Form **990-PF**

Department of the Treasury Internal Revenue Service

EXTENDED TO NOVEMBER 16, 20 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.

	For	alendar year 2019 or tax year beginning		, and ending		
		ne of foundation		Revenue Service	A Employer identification	number
	W	ILLIAMSBURG COMMUNITY HEAD	LTH FOUNDATIO	i US Bank - USB N ₂₂₄	54-1822359	· · · · · · · · · · · · · · · · · · ·
		ber and street (or P O box number if mail is not delivered to street a	·	Room/suite	B Telephone number	
	_4	801 COURTHOUSE STREET, NO	200 NO	v 8 0)2020	757-345-09	12
		or town, state or province, country, and ZIP or foreign pi ILLIAMSBURG, VA 23188	ostal code		C If exemption application is p	ending, check here
	G C	heck all that apply: Initial return	Initial return of	រូវ ៧ខារ ក្រុមប៉ុន្តែ charity	D 1 Foreign organizations	s, check here
		Final return	Amended return	•		
		Address change	Name change		Foreign organizations me check here and attach co	enting the 85% test, emputation
	H_C	heck type of organization: X Section 501(c)(3) ex	empt private foundation	04	E If private foundation sta	tus was terminated
			Other taxable private founda		under section 507(b)(1))(A), check here $ ightharpoonup$
		r market value of all assets at end of year J Accounti	•	X Accrual	F If the foundation is in a	. —
			her (specify)		under section 507(b)(1))(B), check here
	D ₀	\$ 128,482,463. (Part I, colun rt Analysis of Revenue and Expenses				(d) Disbursements
	<u></u>	(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
2.		1 Contributions, gifts, grants, etc , received			N/A	
30.208		2 Check X If the foundation is not required to attach Sch. 8 Interest on savings and temporary				
5		3 cash investments	101 042	101 040		
©		4 Dividends and interest from securities	121,843.	121,843.		
0.2		5a Gross rents b Net rental income or (loss)				
APR		6a Net gain or (loss) from sale of assets not on line 10	6,417,243.			
Ā	ine	b assets on line 6a 25,394,859.	0,11,12101			
Ω	evenue	7 Capital gain net income (from Part IV, line 2)		6,424,167.		
ä	ď	8 Net short-term capital gain				Ì
Paceived In SCANNED		9 Income modifications				
Š		Gross sales less returns and allowances				
ഗ്ര		b Less Cost of goods sold				
<u>_</u>		c Gross profit or (loss)	912,783.	1 024 272	· -	STATEMENT 1
Rec Batch		11 Other income	7,451,869.	1,034,372. 7,580,382.		STATEMENT I
full Are:	-	12 Total. Add lines 1 through 11 13 Compensation of officers, directors trustees etc	174,231.	7,300,302.		174,231.
ဝမ္မွင္		14 Other employee salaries and wages	648,320.	0.	· - · - ·	648,320.
e j		15 Pension plans, employee benefits	200,686.	0.		200,686.
	S	1 1 1				<u> </u>
DEC	eus	b Accounting fees STMT 2	32,339.	0.		32,339.
نب	Expenses	c Other professional fees STMT 3	296,461.	285,370.		11,091.
3 0 2020		17 Interest				
<u> </u>	Administrative	18 Taxes STMT 4	88,643.	0.		0.
	nist	19 Depreciation and depletion	5,815.	0.		102 001
	표	20 Occupancy	137,557.	13,756.	<u>-</u>	123,801.
	φ	21 Travel, conferences, and meetings	66,568. 9,927.	<u>0.</u>		66,568. 9,927.
	and	22 Printing and publications 23 Other expenses STMT 5	1,799,086.	1,412,150.		383,463.
	Operating	23 Other expenses STMT 5 24 Total operating and administrative	1,755,000.	1,412,130.	 - 	303,403.
	era	expenses Add lines 13 through 23	3,459,633.	1,711,276.		1,650,426.
	Ö	25 Contributions, gifts, grants paid	4,704,010.			4,770,278.
		26 Total expenses and disbursements				
		Add lines 24 and 25	8,163,643.	1,711,276.		6,420,704.
		27 Subtract line 26 from line 12:		· · · · · · · · · · · · · · · · · · ·		
		a Excess of revenue over expenses and disbursements	-711,774.	5 0 5 0 4 0 5	, , , , , , , , , , , , , , , , , , ,	
		b Net investment income (If negative, enter -0-)	\$ 151 W 1.76	5,869,106.	:	1 1 1 1 1 1 1 1 1
		C Adjusted net income (if negative, enter -0-)	2 13. 1 1. Tr	7- ~* - * *** ~	N/A	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1



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WILLIAMSBURG COMMUNITY HEALTH FOUNDATION

Part II Balance Sheets Attached schedules and amounts in the description Beginning of year End of year column should be for end-of-year amounts only (a) Book Value (b) Book Value (c) Fáir Market Value 343,603. 395,975. 395,975. 1 Cash - non-interest-bearing 3,976,108. 4,001,444. 4,001,444. 2 Savings and temporary cash investments 3 Accounts receivable ► Less allowance for doubtful accounts 4 Pledges receivable ► Less allowance for doubtful accounts 5 Grants receivable 6 Receivables due from officers, directors, trustees, and other disqualified persons 7 Other notes and loans receivable Less, allowance for doubtful accounts 8 Inventories for sale or use 58,082. 56,259. 56,259. 9 Prepaid expenses and deferred charges 10a Investments - U.S. and state government obligations b Investments - corporate stock c Investments - corporate bonds 11 Investments - land, buildings, and equipment basis Less accumulated depreciation 12 Investments - mortgage loans STMT 7 112,175,630. 111,773,996. 111,773,996. 13 Investments - other 110,346. 14 Land, buildings, and equipment; basis 100,428. 9,523. 9,918. Less accumulated depreciation STMT 8 ▶ 9,918. 15 Other assets (describe ► ADVANCED CAPITAL CO) 12,244,871. 12,244,871. 16 Total assets (to be completed by all filers - see the 116,562,946. 128,482,463. 128,482,463. instructions. Also, see page 1, item 1) 115,057. 163,286. 17 Accounts payable and accrued expenses 250,834. 18 Grants payable 385,602. 19 Deferred revenue 20 Loans from officers directors trustees, and other disqualified persons 21 Mortgages and other notes payable 22 Other liabilities (describe ▶ DEFERRED FEDERAL E) 217,657. 181,418. 583,548. 730,306. 23 Total liabilities (add lines 17 through 22) Foundations that follow FASB ASC 958, check here $\triangleright [X]$ and complete lines 24, 25, 29, and 30 Balances 115,979,398. 127,752,157. 24 Net assets without donor restrictions 25 Net assets with donor restrictions Foundations that do not follow FASB ASC 958, check here Fund and complete lines 26 through 30. 26 Capital stock, trust principal, or current funds þ 27 Paid-in or capital surplus, or land, bldg., and equipment fund 28 Retained earnings, accumulated income, endowment, or other funds 115,979,398. 127,752,157.29 Total net assets or fund balances 116,562,946. 128,482,463. 30 Total liabilities and net assets/fund balances Part III Analysis of Changes in Net Assets or Fund Balances Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return) 115,979,398. -711,774. 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) SEE STATEMENT 6 $12,\overline{484,533}$. Add lines 1, 2, and 3 127.752.157. Decreases not included in line 2 (itemize) 127,752,157. 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29

