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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

2017

Open to Public Inspection

For calendar year 2017, or tax year beginning 01-01-2017 , and ending 12-31-2017

Name of foundation
WILLIAMSBURG COMMUNITY HEALTH FOUNDATION

A Employer identification number
54-1822359

Number and street (or P O box number if mail is not delivered to street address)
4801 COURTHOUSE STREET NO 200

Room/suite

B Telephone number (see instructions)
(757) 345-0912

City or town, state or province, country, and ZIP or foreign postal code
WILLIAMSBURG, VA 23188

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 ▶ ☐

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

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

I Fair market value of all assets at end of year *(from Part II, col (c), line 16)* ▶$ 125,921,051

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)				
	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	2,817,461	2,811,537		
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	2,765,103			
	b Gross sales price for all assets on line 6a 8,994,798				
	7 Capital gain net income (from Part IV, line 2)		2,758,327		
	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)	415,204	410,580		
	12 **Total.** Add lines 1 through 11	5,997,768	5,980,444		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	173,223	0		173,223
	14 Other employee salaries and wages	569,674	101,345		461,685
	15 Pension plans, employee benefits	211,289	0		212,212
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	45,761	0		46,977
	c Other professional fees (attach schedule)	231,505	213,205		32,094
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	243,058	0		1,023
	19 Depreciation (attach schedule) and depletion	10,602	0		
	20 Occupancy	150,647	19,819		123,942
	21 Travel, conferences, and meetings	9,831	0		9,831
	22 Printing and publications	11,153	0		11,153
	23 Other expenses (attach schedule)	1,622,684	1,118,764		301,521
	24 **Total operating and administrative expenses.** Add lines 13 through 23	3,279,427	1,453,133		1,373,661
	25 Contributions, gifts, grants paid	4,484,663			4,354,541
	26 **Total expenses and disbursements.** Add lines 24 and 25	7,764,090	1,453,133		5,728,202
	27 Subtract line 26 from line 12				
	a **Excess of revenue over expenses and disbursements**	-1,766,322			
	b **Net investment income** (if negative, enter -0-)		4,527,311		
	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	469,268	118,284	118,284
	2 Savings and temporary cash investments	3,985,313	3,832,604	3,832,604
	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	71,248	88,402	88,402
	10a Investments—U S and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)			
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment basis ▶			
	Less accumulated depreciation (attach schedule) ▶			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	111,972,819	121,864,991	121,864,991
	14 Land, buildings, and equipment basis ▶ 104,136			
	Less accumulated depreciation (attach schedule) ▶ 87,366	25,504	16,770	16,770
	15 Other assets (describe ▶)			
	16 **Total assets** (to be completed by all filers—see the instructions Also, see page 1, item I)	116,524,152	125,921,051	125,921,051
Liabilities	17 Accounts payable and accrued expenses	98,574	95,976	
	18 Grants payable	540,751	299,078	
	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 ▶)	100,237	322,085	
	23 **Total liabilities**(add lines 17 through 22)	739,562	717,139	
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	115,784,590	125,203,912	
	25 Temporarily restricted			
	26 Permanently restricted			
	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)	115,784,590	125,203,912	
	31 **Total liabilities and net assets/fund balances** (see instructions)	116,524,152	125,921,051	

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	115,784,590
2	Enter amount from Part I, line 27a	2	-1,766,322
3	Other increases not included in line 2 (itemize) ▶	3	11,185,644
4	Add lines 1, 2, and 3	4	125,203,912
5	Decreases not included in line 2 (itemize) ▶	5	0
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	125,203,912

Part IV Capital Gains and Losses for Tax on Investment Income

	(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a	PUBLICLY TRADED SECURITIES	P		
b	PARTNERSHIP INVESTMENTS K-1	P		
c	UBI PARTNERSHIP INVESTMENTS K-1	P		
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	8,988,022		8,923,349	64,673
b				2,693,654
c	6,776		6,776	0
d				
e				

	Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) **or** 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				64,673
b				2,693,654
c				0
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	2,758,327
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))
2016	5,875,323	114,916,294	0 051127
2015	6,169,988	120,813,645	0 051070
2014	5,536,213	124,885,135	0 044330
2013	5,139,123	119,354,753	0 043058
2012	5,699,417	114,438,157	0 049803

