

**Return of Private Foundation**

or Section 4947(a)(1) Trust Treated as Private Foundation

**2019**

Open to Public Inspection

Form **990-PF**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.

For calendar year 2019 or tax year beginning , and ending

Name of foundation <b>WILLIAMSBURG COMMUNITY HEALTH FOUNDATION</b>		<b>A Employer identification number</b> 54-1822359
Number and street (or P.O. box number if mail is not delivered to street address) <b>4801 COURTHOUSE STREET, NO 200</b>	Room/suite	<b>B Telephone number</b> 757-345-0912
City or town, state or province, country, and ZIP or foreign postal code <b>WILLIAMSBURG, VA 23188</b>		<b>C</b> If exemption application is pending, check here ... <input type="checkbox"/>
<b>G</b> Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>D 1.</b> Foreign organizations, check here .... <input type="checkbox"/>  <b>2.</b> Foreign organizations meeting the 85% test, check here and attach computation ..... <input type="checkbox"/>
<b>H</b> Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here ... <input type="checkbox"/>
<b>I</b> Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ <b>128,482,463.</b>	<b>J</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ... <input type="checkbox"/>

<b>Part I Analysis of Revenue and Expenses</b> <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, etc., received .....			N/A	
	<b>2</b> Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B				
	<b>3</b> Interest on savings and temporary cash investments .....				
	<b>4</b> Dividends and interest from securities .....	121,843.	121,843.		
	<b>5a</b> Gross rents .....				
	<b>b</b> Net rental income or (loss) .....				
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10 .....	6,417,243.			
	<b>b</b> Gross sales price for all assets on line 6a .....	25,394,859.			
	<b>7</b> Capital gain net income (from Part IV, line 2) .....		6,424,167.		
	<b>8</b> Net short-term capital gain .....				
	<b>9</b> Income modifications .....				
	<b>10a</b> Gross sales less returns and allowances .....				
<b>b</b> Less: Cost of goods sold .....					
<b>c</b> Gross profit or (loss) .....					
<b>11</b> Other income .....	912,783.	1,034,372.		STATEMENT 1	
<b>12 Total.</b> Add lines 1 through 11 .....	7,451,869.	7,580,382.			
<b>Operating and Administrative Expenses</b>	<b>13</b> Compensation of officers, directors, trustees, etc. ....	174,231.	0.		174,231.
	<b>14</b> Other employee salaries and wages .....	648,320.	0.		648,320.
	<b>15</b> Pension plans, employee benefits .....	200,686.	0.		200,686.
	<b>16a</b> Legal fees .....				
	<b>b</b> Accounting fees .....	STMT 2 32,339.	0.		32,339.
	<b>c</b> Other professional fees .....	STMT 3 296,461.	285,370.		11,091.
	<b>17</b> Interest .....				
	<b>18</b> Taxes .....	STMT 4 88,643.	0.		0.
	<b>19</b> Depreciation and depletion .....	5,815.	0.		
	<b>20</b> Occupancy .....	137,557.	13,756.		123,801.
	<b>21</b> Travel, conferences, and meetings .....	66,568.	0.		66,568.
	<b>22</b> Printing and publications .....	9,927.	0.		9,927.
	<b>23</b> Other expenses .....	STMT 5 1,799,086.	1,412,150.		383,463.
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23 .....	3,459,633.	1,711,276.		1,650,426.
	<b>25</b> Contributions, gifts, grants paid .....	4,704,010.			4,770,278.
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25 .....	8,163,643.	1,711,276.		6,420,704.	
<b>27</b> Subtract line 26 from line 12:					
<b>a</b> Excess of revenue over expenses and disbursements .....	-711,774.				
<b>b Net investment income</b> (if negative, enter -0-) .....		5,869,106.			
<b>c Adjusted net income</b> (if negative, enter -0-) .....			N/A		

<b>Part II Balance Sheets</b> <small>Attached schedules and amounts in the description column should be for end-of-year amounts only.</small>		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	1 Cash - non-interest-bearing .....	343,603.	395,975.	395,975.
	2 Savings and temporary cash investments .....	3,976,108.	4,001,444.	4,001,444.
	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 .....			
	9 Prepaid expenses and deferred charges .....	58,082.	56,259.	56,259.
	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 .....				
13 Investments - other .....	STMT 7 112,175,630.	111,773,996.	111,773,996.	
14 Land, buildings, and equipment: basis ▶ .....	110,346.			
Less: accumulated depreciation .....	STMT 8 ▶ 100,428.	9,523.	9,918.	
15 Other assets (describe ▶ <b>ADVANCED CAPITAL CO</b> ) .....	0.	12,244,871.	12,244,871.	
16 <b>Total assets</b> (to be completed by all filers - see the instructions. Also, see page 1, item I) .....	116,562,946.	128,482,463.	128,482,463.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses .....	115,057.	163,286.	
	18 Grants payable .....	250,834.	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 ▶ <b>DEFERRED FEDERAL E</b> ) .....	217,657.	181,418.	
23 <b>Total liabilities</b> (add lines 17 through 22) .....	583,548.	730,306.		
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow FASB ASC 958, check here</b> .....			<input checked="" type="checkbox"/>
	<b>and complete lines 24, 25, 29, and 30.</b>			
	24 Net assets without donor restrictions .....	115,979,398.	127,752,157.	
	25 Net assets with donor restrictions .....			
	<b>Foundations that do not follow FASB ASC 958, check here</b> ▶ .....			<input type="checkbox"/>
	<b>and complete lines 26 through 30.</b>			
	26 Capital stock, trust principal, or current funds .....			
27 Paid-in or capital surplus, or land, bldg., and equipment fund .....				
28 Retained earnings, accumulated income, endowment, or other funds .....				
29 <b>Total net assets or fund balances</b> .....	115,979,398.	127,752,157.		
30 <b>Total liabilities and net assets/fund balances</b> .....	116,562,946.	128,482,463.		