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		nd Losses for Tax on In	vestment		122	\			1 102	2333 rugo	
		e kind(s) of property sold (for exa house, or common stock, 200 shs		te,	I, b	How a - Purd - Don	mase I	(c) Date (mo., d		(d) Date sold (mo., day, yr)	
1a	PUBLICLY-TRADED	SECURITIES					P				_
_	PASSTHROUGH K-1	CAPITAL GAIN					P		_		
											_
	<u> </u>										
e	<u> </u>				Ц,					<u> </u>	
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	plus e	st or other basis expense of sale			<u>-</u>		ain or (loss) s (f) minus ((g))	
_a			1 1	8,970,69	2.					2,702,617	
_b	3,721,550.		ļ		_					3,721,550	•
			ļ								
_d	1		<u> </u>								
_e			Alta da considado a se	10/01/00							
_	Complete only for assets showing (1						ol. (h) gain ot less thar		
	(ı) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (i) col. (j), if any			-		(from col. (
_										2,702,617	_
_ <u>a</u>										3,721,550	
	• • • • • • • • • • • • • • • • • • • •										Ť
d											
			1								
		∫ If gain, also ente	r in Part I. line	7	٦						
2	Capital gain net income or (net capit					2				6,424,167	•
3	Net short-term capital gain or (loss)	as defined in sections 1222(5) ar	nd (6) ⁻								
•	If gain, also enter in Part I, line 8, co	• • •	(-)		}						
_	If (loss), enter -0- in Part I, line 8	der Section 4940(e) for	D .Jd	Towns No.		3			N/A		
_							ent inco	ille			_
(Fo	or optional use by domestic private fo	oundations subject to the section 4	4940(a) tax on	net investment inc	come.	.)					
lf s	section 4940(d)(2) applies, leave this	part blank.									
۱۸/۰	as the foundation liable for the section	n 4042 tay on the distributable am	nount of any ve	ar in the bace neri	od2					Yes X N	^
	"Yes," the foundation doesn't qualify u			•							•
1	Enter the appropriate amount in eac				itries.						_
_	(a)	(b)			(c)				Diatrib	(d)	_
	Base periód years Calendar year (or tax year beginning	مرام مشرب كالمريم المعلمين المالا	stributions	Net value of no			use assets	(DISTRID col. (b) div)	útión ratio ided by col. (c))	
	2018	5,94	4,442.				8,369.			.04899	1
	2017		4,797.				3,649.			.04792	
	2016		5,323.				6,294.			.05112	
_	2015		9,988.				3,645.			.05107	
_	2014	5,53	6,213.	1	<u>24</u>	<u>, 88</u>	5,135.	·		.04433	0
										0.4.0.4.4	_
	Total of line 1, column (d)							2		.24344	<u>5</u>
3	Average distribution ratio for the 5-y		on line 2 by 5 (), or by the numbe	er of y	ears				04060	_
	the foundation has been in existence	e if less than 5 years						3		.04868	<u>9</u>
	E I III I I I I I I I I I I I I I I I I		1 6					1.1	1 2	0 076 646	
4	Enter the net value of noncharitable-	use assets for 2019 from Part X,	line 5					4		<u>0,976,646</u>	÷
_	Multiply line 4 by line 2							5		5,890,232	
J	Multiply line 4 by line 3							1		5,050,252	÷
A	Enter 1% of net investment income ((1% of Part I line 27h)						6		58,691	
U	Furer 1 to of the mixestillent income ((170 011 uiti, iiilo 270)						-	.	30,051	÷
7	Add lines 5 and 6							7		5,948,923	
•											_
8.	Enter qualifying distributions from P	art XII, line 4						8		6,420,704	•
	If line 8 is equal to or greater than lin See the Part VI instructions.	ne 7, check the box in Part VI, line	e 1b, and comp	lete that part using	g a 19	% tax r	ate.				

Form 990-PF (2019) WILLIAMSBURG COMMUNITY HEA	יים בטומודאת. יים בטומודאת.	I ON	5/1_10	322359	' Pag	10.4
Part VI Excise Tax Based on Investment Income (Section						 C 4
1a Exempt operating foundations described in section 4940(d)(2), check here				,		7
Date of ruling or determination letter: (attach copy of le						
b Domestic foundations that meet the section 4940(e) requirements in Part V, check			1	58	3,691	
of Part I, line 27b						\neg
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations	enter 4% of Part I, line 12	2, col (b)	1			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundation		, ,	2		0) .
3 Add lines 1 and 2			3	58	3,691	
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundation	s only; others, enter -0-)		4		0).
5 Tax based on investment income Subtract line 4 from line 3. If zero or less, ente	r -0-		5	_ 58	3,691	<u>. • </u>
6 Credits/Payments:						- 1
a 2019 estimated tax payments and 2018 overpayment credited to 2019	6a	82,000.				- 1
b Exempt foreign organizations - tax withheld at source	6b	0.				
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	82	2,000	
8 Enter any penalty for underpayment of estimated tax. Check here if Form 22	20 is attached		8		753	<u>.</u>
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 ov		▶	_10		2,556	
11 Enter the amount of line 10 to be. Credited to 2020 estimated tax		O . Refunded ▶	11	2	2,55 <u>6</u>	<u> </u>
Part VII-A Statements Regarding Activities					VIN	
1a During the tax year, did the foundation attempt to influence any national, state, or l	ocal legislation or did it pa	irticipate or intervene	ın		Yes N	
any political campaign?				1a	X	
b Did it spend more than \$100 during the year (either directly or indirectly) for politic			tion	16	X	
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities an	d copies of any materials p	oublished or		1	\	1
distributed by the foundation in connection with the activities.						ب
c Did the foundation file Form 1120-POL for this year?				1c	<u> </u>	<u>-</u>
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed of	-	0				
(1) On the foundation \$ 0. (2) On foundation		0.				- [
e Enter the reimbursement (if any) paid by the foundation during the year for political	i expenditure tax imposed	on foundation			1	1
managers ▶ \$					—— - -	
2 Has the foundation engaged in any activities that have not previously been reported	to the IRS?			2	<u> </u>	<u>-</u>
If "Yes," attach a detailed description of the activities.					İ	ĺ
3 Has the foundation made any changes, not previously reported to the IRS, in its go	•	es of incorporation, or			— X	,
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the char 4a Did the foundation have unrelated business gross income of \$1,000 or more durin	-			3 4a	- X	
b If "Yes," has it filed a tax return on Form 990-T for this year?	y the year?		N/A		- ^	<u>-</u>
5 Was there a liquidation, termination, dissolution, or substantial contraction during	the year?		14/1	4b 5	X	
If "Yes," attach the statement required by General Instruction T.	ille year?			1 3		<u>`</u>
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) si	itisfied either			1	1	ŀ
By language in the governing instrument, or	tusnea citilei					
By state legislation that effectively amends the governing instrument so that no it.	nandatory directions that i	conflict with the state	law			
remain in the governing instrument?	manuatory uncertons that t	bonniet with the state	1417	6	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Ye	es " complete Part II, col. (c) and Part XV		7	X	—
, plu the fourtained at least action in account at any time during the four in	, , , , , , , , , , , , , , , , , , ,	0), 4110 / 411 / 11				
8a Enter the states to which the foundation reports or with which it is registered. See	instructions >				ļ	
VA				_		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PI	to the Attorney General (or designate)		-		
of each state as required by General Instruction G2 If "No," attach explanation	,	g ,		8b	$\overline{\mathbf{x}}$	
9 Is the foundation claiming status as a private operating foundation within the mear	ing of section 4942(i)(3)	or 4942(ı)(5) for caler	dar			7
year 2019 or the tax year beginning in 2019? See the instructions for Part XIV If "		(//(-/ /5/ 55/6/	-	9	X	K
10 Did any persons become substantial contributors during the tax year? If "Yes " attack		s and addresses		10	X	
				Form 990	-PF (20	191

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Form 990-PF (2019) WILLIAMSBURG COMMUNITY HEALTH FOUNDATION

Part VII-A | Statements Regarding Activities (continued)