2	**Total** of line 1, column (d)	2	0 239388
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 047878
4	Enter the net value of noncharitable-use assets for 2017 from Part X, line 5	4	118,613,649
5	Multiply line 4 by line 3	5	5,678,984
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	45,273
7	Add lines 5 and 6	7	5,724,257
8	Enter qualifying distributions from Part XII, line 4	8	5,730,070

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 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	45,273
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	45,273
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	45,273
6	Credits/Payments		
a	2017 estimated tax payments and 2016 overpayment credited to 2017 — 6a: 78,048		
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: 0		
7	Total credits and payments Add lines 6a through 6d	7	78,048
8	Enter any **penalty** for underpayment of estimated tax Check here ☐ if Form 2220 is attached	8	0
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	32,775
11	Enter the amount of line 10 to be **Credited to 2018 estimated tax** ▶ 32,775 **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 2017 or the taxable year beginning in 2017 (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 ▶ WWW WILLIAMSBURGHEALTHFOUNDATION ORG

14 The books are in care of ▶ THE ORGANIZATION Telephone no ▶ (757) 345-0912

Located at ▶ 4801 COURTHOUSE STREET NO 200 WILLIAMSBURG VA ZIP+4 ▶ 23188

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 2017, 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?		Yes	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 ▶	16		No

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

			Yes	No
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			
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		No
	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 2017?	1c		No
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 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017? If "Yes," list the years ▶ 20____, 20____, 20____, 20____	☐ Yes ☑ No		
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 2017 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 2017).*	3b		No
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 2017?	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	(e) Expense account, other allowances
KAYREN SEGALL 4801 COURTHOUSE STREET SUITE 200 WILLIAMSBURG, VA 23188	DIR ,INVESTMENTS, FI 40 00	101,625	25,693	0
ALLISON J BRODY 4801 COURTHOUSE STREET SUITE 200 WILLIAMSBURG, VA 23188	DIR COMM RES DEV 40 00	94,358	18,883	0
KYRA A COOK 4801 COURTHOUSE STREET SUITE 200 WILLIAMSBURG, VA 23188	DIR STRAT INIT/PROG 40 00	76,541	27,091	0
PAULETTE A PARKER 4801 COURTHOUSE STREET SUITE 200 WILLIAMSBURG, VA 23188	GRANTS PROGRAM OFFIC 40 00	83,428	10,695	0
WILLIAM D PRIBBLE 4801 COURTHOUSE STREET SUITE 200 WILLIAMSBURG, VA 23188	PROGRAM OFFICER/GRAN 40 00	64,530	11,738	0
Total number of other employees paid over $50,000. ▶				1

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
THE INVESTMENT FUND FOR FOUNDATIONS 4 TOWER BRIDGE 200 BARR HARBOR DR SUITE 100 WEST CONSHOHOCKEN, PA 19428	INVESTMENT CONSULTING	131,402
COMMUNITY HEALTH SOLUTIONS 9603 BC GAYTON RD 201 RICHMOND, VA 23238	GRANT CONSULTING SERVICES	78,996
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 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	41,996
2 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	31,500
3 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	11,359
4 CHILDREN'S HEALTH INITIATIVE PLANNING -JCC- THE DCA WAS TO SUPPORT JAMES CITY COUNTY STAFF IN THE PLANNING PROCESS TO EXPAND THE CHILD HEALTH INITIATIVE PROGRAM INTO THE COUNTY THE FOUNDATION PARTNERED WITH THE COUNTY, OLDE TOWNE MEDICAL & DENTAL CENTER (OTMDC), THE CITY OF WILLIAMSBURG, CHILD DEVELOPMENT RESOURCES, AND WJCC SCHOOLS TO BUILD ON THE EXISTING WILLIAMSBURG CHILD HEALTH INITIATIVE TO PROVIDE INTEGRATED AND MULTI-DISCIPLINARY, HOME-BASED SERVICE DELIVERY SERVICES THAT WORK IN PARTNERSHIP WITH FAMILIES TO IMPROVE THEIR WELL-BEING	10,000

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	112,207,284
b	Average of monthly cash balances	1b	8,212,664
c	Fair market value of all other assets (see instructions)	1c	0
d	**Total** (add lines 1a, b, and c)	1d	120,419,948
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	120,419,948
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	1,806,299
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3 Enter here and on Part V, line 4	5	118,613,649
6	**Minimum investment return.** Enter 5% of line 5	6	5,930,682

