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# \*\* PUBLIC DISCLOSURE COPY \*\*

EXTENDED TO NOVEMBER 15, 2018 Return of Private Foundat



Forr	, g	90-PF			eturn of Private			-	OMB No. 1545-0052
	-	t of the Treasury		Do not enter	social security numbers on	this form as	s it may be ma		201/
Interr	nal Re	venue Service		► Go to www.i	rs.gov/Form990PF for instr			ormation.	Open to Public Inspection
		-	or tax year beginning			, and e	inaing	A Employer identification	number
Mai	ne oi	foundation						A Employer Identification	number
W	IL	LIAMSBU	RG COMMUNI	TY HEA	LTH FOUNDATI	ON		54-1822359	
-			ox number if mail is not d				Room/suite	<b>B</b> Telephone number	
4	80	1 COURT	HOUSE STRE	CET			200	757-345-09	12
			ovince, country, and Z		ostal code			C If exemption application is pe	ending, check here
-			RG, VA 23	3188					
<b>G</b> (	heck	all that apply:	Initial retur		Initial return of a fo	rmer public o	charity	<b>D</b> 1. Foreign organizations	, check here
			Final return		Amended return			2. Foreign organizations mea check here and attach cor	eting the 85% test,
	book	type of organiza	Address ch	0	Name change			1	
	_		) nonexempt charitabl		Other taxable private foundation	tion		E If private foundation stat under section 507(b)(1)	
		. , . ,	assets at end of year	1		X Acci	rual	<b>F</b> If the foundation is in a 6	
		Part II, col. (c), li	•		her (specify)			under section 507(b)(1)	
	\$				nn (d) must be on cash basis	s.)			
Pa	art I	Analysis of R	evenue and Expenses	<b>3</b> nd (d) may not	(a) Revenue and		nvestment	(c) Adjusted net	(d) Disbursements for charitable purposes
			ounts in columns (b), (c), ar Il the amounts in column (		expenses per books	INC	ome	income	(cash basis only)
	1		gifts, grants, etc., rece					N/A	
	2	Interest on saving	f the foundation is not required is and temporary	to attach Sch. B					
	4		interest from securitie	e	2,817,461.	2.81	1.537.		STATEMENT 2
	· ·				2702771020	2701			
		Net rental income							
Ø	6a	Net gain or (loss) f	from sale of assets not on	line 10	2,765,103.				STATEMENT 1
nue	b	Gross sales price assets on line 6a	from sale of assets not on for all 8,994	1,798.					
Revenue	7	Capital gain net in	come (from Part IV, line 2)	)		2,75	8,327.		
ш	8		capital gain						
	9	Groop color loop r	ations eturns I						
		and allowances Less: Cost of goo							
			(loss)						
	11		(1000)		415,204.	41	0,580.		STATEMENT 3
	12		s 1 through 11		5,997,768.	5,98	0,444.		
			officers, directors, trustee		173,223.		0.		173,223.
	14		e salaries and wages $_{}$		569,674.	10	1,345.		461,685.
s			employee benefits		211,289.		0.		212,212.
nse	16a	Legal fees	s SI		45 761		0		16 077
zpe	b	Accounting fee	s S'I	-MIT 5	45,761. 231,505.	21	0. .3,205.		46,977. 32,094.
Ш ө			onal fees <b>ST</b>		231,303.	21	5,205.		52,094.
ativ	18	Taxes	SI	гмт б	243,058.		0.		1,023.
Operating and Administrative Expenses	19	Depreciation an	nd depletion	······································	10,602.		0.		2,0200
min	20				150,647.	1	9,819.		123,942.
Ad	21	Travel, confere	nces, and meetings		9,831.		0.		9,831.
and	22	Printing and pu	blications	······	11,153.		0.		11,153.
ng i	23	Other expenses	s SI	CMT 7	1,622,684.	1,11	8,764.		301,521.
srati	24		g and administrative			1 / -	2 1 2 2		1 272 661
ope	0.5		l lines 13 through 23		3,279,427. 4,484,663.	1,45	3,133.		1,373,661. 4,354,541.
-	25	CONTRACTIONS,	gifts, grants paid		4,404,003•				4,004,041.

