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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.**
▶ **Go to *www.irs.gov/Form990PF* for instructions and the latest information.**

OMB No 1545-0052

2018

Open to Public Inspection

For calendar year 2018, or tax year beginning 01-01-2018 , and ending 12-31-2018

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)* ▶$ 116,562,946

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	1,060,954	1,060,954		
	5a	Gross rents				
	b	Net rental income or (loss)				
	6a	Net gain or (loss) from sale of assets not on line 10	7,081,150			
	b	Gross sales price for all assets on line 6a 15,298,199				
	7	Capital gain net income (from Part IV, line 2)		7,017,346		
	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)	1,640,789	1,651,784		
	12	**Total.** Add lines 1 through 11	9,782,893	9,730,084		
Operating and Administrative Expenses	13	Compensation of officers, directors, trustees, etc	352,769	138,737		214,032
	14	Other employee salaries and wages	477,488	0		477,488
	15	Pension plans, employee benefits	133,747	0		133,747
	16a	Legal fees (attach schedule)				
	b	Accounting fees (attach schedule)	48,385	0		48,385
	c	Other professional fees (attach schedule)	209,125	161,422		47,703
	17	Interest				
	18	Taxes (attach schedule) (see instructions)	1,426	0		0
	19	Depreciation (attach schedule) and depletion	7,247	0		
	20	Occupancy	141,432	14,143		127,289
	21	Travel, conferences, and meetings	47,406	0		47,406
	22	Printing and publications	9,173	0		9,173
	23	Other expenses (attach schedule)	1,528,889	1,246,102		276,716
	24	**Total operating and administrative expenses.** Add lines 13 through 23	2,957,087	1,560,404		1,381,939
	25	Contributions, gifts, grants paid	4,657,978			4,644,200
	26	**Total expenses and disbursements.** Add lines 24 and 25	7,615,065	1,560,404		6,026,139
	27	Subtract line 26 from line 12				
	a	**Excess of revenue over expenses and disbursements**	2,167,828			
	b	**Net investment income** (if negative, enter -0-)		8,169,680		
	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	118,284	343,603	343,603
	2 Savings and temporary cash investments	3,832,604	3,976,108	3,976,108
	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	88,402	58,082	58,082
	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)	121,864,991	112,175,630	112,175,630
	14 Land, buildings, and equipment basis ▶ 104,136			
	Less accumulated depreciation (attach schedule) ▶ 94,613	16,770	9,523	9,523
	15 Other assets (describe ▶)			
	16 **Total assets** (to be completed by all filers—see the instructions Also, see page 1, item I)	125,921,051	116,562,946	116,562,946
Liabilities	17 Accounts payable and accrued expenses	95,976	115,057	
	18 Grants payable	299,078	250,834	
	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 ▶)	322,085	217,657	
	23 **Total liabilities**(add lines 17 through 22)	717,139	583,548	
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	125,203,912	115,979,398	
	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)	125,203,912	115,979,398	
	31 **Total liabilities and net assets/fund balances** (see instructions)	125,921,051	116,562,946	

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	125,203,912
2	Enter amount from Part I, line 27a	2	2,167,828
3	Other increases not included in line 2 (itemize) ▶	3	104,428
4	Add lines 1, 2, and 3	4	127,476,168
5	Decreases not included in line 2 (itemize) ▶	5	11,496,770
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	115,979,398

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	PASSTHROUGH K-1 CAPITAL GAIN	P		
c				
d				
e				

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a	10,400,280		8,217,722	2,182,558
b	4,834,788			4,834,788
c				
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				2,182,558
b				4,834,788
c				
d				
e				

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter -0- in Part I, line 7 }	2	7,017,346
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))
2017	5,684,797	118,613,649	0 047927
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

2	**Total** of line 1, column (d)	2	0 237512
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5 0, or by the number of years the foundation has been in existence if less than 5 years	3	0 047502
4	Enter the net value of noncharitable-use assets for 2018 from Part X, line 5	4	121,338,369
5	Multiply line 4 by line 3	5	5,763,815
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	81,697
7	Add lines 5 and 6	7	5,845,512
8	Enter qualifying distributions from Part XII, line 4	8	6,026,139