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	5,930,682
2a	Tax on investment income for 2017 from Part VI, line 5	2a	45,273		
b	Income tax for 2017 (This does not include the tax from Part VI)	2b			
c	Add lines 2a and 2b			2c	45,273
3	Distributable amount before adjustments Subtract line 2c from line 1			3	5,885,409
4	Recoveries of amounts treated as qualifying distributions			4	0
5	Add lines 3 and 4			5	5,885,409
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	5,885,409

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	5,728,202
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	1,868
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	5,730,070
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	45,273
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	5,684,797

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 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI, line 7				5,885,409
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only.			530,089	
b Total for prior years 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2017				
a From 2012.				
b From 2013.				
c From 2014.				
d From 2015.				
e From 2016.				
f **Total** of lines 3a through e.	0			
4 Qualifying distributions for 2017 from Part XII, line 4 ▶ $ 5,730,070				
a Applied to 2016, but not more than line 2a			530,089	
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 2017 distributable amount.				5,199,981
e Remaining amount distributed out of corpus	0			
5 Excess distributions carryover applied to 2017	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 2016 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018				685,428
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 2012 not applied on line 5 or line 7 (see instructions) . . .	0			
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	0			
10 Analysis of line 9				
a Excess from 2013. . . .				
b Excess from 2014. . . .				
c Excess from 2015. . . .				
d Excess from 2016. . . .				
e Excess from 2017. . . .				

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 2017, 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) 2017	(b) 2016	(c) 2015	(d) 2014	
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

JEANNE ZEIDLER
4801 COURTHOUSE STREET 200
WILLIAMSBURG, VA 23188
(757) 345-0912

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

WCHF APPLICATION INCLUDING BOARD ROSTER, ANNUAL REPORT, IRS 990 AND ANNUAL AUDIT IN ACCORDINANCE WITH WCHF POLICIES ALLOWABLE COSTS AS OUTLINED IN GRANT APPLICATION

c Any submission deadlines

NONE

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

DOES NOT ALLOW COSTS FOR ANNUAL APPEALS AND FUNDRAISING, ENDOWMENTS,REAL ESTATE ACQUISITIONS, RESTORATION OF FUNDS CUT BY GOVERNMENTS OR OTHER ORGANIZATIONS, AND LOBBYING

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**				4,354,541
b *Approved for future payment* See Additional Data Table				
Total . . . . . ▶ **3b**				298,948

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	900000	5,924	14	2,811,537	
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	900000	4,624	14	410,580	
8 Gain or (loss) from sales of assets other than inventory	900000	6,776	18	2,758,327	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a					
b					
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e)		17,324		5,980,444	0
13 **Total.** Add line 12, columns (b), (d), and (e)				13	5,997,768

(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)

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

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?		**Yes**	**No**
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

******	2018-10-30	******
Signature of officer or trustee	Date	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
FRANK H SMITH		2018-10-24		P00639053
Firm's name ▶ RAFFA PC				Firm's EIN ▶52-1511275
Firm's address ▶ 1899 L ST NW 900 WASHINGTON, DC 20036				Phone no (202) 822-5000

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
JEANNE ZEIDLER 4801 COURTHOUSE STREET SUITE 200 WILLIAMSBURG, VA 23188	PRESIDENT/CEO/SECRETARY 40 00	173,223	18,650	0
JEFFERY O SMITH 4801 COURTHOUSE STREET SUITE 200 WILLIAMSBURG, VA 23188	BOARD CHAIR(RETIRED 12/17) 1 00	0	0	0
JAMES R GOLDEN 4801 COURTHOUSE STREET SUITE 200 WILLIAMSBURG, VA 23188	BOARD VICE CHAIR 1 00	0	0	0
CLARENCE A WILSON 4801 COURTHOUSE STREET SUITE 200 WILLIAMSBURG, VA 23188	TRUSTEE 1 00	0	0	0
ANDERSON M BRADSHAW 4801 COURTHOUSE STREET SUITE 200 WILLIAMSBURG, VA 23188	TRUSTEE(STARTED 12/17) 1 00	0	0	0
DAVID E BUSH 4801 COURTHOUSE STREET SUITE 200 WILLIAMSBURG, VA 23188	TRUSTEE 1 00	0	0	0
NANCY N CAMPBELL 4801 COURTHOUSE STREET SUITE 200 WILLIAMSBURG, VA 23188	TRUSTEE 1 00	0	0	0
ELIZABETH DAVIS 4801 COURTHOUSE STREET SUITE 200 WILLIAMSBURG, VA 23188	TRUSTEE 1 00	0	0	0
PAUL W GERHARDT 4801 COURTHOUSE STREET SUITE 200 WILLIAMSBURG, VA 23188	TRUSTEE 1 00	0	0	0
EARL T GRANGER 4801 COURTHOUSE STREET SUITE 200 WILLIAMSBURG, VA 23188	TRUSTEE 1 00	0	0	0
FBRIAN HIESTAND 4801 COURTHOUSE STREET SUITE 200 WILLIAMSBURG, VA 23188	TRUSTEE(RETIRED 12/17) 1 00	0	0	0
JOYCE M JARRETT 4801 COURTHOUSE STREET SUITE 200 WILLIAMSBURG, VA 23188	TRUSTEE 1 00	0	0	0
LAURA J LODA 4801 COURTHOUSE STREET SUITE 200 WILLIAMSBURG, VA 23188	TRUSTEE 1 00	0	0	0
ETHYLYN MCQUEEN-GIBSON 4801 COURTHOUSE STREET SUITE 200 WILLIAMSBURG, VA 23188	TRUSTEE(RESIGNED 10/17) 1 00	0	0	0
RICHARD H RIZK 4801 COURTHOUSE STREET SUITE 200 WILLIAMSBURG, VA 23188	TRUSTEE 1 00	0	0	0