25 Contributions, gitts, grants paid	4,404,003.			4,334,341.
26 Total expenses and disbursements.				
Add lines 24 and 25	7,764,090.	1,453,133.		5,728,202.
27 Subtract line 26 from line 12:				
<b>a</b> Excess of revenue over expenses and disbursements	-1,766,322.			
<b>b</b> Net investment income (if negative, enter -0-)		4,527,311.		
C Adjusted net income (if negative, enter -0-)			N/A	
A at as to LULA For Paparwork Poduction Act Nation	eaa instructions			Eorm <b>QQ0_DF</b> (2017)

723501 01-03-18 LHA For Paperwork Reduction Act Notice, see instructions.

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2017.03050 WILLIAMSBURG COMMUNITY HEADWCHF

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•**PF** (2017)

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Fo	rm 99	0-PF (2017)	WILLIAMSBU	RG COMMUNITY	HEALTH FOUND	ATION	54-	1822359	Page <b>2</b>
P	art	II Balance	Sheets Attached schedules a	and amounts in the description	Beginning of year		End o		
-	-			r end-of-year amounts only.	(a) Book Value	(b) Book Va		(c) Fair Market	
		Cash - non-interes			469,268		,284.		,284.
					3,985,313	. 3,832	,004.	3,832	,004.
	3	Accounts receivab							
			r doubtful accounts 🕨						
	4	Pledges receivable	r doubtful accounts 🕨						
	5								
			om officers, directors, tru	stees and other					
	ľ								
	7	Other potes and loans recei	ivable						
	·		r doubtful accounts 🕨						
Ŋ	8								
Assets					71,248	. 88	,402.	88	,402.
Š			and state government of						
	b	Investments - corp	orate stock						
	11	Investments - land, building	gs, and equipment: basis 🕨						
		Less: accumulated deprecia	ationÞ						
	12	Investments - mor	tgage loans						
	13	Investments - othe	er	STMT 8	111,972,819	121,864	,991.	121,864	,991.
	14	Land, buildings, ar	nd equipment: basis 🕨	104,136.		1.0		1.0	
		Less: accumulated deprecia	ation	87,366.	25,504	. 16	,770.	16	,770.
		Other assets (desc		)		-			
	16	,	e completed by all filers -		116 524 152	125 021	051	125 021	051
_	47				116,524,152	95		125,921	,051.
					540,751		<u>,978.</u>		
					540,751		, , , , , , , , , , , , , , , , , , , ,		
Liabilities				isqualified persons					
lide									
Ľ	22	Other liabilities (de	scribe ►	STATEMENT 9 )	100,237	. 322	,085.		
		, , , , , , , , , , , , , , , , , , ,	·	,			-		
	23	Total liabilities (a	dd lines 17 through 22)		739,562	. 717	,139.		
		Foundations that	follow SFAS 117, check	here 📐 🕨 🗴					
			es 24 through 26, and lin						
Ces					115,784,590	125,203	,912.		
alan									
Fund Balances	26	Permanently restri	cted						
ĩ			do not follow SFAS 117,	check here 🔜 🕨 🔛					
P.		and complete line	-						
Net Assets or				ls					
SS				d equipment fund					
et /				dowment, or other funds	115,784,590	125 203	912		
Ż	30				113,704,350	125,205	, , , , , , , , , , , , , , , , , , , ,		
	31	Total liabilities ar	nd net assets/fund baland	ces	116,524,152	125,921	.051.		
				et Assets or Fund E					
	art								
1				year - Part II, column (a), line				115 504	FOO
~								115,784	
2	CHER	amount from Part	I, IIII Z/a		GAINS ON INVI	ϲ	2	-1,766 11,185	
								125,203	
			in line 2 (itemize) 🕨				4	123,203	0.
			· · · _	ine 4 minus line 5) - Part II. c	olumn (b), line 30			125,203	,912.