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	81,697
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	81,697
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	81,697
6	Credits/Payments		
a	2018 estimated tax payments and 2017 overpayment credited to 2018 — 6a: 32,775		
b	Exempt foreign organizations—tax withheld at source — 6b:		
c	Tax paid with application for extension of time to file (Form 8868) — 6c: 0		
d	Backup withholding erroneously withheld — 6d: 0		
7	Total credits and payments Add lines 6a through 6d	7	32,775
8	Enter any **penalty** for underpayment of estimated tax Check here ☐ if Form 2220 is attached	8	1,650
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶	9	50,572
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶	10	
11	Enter the amount of line 10 to be **Credited to 2019 estimated tax** ▶ **Refunded** ▶	11	

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 2018 or the taxable year beginning in 2018? See the 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 ▶ SOLA MONIZ 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 2018, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16		No

See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes", enter the name of the foreign country ▶

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

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

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 2018?	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 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018? ☐ Yes ☑ No			
	If "Yes," list the years ▶ 20____ , 20____ , 20____ , 20____			
b	Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer "No" and attach statement—see instructions)	2b		
c	If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here ▶ 20____ , 20____ , 20____ , 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☑ Yes ☐ No			
b	If "Yes," did it have excess business holdings in 2018 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 2018).*	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 2018?	4b		No

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

			Yes	No
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		
8	Is the foundation subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment during the year?	☐ Yes ☑ No		

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	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, 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	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
ALLISON J BRODY 4801 COURTHOUSE STREET STE 200 WILLIAMSBURG, VA 23188	DIRECTOR, COMMUNITY 40 00	95,565	33,034	0
KYRA A COOK 4801 COURTHOUSE STREET STE 200 WILLIAMSBURG, VA 23188	DIRECTOR, STRATEGIC 40 00	89,796	24,162	0
PAULETTE A PARKER 4801 COURTHOUSE STREET STE 200 WILLIAMSBURG, VA 23188	SENIOR PROGRAM OFFIC 40 00	85,930	21,291	0
WILLIAM D PRIBBLE 4801 COURTHOUSE STREET STE 200 WILLIAMSBURG, VA 23188	PROGRAM OFFICER/GRAN 40 00	72,325	10,753	0
SHELBY E BOLTZ 4801 COURTHOUSE STREET STE 200 WILLIAMSBURG, VA 23188	EXECUTIVE ASSISTANT/ 40 00	62,679	18,942	0
Total number of other employees paid over $50,000 ▶				0

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

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

(a) Name and address of each person paid more than $50,000	(b) Type of service	(c) Compensation
THE INVESTMENT FUND FOR FOUNDATIONS 170 NORTH RADNOR CHESTER ROAD STE 300 RADNOR, PA 19087	INVESTMENT CONSULTING	97,353
COMMUNITY HEALTH SOLUTIONS 9603 BC GAYTON RD 201 RICHMOND RICHMOND, VA 23238	GRANT CONSULTING	84,668
NORTHERN TRUST BANK 50 SOUTH LA SALLE STREET B-8 CHICAGO, IL 60603	CUSTODIAL SERVICES	64,069

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	44,092
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	38,076
3 WILLIAMSBURG HOUSING COLLABORATIVE - A GROUP OF LOCAL AGENCIES THAT ARE FOCUSED ON LEARNING FROM EACH OTHER AND SHARING INFORMATION ABOUT HOUSING IN OUR COMMUNITY WITH A GOAL OF "MAPPING" THE HOUSING NEEDS WITH A FOCUS ON THE POPULATIONS MOST IMPACTED	30,500
4 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	10,902

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	0
b	Average of monthly cash balances	1b	7,287,357
c	Fair market value of all other assets (see instructions)	1c	115,898,804
d	**Total** (add lines 1a, b, and c)	1d	123,186,161
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	123,186,161
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	1,847,792
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3 Enter here and on Part V, line 4	5	121,338,369
6	**Minimum investment return.** Enter 5% of line 5	6	6,066,918

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	6,066,918
2a	Tax on investment income for 2018 from Part VI, line 5	2a	81,697		
b	Income tax for 2018 (This does not include the tax from Part VI)	2b			
c	Add lines 2a and 2b			2c	81,697
3	Distributable amount before adjustments Subtract line 2c from line 1			3	5,985,221
4	Recoveries of amounts treated as qualifying distributions			4	0
5	Add lines 3 and 4			5	5,985,221
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	5,985,221