**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 29 (must agree with end-of-year figure reported on prior year's return) .....	1	115,979,398.
2 Enter amount from Part I, line 27a .....	2	-711,774.
3 Other increases not included in line 2 (itemize) ▶ <b>SEE STATEMENT 6</b> .....	3	12,484,533.
4 Add lines 1, 2, and 3 .....	4	127,752,157.
5 Decreases not included in line 2 (itemize) ▶ .....	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29 .....	6	127,752,157.

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (for example, 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.)
1a 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 21,673,309.		18,970,692.	2,702,617.
b 3,721,550.			3,721,550.
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) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a			2,702,617.
b			3,721,550.
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	6,424,167.
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). If (loss), enter -0- in Part I, line 8 .....	3	N/A

**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 doesn't qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see the 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))
2018	5,944,442.	121,338,369.	.048991
2017	5,684,797.	118,613,649.	.047927
2016	5,875,323.	114,916,294.	.051127
2015	6,169,988.	120,813,645.	.051070
2014	5,536,213.	124,885,135.	.044330

2 Total of line 1, column (d) .....	2	.243445
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	.048689
4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5 .....	4	120,976,646.
5 Multiply line 4 by line 3 .....	5	5,890,232.
6 Enter 1% of net investment income (1% of Part I, line 27b) .....	6	58,691.
7 Add lines 5 and 6 .....	7	5,948,923.
8 Enter qualifying distributions from Part XII, line 4 .....	8	6,420,704.

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 <input type="checkbox"/> 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 <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b		1	58,691.
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	58,691.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		4	0.
5 <b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-		5	58,691.
6 Credits/Payments:			
a 2019 estimated tax payments and 2018 overpayment credited to 2019	6a	82,000.	
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	82,000.	
8 Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	753.	
9 <b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>	9		
10 <b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>	10	22,556.	
11 Enter the amount of line 10 to be: <b>Credited to 2020 estimated tax</b> 0. <b>Refunded</b>	11	22,556.	

**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?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition 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.		X
c Did the foundation file <b>Form 1120-POL</b> for this year?		X
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.		X
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		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?		N/A
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by <i>General Instruction T</i> .		X
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?	X	
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	X	
8a Enter the states to which the foundation reports or with which it is registered. See instructions. <u>VA</u>		
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 <i>General Instruction G</i> ? If "No," attach explanation	X	
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 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

**Part VII-A** Statements Regarding Activities *(continued)*

	Yes	No
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions .....		X
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 .....		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? .....	X	
Website address ► <u>WWW.WILLIAMSBURGHEALTHFOUNDATION.ORG</u>		
14 The books are in care of ► <u>SOLA MONIZ</u> Telephone no. ► <u>757-345-0912</u>		
Located at ► <u>4801 COURTHOUSE STREET, NO 200, WILLIAMSBURG, VA</u> ZIP+4 ► <u>23188</u>		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here .....	N/A	
and enter the amount of tax-exempt interest received or accrued during the year .....	15	
16 At any time during calendar year 2019, 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? .....		X
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.

	Yes	No
1a During the year, did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? .....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? .....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? .....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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)? .....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(6) Agree to pay money or property to a government official? ( <b>Exception.</b> 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.) .....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b If any answer is "Yes" to 1a(1)-(6), did <b>any</b> 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 .....		X
Organizations relying on a current notice regarding disaster assistance, check here .....	► <input type="checkbox"/>	
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 2019? .....		X
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 2019, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2019? .....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If "Yes," list the years ► _____, _____, _____, _____		
b Are there any years listed in 2a for which the foundation is <b>not</b> 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 <b>all</b> years listed, answer "No" and attach statement - see instructions.) .....	N/A	
c If the provisions of section 4942(a)(2) are being applied to <b>any</b> 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? .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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 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.) .....		X
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? .....		X
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 2019? .....		X



**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly 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 ▶ **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  SEE STATEMENT 12	51,862.
2  SEE STATEMENT 13	37,068.
3  SEE STATEMENT 14	11,739.
4  SEE STATEMENT 15	9,664.

**Part IX-B Summary of Program-Related Investments**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	
2	
3 All other program-related investments. See instructions.	

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	6,246,584.
c	Fair market value of all other assets .....	1c	116,572,346.
d	<b>Total</b> (add lines 1a, b, and c) .....	1d	122,818,930.
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	122,818,930.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) .....	4	1,842,284.
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4 .....	5	120,976,646.
6	<b>Minimum investment return.</b> Enter 5% of line 5 .....	6	6,048,832.

**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	6,048,832.
2a	Tax on investment income for 2019 from Part VI, line 5 .....	2a	58,691.
b	Income tax for 2019. (This does not include the tax from Part VI.) .....	2b	
c	Add lines 2a and 2b .....	2c	58,691.
3	Distributable amount before adjustments. Subtract line 2c from line 1 .....	3	5,990,141.
4	Recoveries of amounts treated as qualifying distributions .....	4	0.
5	Add lines 3 and 4 .....	5	5,990,141.
6	Deduction from distributable amount (see instructions) .....	6	0.
7	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 .....	7	5,990,141.

