Part I	II Total Unrelated Business Taxable Incom	ne							
33	Total of unrelated business taxable income computed from all un		33	50,368.					
34	Amounts paid for disallowed fringes				34				
35	Deduction for net operating loss arising in tax years beginning b	efore January 1, 2018 (see instru	ictions) ST	MT 22	35	50,368.			
36	Total of unrelated business taxable income before specific deduc								
	lines 33 and 34				36				
37	Specific deduction (Generally \$1,000, but see line 37 instruction				37	1,000.			
	Unrelated business taxable income. Subtract line 37 from line								
38	enter the smaller of zero or line 36				38	0.			
Dort I	V Tax Computation				, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
		2/ (0.01)		•	39	0.			
	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21) Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:								
40									
	Tax rate schedule or Schedule D (Form 1041)	***************************************		_	40				
41	Proxy tax. See instructions				41				
42	Alternative minimum tax (trusts only)				42				
43	Tax on Noncompliant Facility Income. See instructions				43				
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever appli	es			44	0.			
Part \	V Tax and Payments								
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach	Form 1116)	45a		66.5				
b	Other credits (see instructions)		45b						
c	General business credit. Attach Form 3800		45c		1 1				
d			45d]				
	Total credits. Add lines 45a through 45d				45e				
46	Subtract line 45e from line 44				46	, 0.			
47	Other taxes. Check if from: Form 4255 Form 8611	Form 8697 Form 88	366 Other (a	ttach achedule)	47				
48	Total tax. Add lines 46 and 47 (see instructions)				48	0.			
	2018 net 965 tax liability paid from Form 965-A or Form 965-B,				49	0.			
49	Payments: A 2017 overpayment credited to 2018		50a	LO,000.		•			
	-								
	2018 estimated tax payments				1 1				
	: Tax deposited with Form 8868				1				
	Foreign organizations: Tax paid or withheld at source (see instr				1 1				
	Backup withholding (see instructions)				1 1				
	Credit for small employer health insurance premiums (attach Fo		501		1 1				
•	Other credits, adjustments, and payments: Form 2439				1 1				
	Form 4136 Other		50g		_	10,000.			
51	Total payments. Add lines 50a through 50g				51	10,000.			
52	Estimated tax penalty (see instructions). Check if Form 2220 is				52				
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52,				53	10,000.			
54	Overpayment. If line 51 is larger than the total of lines 48, 49,				54				
55	Enter the amount of line 54 you want: Credited to 2019 estima	ted tax ▶ 10,		unded 🕨	55				
Part									
58	At any time during the 2018 calendar year, did the organization			'		Yes No			
	over a financial account (bank, securities, or other) in a foreign	country? If "Yes," the organization	n may have to file						
	FinCEN Form 114, Report of Foreign Bank and Financial Accoun	its. If "Yes," enter the name of the	foreign country						
	here					X			
57	During the tax year, did the organization receive a distribution 1	rom, or was it the grantor of, or t	ransferor to, a fore	eign trust? 🔝		X			
	If "Yes," see instructions for other forms the organization may h								
58	Enter the amount of tax-exempt interest received or accrued du	ring the tax year 🕨 💲							
	Index penalties of periors I declare that I have examined this return, in	hiding accompanying schedules and st	atements, and to the	est of my knowle	dge and be	tief, it is true.			
Sign Sign Correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge May the IRS discuss this return									
Here PRESIDENT & CEO the preparer shown be									
	Signature of officer Date	Title		lif.	structions)	X Yes No			
	Drint/Type preparer's name Preparer's	signature 2010 18	ala o	Check	if PTIN				
	Λ	0 40. 2019.10	7.30	self- employed					
Paid	AMANDA ADAMS	13:01:48	8 -04'00'			0748038			
Preparer Firm's FIM > 5					-0574444				
Use Only 200 SOUTH 10TH ST., STE. 900									
						73-5700			
823711 0	Firm's address ► RICHMOND, VA 23					Form 990-T (2018)			
	11-184-14					(= 0 10)			