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	6,026,139
b	Program-related investments—total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	**Qualifying distributions.** Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	6,026,139
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	81,697
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	5,944,442

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 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI, line 7				5,985,221
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2017 only.			685,428	
b Total for prior years 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2018				
a From 2013.				
b From 2014.				
c From 2015.				
d From 2016.				
e From 2017.				
f **Total** of lines 3a through e.	0			
4 Qualifying distributions for 2018 from Part XII, line 4 ▶ $ 6,026,139				
a Applied to 2017, but not more than line 2a			685,428	
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 2018 distributable amount.				5,340,711
e Remaining amount distributed out of corpus	0			
5 Excess distributions carryover applied to 2018	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 2017 Subtract line 4a from line 2a Taxable amount—see instructions.			0	
f Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019.				644,510
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 2013 not applied on line 5 or line 7 (see instructions). . .	0			
9 **Excess distributions carryover to 2019.** Subtract lines 7 and 8 from line 6a.	0			
10 Analysis of line 9				
a Excess from 2014. . . .				
b Excess from 2015. . . .				
c Excess from 2016. . . .				
d Excess from 2017. . . .				
e Excess from 2018. . . .				

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 2018, 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) 2018	(b) 2017	(c) 2016	(d) 2015	
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 foundation 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 to individuals or organizations under other conditions, complete items 2a, b, c, and d See instructions

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

CAROL SALE
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 SHOULD INCLUDE THE BOARD ROSTER, ANNUAL REPORT, IRS FORM 990 AND ANNUAL AUDIT IN ACCORDANCE WITH WCHF POLICIES, PLUS 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

CONDITIONS FOR GRANT AWARDS DO NOT ALLOW EXPENDITURES 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**				
b *Approved for future payment* See Additional Data Table				
Total . . . . . ▶ **3b**				

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments. . . .					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities. . . .			14	1,060,954	
5 Net rental income or (loss) from real estate					
a Debt-financed property.					
b Not debt-financed property.					
6 Net rental income or (loss) from personal property					
7 Other investment income.					
8 Gain or (loss) from sales of assets other than inventory	525990	63,131	18	7,018,019	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue					
a PASSTHROUGH K-1 INCOME	525990	-11,263	14	1,651,696	
b K-1 INCOME NOT INCLUDED IN INVESTMENT INCOME	525990		14	268	
c SECTION 965 INCOME			14	88	
d					
e					
12 Subtotal Add columns (b), (d), and (e). .		51,868		9,731,025	0
13 **Total.** Add line 12, columns (b), (d), and (e).				13	9,782,893

(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**

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

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

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

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (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

******	2019-10-29	******
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
AMANDA ADAMS				P00748038
Firm's name ▶ CHERRY BEKAERT LLP				Firm's EIN ▶56-0574444
Firm's address ▶ 200 SOUTH 10TH ST STE 900 RICHMOND, VA 23219				Phone no (804) 673-5700

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
JAMES R GOLDEN 4801 COURTHOUSE STREET SUITE 200 WILLIAMSBURG, VA 23188	CHAIR 1 00	0	0	0
LOUIS F ROSSITER 4801 COURTHOUSE STREET SUITE 200 WILLIAMSBURG, VA 23188	VICE CHAIR 1 00	0	0	0
CLARENCE A WILSON 4801 COURTHOUSE STREET SUITE 200 WILLIAMSBURG, VA 23188	TREASURER 1 00	0	0	0
M ANDERSON BRADSHAW 4801 COURTHOUSE STREET SUITE 200 WILLIAMSBURG, VA 23188	TRUSTEE 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
BETH F 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 III 4801 COURTHOUSE STREET SUITE 200 WILLIAMSBURG, VA 23188	TRUSTEE 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
RICHARD H RIZK 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