**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	6,420,704.
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	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4 .....	4	6,420,704.
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 .....	5	58,691.
6	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4 .....	6	6,362,013.

**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 2018	(c) 2018	(d) 2019
<b>1</b> Distributable amount for 2019 from Part XI, line 7				5,990,141.
<b>2</b> Undistributed income, if any, as of the end of 2019:				
<b>a</b> Enter amount for 2018 only			644,510.	
<b>b</b> Total for prior years:		0.		
<b>3</b> Excess distributions carryover, if any, to 2019:				
<b>a</b> From 2014				
<b>b</b> From 2015				
<b>c</b> From 2016				
<b>d</b> From 2017				
<b>e</b> From 2018				
<b>f</b> Total of lines 3a through e	0.			
<b>4</b> Qualifying distributions for 2019 from Part XII, line 4: ▶ \$ 6,420,704.				
<b>a</b> Applied to 2018, but not more than line 2a			644,510.	
<b>b</b> Applied to undistributed income of prior years (Election required - see instructions)		0.		
<b>c</b> Treated as distributions out of corpus (Election required - see instructions)	0.			
<b>d</b> Applied to 2019 distributable amount				5,776,194.
<b>e</b> Remaining amount distributed out of corpus	0.			
<b>5</b> Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0.			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b		0.		
<b>c</b> 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.		
<b>d</b> Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
<b>e</b> Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
<b>f</b> Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020				213,947.
<b>7</b> 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.			
<b>8</b> Excess distributions carryover from 2014 not applied on line 5 or line 7	0.			
<b>9</b> Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a	0.			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2015				
<b>b</b> Excess from 2016				
<b>c</b> Excess from 2017				
<b>d</b> Excess from 2018				
<b>e</b> Excess from 2019				

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9) N/A

**1 a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2019, enter the date of the ruling ▶

**b** Check box to indicate whether the foundation is a private operating foundation described in section  4942(j)(3) or  4942(j)(5)

	Tax year				(e) Total
	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
<b>2 a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
<b>b</b> 85% of line 2a					
<b>c</b> Qualifying distributions from Part XII, line 4, for each year listed					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:					
<b>a</b> "Assets" alternative test - enter:					
<b>(1)</b> Value of all assets					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6, for each year listed					
<b>c</b> "Support" alternative test - enter:					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> 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).)

NONE

**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.

NONE

**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.

**a** The name, address, and telephone number or email address of the person to whom applications should be addressed:

**SEE STATEMENT 16**

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

**c** Any submission deadlines:

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

**Part XV** Supplementary Information *(continued)*

<b>3 Grants and Contributions Paid During the Year or Approved for Future Payment</b>				
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
<b>a Paid during the year</b>				
ANGELS OF MERCY MEDICAL MISSION 7151 RICHMOND RD, STE. 401 WILLIAMSBURG, VA 23188-7234	N/A	PC	CHRONIC CARE COLLABORATIVE	42,500.
BACON STREET YOUTH AND FAMILY SERVICES 247 MCLAWS CIRCLE WILLIAMSBURG, VA 23185	N/A	PC	THE BRIDGES PROJECT	18,000.
CENTER FOR CHILD AND FAMILY SERVICES, INC. 2021 CUNNINGHAM DR., STE. 400 HAMPTON, VA 23666-3301	N/A	PC	MULTICULTURAL COUNSELING AND OUTREACH PROGRAM	40,000.
CENTER FOR CHILD AND FAMILY SERVICES, INC. 2021 CUNNINGHAM DR., STE. 400 HAMPTON, VA 23666-3301	N/A	PC	VIOLENCE PREVENTION AND INTERVENTION PROGRAM (VPIP)	35,000.
CENTER FOR CHILD AND FAMILY SERVICES, INC. 2021 CUNNINGHAM DR., STE. 400 HAMPTON, VA 23666-3301	N/A	PC	NEUROFEEDBACK COUNSELING PROGRAM	13,000.
<b>Total</b> ..... <b>SEE CONTINUATION SHEET(S)</b> ▶ <b>3a</b>				<b>4,428,278.</b>
<b>b Approved for future payment</b>				
ANGELS OF MERCY MEDICAL MISSION 7151 RICHMOND RD, STE. 401 WILLIAMSBURG, VA 23188-7234	N/A	PC	CHRONIC CARE COLLABORATIVE	42,500.
BACON STREET YOUTH AND FAMILY SERVICES 247 MCLAWS CIRCLE WILLIAMSBURG, VA 23185	N/A	PC	THE BRIDGES PROJECT	18,000.
GREATER WILLIAMSBURG HEARTSAFE ALLIANCE 421 NORTH BOUNDARY STREET WILLIAMSBURG, VA 23185	N/A	PC	GREATER WILLIAMSBURG HEARTSAFE ALLIANCE	15,000.
<b>Total</b> ..... <b>SEE CONTINUATION SHEET(S)</b> ▶ <b>3b</b>				<b>342,000.</b>





