





# OKLAHOMA RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX

Section 501(c) of the Internal Revenue Code

**PART 1** For the year January 1 - December 31, 2018, or other taxable year

beginning:  , 2018 , ending:  ,

**AMENDED RETURN!**

If this is an Amended Return place an 'X' here

See Schedule 512E-X on page 2.

Name of Organization  
**WILLIAMSBURG COMMUNITY HEALTH FOUNDATION**

Address (number and street)  
**4801 COURTHOUSE STREET, NO. 200**

City, State or Province, Country and ZIP or Foreign Postal Code  
**WILLIAMSBURG, VA 23188**

Federal Employer Identification Number  
**54-1822359**

Date Qualified for Tax Exempt Status  
**1/23/1996**

**OFFICE USE ONLY**

**PART 2: STATEMENT OF UNRELATED BUSINESS TAXABLE INCOME** (Please read instructions on pages 2-3)

	Total Federal	Allocable Oklahoma
A. Total unrelated trade or business income - applicable Federal Form(s) 990	51,868	28,765
B. Total unrelated trade or business deductions - applicable Fed. Form(s) 990	1,500	0
C. Unrelated business taxable income - Enter here and on line 1 below	50,368	28,765

**INCOME SUBJECT TO TAX**

1. Unrelated business taxable income - from statement above (allocable to Oklahoma)	28,765	00
2. Other net income - enclose schedule		00
3. Oklahoma Capital Gain deduction (provide Form 561-C)		00
4. Oklahoma taxable income (total of lines 1, 2 and 3)	28,765	00

**TAX COMPUTATION**

5. Tax at 6% of line 4. If Trust - See Rate Schedule on page 2 and place an '1' in the box. If recapturing the Oklahoma Affordable Housing Tax Credit, add the recaptured credit here and enter a '2' in the box. If making an Okla. installment payment pursuant to IRC Sec. 965(h) and 68 O.S. Sec. 2368(K), add the installment payment here and enter a "3" in the box ..	1,726	00
6. Less: Other Credits Form (total from Form 511CR).....	0	00
7. Balance of tax due (line 5 minus line 6, but not less than zero)	1,726	00
8. Amount paid on 2018 estimated tax and amount paid with extension request		00
9. Oklahoma withholding (enclose Form 1099, Form 500A, Form 500B or other withholding statement)	1,988	00
10. Amount paid with original return and amount paid after it was filed (amended return only)	0	00
11. Any refunds or overpayment applied (amended return only)	( )	00
12. Total of lines 8 through 11	1,988	00
13. Overpayment (if line 12 is larger than line 7 enter amount overpaid)	262	00
14. Amount of line 13 to be credited to 2019 estimated tax (original return only)	262	00
15. Donations from your refund <input type="checkbox"/> \$2 <input type="checkbox"/> \$5 <input type="checkbox"/> \$ 0 ..	0	00
16. Add lines 14 and 15 and enter amount	262	00
17. Amount to be refunded to you (line 13 minus line 16) <b>Refund</b>		00

**Direct Deposit Note:**  Is this refund going to or through an account that is located outside of the United States?  Yes  No

Deposit my refund in my:  checking account  savings account

Routing Number:  Account Number:

18. Tax Due (if line 7 is larger than line 12 enter tax due)	Tax Due	18	0	00
19. Donation: Support the Oklahoma General Revenue Fund (For information regarding this fund, see page 3, #4)		19		00
20. For delinquent payment, add penalty of 5% plus interest at 1.25% per month		20		00
21. Underpayment of estimated tax interest	Annualized <input type="checkbox"/>	21		00
22. Total tax, penalty and interest due - Add lines 18-21; pay in full with return	Balance Due	22		00

Under penalty of perjury, I declare the information contained in this document, attachments and schedules are true and correct to the best of my knowledge and belief.

Signature of Officer or Trustee <i>[Signature]</i>	Date 11/1/19	Signature of Preparer <i>[Signature]</i>	Date 2019.10.30 14:06:06 -04'00'
Print Name Name		Printed Name of Preparer AMANDA ADAMS	
Title	Phone Number	Phone Number 801-673-5700	Preparer's PTIN P00748038

Check this box if the Oklahoma Tax Commission may discuss this return with your tax preparer.

Refund or Amount Due	26 Refund. If line 25 is less than line 24, then subtract line 25 from line 24 a Fill in the account information to have the refund directly deposited. Routing number b Type: Checking <input type="checkbox"/> Savings <input type="checkbox"/> c Account Number	26a	26b	26c	26	00
	27 Penalties and interest. See General Information M				27	00
	28 <input type="checkbox"/> Check if estimate penalty computed using Exception B or C and attach form FTB 5806.				28	00
	29 Total amount due. Add line 22, line 23, line 25, and line 27, then subtract line 24				29	00