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
THOMAS G TINGLE 4801 COURTHOUSE STREET SUITE 200 WILLIAMSBURG, VA 23188	TRUSTEE 1 00	0	0	0
GLENDA H TURNER 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	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
CAROL L SALE 4801 COURTHOUSE STREET SUITE 200 WILLIAMSBURG, VA 23188	PRESIDENT & CEO, SECRETARY 40 00	84,059	12,983	0
JEANETTE F ZEIDLER 4801 COURTHOUSE STREET SUITE 200 WILLIAMSBURG, VA 23188	PRESIDENT & CEO (THROUGH 5/15/18) 40 00	81,058	11,449	0
SOLA MONIZ 4801 COURTHOUSE STREET SUITE 200 WILLIAMSBURG, VA 23188	CFO 40 00	103,314	59,906	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 STE 401 WILLIAMSBURG, VA 231887234	N/A	PC	CHRONIC CARE COLLABORATIVE	113,000
CENTER FOR CHILD AND FAMILY SERVICES INC 2021 CUNNINGHAM DR STE 400 HAMPTON, VA 236663301	N/A	PC	CHILD AND FAMILY CONNECTION'S MULTICULTURAL COUNSELING AND OUTREACH PROGRAM	40,000
CENTER FOR CHILD AND FAMILY SERVICES INC 2021 CUNNINGHAM DR STE 400 HAMPTON, VA 236663301	N/A	PC	CHILD AND FAMILY CONNECTION'S VIOLENCE PREVENTION AND INTERVENTION PROGRAM (VPIP)	35,000
Total . . . . . ▶ **3a**				4,644,200

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	N/A	PC	INFANT PARENT PROGRAM	100,000
CHILD DEVELOPMENT RESOURCES PO BOX 280 NORGE, VA 23127	N/A	PC	PARENTS AS TEACHERS	84,000
CHILD DEVELOPMENT RESOURCES PO BOX 280 NORGE, VA 23127	N/A	PC	BREASTFEEDING BUILDING CONFIDENCE AND COMPETENCE	12,000
Total . . . . . ▶ **3a**				4,644,200

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	N/A	PC	BOARD DISCRETIONARY GRANTS	500
CITY OF WILLIAMSBURG 401 LAFAYETTE STREET WILLIAMSBURG, VA 23185	N/A	GOV	CHILD HEALTH INITIATIVE	260,000
CITY OF WILLIAMSBURG 401 LAFAYETTE STREET WILLIAMSBURG, VA 23185	N/A	GOV	WALKING WORKS	500
Total . . . . . ▶ **3a**				4,644,200

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 473 MCLAWS CIRCLE WILLIAMSBURG, VA 23185	N/A	PC	GREATER WILLIAMSBURG CHILD ASSESSMENT CENTER (GWCAC)	271,000
COLONIAL BEHAVIORAL HEALTH 473 MCLAWS CIRCLE WILLIAMSBURG, VA 23185	N/A	PC	CHRONIC CARE COLLABORATIVE	175,000
COLONIAL BEHAVIORAL HEALTH 473 MCLAWS CIRCLE WILLIAMSBURG, VA 23185	N/A	PC	INTENSIVE OUTPATIENT PROGRAM	45,000
Total . . . . . ▶ **3a**				4,644,200

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 473 MCLAWS CIRCLE WILLIAMSBURG, VA 23185	N/A	PC	ADVANCING OPIOID-ADDICTION TREATMENT	40,000
COLONIAL BEHAVIORAL HEALTH 473 MCLAWS CIRCLE WILLIAMSBURG, VA 23185	N/A	PC	GREATER WILLIAMSBURG NETWORK OF CARE WEBSITE (NOC)	37,000
COMMUNITY HOUSING PARTNERS 448 DEPOT STREET CHRISTIANSBURG, VA 24073	N/A	PC	BUILDING HEALTHY COMMUNITIES	45,000
Total . . . . . ▶ **3a**				4,644,200

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 CHRISTIANSBURG, VA 24073	N/A	PC	MOBILE FOOD PANTRY	5,000
ELK HILL FARM INC PO BOX 99 1975 ELK HILL RD GOOCHLAND, VA 23063	N/A	PC	ELK HILLS SCHOOL-BASED MENTAL HEALTH PROGRAM	20,000
FISH INC 312 WALLER MILL ROAD SUITE 800 WILLIAMSBURG, VA 23185	N/A	PC	BOARD DISCRETIONARY GRANTS	500
Total . . . . . ▶ **3a**				4,644,200