**Part XV Supplementary Information**

**3 Grants and Contributions Paid During the Year (Continuation)**

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
CHILD DEVELOPMENT RESOURCES P.O. BOX 280 NORGE, VA 23127	N/A	PC	INFANT PARENT PROGRAM	100,000.
CHILD DEVELOPMENT RESOURCES P.O. BOX 280 NORGE, VA 23127	N/A	PC	PARENTS AS TEACHERS	84,000.
CHILD DEVELOPMENT RESOURCES P.O. BOX 280 NORGE, VA 23127	N/A	PC	TRANSITIONAL GAP FUNDING FOR CERTIFIED MEDICAL INTERPRETER SERVICES (CMIS)	10,000.
CHILD DEVELOPMENT RESOURCES P.O. BOX 280 NORGE, VA 23127	N/A	PC	BREASTFEEDING: BUILDING CONFIDENCE AND COMPETENCE	6,000.
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	ANNUAL AWARDS	3,000.
CITY OF WILLIAMSBURG 401 LAFAYETTE STREET WILLIAMSBURG, VA 23185	N/A	GOV	WALKING WORKS	500.
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 (IOP)	50,000.
<b>Total from continuation sheets</b>				<b>4,279,778.</b>

**Part XV Supplementary Information**

**3 Grants and Contributions Paid During the Year (Continuation)**

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
COLONIAL BEHAVIORAL HEALTH 473 MCLAWS CIRCLE WILLIAMSBURG, VA 23185	N/A	PC	GREATER WILLIAMSBURG NETWORK OF CARE (NOC)	37,000.
COLONIAL BEHAVIORAL HEALTH 473 MCLAWS CIRCLE WILLIAMSBURG, VA 23185	N/A	PC	FUNDS TO SUPPORT INTEGRATED CARE TRAINING	10,000.
COMMUNITY HOUSING PARTNERS 448 DEPOT STREET CHRISTIANSBURG, VA 24073	N/A	PC	MOBILE FOOD PANTRY	5,000.
COMMUNITY OF FAITH MISSION P.O. BOX 6357 WILLIAMSBURG, VA 23188	N/A	PC	WALKING WORKS	500.
DREAM CATCHERS AT THE CORI SIKICH THERAPEUTIC RIDING CENTER 10120 FIRE TOWER RD TOANO, VA 23168	N/A	PC	WALKING WORKS	500.
ELK HILL FARM, INC. PO BOX 99 1975 ELK HILL RD. GOOCHLAND, VA 23063	N/A	PC	ELK HILL'S YORK COUNTY SCHOOL-BASED MENTAL HEALTH PROGRAM	15,000.
FISH, INC. 312 WALLER MILL ROAD, SUITE # 800 WILLIAMSBURG, VA 23185	N/A	PC	PURCHASE SHELF UNITS FOR FOOD STORAGE	3,200.
FREE FOUNDATION FOR REHABILITATION EQUIPMENT & ENDOWMENT P.O. BOX 8873 ROANOKE, VA 24014-0752	N/A	PC	F.R.E.E. OF WILLIAMSBURG	26,000.
FREE FOUNDATION FOR REHABILITATION EQUIPMENT & ENDOWMENT P.O. BOX 8873 ROANOKE, VA 24014-0752	N/A	PC	WALKING WORKS	500.
GLOUCESTER MATHEWS CARE CLINIC P.O. BOX 684 GLOUCESTER, VA 23061	N/A	PC	CHRONIC CARE COLLABORATIVE	200,000.
<b>Total from continuation sheets</b>				

**Part XV Supplementary Information**

**3 Grants and Contributions Paid During the Year (Continuation)**

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
GLOUCESTER MATHEWS CARE CLINIC P.O. BOX 684 GLOUCESTER, VA 23061	N/A	PC	MEDICAID EXPANISION - HYBRID CLINIC DEVELOPMENT	20,000.
GREATER WILLIAMSBURG HEARTSAFE ALLIANCE 421 NORTH BOUNDARY STREET WILLIAMSBURG, VA 23185	N/A	PC	GREATER WILLIAMSBURG HEARTSAFE ALLIANCE	15,000.
GROVE CHRISTIAN OUTREACH CENTER 8800 POCAHONTAS TRAIL WILLIAMSBURG, VA 23185	N/A	PC	BOARD DISCRETIONARY GRANT	500.
HOSPICE HOUSE AND SUPPORT CARE OF WILLIAMSBURG 4445 POWHATAN PARKWAY WILLIAMSBURG, VA 23188	N/A	PC	WALKING WORKS	500.
JAMES CITY COUNTY 101-D MOUNTS BAY ROAD WILLIAMSBURG, VA 23188	N/A	GOV	JAMES CITY COUNTY CHILD HEALTH INITIATIVE	275,000.
JAMES CITY COUNTY 101-D MOUNTS BAY ROAD WILLIAMSBURG, VA 23188	N/A	GOV	FUNCTIONAL EXERCISE AND EDUCATION TO THRIVE (FEET)	20,000.
JAMES CITY COUNTY 101-D MOUNTS BAY ROAD WILLIAMSBURG, VA 23188	N/A	GOV	FUNDS TO SUPPORT INTEGRATED CARE TRAINING	10,000.
JAMES CITY COUNTY 101-D MOUNTS BAY ROAD WILLIAMSBURG, VA 23188	N/A	GOV	ANNUAL AWARDS	3,000.
LITERACY FOR LIFE AT THE RITA WELSH ADULT LEARNING CENTER PO BOX 8795 WILLIAMSBURG, VA 23187	N/A	GOV	HEAL PROGRAM IN WILLIAMSBURG	55,000.
NETWORK PENINSULA 2 BERNARDINE DRIVE NEWPORT NEWS, VA 23602	N/A	PC	NONPROFIT MANAGEMENT INSTITUTE	15,000.
<b>Total from continuation sheets</b>				