Unrelated Business Taxable Income

Part I Unrelated Trade or Business Income	1c	00
1 a Gross receipts or gross sales	2	00
2 Cost of goods sold and/or operations (Schedule A, line 7)	3	00
3 Gross profit. Subtract line 2 from line 1c	4a	00
4 a Capital gain net income. See Specific Line Instructions - Trusts attach Schedule D (541)	4b	00
b Net gain (loss) from Part II, Schedule D-1	4c	00
c Capital loss deduction for trusts		
5 Income (or loss) from partnerships, limited liability companies, or S corporations. See specific line instructions. Attach Schedule K-1 (565, 568, or 100S) or similar schedule <b>SEE STATEMENT 2</b>	5	18,449 00
6 Rental income (Schedule C)	6	00
7 Unrelated debt-financed income (Schedule D)	7	00
8 Investment income of an R&TC Section 23701g, 23701i, or 23701n organization (Schedule E)	8	00
9 Interest, Annuities, Royalties and Rents from controlled organizations (Schedule F)	9	00
10 Exploited exempt activity income (Schedule G)	10	00
11 Advertising income (Schedule H, Part III, Column A)	11	00
12 Other income. Attach schedule	12	00
13 Total unrelated trade or business income. Add line 3 through line 12	13	18,449 00

Part II Deductions Not Taken Elsewhere (Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees from Schedule I	14	00
15 Salaries and wages	15	00
16 Repairs	16	00
17 Bad debts	17	00
18 Interest	18	00
19 Taxes	19	00
20 Contributions <b>SEE STATEMENT 3</b>	20	1,845 00
21 a Depreciation (Corporations and Associations - Schedule J) (Trusts - form FTB 3885F)	21a	00
b Less: depreciation claimed on Schedule A	21b	00
22 Depletion	22	00
23 a Contributions to deferred compensation plans	23a	00
b Employee benefit programs	23b	00
24 Other deductions	24	00
25 Total deductions. Add line 14 through line 24	25	1,845 00
26 Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13	26	16,604 00
27 Excess advertising costs (Schedule H, Part III, Column B)	27	00
28 Unrelated business taxable income before specific deduction. Subtract line 27 from line 26	28	16,604 00
29 Specific deduction	29	1,000 00
30 Unrelated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28	30	15,604 00

To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to [ftb.ca.gov/forms](http://ftb.ca.gov/forms) and search for 1131. To request this notice by mail, call 800 852 5711

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge

Sign Here	Signature <i>Cherry Bekaert</i>	Title PRESIDENT & CEO	Date 11/1/19	Telephone 757-345-0912
Paid Preparer's Use Only	Preparer's signature <i>Amanda Adams</i>	Date 2019.10.30 14:05:02 -04'00'	Check if self-employed <input type="checkbox"/>	PTIN P00748038
	Firm's name (or yours, if self-employed) and address CHERRY BEKAERT LLP 200 SOUTH 10TH ST., STE. 900 RICHMOND, VA 23219			FEIN 56-0574444 Telephone 804-673-5700
May the FTB discuss this return with the preparer shown above? See instructions				



180112 41833

DR 0112 (06/13/18)  
COLORADO DEPARTMENT OF REVENUE  
Colorado gov/Tax

Form 112

Name		Account Number	
WILLIAMSBURG COMMUNITY HEALTH FOUNDATION			
<b>C. The corporation's books are in care of:</b>			
Last Name	First Name	Middle Initial	Phone Number
MONIZ	SOLA		757-345-0912
Address		City	State   Zip
4801 COURTHOUSE STREET, NO 200		WILLIAMSBURG	VA   23188
<b>D. Business code number per federal return (NAICS)</b>		<b>E. Year corporation began doing business in Colorado</b>	
525990		01/01/18	
<b>F. May the Colorado Department of Revenue discuss this return with the paid preparer shown below (see instructions)</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>G. Kind of business in detail</b>			
INVESTMENT IN PARTNERSHIPS			
<b>H. Has the Internal Revenue Service made any adjustments in the corporation's income or tax or have you filed amended federal income tax returns at any time during the last four years?</b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, for which year(s)? (YYYY)			
Did you file amended Colorado returns to reflect such changes or submit copies of the Federal Agent's reports?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Last Name of person or firm preparing return		First Name	Middle Initial
ADAMS <i>Amanda Adams</i> 2019.10.30 14:05:18 -04'00'		AMANDA	
Address of person or firm preparing return		Phone Number	
200 SOUTH 10TH STREET, STE. 900		804-673-5700	
City		State	Zip
RICHMOND		VA	23219
Under penalties of perjury in the second degree, I declare that I have examined this return and to the best of my knowledge is true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Signature or Title of Officer		Date (MM/DD/YY)	
<i>Amanda Adams</i>		11/1/19	
<b>Do Not Submit Federal Return, Forms or Schedules when Filing this Return</b>			

If you are filing this return **with** a check or payment, please mail the return to:COLORADO DEPARTMENT OF REVENUE  
Denver, CO 80261-0006If you are filing this return **without** a check or payment, please mail the return to:COLORADO DEPARTMENT OF REVENUE  
Denver, CO 80261-0005