OKLAHOMA RETURN OF ORGANIZATION

EXEIVIPT FROM INCOME TAX							
For the year January 1 - December 31, 2018, or other taxable year place an							
beginning: ending: Y here X here See Schedt on page 2.	ule 512E-X						
Name of Organization	Federal Em	ployer Identification Number					
WILLIAMSBURG COMMUNITY HEALTH FOUNDATION	i 54-182	2359					
Address (number and street)		led for Tax Exempt Status	106				
4801 COURTHOUSE STREET, NO. 200		1/23/13					
City, State or Province, Country and ZIP or Foreign Postal Code		OFFICE USE C	NLY				
WILLIAMSBURG, VA 23188							
PART 2: STATEMENT OF UNRELATED BUSINESS	TAXABLE INC	OME (Please read instructions	on pa	ges 2-3)			
		Total Tederal		Allocable Oklahoma 28,765			
A. Total unrelated trade or business income - applicable	e Federal Form(s) 9	1,50	_				
B. Total unrelated trade or business deductions - applicable F	-ea. Form(s) 990			28,765			
C. Unrelated business taxable income - Enter here ar	nd on line i beid						
INCOME SUBJECT TO TAX 1. Unrelated business taxable income - from stateme	nt above (alloca	ble to Oklahoma)	1	28,765 00			
Other net income - enclose schedule	ill above (alloce	ible to Oktariona,	2	00			
Other net income - enclose schedule	 61-C	•••••		00			
3. Oklahoma Capital Gain deduction (provide Form 3	n 1-0		4	28,765 00			
Oklahoma taxable income (total of lines 1, 2 and 3 TAX COMPUTATION							
5. Tax at 6% of line 4. If Trust - See Rate Schedule o	n page 2 and pl	ace an '1' in the box.	. 19				
If recapturing the Oklahoma Affordable Housing Ta	y Credit add the	recaptured credit here and	, [
enter a '2' in the box. If making an Okla. installment	navment pursua	ant to IRC Sec. 965(h) and					
68 O.S. Sec. 2368(K), add the installment paymen	nt here and ente	r a "3" in the box	5	1,726 00			
6. Less: Other Credits Form (total from Form 511CR)		6	0 00			
7. Balance of tax due (line 5 minus line 6, but not les	s than zero)		. 7	1,726 00			
Amount paid on 2018 estimated tax and amount p	aid with extensi	on request	. 8	00			
Oklahoma withholding (enclose Form 1099, Form 500)	. 9	1,988 00					
10. Amount paid with original return and amount paid	0 00						
10. Amount paid with original return and amount paid after it was filed (amended return only) 11. Any refunds or overpayment applied (amended return only)							
12 Total of lines 8 through 11		1,988 00					
13. Overpayment (if line 12 is larger than line 7 enter	13	262 00					
14 Amount of line 13 to be credited to 2019 estimate	d tax (original re	eturn only)	. 14	262 00			
the second secon	variety of Oklahoma ordi	inizations. Place the line number of the					
organization from page 3 of this form in the box below and enter the amount you are in the box and attach a schedule showing how you would like your donation split.	re donating. If giving to n	nore than one organization, put a 33	3.25				
15. Donations from your refund	\$2 \$5 S	0	15				
16 Add lines 14 and 15 and enter amount			. 16	262 00			
17. Amount to be refunded to you (line 13 minus line	16)	Refund	1 17	0 00			
Direct Deposit Note: Is this refund going to or t		at is located outside of the United St		Yes No			
Deposit my refund in	my: checki	ng account savings	accou	nt			
All refunds must be by direct deposit. See Direct Deposit Information on		<u></u>					
page 4 for details. Routing Number:		ount nber:					
				ماموا			
18. Tax Due (if line 7 is larger than line 12 enter tax of	due)	Tax Dι	e 18	0 00			
19 Donation: Support the Oklahoma General Revenue Fu	und (For information	regarding this fund, see page 3, #4)	. <u> 19</u>	000			
20 For delinguent payment, add penalty of 5% plus	interest at 1.25°	% per month <u></u>	<u>. 120</u>	000			
21 Underpayment of estimated tax interest							
22. Total tax, penalty and interest due - Add lines 18-21; pay in full with return Balance Due [22]							
Under penalty of perjury, 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	the Oklahoma Tax	ature of Preparer Aman Q_ AQ.	~~~	2019.10.30 14:06:06 -04'00'			
or Trustee Print		ted Name					
Name	tax preparet.	reparer AMANDA ADAMS	044.77	ora DTIN			
Title Phone Number	X Pho	801-673-5700	Prepare	P00748038			