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*				
FREE FOUNDATION FOR REHABILITATION EQUIPMENT & ENDOWMENT PO BOX 8873 ROANOKE, VA 240140752	N/A	PC	F R E E OF WILLIAMSBURG	25,000
FREE FOUNDATION FOR REHABILITATION EQUIPMENT & ENDOWMENT PO BOX 8873 ROANOKE, VA 240140752	N/A	PC	WALKING WORKS	500
GLOUCESTER MATHEWS CARE CLINIC 6031 INDUSTRIAL DR GLOUCESTER, VA 230613767	N/A	PC	CHRONIC CARE COLLABORATIVE	200,000
Total . . . . . ▶ **3a**				4,644,200

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*				
GREATER WILLIAMSBURG HEARTSAFE ALLIANCE WILLIAMSBURG AREA CHAMBER FOUNDATIO 421 NORTH BOUNDARY STREET WILLIAMSBURG, VA 23185	N/A	PC	GREATER WILLIAMSBURG HEARTSAFE ALLIANCE	40,000
GROVE CHRISTIAN OUTREACH CENTER 8800 POCAHONTAS TRAIL WILLIAMSBURG, VA 23185	N/A	PC	CHILDREN'S SUMMER LUNCH PROGRAM	5,000
JAMES CITY COUNTYPO BOX 8784 WILLIAMSBURG, VA 23187	N/A	GOV	CHILD HEALTH INITIATIVE	250,000
Total . . . . . ▶ **3a**				4,644,200

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	N/A	GOV	HEAL PROGRAM	50,000
LITERACY FOR LIFE AT THE RITA WELSH ADULT LEARNING CENTER 301 MONTICELLO AVENUE WILLIAMSBURG, VA 231878795	N/A	PC	BOARD DISCRETIONARY GRANTS	500
OLDE TOWNE MEDICAL & DENTAL CENTER 5249 OLDE TOWNE ROAD WILLIAMSBURG, VA 23188	N/A	PC	BASIC OPERATING SUPPORT	450,000
Total . . . . . ▶ **3a**				4,644,200

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	N/A	PC	CHRONIC CARE COLLABORATIVE	250,000
OLDE TOWNE MEDICAL & DENTAL CENTER 5249 OLDE TOWNE ROAD WILLIAMSBURG, VA 23188	N/A	PC	IMPROVING DIABETIC SELF-MANAGEMENT THROUGH HEALTH COACHING	30,000
OLIVET MEDICAL MINISTRY INC DBA LACKEY CLINIC 1620 OLD WILLIAMSBURG ROAD YORKTOWN, VA 23690	N/A	PC	CHRONIC CARE COLLABORATIVE	400,000
Total . . . . . ▶ **3a**				4,644,200

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	N/A	PC	WALKING WORKS	500
ONE CHILD CENTER FOR AUTISM 201 BULIFANTS BLVD STE A WILLIAMSBURG, VA 23188	N/A	PC	KIDS' NIGHT	15,000
PENINSULA AGENCY ON AGING 739 THIMBLE SHOALS BLVD STE 1006 NEWPORT NEWS, VA 23606	N/A	PC	PAA RIDES PROGRAM	110,000
Total . . . . . ▶ **3a**				4,644,200

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 STE 1006 NEWPORT NEWS, VA 23606	N/A	PC	AGING AND DISABILITY RESOURCE CENTER	64,000
PENINSULA AGENCY ON AGING 739 THIMBLE SHOALS BLVD STE 1006 NEWPORT NEWS, VA 23606	N/A	PC	NUTRITIOUS NOONTIME MEALS	50,000
PENINSULA AGENCY ON AGING 739 THIMBLE SHOALS BLVD STE 1006 NEWPORT NEWS, VA 23606	N/A	PC	HOMEMEDS	15,000
Total . . . . . ▶ **3a**				4,644,200

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	N/A	PC	HEALTHY MOTHER, HEALTHY FAMILY	8,000
RX PARTNERSHIP 2924 EMERYWOOD PARKWAY SUITE 300 RICHMOND, VA 23294	N/A	PC	CHRONIC CARE COLLABORATIVE	35,000
RX PARTNERSHIP 2924 EMERYWOOD PARKWAY SUITE 300 RICHMOND, VA 23294	N/A	PC	ACCESS TO MEDICATION PROGRAM (AMP)	25,000
Total . . . . . ▶ **3a**				4,644,200