	Continuedy		Yes	No					
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		Х					
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?								
	If "Yes," attach statement. See instructions	12		Х					
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х						
	Website address WWW.WILLIAMSBURGHEALTHFOUNDATION.ORG								
14	The books are in care of ► SOLA MONIZ Telephone no. ► 757-34	5 – 0	912						
	Located at ▶ 4801 COURTHOUSE STREET, NO 200, WILLIAMSBURG, VA ZIP+4 ▶231								
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	N	/A						
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No					
	securities, or other financial account in a foreign country?	16		X					
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the								
	foreign country			' '					
Ра	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required								
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No					
1a	During the year, did the foundation (either directly or indirectly).			1					
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			1					
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			1					
	a disqualified person?			1					
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			ŀ					
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? X Yes No		1,						
	(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 X 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 X No								
				•					
U	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		$\overline{\mathbf{x}}$					
	Organizations relying on a current notice regarding disaster assistance, check here	10							
^	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 2019?	1c		$\overline{\mathbf{x}}$					
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			<u> </u>					
-	defined in section 4942(j)(3) or 4942(j)(5)):								
а	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines			.					
_	6d and 6e) for tax year(s) beginning before 2019?								
	If "Yes," list the years ▶ , , , , , , , , , , , , , , , , , ,								
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.								
	▶ ,,,,	-							
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time								
	during the year? X Yes No								
b	If "Yes," did it have excess business holdings in 2019 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	٠							
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720,								
	Schedule C, to determine if the foundation had excess business holdings in 2019)	3b		<u>X</u>					
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a_		X					
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			لـنِــا					
	had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b		X					

Total number of other employees paid over \$50,000

Paid Employees, and Contractors (continued)	•·····································	
3 Five highest-paid independent contractors for professional services. If none, enter "	NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
CASEY LAW OFFICE, LLC - 4801 COURTHOUSE		
STREET, WILLIAMSBURG, VA 23188	BUILDING LEASE	164,621.
CATCHAFIRE		
31 E 32ND ST, NEW YORK, NY 10016	BUSINESS LEASE	90,000.
COMMUNITY HEALTH SOLUTIONS, INC.		
9603 GAYTON ROAD, STE 200, RICHMOND, VA 23238	DCA	85,936.
	_	
Total number of others receiving over \$50,000 for professional services		<u>▶</u> 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistic number of organizations and other beneficiaries served, conferences convened, research papers produc	cal information such as the ced, etc	Expenses
<u> </u>		
SEE STATEMENT 12		51,862.
2		
SEE STATEMENT 13		37,068.
3		
		11 720
SEE STATEMENT 14		11,739.
4		
SEE STATEMENT 15		9,664.
Part IX-B Summary of Program-Related Investments		9,004.
Describe the two largest program-related investments made by the foundation during the tax year on lii	nes 1 and 2	Amount
1 N/A		
2		
All other program-related investments See instructions	İ	
3		
		
Total. Add lines 1 through 3		0 . Form 990-PF (2019)
		FORITI 220-F F (2019)

Page 8 Partix Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: 1 0. a Average monthly fair market value of securities 1a 6,246,584. 1b b Average of monthly cash balances 116,572,346 c Fair market value of all other assets 1c 122,818,930 d Total (add lines 1a, b, and c) 1d Reduction claimed for blockage or other factors reported on lines 1a and 0. 1e 1c (attach detailed explanation) Acquisition indebtedness applicable to line 1 assets 2 2 122,818,930. 3 Subtract line 2 from line 1d 1,842,284. Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 120,976,646. Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 5 Minimum investment return Enter 5% of line 5 ĥ 6,048,832. [[Part]XII Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain and do not complete this part.) foreign organizations, check here 6,048,832. 1 Minimum investment return from Part X, line 6 58,691. Tax on investment income for 2019 from Part VI, line 5 Income tax for 2019. (This does not include the tax from Part VI.) h 58,691. Add lines 2a and 2b 2c C 5,990,141. 3 Distributable amount before adjustments. Subtract line 2c from line 1 3 0. Recoveries of amounts treated as qualifying distributions 4 5.990 141. Add lines 3 and 4 5 5 Deduction from distributable amount (see instructions) 6 5,990,141. Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 7 [Part:XII] Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 6,420,704. a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a Program-related investments - total from Part IX-B 1b Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 Amounts set aside for specific charitable projects that satisfy the: . . 3 Suitability test (prior IRS approval required) 3a Cash distribution test (attach the required schedule) 3b 6,420,704. Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

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

Form **990-PF** (2019)

5

6

58,691.

.362.013.

income. Enter 1% of Part I, line 27b

Adjusted qualifying distributions. Subtract line 5 from line 4

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) ' 2019
1 Distributable amount for 2019 from Part XI,	00,500	routo prior to go to	20.10	
line 7				5,990,141.
2 Undistributed income if any, as of the end of 2019	Į į		644 510	
a Enter amount for 2018 only			644,510.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2019:		U • J		
•				
a From 2014				
b From 2015				
c From 2016				
d From 2017				
e From 2018	0.			
f Total of lines 3a through e				
4 Qualifying distributions for 2019 from	l l			1
Part XII, line 4 ► \$ 6,420,704.			644 510	
a Applied to 2018, but not more than line 2a			644,510.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	ا م			
(Election required - see instructions)	0.			5 776 104
d Applied to 2019 distributable amount				5,776,194.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
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 2018. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2019, Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2020				213,947.
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.			<u> </u>
8 Excess distributions carryover from 2014				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2020.				
Subtract lines 7 and 8 from line 6a	0.			
O Analysis of line 9:				
a Excess from 2015				
b Excess from 2016				,
c Excess from 2017	المرابع والمرابع فالمرابع	4 2 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	المهدولانان ويرها
d Excess from 2018		激烈、激烈		
e Excess from 2019		· 在 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		

	SBURG COMMU				22359 Page 10
Part XIV Private Operating F			A, question 9)	N/A	_/_/_
1 a If the foundation has received a ruling of					
foundation, and the ruling is effective fo	or 2019, enter the date of t	the ruling	>		
b Check box to indicate whether the foun-	d <u>ation is a private operatir</u>	ng foundation described <u>i</u> r	section	4942(j)(3) or 49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2019	(b) 2018	(c) 2017	(4) 2016	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					
				,/	
	a stributions from Part XII,				
line 4, for each year listed					
d Amounts included in line 2c not	1				
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly	1		\vee		
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			ļ		
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 Info	rmation (Comple	te this part only if	the foundation	had \$5,000 or mor	e in assets
at any time during t				. ,	
					
1 Information Regarding Foundation	-				,
a List any managers of the foundation wh			ibutions received by the	foundation before the close	e of any tax
year (but only if they have contributed i	nore man \$5,000). (See Si	ection 507(u)(2).)			
NONE					
b List any managers of the foundation when the boundation is a second of the foundation when the boundation is a second of the foundation when the boundation is a second of the foundation when the boundation is a second of the foundation when the boundation is a second of the foundation when the boundation is a second of the foundation when the boundation is a second of the foundation when the boundation is a second of the foundation when the foundation when the foundation is a second of the foundation when the foundation is a second of the foundation when the foundation is a second of the foundation when the foundation is a second of the foundation when the foundation is a second of the foundation when the foundation is a second of the foundation when the foundation is a second of the foundation when the foundation is a second of the foundation when the foundation is a second of the foundation is a second of the foundation of the foundation is a second of the foundation of the founda	io own 10% or more of the	e stock of a corporation (or an equally large portion	on of the ownership of a pai	tnership or
other entity) of which the foundation ha	is a 10% or greater interes	st.			
NONE			_		
2 Information Regarding Contribut	ion, Grant, Gift, Loan,	Scholarship, etc., Pro	ograms:		
<u> </u>		• • •	-	not accept unsolicited reque	sts for funds. If
the foundation makes gifts, grants, etc.					
a The name, address, and telephone num					
a The hame, address, and telephone hum	DOI OF CHICK AUDIESS OF UI	io person to whom applica	anono onoulu de audies:	Jou.	
CDD CMAMDMDNM 16					
SEE STATEMENT 16				·	.
b The form in which applications should	be submitted and informat	tion and materials they sh	oniq iucinge.		
					