**Part XV Supplementary Information**

**3 Grants and Contributions Paid During the Year (Continuation)**

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
OLDE TOWNE MEDICAL & DENTAL CENTER 5249 OLDE TOWNE ROAD WILLIAMSBURG, VA 23188	N/A	PC	SUPPORT FOR CLINIC OPERATIONS	225,000.
OLDE TOWNE MEDICAL & DENTAL CENTER 5249 OLDE TOWNE ROAD WILLIAMSBURG, VA 23188	N/A	PC	CHRONIC CARE COLLABORATIVE (CCC)	250,000.
OLDE TOWNE MEDICAL & DENTAL CENTER 5249 OLDE TOWNE ROAD WILLIAMSBURG, VA 23188	N/A	PC	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	PC	BOARD DISCRETIONARY GRANT	500.
ONE CHILD CENTER FOR AUTISM 201 BULIFANTS BLVD., STE A WILLIAMSBURG, VA 23188	N/A	PC	ONE CHILD CENTER FOR AUTISM CAPACITY BUILDING	20,000.
ONE CHILD CENTER FOR AUTISM 201 BULIFANTS BLVD., STE A WILLIAMSBURG, VA 23188	N/A	PC	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	PC	GREATER WILLIAMSBURG AGING AND DISABILITY RESOURCE CENTER (ADRC)	70,000.
PENINSULA AGENCY ON AGING 739 THIMBLE SHOALS BLVD, STE 1006 NEWPORT NEWS, VA 23606	N/A	PC	NUTRITIOUS NOONTIME MEALS	65,000.
<b>Total from continuation sheets</b> .....				

**Part XV Supplementary Information**

**3 Grants and Contributions Paid During the Year (Continuation)**

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
PENINSULA AGENCY ON AGING 739 THIMBLE SHOALS BLVD, STE 1006 NEWPORT NEWS, VA 23606	N/A	PC	LOCAL MATCH FUNDS FOR A REPLACEMENT VAN FOR THE RIDES PROGRAM	11,478.
POSTPARTUM SUPPORT VIRGINIA, INC. P.O. BOX 7521 ARLINGTON, VA 22207	N/A	PC	GREATER WILLIAMSBURG MATERNAL MENTAL HEALTH COALITION	8,000.
RX PARTNERSHIP 1500 FOREST AVE, SUITE 201 RICHMOND, VA 23229	N/A	PC	CHRONIC CARE COLLABORATIVE	35,000.
RX PARTNERSHIP 1500 FOREST AVE, SUITE 201 RICHMOND, VA 23229	N/A	PC	ACCESS TO MEDICATION PROGRAM (AMP)	12,500.
THE ARC OF GREATER WILLIAMSBURG 150 STRAWBERRY PLAINS ROAD, SUITE D WILLIAMSBURG, VA 23188	N/A	PC	FITNESS PROGRAM	30,000.
THE COLLEGE OF WILLIAM & MARY, NEW HORIZONS FAMILY COUNSELING CENTER 301 MONTICELLO AVENUE, P.O. BOX 8795 WILLIAMSBURG, VA 23185	N/A	GOV	YOUTH AND FAMILY COUNSELING PROGRAM	95,000.
THE DOORWAYS 612 E. MARSHALL STREET RICHMOND, VA 23219	N/A	PC	BASIC OPERATING SUPPORT	15,000.
VIRGINIA HEALTH CARE FOUNDATION 707 EAST MAIN STREET, SUITE 1350 RICHMOND, VA 23219	N/A	PC	GREATER WILLIAMSBURG MEDICATION ACCESS PROGRAM BASIC PROGRAM SUPPORT	378,000.
VIRGINIA HEALTH CATALYST 4200 INNSLAKE DRIVE, SUITE 202 GLEN ALLEN, VA 23060	N/A	PC	ORAL HEALTH ADVOCACY	20,000.
VIRGINIA PENINSULA FOODBANK 2401 ALUMINUM AVENUE HAMPTON, VA 23661	N/A	PC	MOBILE FOOD PANTRY: FRESH PRODUCE PROGRAM	25,000.
<b>Total from continuation sheets</b>				