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 SUITE D WILLIAMSBURG, VA 23188	N/A	PC	FITNESS PROGRAM	25,000
THE COLLEGE OF WILLIAM & MARY NEW HORIZONS FAMILY COUNSELING CENTER 301 MONTICELLO AVENUE PO BOX 8795 WILLIAMSBURG, VA 23185	N/A	GOV	YOUTH AND FAMILY COUNSELING PROGRAM	100,000
THE DOORWAYS 612 E MARSHALL STREET RICHMOND, VA 23219	N/A	PC	BASIC OPERATING SUPPORT	12,000
Total . . . . . ▶ **3a**				4,644,200

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	N/A	PC	GREATER WILLIAMSBURG MEDICATION ACCESS PROGRAM (GWMAP)	400,000
VIRGINIA PENINSULA FOODBANK 2401 ALUMINUM AVENUE HAMPTON, VA 23661	N/A	PC	MOBILE FOOD PANTRY FRESH PRODUCE PROGRAM	20,000
VIRGINIA PENINSULA FOODBANK 2401 ALUMINUM AVENUE HAMPTON, VA 23661	N/A	PC	BOARD DISCRETIONARY GRANTS	500
Total . . . . . ▶ **3a**				4,644,200

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 ORAL HEALTH COALITION 4200 INNSLAKE DRIVE SUITE 103 GLEN ALLEN, VA 23060	N/A	PC	ANNUAL AWARDS	10,000
WILLIAMSBURG AREA FAITH IN ACTION 354 MCLAWS CIRCLE SUITE 2 WILLIAMSBURG, VA 23185	N/A	PC	MEDICAL TRANSPORTATION	50,000
WILLIAMSBURG AREA FAITH IN ACTION 354 MCLAWS CIRCLE SUITE 2 WILLIAMSBURG, VA 23185	N/A	PC	SUPPORT FOR DEVELOPMENT DIRECTOR	42,000
Total . . . . . ▶ **3a**				4,644,200

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	N/A	PC	BOARD DISCRETIONARY GRANTS	500
WILLIAMSBURG HOUSE OF MERCY INC 10 HARRISON AVENUE WILLIAMSBURG, VA 231853572	N/A	PC	SUMMER MEALS FOR KIDS	600
WILLIAMSBURG SOCCER FOUNDATION 809 RICHMOND ROAD WSF WILLIAMSBURG, VA 23185	N/A	PC	VIRGINIA LEGACY COMMUNITY PARTNERSHIP PROGRAM	20,000
Total . . . . . ▶ **3a**				4,644,200

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 COMMUNITY ACTION AGENCY 312 WALLER MILL RD SUITE 405 WILLIAMSBURG, VA 23185	N/A	PC	EQUIPMENT FOR THE HEALTHY HEAD START PROGRAM	6,100
WILLIAMSBURG-JAMES CITY COUNTY PUBLIC SCHOOL DIVISION 117 IRONBOUND ROAD WILLIAMSBURG, VA 23187	N/A	GOV	SCHOOL HEALTH INITIATIVE PROGRAM (SHIP)	650,000
WILLIAMSBURG-JAMES CITY COUNTY PUBLIC SCHOOL DIVISION 117 IRONBOUND ROAD WILLIAMSBURG, VA 23187	N/A	GOV	WALKING WORKS	500
Total . . . . . ▶ **3a**				4,644,200

TY 2018 Accounting Fees Schedule

Name: WILLIAMSBURG COMMUNITY HEALTH FOUNDATION

EIN: 54-1822359

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING & TAX RETURN PREPARATION FEES	48,385	0		48,385

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TY 2018 Gain/Loss from Sale of Other Assets Schedule

Name: WILLIAMSBURG COMMUNITY HEALTH FOUNDATION

EIN: 54-1822359

Gain Loss Sale Other Assets Schedule

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
PASSTHROUGH K-1 CAPITAL GAIN UBI		PURCHASED			63,131			0	63,131	