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
LOUIS F ROSSITER 4801 COURTHOUSE STREET SUITE 200 WILLIAMSBURG, VA 23188	TRUSTEE 1 00	0	0	0
MARIBEL O SAIMRE 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
ROBERT B TAYLOR 4801 COURTHOUSE STREET SUITE 200 WILLIAMSBURG, VA 23188	TRUSTEE 1 00	0	0	0
THOMAS TINGLE 4801 COURTHOUSE STREET SUITE 200 WILLIAMSBURG, VA 23188	TRUSTEE 1 00	0	0	0
GLENDA S TURNER 4801 COURTHOUSE STREET SUITE 200 WILLIAMSBURG, VA 23188	TRUSTEE(STARTED 12/17) 1 00	0	0	0
JACKSON C TUTTLE II 4801 COURTHOUSE STREET SUITE 200 WILLIAMSBURG, VA 23188	TRUSTEE 1 00	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

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*				
ANGELS OF MERCY MEDICAL MISSION 7151 RICHMOND RD SUITE 401 WILLIAMSBURG, VA 231887234		PUBLIC CHARITY	CHRONIC CARE COLLABORATIVE	113,000
AVALON A CENTER FOR WOMEN AND CHILDREN 3204 IRONBOUND ROAD SUITE D WILLIAMSBURG, VA 23188		PUBLIC CHARITY	WALKING WORKS	500
AVALON A CENTER FOR WOMEN AND CHILDREN 3204 IRONBOUND ROAD SUITE D WILLIAMSBURG, VA 23188		PUBLIC CHARITY	BOARD DISCRETIONARY GRANT	500
Total . . . . . ▶ **3a**				4,354,541

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*				
CHILD AND FAMILY CONNECTION 348 MCLAWS CIRCLE WILLIAMSBURG, VA 23185		PUBLIC CHARITY	MULTICULTURAL COUNSELING AND OUTREACH PROGRAM	40,000
CHILD AND FAMILY CONNECTION 348 MCLAWS CIRCLE WILLIAMSBURG, VA 23185		PUBLIC CHARITY	VIOLENCE PREVENTION AND INTERVENTION PROGRAM	35,000
CHILD AND FAMILY CONNECTION 348 MCLAWS CIRCLE WILLIAMSBURG, VA 23185		PUBLIC CHARITY	NEUROFEEDBACK COUNSELING PROGRAM	9,500
Total . . . . . ▶ 3a				4,354,541

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*				
CHILD DEVELOPMENT RESOURCES PO BOX 280 NORGE, VA 23127		PUBLIC CHARITY	INFANT & PARENT PROGRAM	100,000
CHILD DEVELOPMENT RESOURCES PO BOX 280 NORGE, VA 23127		PUBLIC CHARITY	PARENTS AS TEACHERS	84,000
CHILD DEVELOPMENT RESOURCES PO BOX 280 NORGE, VA 23127		PUBLIC CHARITY	BREASTFEEDING BUILDING CONFIDENCE AND COMPETENCE	18,000
Total . . . . . ▶ 3a				4,354,541