**Part XV Supplementary Information**

**3 Grants and Contributions Paid During the Year (Continuation)**

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
WILLIAMSBURG AREA FAITH IN ACTION 354 MCLAWS CIRCLE, SUITE 2 WILLIAMSBURG, VA 23185	N/A	PC	MEDICAL TRANSPORTATION	36,000.
WILLIAMSBURG AREA FAITH IN ACTION 354 MCLAWS CIRCLE, SUITE 2 WILLIAMSBURG, VA 23185	N/A	PC	SUPPORT FOR DEVELOPMENT DIRECTOR	28,000.
WILLIAMSBURG AREA MEALS ON WHEELS, INC. P.O. BOX 709 WILLIAMSBURG, VA 23187	N/A	PC	COMPUTER REPLACEMENT AND SOFTWARE UPGRADE	6,400.
WILLIAMSBURG HOUSE OF MERCY, INC. 10 HARRISON AVENUE WILLIAMSBURG, VA 23185-3572	N/A	PC	MONTHLY MOBILE FOOD PANTRY	12,000.
WILLIAMSBURG HOUSE OF MERCY, INC. 10 HARRISON AVENUE WILLIAMSBURG, VA 23185-3572	N/A	PC	REFRIGERATOR PURCHASE FOR FRESH FOOD STORAGE	8,500.
WILLIAMSBURG SOCCER FOUNDATION 809 RICHMOND ROAD (WSF) WILLIAMSBURG, VA 23185	N/A	PC	VIRGINIA LEGACY COMMUNITY PARTNERSHIP PROGRAM	20,000.
WILLIAMSBURG-JAMES CITY COUNTY PUBLIC SCHOOL DIVISION 117 IRONBOUND ROAD WILLIAMSBURG, VA 23187	N/A	GOV	WJCC SCHOOL HEALTH INITIATIVE PROGRAM (SHIP)	670,000.
WILLIAMSBURG-JAMES CITY COUNTY PUBLIC SCHOOL DIVISION 117 IRONBOUND ROAD WILLIAMSBURG, VA 23187	N/A	GOV	WATER BOTTLE FILLING STATIONS - WJCC ELEMENTARY SCHOOLS	10,700.
WILLIAMSBURG-JAMES CITY COUNTY PUBLIC SCHOOL DIVISION 117 IRONBOUND ROAD WILLIAMSBURG, VA 23187	N/A	GOV	BOARD DISCRETIONARY GRANT	1,000.
WILLIAMSBURG-JAMES CITY COUNTY PUBLIC SCHOOL DIVISION 117 IRONBOUND ROAD WILLIAMSBURG, VA 23187	N/A	GOV	BOARD DISCRETIONARY GRANT	500.
<b>Total from continuation sheets</b>				





# Underpayment of Estimated Tax by Corporations

Department of the Treasury  
Internal Revenue Service

▶ Attach to the corporation's tax return.

FORM 990-PF

▶ Go to [www.irs.gov/Form2220](http://www.irs.gov/Form2220) for instructions and the latest information.

**2019**

Name **WILLIAMSBURG COMMUNITY HEALTH FOUNDATION** Employer identification number **54-1822359**

**Note:** Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

<b>Part I Required Annual Payment</b>			
1	Total tax (see instructions) .....	1	58,691.
2a	Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 .....	2a	
2b	Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method .....	2b	
2c	Credit for federal tax paid on fuels (see instructions) .....	2c	
2d	<b>Total.</b> Add lines 2a through 2c .....	2d	
3	Subtract line 2d from line 1. If the result is less than \$500, <b>do not</b> complete or file this form. The corporation does not owe the penalty .....	3	58,691.
4	Enter the tax shown on the corporation's 2018 income tax return. See instructions. <b>Caution:</b> If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5 .....	4	81,697.
5	<b>Required annual payment.</b> Enter the <b>smaller</b> of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3 .....	5	58,691.

**Part II Reasons for Filing** - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

6	<input type="checkbox"/> The corporation is using the adjusted seasonal installment method.
7	<input type="checkbox"/> The corporation is using the annualized income installment method.
8	<input type="checkbox"/> The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

**Part III Figuring the Underpayment**

	(a)	(b)	(c)	(d)	
9 <b>Installment due dates.</b> Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year .....	9	05/15/19	06/15/19	09/15/19	12/15/19
10 <b>Required installments.</b> If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column .....	10	14,673.	14,673.	14,672.	14,673.
11 <b>Estimated tax paid or credited for each period.</b> For column (a) only, enter the amount from line 11 on line 15. See instructions .....	11				82,000.
<b>Complete lines 12 through 18 of one column before going to the next column.</b>					
12 Enter amount, if any, from line 18 of the preceding column .....	12				
13 Add lines 11 and 12 .....	13				82,000.
14 Add amounts on lines 16 and 17 of the preceding column .....	14		14,673.	29,346.	44,018.
15 Subtract line 14 from line 13. If zero or less, enter -0- .....	15	0.	0.	0.	37,982.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- .....	16		14,673.	29,346.	
17 <b>Underpayment.</b> If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 .....	17	14,673.	14,673.	14,672.	
18 <b>Overpayment.</b> If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column .....	18				

**Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.**

**Part IV Figuring the Penalty**

	(a)	(b)	(c)	(d)
<b>19</b> Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. <b>(C corporations with tax years ending June 30 and S corporations:</b> Use 3rd month instead of 4th month. <b>Form 990-PF and Form 990-T filers:</b> Use 5th month instead of 4th month.) See instructions	<b>19</b>			
<b>20</b> Number of days from due date of installment on line 9 to the date shown on line 19	<b>20</b>			
<b>21</b> Number of days on line 20 after 4/15/2019 and before 7/1/2019	<b>21</b>			
<b>22</b> Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 6\% (0.06)}{365}$	<b>22</b> \$	\$	\$	\$
<b>23</b> Number of days on line 20 after 06/30/2019 and before 10/1/2019	<b>23</b>			
<b>24</b> Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 5\% (0.05)}{365}$	<b>24</b> \$	\$	\$	\$
<b>25</b> Number of days on line 20 after 9/30/2019 and before 1/1/2020	<b>25</b>			
<b>26</b> Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 5\% (0.05)}{365}$	<b>26</b> \$	\$	\$	\$
<b>27</b> Number of days on line 20 after 12/31/2019 and before 4/1/2020	<b>27</b>	<b>SEE ATTACHED WORKSHEET</b>		
<b>28</b> Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 5\% (0.05)}{366}$	<b>28</b> \$	\$	\$	\$
<b>29</b> Number of days on line 20 after 3/31/2020 and before 7/1/2020	<b>29</b>			
<b>30</b> Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{366}$	<b>30</b> \$	\$	\$	\$
<b>31</b> Number of days on line 20 after 6/30/2020 and before 10/1/2020	<b>31</b>			
<b>32</b> Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{366}$	<b>32</b> \$	\$	\$	\$
<b>33</b> Number of days on line 20 after 9/30/2020 and before 1/1/2021	<b>33</b>			
<b>34</b> Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{366}$	<b>34</b> \$	\$	\$	\$
<b>35</b> Number of days on line 20 after 12/31/2020 and before 3/16/2021	<b>35</b>			
<b>36</b> Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{365}$	<b>36</b> \$	\$	\$	\$
<b>37</b> Add lines 22, 24, 26, 28, 30, 32, 34, and 36	<b>37</b> \$	\$	\$	\$
<b>38 Penalty.</b> Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns	<b>38</b> \$			<b>753.</b>

\* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at [www.irs.gov](http://www.irs.gov). You can also call 1-800-829-4933 to get interest rate information.