			•1	28			00
	efund. If line 25 is less than line 24, then subtract line 25 from line 24	26a	<u> </u>	20			
26 P	efund. If line 25 is less than line 24, then subtract line 23 hours line 2. Fill in the account information to have the refund directly deposited. Routing number	20a					
8	Fill in the account information to have the refund directly deposited. Fill in the account information to have the refund directly deposited. Fill in the account information to have the refund directly deposited. Fill in the account information to have the refund directly deposited.		•	27	T		00
d or k	Type: Checking • Savings • C Account Number renalties and interest. See General Information M						
''' 27 F	enalties and interest. See General Information M Check if estimate penalty computed using Exception B or C and attach form FTB 5806.			29			00
28	Check if estimate penalty computed using Exception B of C and attach formation of C and attach f						
29	isiness Taxable Income						
elated Di	ad Trade or Business Income h Lega returns and allowances C Balan	ce	•	1	<u>: </u>		00
t i Unrelat	d Trade or Business Income C Balan		•	2			100
a Gross receipt	b Less returns and allowances sold and/or operations (Schedule A, line 7)		•	3			00
Cost of good	sold and/or operations (Schedule A, line 7) Subtract line 2 from line 1c In net income. See Specific Line Instructions - Trusts attach Schedule D (541)		•	14	a		00
© Capital dai	n net income. See Specific Line Instructions - Trusts affacts Schedule D (341)		•	14	b		100
h Not nain (I	oss) from Part II, Schedule De Communication (Communication)		•	' إـــٰ	lc		100
Onnited loc	e deduction for trusts					18,44	9 00
Income (or I	oss) from partnerships, limited liability companies, or S corporations. See Specific line Specific l	r 2	•	\vdash	5	10,11	00
Attach Sche	fule K-1 (565, 568, or 1003) or similar comments		•	\vdash	B		00
Dontal incor	ne (Schedule C)			\vdash	7 -		00
Unrelated d	ne (Schedule C) Abt-financed income (Schedule D) Income of an R&TC Section 23701g, 23701i, or 23701n organization (Schedule E) Income of an R&TC Section 23701g, 23701i, or 23701n organization (Schedule F)		'		8		00
Investment	income of an R&TC Section 2370 tg, 2370 ti, or actions (Schedule F)			-	10		00
Interest, An	nuities, Royalties and Reins from Conductors			-	11		00
Exploited ex	tempt activity income (Scredule G)			-	12		00
Advertising	income (Schedule H, Part III, Column A)			-	13	18,4	19 oc
Other incom	ne. Attach schedule hated trade or business income. Add line 3 through line 12	unrela	ted bu			me.)	
		uniole		•1	14		00
art II Dec	tion of officers, directors, and trustees from Schedule I			•	15		0
4 Compensa	tion of officers, directors, and trustees from Schedule I d wages			•	16		- 10
5 Salaries at	d wages			•	17		10
18 Heballs .				•	18		0
				•	19	1 0	45 0
10 Tayes	SEE STATEME	NT .	<u>3</u>	•	20	1,0	3210
on Contribut	ons			00	-	r	$\overline{}$
21 a Deprec	ation (Corporations and Associations 2007)		1	00	21		
b Less: 0	epreciation claimed on Schedule A			•	22		
					23a 23b		
23 a Contri	outions to deferred compensation plans						
	yee benefit programs			•	25	1,	845
24 Other de	UUUUUUUUUU		•••••	•	28	16,	604
25 Total de	ductions. Add line 14 through line 24 d business taxable income before allowable excess advertising costs. Subtract line 25 from line 13			•	27	T	
26 Unrelate	d business taxable income before allowable excess advertising costs. General Business taxable income before allowable excess advertising costs (Schedule H, Part III, Column B)			•	28	16,	604
27 Excess	dvertising costs (Schedule H, Part III, Column B) d business taxable income before specific deduction. Subtract line 27 from line 26				29	1,	000
28 Unrelate	O DUSINESS MAGNIC INCOME SOURCE STATE				100	T 15.	604
29 Specific	deduction d business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28 to learn about your privacy rights, how we may use your information, and the consequences for not providing the requested at the line 131. To request this notice by mail. call 800 852 5711	informat	ion, go	to ftb	ca gov	Horms and	orrect.
30 Unrelat	To learn about your privacy rights, how we may use your information, and the consequence of the privacy rights, how we may use your information, and the consequence of the privacy rights how we may use your information, and the consequence of the privacy rights how we may use your information, and the consequence of the privacy rights how we may use your information, and the consequence of the privacy rights how we may use your information, and the consequence of the privacy rights how we may use your information, and the consequence of the privacy rights how we may use your information, and the consequence of the privacy rights how we may use your information, and the consequence of the privacy rights how we may use your information, and the consequence of the privacy rights how we may use your information, and the consequence of the privacy rights how we may use your information, and the consequence of the privacy rights how we may use your information, and the consequence of the privacy rights how we may use your information, and the consequence of the privacy rights have been all the privacy rights have a privacy right of the privacy rights have a privacy right of the privacy right o	nd to the I	best of	ny kn	owledg	ge and belief it is tide.	
Sign	to business taxable income. Subtract line 29 from line 20, it line 20 is a source of the requested to learn about your privacy rights, how we may use your information, and the consequences for not providing the requested search for 1131. To request this notice by mail, call 800 885-5711 search for 1131. To request this notice by mail, call 800 885-5711 under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements are Under penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements are under the penalties of perjury. I declare that I have examined this return. Including accompanying schedules and statements are considered to the penalties of perjury. I declare that I have examined this return.	Date	,	,		I ● Telephone	012
Неге	Signature PRESIDENT & CEO	1	<u> </u>	19	"	151-343-0	1914
	of officer PRESIDENT & CONTROL Date 02 04/00	Che	ck if se loyed	lf-		• PTIN	
	of officer 2019.10.30 14:05:02 -04'00	<u></u>		P00748038			
Paid	signature Thronds /					• FEIN 56-05744	4.4
Preparer's Use Only						<u> </u>	
000 0,	" CHRKKA BEVVEVI TOTAL					• Telephone 804-673-	5700
	200 SOUTH 1011 D21, -						110
	And address RICHMOND , VA 23219 May the FTB discuss this return with the preparer shown above? See instructions					• X Yes	, 110