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*				
CHILD DEVELOPMENT RESOURCES PO BOX 280 NORGE, VA 23127		PUBLIC CHARITY	WALKING WORKS	500
CITY OF WILLIAMSBURG 401 LAFAYETTE STREET WILLIAMSBURG, VA 23185		GOVERNMENT AGENCY	CHILD HEALTH INITIATIVE	260,000
CITY OF WILLIAMSBURG 401 LAFAYETTE STREET WILLIAMSBURG, VA 23185		GOVERNMENT AGENCY	WATER BOTTLE FILLING STATIONS - CITY OF WILLIAMSBURG	19,600
Total . . . . . ▶ 3a				4,354,541

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*				
CITY OF WILLIAMSBURG 401 LAFAYETTE STREET WILLIAMSBURG, VA 23185		GOVERNMENT AGENCY	WALKING WORKS (CHILD HEALTH INITIATIVE)	500
COLONIAL BEHAVIORAL HEALTH 1657 MERRIMAC TRAIL WILLIAMSBURG, VA 23185		PUBLIC CHARITY	GREATER WILLIAMSBURG CHILD ASSESSMENT CENTER (GWCAC)	271,000
COLONIAL BEHAVIORAL HEALTH 1657 MERRIMAC TRAIL WILLIAMSBURG, VA 23185		PUBLIC CHARITY	CHRONIC CARE COLLABORATIVE	183,000
Total . . . . . ▶ 3a				4,354,541

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*				
COLONIAL BEHAVIORAL HEALTH 1657 MERRIMAC TRAIL WILLIAMSBURG, VA 23185		PUBLIC CHARITY	ADVANCING OPIOID-ADDICTION TREATMENT	26,500
COLONIAL BEHAVIORAL HEALTH 1657 MERRIMAC TRAIL WILLIAMSBURG, VA 23185		PUBLIC CHARITY	INTENSIVE OUTPATIENT PROGRAM (IOP)	45,000
COLONIAL BEHAVIORAL HEALTH 1657 MERRIMAC TRAIL WILLIAMSBURG, VA 23185		PUBLIC CHARITY	GREATER WILLIAMSBURG NETWORK OF CARE (NOC)	34,000
Total . . . . . ▶ 3a				4,354,541

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*				
COLONIAL BEHAVIORAL HEALTH 1657 MERRIMAC TRAIL WILLIAMSBURG, VA 23185		PUBLIC CHARITY	HONOREE ANNUAL AWARDS 2017	10,000
COMMUNITY HEALTH SOLUTIONS 9603 GAYTON ROAD SUITE 201 RICHMOND, VA 23228		PUBLIC CHARITY	SUPPORT VARIOUS PROGRAMS	39,498
COLONIAL SOIL AND WATER CONSERVATION DISTRICT 3402 ACORN STREET 103 WILLIAMSBURG, VA 23188		PUBLIC CHARITY	WILLIAMSBURG COMMUNITY GROWERS SUMMER BACKPACK CSA	15,000
Total . . . . . ▶ 3a				4,354,541

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*				
COMMUNITY HOUSING PARTNERS 448 DEPOT STREET CHRISTIANBURG, VA 24073		PUBLIC CHARITY	MOBILE FOOD PANTRY	6,000
FISH INC 312 WALLER MILL ROAD SUITE 800 WILLIAMSBURG, VA 23185		PUBLIC CHARITY	HEALTH PRIORITIES IN ACTION	3,200
FREE FOUNDATION FOR REHABILITATION EQUIPMENT & ENDOWMENT PO BOX 8873 ROANOKE, VA 240140752		PUBLIC CHARITY	INDEPENDENCE THROUGH MOBILITY	25,000
Total . . . . . ▶ **3a**				4,354,541

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*				
GLOUCESTER MATHEWS CARE CLINIC 6031 INDUSTRIAL DR GLOUCESTER, VA 230613767		PUBLIC CHARITY	CHRONIC CARE COLLABORATIVE	100,000
GROVE CHRISTIAN OUTREACH CENTER 8800 POCAHONTAS TRAIL WILLIAMSBURG, VA 23185		PUBLIC CHARITY	CHILDREN'S SUMMER LUNCH PROGRAM	5,000
JAMES CITY COUNTY FIRE DEPARTMENT 5077 JOHN TYLER HIGHWAY WILLIAMSBURG, VA 23185		GOVERNMENT AGENCY	IN-SCHOOL TRAUMA RESPONSE KITS	14,200
Total . . . . . ▶ 3a				4,354,541