c Any submission deadlines.					
d Any restrictions or limitations on award	is, such as by geographica	al areas, charitable fields,	kınds of institutions, or	other factors	
		1			

Part XV

Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year ANGELS OF MERCY MEDICAL MISSION N/A CHRONIC CARE ÞС 7151 RICHMOND RD, STE. 401 COLLABORATIVE WILLIAMSBURG, VA 23188-7234 42,500. BACON STREET YOUTH AND FAMILY N/A THE BRIDGES PROJECT SERVICES 247 MCLAWS CIRCLE WILLIAMSBURG, VA 23185 18,000. CENTER FOR CHILD AND FAMILY SERVICES. N/A ÞС MULTICULTURAL INC COUNSELING AND 2021 CUNNINGHAM DR., STE. 400 DUTREACH PROGRAM HAMPTON, VA 23666-3301 40,000. CENTER FOR CHILD AND FAMILY SERVICES. N/A VIOLENCE PREVENTION ÞС INC. AND INTERVENTION 2021 CUNNINGHAM DR., STE. 400 PROGRAM (VPIP) HAMPTON, VA 23666-3301 35,000. CENTER FOR CHILD AND FAMILY SERVICES, N/A ₽C NEUROFEEDBACK INC. COUNSELING PROGRAM 2021 CUNNINGHAM DR., STE. 400 HAMPTON, VA 23666-3301 13,000. SEE CONTINUATION SHEET(S) 4,428,278. Total **▶** 3a b Approved for future payment ANGELS OF MERCY MEDICAL MISSION N/A ÞС CHRONIC CARE 7151 RICHMOND RD, STE. 401 COLLABORATIVE WILLIAMSBURG, VA 23188-7234 42,500. BACON STREET YOUTH AND FAMILY N/A ₽C THE BRIDGES PROJECT SERVICES 247 MCLAWS CIRCLE WILLIAMSBURG, VA 23185 18,000. GREATER WILLIAMSBURG HEARTSAFE N/A РC GREATER WILLIAMSBURG ALLIANCE HEARTSAFE ALLIANCE 421 NORTH BOUNDARY STREET WILLIAMSBURG, VA 23185 15,000. SEE CONTINUATION SHEET(S) Total 342 000.

Page 12

Part XVI-A **Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.	Unrelated	business income		ed by section 512 513 or 514	(e)
Ç	(a) Business	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
1 Program service revenue	code		code	711102111	
a			┝╌┼		
b	 			-	· · · · · · · · · · · · · · · · · · ·
<u> </u>	-				
a				+	
e		<u></u>			··
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	121,843.	
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			<u> </u>		
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory	525990	-6,924.	18	6,424,167.	
9 Net income or (loss) from special events		<u> </u>			
10 Gross profit or (loss) from sales of inventory					
11 Other revenue		•		"	
a PASSTHROUGH K-1 INCOME	525990	-123,211.	14	1,032,637.	
b K-1 INCOME NOT INCLUDED					
c IN INVESTMENT INCOME	525990		14	1,622.	
d SECTION 965 INCOME			.14	1,735.	
e					
12 Subtotal. Add columns (b), (d), and (e)		-130,135.		7,582,004.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	7,451,869.
(See worksheet in line 13 instructions to verify calculations.)					

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

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).
-	
+	
-	

Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

1	Did the or	ganization directly or indir	ectly engage in any o	of the followin	g with any other organization	on described in sec	ction 501(c)	Yes	Νo
					to political organizations?				
а	Transfers	from the reporting founda	ition to a noncharitab	le exempt org	janization of:				ļ
	(1) Cash							1a(1)	X
	(2) Other	assets						1a(2)	X_
b	Other tran	isactions							
	(1) Sales	of assets to a noncharital	ole exempt organizati	on				1 <u>b(1)</u>	<u>X</u>
	(2) Purcl	hases of assets from a nor	ncharitable exempt or	rganization				1b(2)	X_
	(3) Renta	al of facilities, equipment,	or other assets					1b(3)	X_
	(4) Reim	bursement arrangements						1b(4)	X_
	(5) Loan:	s or loan guarantees						1b(5)	X_
	` '	irmance of services or me	•	•				<u>Ib(6)</u>	X
	_	f facilities, equipment, mai						1c	<u> </u>
d							market value of the goods, o		
					d less than fair market valu	e in any transactio	en or sharing arrangement, sh	ow in	
(-)		(b) Amount much and			- avanat arangahan	1 (4) =			
(a)	ine no	(b) Amount involved	(c) Ivaille of		exempt organization	(0) Descripti	on of transfers, transactions and st	aring arrangemen	nts
			·	N/A					
						+			
						-	·		
						+			
	$\overline{}$					- 			
						-			
				·		 			
					 	 			
			· · · · · · · · · · · · · · · · · · ·			 			
								·-	
						<u> </u>			
2a	is the four	ndation directly or indirect	ly affiliated with, or r	elated to, one	or more tax-exempt organi	zations described			
	ın section	501(c) (other than section	n 501(c)(3)) or in sec	tion 527?				Yes X	No
b	If "Yes," co	omplete the following sche				<u> </u>			
		(a) Name of org	anization		(b) Type of organization		(c) Description of relationsh	IP	
		N/A				 _	 		
						ļ <u></u>			
						ļ			
						ļ			
	Under	nenalties of person 1 declare th	hat I have examined this	eturn includios	accompanying schedules and st	atements, and to the	nest of my knowledge		
Si					taxpayer) is based on all informa		May	the IRS discuss to with the prepar	his er
	ere	(MA	Pala	_	1 11/11dan	PRESI	shov	vn below? See in:	str
		nature of officer or trustee	Jan		Date	Title	DENT & CEO	Yes	_ No
		Print/Type preparer's na	me T	Preparer's si	anature		Check If PTIN		
				Λ. Λ	2020.	Pate 1.14	self- employed		
Pa	id	AMANDA ADA	MS `	Thene	12:32:	B9 -05'00'	1 ' ' 1	748038	
	eparer	Firm's name ► CHE		RT LLP		L	Firm's EIN ► 56-05		-
	e Only								
		Firm's address ▶ 20	0 SOUTH 1	OTH ST	., STE. 900				
		1	CHMOND, V				Phone no. 804-67	3-5700	
								rm 990-PF	(2019)

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to contribution Amount status of any foundation manager Name and address (home or business) recipient or substantial contributor CHILD DEVELOPMENT RESOURCES N/A ÞС INFANT PARENT PROGRAM P.O. BOX 280 100,000. NORGE, VA 23127 CHILD DEVELOPMENT RESOURCES N/A ÞС PARENTS AS TEACHERS P.O. BOX 280 84,000. NORGE, VA 23127 CHILD DEVELOPMENT RESOURCES N/A РC TRANSITIONAL GAP P.O. BOX 280 FUNDING FOR CERTIFIED MEDICAL INTERPRETER NORGE, VA 23127 SERVICES (CMIS) 10,000. ÞС BREASTFEEDING. CHILD DEVELOPMENT RESOURCES N/A BUILDING CONFIDENCE P.O. BOX 280 NORGE, VA 23127 AND COMPETENCE 6,000. CITY OF WILLIAMSBURG N/A Gov CHILD HEALTH INITIATIVE **401 LAFAYETTE STREET** WILLIAMSBURG, VA 23185 260,000. CITY OF WILLIAMSBURG N/A Gov ANNUAL AWARDS **401 LAFAYETTE STREET** 3,000. WILLIAMSBURG, VA 23185 Gov WALKING WORKS CITY OF WILLIAMSBURG N/A **401 LAFAYETTE STREET** WILLIAMSBURG, VA 23185 500. COLONIAL BEHAVIORAL HEALTH N/A ÞС GREATER WILLIAMSBURG 473 MCLAWS CIRCLE CHILD ASSESSMENT CENTER (GWCAC) 271,000. WILLIAMSBURG, VA 23185 COLONIAL BEHAVIORAL HEALTH N/A ₽C CHRONIC CARE COLLABORATIVE 473 MCLAWS CIRCLE WILLIAMSBURG, VA 23185 175,000. COLONIAL BEHAVIORAL HEALTH N/A ÞС INTENSIVE OUTPATIENT PROGRAM (IOP) 473 MCLAWS CIRCLE WILLIAMSBURG, VA 23185 50,000. 4,279,778. Total from continuation sheets

