EXTENDED TO NOVEMBER 15. 2016

Form 990-T	E	Exempt Organization Bus	sine ler se	ss Income T	ax Returr	י	OMB No. 1545-0687
	For ca	lendar year 2015 or other tax year beginning		2015			
Department of the Treasury		▶ Information about Form 990-T and its instru	ctions is	available at www.irs.g	ov/form990t.	_ L	
Internal Revenue Service	▶	Do not enter SSN numbers on this form as it ma			ation is a 501(c)(3)		501(c)(3) Organizations Only
A Check box if address changed		Name of organization (Land Check box if name of	hanged	and see instructions.)		(Empl	oyer identification number loyees' trust, see uctions.)
B Exempt under section	Print	WILLIAMSBURG COMMUNITY	HE	ALTH FOUNDA	TION	5	4-1822359
X 501(c)(3)	or Type	Number, street, and room or suite no. If a P.O. bo					ated business activity codes nstructions.)
408(e) 220(e)	l iyec	4801 COURTHOUSE STREET					
408A 530(a) 529(a)		City or town, state or province, country, and ZIP of WILLIAMSBURG, VA 2318		n postal code		900	000
C Book value of all assets at end of year	F Group	p exemption number (See instructions.)	>				
118,179,150.		k organization type 🕨 🔃 501(c) corporation		501(c) trust	401(a) trust		Other trust
		ary unrelated business activity. $ ightharpoonup$ INVESTM				SHI	
		poration a subsidiary in an affiliated group or a pare	nt-subsi	diary controlled group?	> [Ye	es X No
		tifying number of the parent corporation.					245 0010
		THE ORGANIZATION	ı		one number > 7		
		de or Business Income		(A) Income	(B) Expense	5	(C) Net
1a Gross receipts or sale		a Palaman	,				
b Less returns and allo		c Balance	1c 2				
		e A, line 7)	3				
·		rom line 1c ch Schedule D)	4a				
b Net gain (loss) (Form	116 (allau 1707 D	Part II, line 17) (attach Form 4797)	4b				
		sts	4c				
5 Income (loss) from p	artnersh	ips and S corporations (attach statement)	5				
			6				
		me (Schedule E)	7				
		and rents from controlled organizations (Sch. F)	8				
	-	on 501(c)(7), (9), or (17) organization (Schedule G	9				
		ome (Schedule I)	10				
		e J)	11				
12 Other income (See in	struction	ns; attach schedule) STATEMENT 15	12	<81,363.	>		<81,363.>
13 Total. Combine lines	s 3 throu	ıgh 12	13	<81,363.	>		<81,363.>
		ot Taken Elsewhere (See instructions f					
(Except for	contrib	utions, deductions must be directly connecte	d with	the unrelated business	s income.)		
14 Compensation of of	ficers, di	rectors, and trustees (Schedule K)				14	
						15	
						16	
						17	
						18	
19 Taxes and licenses						19	
20 Charitable contribut	ions (Se	e instructions for limitation rules)				20	
		562)					
		n Schedule A and elsewhere on return				22b	
						23	
24 Contributions to def	errea co	mpensation plans				24 25	
25 Employee benefit pr	ogranis	chadula I)				26	
26 Excess exempt experience27 Excess readership of	enste (So	chedule I)				27	
28 Other deductions (a	ttach col	hedule J) nedule)		SEE STAT	ЕМЕИТ 16	28	1,500.
29 Total deductions	il hhA	nes 14 through 28				29	1,500.
		ncome before net operating loss deduction. Subtra				30	<82,863·>
31 Net operating loss d	leduction	n (limited to the amount on line 30)	or mile Zi	SEE STAT	EMENT 17	31	132,000.
32 Unrelated business	taxahle i	ncome before specific deduction. Subtract line 31 f	rom line			32	<82,863.>
		y \$1,000, but see line 33 instructions for exception				33	1,000.
		e income. Subtract line 33 from line 32. If line 33 is					
line 32			-	•		34	<82,863.>
E00704		Reduction Act Notice see instructions					Form 990-T (2015)