## FORM 990-PF

## OTHER INCOME

## STATEMENT 1

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
PASSTHROUGH K-1 INCOME	909,426.	1,032,637.	
K-1 INCOME NOT INCLUDED IN INVESTMENT INCOME	1,622.	0.	
SECTION 965 INCOME	1,735.	1,735.	
<b>TOTAL TO FORM 990-PF, PART I, LINE 11</b>	<b>912,783.</b>	<b>1,034,372.</b>	

## FORM 990-PF

## ACCOUNTING FEES

## STATEMENT 2

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING & TAX RETURN PREPARATION FEES	32,339.	0.		32,339.
<b>TO FORM 990-PF, PG 1, LN 16B</b>	<b>32,339.</b>	<b>0.</b>		<b>32,339.</b>

## FORM 990-PF

## OTHER PROFESSIONAL FEES

## STATEMENT 3

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INVESTMENT MANAGEMENT	285,370.	285,370.		0.
OTHER PROFESSIONAL FEES	11,091.	0.		11,091.
<b>TO FORM 990-PF, PG 1, LN 16C</b>	<b>296,461.</b>	<b>285,370.</b>		<b>11,091.</b>

## FORM 990-PF

## TAXES

## STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
MUNICIPAL PROPERTY TAXES	1,041.	0.		0.
EXCISE TAX	87,602.	0.		0.
<b>TO FORM 990-PF, PG 1, LN 18</b>	<b>88,643.</b>	<b>0.</b>		<b>0.</b>

## FORM 990-PF

## OTHER EXPENSES

## 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.	0.		27,771.
INSURANCE	13,022.	0.		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 - INTERNATIONAL	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 2007, LLC	FMV	819,943.	819,943.
MA INVESTORS FUND 1, LLC	FMV	1,343,585.	1,343,585.
PRIVATE ADVISORS SMALL COMPANY BUYOUT FUND	FMV	382,296.	382,296.
TIFF PRIVATE EQUITY PARTNERS 2008, LLC	FMV	428,007.	428,007.
TIFF SHORT TERM FUND	FMV	2,002,293.	2,002,293.
METROPOLITAN REAL ESTATE PARTNERS 2008 DISTRESSED CO-INVESTMENT FUND, LP	FMV	16,393.	16,393.
TIFF SECONDARY PARTNERS II, LLC	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 2012, LLC	FMV	1,322,952.	1,322,952.
TIFF SPECIAL OPPORTUNITIES FUND, LLC	FMV	2,600,502.	2,600,502.
TIFF PRIVATE EQUITY PARTNERS 2013	FMV	3,483,754.	3,483,754.
TIFF PRIVATE EQUITY PARTNERS 2014	FMV	1,373,262.	1,373,262.
TIFF REALTY AND RESOURCES IV, LLC	FMV	451,325.	451,325.
TIFF PRIVATE EQUITY PARTNERS 2015	FMV	1,094,401.	1,094,401.
TIFF PRIVATE EQUITY PARTNERS 2016	FMV	739,223.	739,223.
TIFF PRIVATE EQUITY PARTNERS 2017	FMV	241,564.	241,564.
TIFF SPECIAL OPPORTUNITIES FUND II	FMV	649,105.	649,105.
TIFF PRIVATE EQUITY PARTNERS 2018	FMV	315,241.	315,241.
TIFF PRIVATE EQUITY PARTNERS 2019	FMV	16,053.	16,053.
TOTAL TO FORM 990-PF, PART II, LINE 13		111,773,996.	111,773,996.

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**FORM 990-PF      DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT      STATEMENT 8**


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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
FURNITURE, FIXTURES, & EQUIPMENT	78,174.	73,267.	4,907.
COMPUTERS & SOFTWARE	32,172.	27,161.	5,011.
<b>TOTAL TO FM 990-PF, PART II, LN 14</b>	<b>110,346.</b>	<b>100,428.</b>	<b>9,918.</b>

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**FORM 990-PF      OTHER ASSETS      STATEMENT 9**


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DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
ADVANCED CAPITAL CONTRIBUTIONS	0.	12,244,871.	12,244,871.
<b>TO FORM 990-PF, PART II, LINE 15</b>	<b>0.</b>	<b>12,244,871.</b>	<b>12,244,871.</b>

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**FORM 990-PF      OTHER LIABILITIES      STATEMENT 10**


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DESCRIPTION	BOY AMOUNT	EOY AMOUNT
DEFERRED FEDERAL EXCISE TAX LIABILITY	217,657.	181,418.
<b>TOTAL TO FORM 990-PF, PART II, LINE 22</b>	<b>217,657.</b>	<b>181,418.</b>