WILLIAMSBURG COMMUNITY HEALTH FOUNDATION 54-1822359 Part XV | Supplementary Information

Part XV Supplementary Information				
3 Grants and Contributions Paid During the	Year (Continuation)			
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
COLONIAL BEHAVIORAL HEALTH	N/A	₽C	GREATER WILLIAMSBURG	
473 MCLAWS CIRCLE			NETWORK OF CARE (NOC)	
WILLIAMSBURG, VA 23185		<u> </u>		37,000.
COLONIAL BEHAVIORAL HEALTH	N/A	PC	FUNDS TO SUPPORT	
473 MCLAWS CIRCLE			INTEGRATED CARE	
WILLIAMSBURG, VA 23185			TRAINING	10,000.
COMMUNITY HOUSING PARTNERS	N/A	PC	MOBILE FOOD PANTRY	
448 DEPOT STREET	,,,,,		NOSTEE TOOS THATKI	
CHRISTIANSBURG, VA 24073				5,000.
COMMUNITY OF FAITH MISSION	N/A	PC	WALKING WORKS	
P.O. BOX 6357	,,,,,		WALKING WORKS	
WILLIAMSBURG, VA 23188				500.
DREAM CATCHERS AT THE CORI SIKICH	N/A	PC	WALKING WORKS	
THERAPEUTIC RIDING CENTER				
10120 FIRE TOWER RD				
TOANO, VA 23168				500.
ELK HILL FARM, INC.	N/A	PC	ELK HILL'S YORK COUNTY	
PO BOX 99 1975 ELK HILL RD.			SCHOOL-BASED MENTAL	
GOOCHLAND, VA 23063			HEALTH PROGRAM	15,000.
FISH, INC.	N/A	PC	PURCHASE SHELF UNITS	
312 WALLER MILL ROAD, SUITE # 800			FOR FOOD STORAGE	
WILLIAMSBURG, VA 23185				3,200.
FREE FOUNDATION FOR REHABILITATION	N/A	₽C	F.R.E.E. OF	
EQUIPMENT & ENDOWMENT			WILLIAMSBURG	
P.O. BOX 8873				
ROANOKE, VA 24014-0752				26,000.
FREE FOUNDATION FOR REHABILITATION	N/A	P.C	MALKING MODEC	
EQUIPMENT & ENDOWMENT	N/ G	PC	WALKING WORKS	
P.O. BOX 8873				
ROANOKE, VA 24014-0752				500.
GLOUCESTER MATHEWS CARE CLINIC	N/A	PC	CHRONIC CARE	
P.O. BOX 684			COLLABORATIVE	
GLOUCESTER, VA 23061	_			200,000.
Total from continuation sheets				

Part XV Supplementary Informatio	n		OUNDATION 34 102	
3 Grants and Contributions Paid During the				. <u> </u>
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
GLOUCESTER MATHEWS CARE CLINIC	N/A	₽C	MEDICAID EXPANISION -	
P.O. BOX 684			HYBRID CLINIC	
GLOUCESTER, VA 23061			DEVELOPMENT	20,000.
GREATER WILLIAMSBURG HEARTSAFE	N/A	₽C	GREATER WILLIAMSBURG	
ALLIANCE			HEARTSAFE ALLIANCE	
421 NORTH BOUNDARY STREET				
WILLIAMSBURG, VA 23185				15,000.
GROVE CHRISTIAN OUTREACH CENTER	N/A	₽C	BOARD DISCRETIONARY	
8800 POCAHONTAS TRAIL			GRANT	
WILLIAMSBURG, VA 23185				500.
HOSPICE HOUSE AND SUPPORT CARE OF	N/A	PC ,	WALKING WORKS	
WILLIAMSBURG	N/A	•	WADRING WORKS	
4445 POWHATAN PARKWAY				
WILLIAMSBURG, VA 23188				500.
JAMES CITY COUNTY	N/A	GOV	JAMES CITY COUNTY	
101-D MOUNTS BAY ROAD	N/ A	307	CHILD HEALTH	•
WILLIAMSBURG, VA 23188			INITIATIVE	275,000.
JAMES CITY COUNTY	N/A	Gov	FUNCTIONAL EXERCISE	
101-D MOUNTS BAY ROAD	17 A	100	AND EDUCATION TO	
WILLIAMSBURG, VA 23188			THRIVE (FEET)	20,000.
JAMES CITY COUNTY	N/A	GOV	FUNDS TO SUPPORT	
101-D MOUNTS BAY ROAD	N/ A		INTEGRATED CARE	
WILLIAMSBURG, VA 23188			TRAINING	10,000.
JAMES CITY COUNTY	N/A	gov	ANNUAL AWARDS	
101-D MOUNTS BAY ROAD				
WILLIAMSBURG, VA 23188				3,000.
		how	WEAT DECCEDANCE.	
LITERACY FOR LIFE AT THE RITA WELSH ADULT LEARNING CENTER	N/A	GOV	HEAL PROGRAM IN WILLIAMSBURG	
PO BOX 8795		1		
WILLIAMSBURG, VA 23187		1		55,000.
NETWORK PENINSULA	N/A	PC	NONPROFIT MANAGEMENT	
2 BERNARDINE DRIVE	[''*	[INSTITUTE	
NEWPORT NEWS, VA 23602	1	<u> </u>		15,000.
Total from continuation sheets				

Part XV Supplementary Information	SBURG COMMUNITY		OUNDATION 54-182	
3 Grants and Contributions Paid During the				
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	Ambunt
OLDE TOWNE MEDICAL & DENTAL CENTER 5249 OLDE TOWNE ROAD WILLIAMSBURG, VA 23188	N/A	РC	SUPPORT FOR CLINIC OPERATIONS	225,000.
OLDE TOWNE MEDICAL & DENTAL CENTER 5249 OLDE TOWNE ROAD WILLIAMSBURG, VA 23188	N/A	₽C	CHRONIC CARE COLLABORATIVE (CCC)	250,000.
OLDE TOWNE MEDICAL & DENTAL CENTER 5249 OLDE TOWNE ROAD WILLIAMSBURG, VA 23188	N/A	₽C	IMPROVING DIABETIC SELF-MANAGEMENT THROUGH HEALTH COACHING	20,000.
OLIVET MEDICAL MINISTRY, INC. DBA LACKEY CLINIC 1620 OLD WILLIAMSBURG ROAD YORKTOWN, VA 23690	N/A	PC	CHRONIC CARE COLLABORATIVE	400,000.
OLIVET MEDICAL MINISTRY, INC. DBA LACKEY CLINIC 1620 OLD WILLIAMSBURG ROAD YORKTOWN, VA 23690	N/A	₽C	BOARD DISCRETIONARY GRANT	500.
ONE CHILD CENTER FOR AUTISM 201 BULIFANTS BLVD., STE A WILLIAMSBURG, VA 23188	N/A	₽C	ONE CHILD CENTER FOR AUTISM CAPACITY BUILDING	20,000.
ONE CHILD CENTER FOR AUTISM 201 BULIFANTS BLVD., STE A WILLIAMSBURG, VA 23188	N/A	₽C	KIDS' NIGHT	11,500.
PENINSULA AGENCY ON AGING 739 THIMBLE SHOALS BLVD STE 1006 NEWPORT NEWS, VA 23606	N/A	PC	RIDES	120,000.
PENINSULA AGENCY ON AGING 739 THIMBLE SHOALS BLVD, STE 1006 NEWPORT NEWS, VA 23606	N/A	₽C	GREATER WILLIAMSBURG AGING AND DISABILITY RESOURCE CENTER (ADRC)	70,000.
PENINSULA AGENCY ON AGING 739 THIMBLE SHOALS BLVD, STE 1006 NEWPORT NEWS, VA 23606 Total from continuation sheets	N/A	PC	NUTRITIOUS NOONTIME MEALS	65,000.