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*				
LITERACY FOR LIFE AT THE RITA WELSH ADULT LEARNING CENTER 301 MONTICELLO AVENUE WILLIAMSBURG, VA 231878795		PUBLIC CHARITY	HEAL PROGRAM	60,000
OLDE TOWNE MEDICAL & DENTAL CENTER 5249 OLDE TOWNE ROAD WILLIAMSBURG, VA 23188		PUBLIC CHARITY	BASIC OPERATING SUPPORT	450,000
OLDE TOWNE MEDICAL & DENTAL CENTER 5249 OLDE TOWNE ROAD WILLIAMSBURG, VA 23188		PUBLIC CHARITY	CHRONIC CARE COLLABORATIVE	250,000
Total . . . . . ▶ 3a				4,354,541

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*				
OLDE TOWNE MEDICAL & DENTAL CENTER 5249 OLDE TOWNE ROAD WILLIAMSBURG, VA 23188		PUBLIC CHARITY	IMPROVING DIABETIC SELF-MANAGEMENT THROUGH HEALTH COACHING	19,750
OLDE TOWNE MEDICAL & DENTAL CENTER 5249 OLDE TOWNE ROAD WILLIAMSBURG, VA 23188		PUBLIC CHARITY	GENERIC FILL SUPPORT (GFS) PROGRAM	12,000
OLIVET MEDICAL MINISTRY INC DBA LACKEY CLINIC 1620 OLD WILLIAMSBURG ROAD YORKTOWN, VA 23690		PUBLIC CHARITY	CHRONIC CARE COLLABORATIVE	420,000
Total . . . . . ▶ 3a				4,354,541

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*				
OLIVET MEDICAL MINISTRY INC DBA LACKEY CLINIC 1620 OLD WILLIAMSBURG ROAD YORKTOWN, VA 23690		PUBLIC CHARITY	VOLUNTEER RECRUITMENT PROGRAM	6,500
PENINSULA AGENCY ON AGING 739 THIMBLE SHOALS BLVD NEWPORT NEWS, VA 23606		PUBLIC CHARITY	PAA RIDES PROGRAM	110,000
PENINSULA AGENCY ON AGING 739 THIMBLE SHOALS BLVD NEWPORT NEWS, VA 23606		PUBLIC CHARITY	SENIOR HEALTH ASSISTANCE RESOURCE PROJECT (SHARP)	48,000
Total 3a . . . . . ▶				4,354,541

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*				
PENINSULA AGENCY ON AGING 739 THIMBLE SHOALS BLVD NEWPORT NEWS, VA 23606		PUBLIC CHARITY	NUTRITIOUS NOONTIME MEALS	50,000
PENINSULA AGENCY ON AGING 739 THIMBLE SHOALS BLVD NEWPORT NEWS, VA 23606		PUBLIC CHARITY	LOCAL MATCH FUNDS FOR A REPLACEMENT VAN FOR THE RIDES PROGRAM	10,993
PENINSULA AGENCY ON AGING 739 THIMBLE SHOALS BLVD NEWPORT NEWS, VA 23606		PUBLIC CHARITY	LOCAL MATCH FUNDS FOR THE MOBILITY MANAGER POSITION	3,304
Total . . . . . ▶ 3a				4,354,541

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*				
POSTPARTUM SUPPORT VIRGINIA INC PO BOX 7521 ARLINGTON, VA 22207		PUBLIC CHARITY	HEALTHY MOTHER, HEALTHY FAMILY	5,000
RX PARTNERSHIP 2924 EMERYWOOD PARKWAY SUITE 300 RICHMOND, VA 23294		PUBLIC CHARITY	GENERIC FILL SUPPORT (GFS) PROGRAM	25,000
RX PARTNERSHIP 2924 EMERYWOOD PARKWAY SUITE 300 RICHMOND, VA 23294		PUBLIC CHARITY	CHRONIC CARE COLLABORATIVE	35,000
Total . . . . . ▶ **3a**				4,354,541