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

Form 112



Name Management of the Community of the			official of Karlay	Acc	ount Number			
WILLIAMSBURG COMMUNITY HEALTH FOUR	NDATION							
C. The corporation's books are in care of:	First Name		Middle Initial	Phone Nun	nber			
Last Hame	, not italine in the land,							
MONIZ	SOLA				45-0912			
Address	到我是有多时间,这是他只是 有多数	City		State	Zip			
					00100			
4801 COURTHOUSE STREET, NO 200	18100) F V	<u> </u>	AMSBURG	VA VA	23188			
D. Business code number per federal return (N	IAIUS) E. Year (corporatio	n began dol	ng busine	ss in Colorado			
525990			01/01/18					
F. May the Colorado Department of Revenue		• L	X Yes	∐ No				
the paid preparer shown below (see instruct	ions)							
. Wild of business in detail								
INVESTMENT IN PARTNERSHIPS								
H. Has the Internal Revenue Service made any adjustments in the								
corporation's income or tax or have you filed amended federal • Yes X No								
income tax returns at any time during the last four years?								
If yes, for which year(s)? (YYYY)					•			
		<u> </u>						
Did you file amended Colorado returns to reflect such changes or Yes X No								
submit copies of the Federal Agent's reports?								
Last Name of person or firm preparing return	First Name				Middle Initial			
ADAMS Amoul Alam 2019.10.30 14:01	5:18 -04'00' AMANDA							
Address of person or firm preparing return			F	hone Numb	er mai-val-val			
200 SOUTH 10TH STREET, STE. 900		lu lu	804-673-	-5700				
City				State	Zip			
RICHMOND		•		VA	23219			
Under penalties of perjury in the second degree, I dec								
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			Da	te (MM/DD/YY)				
(ANGES	ale.			1/1/1/	9			
Do Not Submit Federal R	eturn, Forms or Sched	lules whe	n Filing thi	s Return				

If you are filing this return with a check or payment, please mail the return to:

COLORADO DEPARTMENT OF REVENUE Denver, CO 80261-0006

If you are filing this return without a check or payment, please mail the return to:

COLORADO DEPARTMENT OF REVENUE Denver, CO 80261-0005