Part XV. Supplementary Information	1			
3 Grants and Contributions Paid During the Y				
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	331113311311	
PENINSULA AGENCY ON AGING	N/A	PC	LOCAL MATCH FUNDS FOR	
739 THIMBLE SHOALS BLVD, STE 1006			A REPLACEMENT VAN FOR	
NEWPORT NEWS, VA 23606			THE RIDES PROGRAM	11,478.
POSTPARTUM SUPPORT VIRGINIA, INC.	N/A	PC	GREATER WILLIAMSBURG	
P.O. BOX 7521			MATERNAL MENTAL HEALTH	
ARLINGTON, VA 22207		1	COALITION	8,000.
RX PARTNERSHIP	N/A	₽C	CHRONIC CARE	
1500 FOREST AVE, SUITE 201	,,		COLLABORATIVE	
RICHMOND, VA 23229				35,000.
RX PARTNERSHIP	N/A	PC	ACCESS TO MEDICATION	
1500 FOREST AVE, SUITE 201			PROGRAM (AMP)	
RICHMOND, VA 23229				12,500.
THE ARC OF GREATER WILLIAMSBURG	N/A	₽C	FITNESS PROGRAM	
150 STRAWBERRY PLAINS ROAD, SUITE D				
WILLIAMSBURG, VA 23188				30,000.
THE COLLEGE OF WILLIAM & MARY, NEW	N/A	GOV	YOUTH AND FAMILY	
HORIZONS FAMILY COUNSELING CENTER	,,,,		COUNSELING PROGRAM	
301 MONTICELLO AVENUE, P.O. BOX 8795				
WILLIAMSBURG, VA 23185		<u> </u>		95,000.
THE DOORWAYS	N/A	PC	BASIC OPERATING	
612 E. MARSHALL STREET			SUPPORT	
RICHMOND, VA 23219	· · · · · ·	<u> </u>		15,000.
VIRGINIA HEALTH CARE FOUNDATION	N/A	PC	GREATER WILLIAMSBURG	
707 EAST MAIN STREET, SUITE 1350			MEDICATION ACCESS	
RICHMOND, VA 23219			PROGRAM BASIC PROGRAM	
		-	SUPPORT	378,000.
VIRGINIA HEALTH CATALYST	N/A	PC	ORAL HEALTH ADVOCACY	
4200 INNSLAKE DRIVE, SUITE 202				
GLEN ALLEN, VA 23060	-	 		20,000.
VIRGINIA PENINSULA FOODBANK	N/A	PC	MOBILE FOOD PANTRY	
2401 ALUMINUM AVENUE			FRESH PRODUCE PROGRAM	
HAMPTON, VA 23661		1		25,000.
Total from continuation sheets				

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) or substantial contributor recipient WILLIAMSBURG AREA FAITH IN ACTION N/A Ьc MEDICAL TRANSPORTATION 354 MCLAWS CIRCLE, SUITE 2 WILLIAMSBURG, VA 23185 36,000. WILLIAMSBURG AREA FAITH IN ACTION N/A ÞС SUPPORT FOR 354 MCLAWS CIRCLE, SUITE 2 DEVELOPMENT DIRECTOR WILLIAMSBURG, VA 23185 28,000. WILLIAMSBURG AREA MEALS ON WHEELS N/A ÞС COMPUTER REPLACEMENT TNC AND SOFTWARE UPGRADE P.O. BOX 709 WILLIAMSBURG, VA 23187 6,400. WILLIAMSBURG HOUSE OF MERCY, INC. N/A MONTHLY MOBILE FOOD 10 HARRISON AVENUE PANTRY WILLIAMSBURG, VA 23185-3572 12,000. WILLIAMSBURG HOUSE OF MERCY INC. N/A ЬC REFRIGERATOR PURCHASE 10 HARRISON AVENUE FOR FRESH FOOD STORAGE WILLIAMSBURG, VA 23185-3572 8,500. WILLIAMSBURG SOCCER FOUNDATION N/A PC VIRGINIA LEGACY 809 RICHMOND ROAD (WSF) COMMUNITY PARTNERSHIP WILLIAMSBURG, VA 23185 PROGRAM 20,000. WILLIAMSBURG-JAMES CITY COUNTY PUBLIC N/A Gov WJCC SCHOOL HEALTH SCHOOL DIVISION INITIATIVE PROGRAM 117 IRONBOUND ROAD (SHIP) WILLIAMSBURG, VA 23187 670,000. WILLIAMSBURG-JAMES CITY COUNTY PUBLIC N/A Gov WATER BOTTLE FILLING SCHOOL DIVISION STATIONS - WJCC 117 IRONBOUND ROAD ELEMENTARY SCHOOLS WILLIAMSBURG, VA 23187 10,700. WILLIAMSBURG-JAMES CITY COUNTY PUBLIC N/A bov BOARD DISCRETIONARY SCHOOL DIVISION GRANT 117 IRONBOUND ROAD WILLIAMSBURG, VA 23187 1,000. WILLIAMSBURG-JAMES CITY COUNTY PUBLIC N/A Gov BOARD DISCRETIONARY SCHOOL DIVISION GRANT 117 IRONBOUND ROAD WILLIAMSBURG, VA 23187 500. Total from continuation sheets

3 Grants and Contributions Paid During the Y	ear (Continuation)		 _	ļ
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
VILLIAMSBURG-JAMES CITY COUNTY PUBLIC	N/A	gov	WALKING WORKS	
CHOOL DIVISION				
17 IRONBOUND ROAD				
VILLIAMSBURG, VA 23187				50
ORK-POQUOSON DEPARTMENT OF SOCIAL	N/A	GOV	ANNUAL AWARDS	
SERVICES				
301 GOODWIN NECK RD				3.00
ORKTOWN, VA 23692				3,00
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				1
				
Total from continuation sheets	<u> </u>			

3 Grants and Contributions Approved for Fu	ture Payment (Continuation)			
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	- Contribution	
NETWORK PENINSULA	N/A	₽C	NONPROFIT MANAGEMENT	
2 BERNARDINE DRIVE		1	INSTITUTE	
NEWPORT NEWS, VA 23602				15,00
OVER MODIE MEDICAL C DEVENT CENTED		ng.	TUDDODE HOD GLIVE	
OLDE TOWNE MEDICAL & DENTAL CENTER 5249 OLDE TOWNE ROAD	N/A	PC	SUPPORT FOR CLINIC OPERATIONS	
WILLIAMSBURG, VA 23188		1	DEERATIONS	225,00
WILDIAMSDONG, VA 23100				223,00
RX PARTNERSHIP	N/A	₽C	ACCESS TO MEDICATION	
1500 FOREST AVE, SUITE 201		1	PROGRAM (AMP)	
RICHMOND, VA 23229		•		12,50
WILLIAMSBURG AREA FAITH IN ACTION	N/A	₽C	MEDICAL TRANSPORTATION	
354 MCLAWS CIRCLE, SUITE 2				
WILLIAMSBURG, VA 23185				14,00
				•
				
			 	
Total from continuation sheets				266,50

FORM 990-PF	OTHER E	XPENSES	S	STATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ANNUAL AWARDS	13,260.	0.		13,260.
EQUIPMENT RENTAL/MAINTENANCE	27,771.			27,771.
INSURANCE	13,022.			13,022.
ADMINISTRATIVE EXPENSE	20,192.	0.		20,190.
MARKETING	18,223.	0.		18,223.
DCA EXPENSE - CHRONIC CARE	51,862.	0.		51,862.
DCA EXPENSE - OTHER	211,026.	0.		211,083.
MEMBERSHIP DUES	24,578.	0.		24,578.
PASSTHROUGH K-1 EXPENSES	1,415,678.	1,412,150.		0.
SUBSCRIPTIONS	3,474.	0.		3,474.
TO FORM 990-PF, PG 1, LN 23	1,799,086.	1,412,150.		383,463.

