Chanty	Purpose of Grant or Contribution Program Support Multicultural Counseling and Outreach Program for the Greater Williamsburg Area	Bal \$	12,500
Child Development Resources (CDR) PO Box 280 Norge, VA 23127	N/A ·	Public Chanty	Program Support Breastfeeding Building Confidence and Competence	\$	12,000
Community Health Solutions (CHS) 9603 Gayton Road Suite 201 Richmond, VA 23228	N/A	N/A	Program Support Childrens Behavioral Health Initiative	\$	2,750
Community Health Solutions (CHS) 9603 Gayton Road Suite 201 Richmond, VA 23228	N/A	N/A	Program Support Childrens Health Initiative	\$	15,750
Community Health Solutions (CHS) 9603 Gayton Road Suite 201 Richmond, VA 23228	N/A	N/A	Program Support Chronic Care Collaborative	\$	20,998
FREE Foundation for Rehabilitation Equipment and Endowment P O Box 8873 Roanoke, VA 24014	N/A	Public Chanty	Program Support	\$	12,500
Housing Virginia 205 N Robinson Street Richmond, VA 23220	N/A	N/A	Program Support Housing and Health Research and Community Engagement	\$	15,000
Peninsula Agency on Aging 739 Thimble Shoals Boulevard, Suite 1006 Newport News, VA 23606-3585	N/A	Public Chanty	Program Support Care Transitions Intervention Pilot Program	\$	37,500
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 )	\$	64,000
Peninsula Metropolitan YMCA 41 Old Oyster Point, Road, Suite C Newport News, VA 23607	N/A	Public Chanty	Program Support YMCA's Diabetes Prevention Program (YMCA DPP)	\$	22,753
Olde Towne Medical Center 5249 Olde Towne Road Williamsburg, VA 23188	N/A	Public Chanty	Program Support Transition Program	\$	25,000
Olde Towne Medical Center 5249 Olde Towne Road Williamsburg, VA 23188	N/A	Public Chanty	Program Support Basic Operating Support	\$	225,000
Williamsburg Area Meals on Wheels P O Box 709 Williamsburg, VA 23187	N/A	Public Chanty	Program Support Nutnbous Noontime Meals	\$	25,000
WHRO 5200 Hampton Boulevard Norfolk, VA 23508	N/A	Public Chanty	Program Support Middle School Learning Content	\$	50,000

# 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
- o Annual audit in accordance with WCHF policies
- Allowable costs:
- 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
- o Lobbying

Grant category		Eligibility (in addition to basic eligibility)	Requirements	Characteristics		App to re	Application forms (in addition to required documents)
Foundation-	•	Invitation only	Program aligns	<ul> <li>Ongoing grant</li> </ul>	ıt	•	Streamlined WCHF
directed	•	May evolve from	<ul> <li>significantly with WCHF</li> </ul>	<ul> <li>Intense, year-round staff</li> </ul>	-round staff	. •	application
		another type of grant	Strategic Plan	involvement		•	List of measurable goals,
		category	<ul> <li>Population served aligns</li> </ul>	<ul> <li>Innovative, tł</li> </ul>	Innovative, thus outcomes	_	both long-term and for
	•	Or may develop into	with WCHF Strategic Plan	may initially i	may initially involve some		grant cycle
		another type of grant	<ul> <li>Need for program is</li> </ul>	uncertainty		•	Organization budget
		category	clearly demonstrated	<ul> <li>Involves collaboration</li> </ul>	aboration	•	Program budget
			<ul> <li>Outcomes are process-</li> </ul>	with multiple partners	e 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	Application forms (in addition to required
Basic Operating Support	<ul> <li>Invitation only</li> <li>May evolve from another type of grant category</li> <li>Or may develop into another type of grant category</li> <li>Government agencies, colleges and universities, and hospitals are not eligible hospitals are not eligible more than one WCHF "basic operating</li> </ul>	• • • •	<ul> <li>Ongoing grant</li> <li>Intense staff involvement at the invitation stage of grant making process</li> <li>Grant made on an annual basis</li> <li>Grant funds are unrestricted, keeping in mind excluded costs</li> <li>Outputs and outcomes are predictable</li> <li>Initial "basic operating support" funding recommendations are based on existing WCHF</li> </ul>	<ul> <li>Streamlined WCHF         <ul> <li>application</li> </ul> </li> <li>List of measurable goals         <ul> <li>for grant cycle</li> </ul> </li> <li>Organization budget</li> <li>Contract includes         <ul> <li>measurable goals with sixmonth and final reporting</li> <li>requirements</li> </ul> </li> </ul>
-	support" grant at any given time	<ul> <li>last three years</li> <li>WCHF support may not exceed 30% of organization budget</li> </ul>	funding amounts and supported by best-practices research	
		demonstrated at least three years of stable executive leadership  Must successfully seek funding from additional sources		

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

<b>Grant category</b>		Eligibility (in addition	2	Requirements	ਤਿੰ	Characteristics	¥	Application forms (in addition to
	\$	to basic eligibility)					ā	required documents)
Responsive	•	Initiated by LOI			•	Provides opportunity to	•	Post-LOI, invitation to apply:
_	•	Open to any	•	Population served aligns		fund new initiatives		<ul> <li>Current WCHF</li> </ul>
		qualified applicant		with WCHF Strategic Plan	•	May include WCHF requests		application
	•	Or may develop	•	Program/project aligns		to address a specific need		<ul> <li>Program budget</li> </ul>
_		from a "basic		with WCHF Strategic Plan	•	May be one-time grant		<ul> <li>Program budget</li> </ul>
		operating	•	Need for program is	•	Or funding declines over 3		narrative
		support" or "basic		demonstrated		to 4 years or less:		<ul> <li>Program income form</li> </ul>
		program support"	•	Outcomes are data-driven		<ul><li>Year 1 was a new</li></ul>		<ul> <li>Job description(s), if</li> </ul>
		grant should		and near-term		grant or from a		applicable
		WCHF choose to	•	If applicable, realistic		different category	•	Contract includes indicators of
		decrease funding		sustainability plan in place		<ul><li>Year 2 at 75%</li></ul>		success with six-month and final
	•	No agency may		to accommodate		<ul> <li>Year 3 at 50%</li> </ul>		reporting requirements
		receive more than		decreased funding		<ul><li>Year 4 at 25%</li></ul>		
		two WCHF				o 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		
						"graduates" to another level		