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*				
THE ARC OF GREATER WILLIAMSBURG 150 STRAWBERRY PLAINS ROAD WILLIAMSBURG, VA 23188		PUBLIC CHARITY	FITNESS PROGRAM	25,000
THE ARC OF GREATER WILLIAMSBURG 150 STRAWBERRY PLAINS ROAD WILLIAMSBURG, VA 23188		PUBLIC CHARITY	NEW VEHICLES FOR TRANSPORTING ARC CLIENTS	20,000
THE COLLEGE OF WILLIAM & MARY NEW HORIZONS FAMILY COUNSELING CENTER 301 MONTICELLO AVENUE WILLIAMSBURG, VA 23185		GOVERNMENT AGENCY	YOUTH AND FAMILY COUNSELING	110,000
Total . . . . . ▶ **3a**				4,354,541

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*				
THE DOORWAYS 612 E MARSHALL STREET RICHMOND, VA 23219		PUBLIC CHARITY	PATIENT AND FAMILY ACCESS PROGRAM	12,000
UNITED WAY OF THE VIRGINIA PENINSULA TWO CITY CENTER 11820 FOUNTAIN WAY SUITE 206 NEWPORT NEWS, VA 236064478		PUBLIC CHARITY	HOME FOR GOOD	49,000
VIRGINIA HEALTH CARE FOUNDATION 707 EAST MAIN STREET SUITE 1350 RICHMOND, VA 23219		PUBLIC CHARITY	GREATER WILLIAMSBURG MEDICATION ACCESS PROGRAM (GWMAP)	400,000
Total . . . . . ▶ 3a				4,354,541

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*				
VIRGINIA HEALTH CARE FOUNDATION 707 EAST MAIN STREET SUITE 1350 RICHMOND, VA 23219		PUBLIC CHARITY	BOARD DISCRETIONARY GRANT	500
VIRGINIA PENINSULA FOODBANK 2401 ALUMINUM AVENUE HAMPTON, VA 23661		PUBLIC CHARITY	MOBILE FOOD PANTRY FRESH PRODUCE PROGRAM	20,000
WILLIAMSBURG AREA FAITH IN ACTION 354 MCLAWS CIRCLE SUITE 2 WILLIAMSBURG, VA 23185		PUBLIC CHARITY	SUPPORT FOR A DEVELOPMENT DIRECTOR	28,000
Total . . . . . ▶ 3a				4,354,541

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*				
WILLIAMSBURG AREA FAITH IN ACTION 354 MCLAWS CIRCLE SUITE 2 WILLIAMSBURG, VA 23185		PUBLIC CHARITY	MEDICAL TRANSPORTATION	50,000
WILLIAMSBURG SOCCER FOUNDATION 809 RICHMOND ROAD WSF WILLIAMSBURG, VA 23185		PUBLIC CHARITY	VIRGINIA LEGACY SOCCER CLUB COMMUNITY PARTNERSHIP	20,000
WILLIAMSBURG-JAMES CITY COUNTY PUBLIC SCHOOL DIVISION 117 IRONBOUND ROAD WILLIAMSBURG, VA 23187		GOVERNMENT AGENCY	SCHOOL HEALTH INITIATIVE PROGRAM (SHIP)	640,000
Total . . . . . ▶ 3a				4,354,541

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*				
WILLIAMSBURG-JAMES CITY COUNTY PUBLIC SCHOOL DIVISION 117 IRONBOUND ROAD WILLIAMSBURG, VA 23187		GOVERNMENT AGENCY	EAT WELL COMPETE WELL LAFAYETTE HIGH SCHOOL ATHLETIC BOOSTERS	5,000
WILLIAMSBURG-JAMES CITY COUNTY PUBLIC SCHOOL DIVISION 117 IRONBOUND ROAD WILLIAMSBURG, VA 23187		GOVERNMENT AGENCY	WATER BOTTLE FILLING STATIONS - WJCC MIDDLE SCHOOLS	2,996
WILLIAMSBURG-JAMES CITY COUNTY PUBLIC SCHOOL DIVISION 117 IRONBOUND ROAD WILLIAMSBURG, VA 23187		GOVERNMENT AGENCY	WALKING WORKS	500
Total . . . . . ▶ 3a				4,354,541

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*				
JAMES CITY COUNTYPO BOX 8784 WILLIAMSBURG, VA 23187		GOVERNMENT AGENCY	CHILDREN'S HEALTH INITIATIVE	7,500
Total 3a . . . . . ▶				4,354,541

TY 2017 Accounting Fees Schedule

Name: WILLIAMSBURG COMMUNITY HEALTH FOUNDATION

EIN: 54-1822359

Accounting Fees Schedule

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	45,761	0		46,977

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TY 2017 Investments - Other Schedule