FORM 990-PF OTHER INCREASES IN NET ASSETS OR FUND BALANCES	STATEMENT 6
DESCRIPTION	AMOUNT
UNREALIZED GAIN IN VALUE OF INVESTMENTS	12,484,533.
TOTAL TO FORM 990-PF, PART III, LINE 3	12,484,533.

FORM 990-PF	OTHER	INVESTMENTS		STATEMENT 7
DESCRIPTION		VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
MIT PRIVATE EQUITY II FUND		FMV	98,374.	98,374.
TIFF PARTNERS V - US		FMV	79,638.	79,638.
TIFF PARTNERS V - INTERNATIONA	AL	FMV	28,145.	28,145.
TIFF REAL ESTATE PARTNERS II,	LLC	FMV	219,185.	219,185.
TRG FORESTRY FUND 7-B LP		FMV	276,152.	276,152.
TIFF PRIVATE EQUITY PARTNERS 2	2007.	FMV	_,,,	_,,,
LLC	,		819,943.	819,943.
MA INVESTORS FUND 1, LLC		FMV	1,343,585.	1,343,585.
PRIVATE ADVISORS SMALL COMPANY	7	FMV	=,:::,:::	_,,
BUYOUT FUND			382,296.	382,296.
TIFF PRIVATE EQUITY PARTNERS 2	2008,	FMV		00-,-00
LLC			428,007.	428,007.
TIFF SHORT TERM FUND		FMV	2,002,293.	2,002,293.
METROPOLITAN REAL ESTATE PARTI	NERS	FMV	_,,	_,,,
2008 DISTRESSED CO-INVESTMENT				
LP			16,393.	16,393.
TIFF SECONDARY PARTNERS II, LI	C.	FMV	228,272.	228,272.
TIFF MULTI-ASSET FUND		FMV	46,488,967.	46,488,967.
TIFF KEYSTONE FUND		FMV	47,075,364.	47,075,364.
TIFF PRIVATE EQUITY PARTNERS 2	2012.	FMV	,,	2,,0,0,00
LLC			1,322,952.	1,322,952.
TIFF SPECIAL OPPORTUNITIES FUR	1D.	FMV	_,,,,	-,,
LLC	•		2,600,502.	2,600,502.
TIFF PRIVATE EQUITY PARTNERS 2	2013	FMV	3,483,754.	3,483,754.
TIFF PRIVATE EQUITY PARTNERS 2		FMV	1,373,262.	1,373,262.
TIFF REALTY AND RESOURCES IV,		FMV	451,325.	451,325.
TIFF PRIVATE EQUITY PARTNERS 2		FMV	1,094,401.	1,094,401.
TIFF PRIVATE EQUITY PARTNERS 2		FMV	739,223.	739,223.
TIFF PRIVATE EQUITY PARTNERS 2		FMV	241,564.	241,564.
TIFF SPECIAL OPPORTUNITIES FUN		FMV	649,105.	649,105.
TIFF PRIVATE EQUITY PARTNERS 2		FMV	315,241.	315,241.
TIFF PRIVATE EQUITY PARTNERS 2		FMV	16,053.	16,053.
TOTAL TO FORM 990-PF, PART II,	LINE 1	L3	111,773,996.	111,773,996.

Expense Account and Other Allowances 10,241 00 8,178 00 7,053 00 7,893 00 5,995 00 Contributions to Employee Benefit Plans & Deferred Compensation 253,605 00 119,699 00 107,600 00 103,092 00 78,296 00 Compensation 40 00 40 00 40 00 40 00 00 00 Hours Per Week Devoted to Position 4801 Courthouse Street, Suite 200, Williamsburg, VA 23188 CFO
4801 Courthouse Street, Suite 200, Williamsburg, VA 23188 Director, Community Engagement
4801 Courthouse Street, Suite 200, Williamsburg, VA 23188 Senior Program Officer
4801 Courthouse Street, Suite 200, Williamsburg, VA 23188 Senior Program Officer
4801 Courthouse Street, Suite 200, Williamsburg, VA 23188 Program Officer/Grants Administrator Sola Moniz Allison Brody Paulette A Parker Kyra Cook Employee's name

Five Highest Paid Employees (Paid over \$50,000) Williamsburg Community Health Foundation

2019 Form 990-PF

EIN: 54-1822359

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FORM 990-PF DEPRECIATION OF ASSI	ETS NOT HELD FOR	INVESTMENT	STATEMENT 8
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
FURNITURE, FIXTURES, & EQUIPMENT COMPUTERS & SOFTWARE	78,174. 32,172.	73,267. 27,161.	4,907. 5,011.
TOTAL TO FM 990-PF, PART II, LN 14	110,346.	100,428.	9,918
FORM 990-PF	OTHER ASSETS	.	STATEMENT 9
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
ADVANCED CAPITAL CONTRIBUTIONS	0.	12,244,871.	12,244,871
TO FORM 990-PF, PART II, LINE 15	0.	12,244,871.	12,244,871.
FORM 990-PF OTF	HER LIABILITIES		STATEMENT 10
DESCRIPTION		BOY AMOUNT	EOY AMOUNT
 DEFERRED FEDERAL EXCISE TAX LIABII	LITY	217,657.	181,418
TOTAL TO FORM 990-PF, PART II, LIN	TE 22	217,657.	181,418
	-		

FORM 990-PF			OF OFFICERS, D FOUNDATION MANA		STAT	EMENT 11
NAME AND ADDRESS			TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JAMES R. GOLDEN 4801 COURTHOUSE WILLIAMSBURG, VA		200	IMMEDIATE PAST	CHAIRMAN 0.	0.	0.
LOUIS F. ROSSITE 4801 COURTHOUSE WILLIAMSBURG, VA	STREET, SUITE	200	CHAIR 1.00	0.	0.	0.
JACKSON C. TUTTL 4801 COURTHOUSE WILLIAMSBURG, VA	STREET, SUITE			0.	0.	. 0.
MARSHALL N. WARN 4801 COURTHOUSE WILLIAMSBURG, VA	STREET, SUITE	200	TREASURER 1.00	0.	0.	0.
M. ANDERSON BRAD 4801 COURTHOUSE WILLIAMSBURG, VA	STREET, SUITE		TRUSTEE 1.00	0.	0.	0.
DAVID E. BUSH 4801 COURTHOUSE & WILLIAMSBURG, VA	STREET, SUITE 23188	200	TRUSTEE 1.00	0.	0.	0.
BETH F. DAVIS 4801 COURTHOUSE : WILLIAMSBURG, VA	STREET, SUITE 23188	200	TRUSTEE 1.00	0.	0.	0.
PAUL W. GERHARDT 4801 COURTHOUSE : WILLIAMSBURG, VA	STREET, SUITE	200	TRUSTEE 1.00	0.	0.	0.
EARL T. GRANGER, 4801 COURTHOUSE S WILLIAMSBURG, VA	STREET, SUITE		TRUSTEE 1.00	0.	0.	0.
LAURA J. LODA 4801 COURTHOUSE : WILLIAMSBURG, VA		200	TRUSTEE 1.00	0.	0.	0.