Form **990-PF** (2017)

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2017.03050 WILLIAMSBURG COMMUNITY HEADERE 1



Form 990-PF (2017) WIL	LIAMSBURG COMMUN	ITY HE	ALTH FOU	NDA	TION	5	4-182	2359	Page 3
Part IV Capital Gains a	and Losses for Tax on In	vestmen	t Income						
2-story brick wa	he kind(s) of property sold (for exar rehouse; or common stock, 200 shs	nple, real esta . MLC Co.)	te,	( <b>b)</b> Ho P - D -	ow acquired Purchase Donation	( <b>c)</b> Date a (mo., da		<b>(d)</b> Dat (mo., d	
a PUBLICLY TRADE					Р				
<b>b</b> PARTNERSHIP IN									
	P INVESTMENTS K-	1			Р				
d									
e	(f) Depreciation allowed	( <b>a</b> ) Cos	st or other basis			<b>(b)</b> G	ain or (loss)		
(e) Gross sales price	(or allowable)		expense of sale				(f) minus (		
a 8,988,022.			8,923,34	9.				64	,673.
b								2,693	,654.
c 6,776.			6,77	6.					0.
d									
e Complete enhuiter essete abourin	e esia in column (h) and sumed but	ha faundatian							
Complete only for assets showin	g gain in column (h) and owned by t						ol. (h) gain Iot less thar		
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (i) col. (j), if any		001	Losses	(from col. (	h))	
a								64	,673.
b								$\frac{04}{2,693}$	,654.
C C									0.
d									
e									
Capital gain net income or (net ca	pital loss)	in Part I, line · in Part I, line	7 7	.}	2			2,758	,327.
Net short-term capital gain or (los If gain, also enter in Part I, line 8,	s) as defined in sections 1222(5) an			J					
If (loss), enter -0- in Part I, line 8				<u> </u>	3		N/A		
Part V Qualification U	nder Section 4940(e) for	Reduced	I Tax on Net	Inve	stment Inc	ome			
f section 4940(d)(2) applies, leave th Vas the foundation liable for the sect "Yes," the foundation doesn't qualify Enter the appropriate amount in e (a)	ion 4942 tax on the distributable am / under section 4940(e). Do not corr ach column for each year; see the in	plete this par	t.	ntries.		······			X No
Base period years Calendar year (or tax year beginnir			Net value of no	(c) ncharit	able-use assets		Distrib (col. (b) div	( <b>d)</b> ution ratio ided by col.	(C))
2016		5,323.			916,294	•		.0	51127
2015	6,16	9,988.	1		813,645				51070
2014		6,213.			885,135				44330
2013		9,123. 9,417.			354,753 438,157				43058 49803
2012	5,09	9,41/•	<u> </u>	14,	430,137	•		• 0	49003
Total of line 1, column (d)						2		. 2	39388
Average distribution ratio for the 5	-year base period - divide the total o	on line 2 by 5.	0. or by the numbe	er of ve	ars	·		• -	<u></u>
-	ice if less than 5 years	-		-		3		.0	47878
	le-use assets for 2017 from Part X, I						11	8,613	
								5,678	
	e (1% of Part I, line 27b)								,273.
								<u>5,724</u>	
	Part XII, line 4 line 7, check the box in Part VI, line					. 8		5,730	<u>,070.</u>
23521 01-03-18							F	orm <b>990-</b>	<b>PF</b> (2017
41024 786783 WCH	F 2017.	03050	3 WILLIAMS	SBUI	RG COMM	UNITY			