Part III	T	ax Computation											
35 (Organ	izations Taxable as Corpora	tions. See in	structions for tax co	omputa	tion.							
(Contro	olled group members (section	s 1561 and	1563) check here	▶ □	Bee instruction	s and:						
a E	nter	our share of the \$50,000, \$2	5,000, and \$	89,925,000 taxable	income	brackets (in that	order):						
((1)	\$	(2) \$		1	(3) \$,						
				tax (not more than	\$11,75			i					
								i					
									•	► 35c	1		0.
36 7	Trusts	Taxable at Trust Rates. See	instructions	for tax computatio	n. Inco	me tax on the amo	unt on line	34 from:	•				
										▶ 36	1		
37 F										▶ 37			
39 1	Fotal.	Add lines 37 and 38 to line 35	c or 36, whi	ichever applies						39			0.
Part IV	′ T	ax and Payments	•	· ·									
40a F	oreig	n tax credit (corporations atta	ch Form 11	18; trusts attach Foi	rm 111	6)	40a						
c (Gener	al business credit. Attach Forr	n 3800				40c						
										40e	1		
41 8	Subtra	act line 40e from line 39								41			0.
42 (Other	taxes. Check if from: Fo	rm 4255 🗌	Form 8611	Forn	n 8697 🔲 Forn	n 8866 🗌	Other	(attach schedule	9) 42			
43 1	Fotal	tax. Add lines 41 and 42								43			0.
44 a F	aym									j.			
e E	Backu	ed group members (sections 1567 and 1578) check here											
g (Other	credits and payments:		Form 2439									
		Form 4136		Other		Total	► 44g						
45 1	Fotal	payments. Add lines 44a thro	ugh 44g							45		10,0	00.
47 1	Гах d	ue. If line 45 is less than the to	otal of lines 4	13 and 46, enter am	ount o	wed				▶ 47			
48 (Overp	ayment. If line 45 is larger tha	an the total o	of lines 43 and 46, e	nter an	nount overpaid)	▶ 48		10,0	
49 E						<u> </u>	0,000) • Re	efunded 🕨	▶ 49			0.
Part V	S	tatements Regardir	ng Certa	in Activities	and (Other Inform	ation (se	ee instru	uctions)				
1 At any	y time	during the 2015 calendar yea	ar, did the or	ganization have an	interes	t in or a signature	or other au	thority o	ver a financial	account ((bank,	Yes	No
		,						-	•				
Accou	unts.	If YES, enter the name of the	oreign coun	try here									
2 During If YES,	, see ir	istructions for other forms the orga	nization may h	ave to file.		r transferor to, a forei	gn trust?						X
			old. Enter	method of invent									
1 Inven	itory a	at beginning of year	1		1					6	—		
2 Purch					1	=							
3 Cost	of lab	or			1					7_			
		ection 263A costs (att. schedule)			1			,	•			Yes	No
		· ·				property produced	d or acquire	ed for res	sale) apply to				
5 Total		lines 1 through 4b	- 1								<u></u>		
Cian	Cor	der penalties of perjury, I declare the rect, and complete. Declaration of p	at I have exam preparer (other	lined this return, includ than taxpayer) is base	ing acco d on all i	mpanying schedules nformation of which p	and stateme reparer has a	nts, and to any knowle	the best of my kedge.	knowledge	and belief, i	t is true,	
Sign Here	1.					\				May the II	RS discuss	this return	with
пеге		Cianatura of officer		Doto			DENT						٦
	┸,					► TITTLE	-	,				Yes	」No
		Print/Type preparer's name		Preparer's sigi	nature		Date				IN		
Paid						C .4	11,00	ا۔ ۔,	self- employe			00	
Prepar	er			Frank	H.	muth	<u>μ1/02</u>	/16					
Use Or	nly	Firm's name ► RAFFA		n 377.7 #00	^				Firm's EIN	<u>▶ 5</u>	12-15	TT7.	5
		189		r. NW #90						200	000	E000	
		Firm's address WAS	utng.l.(ON, DC 20	036				Phone no.	∠U∠-	-822-	2000	

Form **990-T** (2015)

523711 01-06-16

Schedule C - Rent Income	e (From Re	al Propei	ty and	l Personal	Propert	ty Lease	ed With Real P	rope	rty)(see instructions)	
Description of property										
(1)										
(2)										
(3)										
(4)										
_(4)	2. Rent red	ceived or accrue	ed							
(a) From personal property (if the rent for personal property is m 10% but not more than 50	ore than	(b) F	f rent for pe	nd personal proper ersonal property ex t is based on profit	ceeds 50%	entage or if	3(a) Deductions dire columns 2(a	ectly con a) and 2(nected with the income in b) (attach schedule)	
(1)										
(2)										
(3)										
(4)										
Total	0	• Total				0.				
(c) Total income. Add totals of column		Enter					(b) Total deductions Enter here and on page		_	
here and on page 1, Part I, line 6, colu		>				0.	Part I, line 6, column (B)	<u>` ▶</u>	0.	
Schedule E - Unrelated De	ebt-Financ	ed Incom	1e (see i	nstructions)						
				2	,		3. Deductions directly to debt-fir			
1				2. Gross indo	e to debt-	(a)	Straight line depreciation		(b) Other deductions	
1. Description of debt	-financed property			financed (property	(-/	(attach schedule)		(attach schedule)	
(1)										
(2)										
(3)										
(4)										
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of debt-	age adjusted ba or allocable to financed proper tach schedule)		6. Column 4 divided by column 5			7. Gross income reportable (column 2 x column 6)		8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))	
(1)					%	, 0				
(2)					%	, 0				
(3)					%	,				
(4)					%	,				
							nter here and on page 1, art I, line 7, column (A).		Enter here and on page 1, Part I, line 7, column (B).	
Totals						▶		0.	0.	
Total dividends-received deductions	included in colu	ımn 8	·····	·····	·····			. 🕨 📗	0.	
Schedule F - Interest, Ann	uities, Roy	<i>r</i> alties, ar					nizations (see in	nstruc	tions)	
			Exemp	t Controlled O	rganizatio	ns				
Name of controlled organization		2. r identification umber	Net un (loss) (s	3. arelated income see instructions)		4. of specified lents made	5. Part of column included in the conorganization's gross	trolling	connected with income	
(1)										
(2)										
(3)										
(4)										
Nonexempt Controlled Organization	ns				•		•		•	
7. Taxable Income 8	Net unrelated ind (see instructi		9. To	tal of specified pay made	ments	in the conf	column 9 that is included trolling organization's ross income		Deductions directly connected with income in column 10	
(1)										
(2)										
(3)										
(4)										
						Enter here	olumns 5 and 10. and on page 1, Part I, 8, column (A).	Ent	Add columns 6 and 11. er here and on page 1, Part I, line 8, column (B).	
Totals					▶		0.		0.	