WILLIAMSBURG COMMUNITY	HEALTH	FOUN	DATION 🛫	*•	54-1	822359
KELLI MANSEL-ARBUCKLE 4801 COURTHOUSE STREET, WILLIAMSBURG, VA 23188				0.	0.	0.
DOUGLAS J. MYERS 4801 COURTHOUSE STREET, WILLIAMSBURG, VA 23188			TRUSTEE 1.00	0.	0.	0.
MARIBEL O. SAIMRE 4801 COURTHOUSE STREET, WILLIAMSBURG, VA 23188			TRUSTEE 1.00	0.	0.	0.
ROBERT J. SINGLEY 4801 COURTHOUSE STREET, WILLIAMSBURG, VA 23188			TRUSTEE 1.00	0.	0.	0.
STEVEN R. STAPLES 4801 COURTHOUSE STREET, WILLIAMSBURG, VA 23188	SUITE	200	TRUSTEE 1.00	0.	0.	0.
ROBERT B. TAYLOR 4801 COURTHOUSE STREET, WILLIAMSBURG, VA 23188	SUITE		TRUSTEE 1.00	0.	0.	0.
THOMAS G. TINGLE 4801 COURTHOUSE STREET, WILLIAMSBURG, VA 23188	SUITE	200	TRUSTEE 1.00	0.	0.	0.
GLENDA H. TURNER 4801 COURTHOUSE STREET, WILLIAMSBURG, VA 23188	SUITE	200	TRUSTEE 1.00	0.	0.	0.
CLARENCE A. WILSON 4801 COURTHOUSE STREET, WILLIAMSBURG, VA 23188	SUITE	200	TRUSTEE 1.00	0.	0.	0.
ALFRED L. WOODS 4801 COURTHOUSE STREET, WILLIAMSBURG, VA 23188	SUITE	200	TRUSTEE 1.00	0.	0.	0.
CAROL L. SALE 4801 COURTHOUSE STREET, WILLIAMSBURG, VA 23188	SUITE	200		CEO, SECRETARY 174,231.		0.
TOTALS INCLUDED ON 990-	PF, PA	GE 6,	PART VIII	174,231.	12,647.	0.

WILLIAMSBURG COM	MUNITY HEALTH FOUNDATION	54-1822359
FORM 990-PF	SUMMARY OF DIRECT CHARITABLE ACTIVITIES	STATEMENT 12
ACTIVITY ONE		
ORGANIZATIONS THUNDER-INSURED, CONTROL ARE UNDERSERVED COMM	TIATIVE- A COLLABORATIVE WITH HEALTHCARE NAT PROVIDE DIRECT SERVICES TO UNINSURED AND CHRONICALLY ILL INDIVIDUALS IN THE GREATER CA. THE GOAL IS TO IMPROVE THE HEALTH OF THE MUNITY BY IMPROVING THE ORGANIZATIONS' COLLECTIVE CAPACITY TO SERVE THIS POPULATION.	
`		EXPENSES
TO FORM 990-PF,	PART IX-A, LINE 1	51,862.
FORM 990-PF	SUMMARY OF DIRECT CHARITABLE ACTIVITIES	STATEMENT 13
ACTIVITY TWO		
AND HEALTHCARE PHEALTH OUTCOMES COMMUNITY. THE C	TIATIVE- A COLLABORATIVE OF HUMAN SERVICE ROVIDERS DESIGNED TO IMPROVE LONG-TERM FOR CHILDREN LIVING IN POVERTY IN THE COLLABORATIVE EMPLOYS A MULTI-DISCIPLINARY, CE DELIVERY APPROACH TO WORK IN PARTNERSHIP	
		EXPENSES
TO FORM 990-PF,	PART IX-A, LINE 2	37,068.
FORM 990-PF	SUMMARY OF DIRECT CHARITABLE ACTIVITIES	STATEMENT 14
ACTIVITY THREE		
AGENCIES THAT AR SHARING INFORMAT	SING COLLABORATIVE - A GROUP OF LOCAL E FOCUSED ON LEARNING FROM EACH OTHER AND ION ABOUT HOUSING IN OUR COMMUNITY WITH A THE HOUSING NEEDS WITH A FOCUS ON THE IMPACTED.	
		EXPENSES
TO FORM 990-PF,	PART IX-A, LINE 3	11,739.

FORM 990-PF SUMMARY OF DIRECT CHARITABLE ACTIVITIES STATEMENT 15

ACTIVITY FOUR

SCHOOL HEALTH INITIATIVE PROJECT- A CONTRACT WITH THE SCHROEDER CENTER FOR HEALTH POLICY AT THE COLLEGE OF WILLIAM AND MARY TO PROVIDE SUPPORT TO THE SCHOOL HEALTH INITIATIVE PROGRAM (SHIP) THE SCHROEDER CENTER WORKS WITH SHIP TO ADMINISTER SURVEYS THAT EXAMINE CHANGES IN KNOWLEDGE, ATTITUDE AND BEHAVIORS IN THE AREAS OF PHYSICAL ACTIVITY AND WELLNESS DATA IS COLLECTED AND ANALYZED BY THE SCHROEDER CENTER AND RESULTS ARE USED TO EVALUATE PROGRAM IMPACT

EXPENSES

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

9,664.

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT 16

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

CAROL SALE 4801 COURTHOUSE STREET 200 WILLIAMSBURG, VA 23188

TELEPHONE NUMBER

757-345-0912

FORM AND CONTENT OF APPLICATIONS

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.

ANY SUBMISSION DEADLINES

NONE

RESTRICTIONS AND LIMITATIONS ON AWARDS

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.

FORM 990-PF	OTHER I	NCOME		STATEMENT 1
DESCRIPTION		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	
PASSTHROUGH K-1 INCOME		909,426.	1,032,637.	
K-1 INCOME NOT INCLUDED IN INVESTMENT INCOME SECTION 965 INCOME		1,622. 1,735.		
TOTAL TO FORM 990-PF, PART I,	LINE 11	912,783.	1,034,372.	
FORM 990-PF	ACCOUNTI	NG FEES		STATEMENT 2
DESCRIPTION	(A) EXPENSES PER BOOKS		(C) ADJUSTED NET INCOME	
ACCOUNTING & TAX RETURN PREPARATION FEES	32,339.	0	•	32,339.
TO FORM 990-PF, PG 1, LN 16B =	32,339.	0	•	32,339
-		0 SSIONAL FEES		32,339. STATEMENT 3
-		SIONAL FEES	(C) ADJUSTED	STATEMENT 3
FORM 990-PF C	OTHER PROFES (A) EXPENSES	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	CHARITABLE PURPOSES
FORM 990-PF COMMENT	(A) EXPENSES PER BOOKS 285,370.	(B) NET INVEST- MENT INCOME 285,370	(C) ADJUSTED NET INCOME	(D) CHARITABLE
FORM 990-PF CONTROL OF THE PROFESSIONAL FEES	(A) EXPENSES PER BOOKS 285,370. 11,091.	(B) NET INVEST- MENT INCOME 285,370 0 285,370	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES 0. 11,091.
FORM 990-PF CONTROL OF THE PROFESSIONAL FEES TO FORM 990-PF, PG 1, LN 16C	(A) EXPENSES PER BOOKS 285,370. 11,091. 296,461.	(B) NET INVEST- MENT INCOME 285,370 0 285,370	(C) ADJUSTED NET INCOME	CHARITABLE PURPOSES 11,091.
FORM 990-PF CONTROL OF THE PROFESSIONAL FEES TO FORM 990-PF, PG 1, LN 16C	(A) EXPENSES PER BOOKS 285,370. 11,091.	(B) NET INVEST- MENT INCOME 285,370 0 285,370	(C) ADJUSTED NET INCOME	CHARITABLE PURPOSES 11,091 STATEMENT 4
FORM 990-PF DESCRIPTION INVESTMENT MANAGEMENT OTHER PROFESSIONAL FEES TO FORM 990-PF, PG 1, LN 16C FORM 990-PF	(A) EXPENSES PER BOOKS 285,370. 11,091. 296,461. TAX	(B) NET INVEST- MENT INCOME 285,370 0 285,370 ES (B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME (C) ADJUSTED NET INCOME	CHARITABLE PURPOSES 11,091. STATEMENT 4 (D) CHARITABLE 4 (D) CHARITABLE