Name: WILLIAMSBURG COMMUNITY HEALTH FOUNDATION

EIN: 54-1822359

Investments Other Schedule 2

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
MIT PRIVATE EQUITY II FUND	FMV	282,217	282,217
TIFF ABSOLUTE RETURN POOL	FMV	13,177,485	13,177,485
TIFF PARTNERS V - US	FMV	165,621	165,621
TIFF PARTNERS V - INTERNATIONAL	FMV	50,690	50,690
TIFF SECONDARY PARTNERS I	FMV	21,510	21,510
TIFF REAL ESTATE PARTNERS II	FMV	326,173	326,173
GMO FORESTRY FUND 7	FMV	1,726,773	1,726,773
TIFF PEP 2007	FMV	1,061,078	1,061,078
MA INVESTORS FUND 1, LLC	FMV	1,703,219	1,703,219
PRIVATE ADVISORS SMALL CO BUYOUT FD	FMV	630,796	630,796
TIFF PEP 2008	FMV	993,160	993,160
TIFF SHORT TERM FUND	FMV	3,243,677	3,243,677
MREP 2008-DCIF	FMV	137,117	137,117
TIFF SECONDARY PARTNERS II	FMV	426,527	426,527
TIFF MULTI-ASSET FUND	FMV	44,428,109	44,428,109
TIFF KEYSTONE FUND	FMV	43,945,612	43,945,612
TIFF PEP 2012	FMV	1,223,594	1,223,594
TIFF SOF	FMV	2,888,297	2,888,297
TIFF PEP 2013	FMV	3,416,007	3,416,007
TIFF PEP 2014	FMV	672,490	672,490
TIFF RR IV	FMV	425,837	425,837
TIFF PEP 2015	FMV	443,716	443,716
TIFF PEP 2016	FMV	266,843	266,843
TIFF PEP 2017	FMV	40,895	40,895
TIFF SPECIAL OPPORTUNITIES FUND II	FMV	167,548	167,548

TY 2017 Other Expenses Schedule

Name: WILLIAMSBURG COMMUNITY HEALTH FOUNDATION

EIN: 54-1822359

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PAYROLL FEES	1,673	0		1,673
ANNUAL AWARDS	20,791	0		20,791
OFFICE SUPPLIES	8,111	0		8,111
MARKETING	8,364	0		8,364
TELEPHONE/INTERNET	14,128	0		15,449
POSTAGE	2,889	0		3,865
UTILITIES	715	0		715
EDUCATION AND TRAINING	28,080	0		28,080
MAINTAINENCE AGREEMENTS	32,748	0		32,748
INSURANCE	11,803	0		25,000

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
DUES	22,337	0		22,627
DCA- CHRONIC CARE	47,398	0		47,398
DCA-OTHER	86,700	0		86,700
EARNINGS IN EQUITY INVESTMENTS	1,118,764	1,118,764		0
EARNINGS IN EQUITY INVESTMENTS-UBI	218,183	0		0

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TY 2017 Other Income Schedule

Name: WILLIAMSBURG COMMUNITY HEALTH FOUNDATION

EIN: 54-1822359

Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
EARNINGS IN EQUITY INVESTMENTS	410,580	410,580	410,580
EARNINGS IN EQUITY INVESTMENTS-UBI	4,624	0	4,624

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TY 2017 Other Increases Schedule

Name: WILLIAMSBURG COMMUNITY HEALTH FOUNDATION

EIN: 54-1822359

Description	Amount
UNREALIZED GAINS ON INVESTMENTS	11,185,644

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TY 2017 Other Liabilities Schedule

Name: WILLIAMSBURG COMMUNITY HEALTH FOUNDATION

EIN: 54-1822359

Description	Beginning of Year - Book Value	End of Year - Book Value
DEFERRED FEDERAL EXCISE TAX LIABILITY	100,237	322,085

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TY 2017 Other Professional Fees Schedule

Name: WILLIAMSBURG COMMUNITY HEALTH FOUNDATION

EIN: 54-1822359

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
CONSULTING FEES	18,300	0		32,094
INVESTMENT FEES	213,205	213,205		0

TY 2017 Taxes Schedule

Name: WILLIAMSBURG COMMUNITY HEALTH FOUNDATION

EIN: 54-1822359

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
MUNICIPAL PROPERTY TAXES	1,023	0		1,023
FEDERAL EXCISE TAX	242,035	0		0