Form **990-T** (2015)

523721 01-06-16

Schedule G - Investme (see inst		Section 5	501(c)(7	'), (9), or (17) Or	ganizat	tion		
1 . Desc	cription of income			2. Amount of income		luctions connected schedule)	4. Set-asides (attach schedule)	 Total deductions and set-asides (col. 3 plus col. 4)
(1)								
(2)								
(3)								
(4)								
(1)			E	Enter here and on page 1, Part I, line 9, column (A).				Enter here and on page 1, Part I, line 9, column (B).
Totals				0.				0.
Schedule I - Exploited (see instru					ng Inco	me		
		3		4. Net income (loss)				7 5
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expen directly cond with produ of unrela business in	nected action ted	from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	from act is not u	s income ivity that nrelated s income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)								
(2)								
(3)								
(4)								
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here a page 1, Pa line 10, co	art I,					Enter here and on page 1, Part II, line 26.
Totals	0.		0.					0.
Schedule J - Advertisi	ing Income (see	instructions)						
Part I Income From	Periodicals Rep	orted on	a Cons	solidated Basis				
1. Name of periodical	2. Gross advertising income		Direct sing costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, comput cols. 5 through 7.		rculation come	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)								
(2)		1						
(3)		- 		-		 		
(4)		+		-		-		
(4)								
Totals (carry to Part II, line (5)) Part II Income From		0.	0 a Sena		ach porio	udical listed in	a Part II. fill in	0.
	7 on a line-by-line ba		и осра	il ate basis (1 of e	acii peno	ulcai iisteu ii	rraitii, iii iii	
				4. Advertising gain				7. Excess readership
1. Name of periodical	2. Gross advertising income		Direct sing costs	or (loss) (col. 2 minus col. 3). If a gain, comput cols. 5 through 7.		rculation come	6. Readership costs	costs (column 6 minus column 5, but not more than column 4).
(1)								
(2)								
(3)								
(4)								
Totals from Part I	•	0.	0.					0.
Totals Hollif att 1	Enter here and opage 1, Part I, line 11, col. (A)	on Enter he	ere and on 1, Part I, I, col. (B).	_				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	▶	0.	0.					0.
Schedule K - Compen					instructio	ns)		
	Name	,	,	2. Title		3. Percent o time devoted business	Comp	ensation attributable related business
(1)							%	
(2)							%	
(3)							%	
(4)							%	
Total . Enter here and on page 1, F	Part II, line 14						P	0 .

523731 01-06-16

FOOTNOTES

STATEMENT 14

NOL FROM 2008

NOL CARRYBACK USED

NOL USED 2009

NOL USED 2010

NOL USED 2011

NOL GENERATED 2012

NOL GENERATED 2013

NOL CARRYFORWARD TO 2014

FORM 990-1		OTHER INCOME						
DESCRIPTIO	AMOUNT							
PARTNERSHI PARTNERSHI PARTNERSHI	1,809. <82,254. <918.							
TOTAL TO E	FORM 990-T, PAGE 1,	LINE 12		<81,3	363.			
FORM 990-1	 [OTHER DEDUCT	IONS	STATEMENT	16			
DESCRIPTIO	DN			AMOUNT				
TAX PREPAR				1,5	500.			
TOTAL TO E	FORM 990-T, PAGE 1,	LINE 28		1,5	500.			
FORM 990-1	net net	OPERATING LOSS	DEDUCTION	STATEMENT	17			
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR				
12/31/12 12/31/13 12/31/14	24,337. 7,732. 54,692.	0. 0. 0.	24,337. 7,732. 54,692.	24,337. 7,732. 54,692.				
NOL CARRYO	OVER AVAILABLE THIS	86,761.	86,761.					