FORM 990-PF

PART VIII - LIST OF OFFICERS, DIRECTORS  
TRUSTEES AND FOUNDATION MANAGERS

STATEMENT 11

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JAMES R. GOLDEN 4801 COURTHOUSE STREET, SUITE 200 WILLIAMSBURG, VA 23188	IMMEDIATE PAST CHAIRMAN 1.00		0.	0.
LOUIS F. ROSSITER 4801 COURTHOUSE STREET, SUITE 200 WILLIAMSBURG, VA 23188	CHAIR 1.00		0.	0.
JACKSON C. TUTTLE, II 4801 COURTHOUSE STREET, SUITE 200 WILLIAMSBURG, VA 23188	VICE CHAIR 1.00		0.	0.
MARSHALL N. WARNE 4801 COURTHOUSE STREET, SUITE 200 WILLIAMSBURG, VA 23188	TREASURER 1.00		0.	0.
M. ANDERSON BRADSHAW 4801 COURTHOUSE STREET, SUITE 200 WILLIAMSBURG, VA 23188	TRUSTEE 1.00		0.	0.
DAVID E. BUSH 4801 COURTHOUSE STREET, SUITE 200 WILLIAMSBURG, VA 23188	TRUSTEE 1.00		0.	0.
BETH F. DAVIS 4801 COURTHOUSE STREET, SUITE 200 WILLIAMSBURG, VA 23188	TRUSTEE 1.00		0.	0.
PAUL W. GERHARDT 4801 COURTHOUSE STREET, SUITE 200 WILLIAMSBURG, VA 23188	TRUSTEE 1.00		0.	0.
EARL T. GRANGER, III 4801 COURTHOUSE STREET, SUITE 200 WILLIAMSBURG, VA 23188	TRUSTEE 1.00		0.	0.
LAURA J. LODA 4801 COURTHOUSE STREET, SUITE 200 WILLIAMSBURG, VA 23188	TRUSTEE 1.00		0.	0.

WILLIAMSBURG COMMUNITY HEALTH FOUNDATION

54-1822359

KELLI MANSEL-ARBUCKLE 4801 COURTHOUSE STREET, SUITE 200 WILLIAMSBURG, VA 23188	TRUSTEE 1.00	0.	0.	0.
DOUGLAS J. MYERS 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.
STEVEN R. STAPLES 4801 COURTHOUSE STREET, SUITE 200 WILLIAMSBURG, VA 23188	TRUSTEE 1.00	0.	0.	0.
ROBERT B. TAYLOR 4801 COURTHOUSE STREET, SUITE 200 WILLIAMSBURG, VA 23188	TRUSTEE 1.00	0.	0.	0.
THOMAS G. TINGLE 4801 COURTHOUSE STREET, SUITE 200 WILLIAMSBURG, VA 23188	TRUSTEE 1.00	0.	0.	0.
GLEND A. H. TURNER 4801 COURTHOUSE STREET, SUITE 200 WILLIAMSBURG, VA 23188	TRUSTEE 1.00	0.	0.	0.
CLARENCE A. WILSON 4801 COURTHOUSE STREET, SUITE 200 WILLIAMSBURG, VA 23188	TRUSTEE 1.00	0.	0.	0.
ALFRED L. WOODS 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	174,231.	12,647.	0.

TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII

174,231.	12,647.	0.
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FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT 12

ACTIVITY ONE

CHRONIC CARE INITIATIVE- A COLLABORATIVE WITH HEALTHCARE ORGANIZATIONS THAT PROVIDE DIRECT SERVICES TO UNINSURED AND UNDER-INSURED, CHRONICALLY ILL INDIVIDUALS IN THE GREATER WILLIAMSBURG AREA. THE GOAL IS TO IMPROVE THE HEALTH OF THE UNDERSERVED COMMUNITY BY IMPROVING THE ORGANIZATIONS' INDIVIDUAL AND COLLECTIVE CAPACITY TO SERVE THIS POPULATION.

EXPENSES

TO FORM 990-PF, PART IX-A, LINE 1

51,862.

FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT 13

ACTIVITY TWO

CHILD HEALTH INITIATIVE- A COLLABORATIVE OF HUMAN SERVICE AND HEALTHCARE PROVIDERS DESIGNED TO IMPROVE LONG-TERM HEALTH OUTCOMES FOR CHILDREN LIVING IN POVERTY IN THE COMMUNITY. THE COLLABORATIVE EMPLOYS A MULTI-DISCIPLINARY, HOME-BASED SERVICE DELIVERY APPROACH TO WORK IN PARTNERSHIP WITH FAMILIES.

EXPENSES

TO FORM 990-PF, PART IX-A, LINE 2

37,068.

FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT 14

ACTIVITY THREE

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.

EXPENSES

TO FORM 990-PF, PART IX-A, LINE 3

11,739.

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.

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>WILLIAMSBURG COMMUNITY HEALTH FOUNDATION</b>	Taxpayer identification number (TIN) <b>54-1822359</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>4801 COURTHOUSE STREET, NO 200</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>WILLIAMSBURG, VA 23188</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 4

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**SOLA MONIZ**

- The books are in the care of ▶ **4801 COURTHOUSE STREET, NO 200 - WILLIAMSBURG, VA 23188**  
Telephone No. ▶ **757-345-0912** Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 16, 2020**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2019** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	58,691.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	82,000.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form **8868** (Rev. 1-2020)

**MAIL TO: DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE CENTER  
OGDEN, UT 84201-0045**