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TY 2018 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	164,405	164,405
TIFF ABSOLUTE RETURN POOL II	FMV	12,112,965	12,112,965
TIFF PARTNERS V - US	FMV	108,249	108,249
TIFF PARTNERS V - INTERNATIONAL	FMV	44,455	44,455
TIFF SECONDARY PARTNERS I, LLC	FMV	5,507	5,507
TIFF REAL ESTATE PARTNERS II, LLC	FMV	318,070	318,070
TRG FORESTRY FUND 7-B LP	FMV	431,901	431,901
TIFF PRIVATE EQUITY PARTNERS 2007, LLC	FMV	1,013,783	1,013,783
MA INVESTORS FUND 1, LLC	FMV	1,601,273	1,601,273
PRIVATE ADVISORS SMALL COMPANY BUYOUT FUND	FMV	552,452	552,452
TIFF PRIVATE EQUITY PARTNERS 2008, LLC	FMV	919,378	919,378
TIFF SHORT TERM FUND	FMV	2,989,690	2,989,690
METROPOLITAN REAL ESTATE PARTNERS 2008 DISTRESSED CO-INVESTMENT FUND, LP	FMV	51,832	51,832
TIFF SECONDARY PARTNERS II, LLC	FMV	300,210	300,210
TIFF MULTI-ASSET FUND	FMV	39,866,971	39,866,971
TIFF KEYSTONE FUND	FMV	41,489,115	41,489,115
TIFF PRIVATE EQUITY PARTNERS 2012, LLC	FMV	1,268,894	1,268,894
TIFF SPECIAL OPPORTUNITIES FUND, LLC	FMV	2,264,321	2,264,321
TIFF PRIVATE EQUITY PARTNERS 2013	FMV	3,620,264	3,620,264
TIFF PRIVATE EQUITY PARTNERS 2014	FMV	888,813	888,813
TIFF REALTY AND RESOURCES IV, LLC	FMV	474,274	474,274
TIFF PRIVATE EQUITY PARTNERS 2015	FMV	739,092	739,092
TIFF PRIVATE EQUITY PARTNERS 2016	FMV	499,231	499,231
TIFF PRIVATE EQUITY PARTNERS 2017	FMV	117,618	117,618
TIFF SPECIAL OPPORTUNITIES FUND II	FMV	256,194	256,194
TIFF PRIVATE EQUITY PARTNERS 2018	FMV	76,673	76,673

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TY 2018 Land, Etc. Schedule

Name: WILLIAMSBURG COMMUNITY HEALTH FOUNDATION

EIN: 54-1822359

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
FURNITURE, FIXTURES, & EQUIPMENT	78,174	68,699	9,475	9,475
COMPUTERS & SOFTWARE	25,962	25,914	48	48

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TY 2018 Other Decreases Schedule

Name: WILLIAMSBURG COMMUNITY HEALTH FOUNDATION

EIN: 54-1822359

Description	Amount
UNREALIZED DECLINE IN VALUE OF INVESTMENTS	11,496,770

TY 2018 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
ANNUAL AWARDS	13,097	0		13,097
EQUIPMENT RENTAL/MAINTENANCE	33,778	0		33,778
INSURANCE	12,969	0		12,969
ADMINISTRATIVE EXPENSE	25,104	0		25,104
MARKETING	8,525	0		8,525
DCA EXPENSE - CHRONIC CARE	84,668	0		84,668
DCA EXPENSE - OTHER	71,640	0		71,640
MEMBERSHIP DUES	26,935	0		26,935
PASSTHROUGH K-1 EXPENSES	1,252,173	1,246,102		0

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TY 2018 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
PASSTHROUGH K-1 INCOME	1,640,433	1,651,696	1,640,433
K-1 INCOME NOT INCLUDED IN INVESTMENT INCOME	268		268
SECTION 965 INCOME	88	88	88

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TY 2018 Other Increases Schedule

Name: WILLIAMSBURG COMMUNITY HEALTH FOUNDATION

EIN: 54-1822359

Description	Amount
CHANGE IN DEFERRED EXCISE TAX LIABILITY	104,428

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TY 2018 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	322,085	217,657

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TY 2018 Other Professional Fees Schedule

Name: WILLIAMSBURG COMMUNITY HEALTH FOUNDATION

EIN: 54-1822359

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT MANAGEMENT	161,422	161,422		0
OTHER PROFESSIONAL FEES	47,703	0		47,703

TY 2018 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	1,041	0		0
EXCISE TAX	385	0		0