Form 990-PF (2017) WILLIAMSBURG COMMUNITY HEALTH					18223			Page <b>4</b>
Part VI Excise Tax Based on Investment Income (Section 494	l0(a), 4	1940(b), 4	940(e), or 4	948 -	- see ins	stru	ctio	ns)
1a Exempt operating foundations described in section 4940(d)(2), check here 🕨 🛄 and e	enter "N/A	\" on line 1.	J					
Date of ruling or determination letter: (attach copy of letter if ne	cessary-	see instructi	ons)					
<b>b</b> Domestic foundations that meet the section 4940(e) requirements in Part V, check here	► X :	and enter 1%	>	1		4	5,2	73.
of Part I, line 27b								
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4	% of Part	t I, line 12, co	l.(b).					
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; o	thers, en	ter -0-)		2				0.
3 Add lines 1 and 2				3		4	5,2	
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; c	others, en	nter -0-)		4				0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0				5		4	5,2	73.
6 Credits/Payments:								
a 2017 estimated tax payments and 2016 overpayment credited to 2017	6a		78,048.					
<b>b</b> Exempt foreign organizations - tax withheld at source	6b		0.					
<b>c</b> Tax paid with application for extension of time to file (Form 8868)			0.					
d Backup withholding erroneously withheld	6d		0.					
7 Total credits and payments. Add lines 6a through 6d				7		78	3,0	48.
8 Enter any <b>penalty</b> for underpayment of estimated tax. Check here 🛄 if Form 2220 is atta	ached			8				0.
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			▶	9				
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid				10		32	2,7	75.
11 Enter the amount of line 10 to be: Credited to 2018 estimated tax	3	2,775.	Refunded 🕨	11				0.
Part VII-A Statements Regarding Activities								
1a During the tax year, did the foundation attempt to influence any national, state, or local legis	slation or	<sup>r</sup> did it particip	oate or intervene	in			Yes	
any political campaign?						1a		Х
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purpo	ses? See	e the instructi	ons for the defin	ition		1b		Х
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies	of any ma	aterials publis	shed or					
distributed by the foundation in connection with the activities.								
c Did the foundation file Form 1120-POL for this year?						1c		Х
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the								
(1) On the foundation. ► \$ (2) On foundation managers	s. 🕨 \$		0.					
e Enter the reimbursement (if any) paid by the foundation during the year for political expend			oundation					
managers. $\triangleright$ \$ 0.								
2 Has the foundation engaged in any activities that have not previously been reported to the l	RS?					2		Х
If "Yes," attach a detailed description of the activities.								
3 Has the foundation made any changes, not previously reported to the IRS, in its governing	instrume	ent, articles of	incorporation, c	or				
						3		Х
4a Did the foundation have unrelated business gross income of \$1,000 or more during the yea	ar?				Г	4a	Х	
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?						4b	Х	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year						5		Х
If "Yes," attach the statement required by General Instruction T.								
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied e	either:							
<ul> <li>By language in the governing instrument, or</li> </ul>								
<ul> <li>By state legislation that effectively amends the governing instrument so that no mandatol</li> </ul>	ry directio	ons that conf	lict with the state	e law				
remain in the governing instrument?						6	Х	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," com	plete Part	t II, col. (c), a	nd Part XV		Г	7	Х	
8a Enter the states to which the foundation reports or with which it is registered. See instruction	ons. 🕨							
VA	-							
<b>b</b> If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the A	Attorney (	General (or de	esignate)					
of each state as required by General Instruction G? If "No," attach explanation						8b	Х	
9 Is the foundation claiming status as a private operating foundation within the meaning of se								
year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," con	nplete Pa	Int XIV				9		Х
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a sched						10		Х
					Form	000	DE	(2017)

Form **990-PF** (2017)

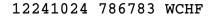
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Form 990-PF (2017)	WILLIAMSBURG	COMMUNITY	HEALTH	FOUNDATION
Part VII-A Staten	nents Regarding Act	ivities (continued)		

			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	11		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	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address  WWW.WILLIAMSBURGHEALTHFOUNDATION.ORG	- ~	010	
14	The books are in care of THE ORGANIZATION Telephone no. 757-34	$\frac{5-0}{100}$	912	
	Located at ► 4801 COURTHOUSE STREET, NO. 200, WILLIAMSBURG, VA ZIP+4 ►23			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		., <b>. &gt;</b>	· 🛄
	and enter the amount of tax-exempt interest received or accrued during the year 🕨 15		/A	
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank,		Yes	
	securities, or other financial account in a foreign country?	16		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
_	foreign country			
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required		1	
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
18	a 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? Yes 🗴 No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person? Yes 🔀 No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes 🗴 No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)? Yes 🗴 No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)			
t	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	1b		X
	Organizations relying on a current notice regarding disaster assistance, check here			
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 2017?	1c		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)):			
8	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2017? Yes X No			
	If "Yes," list the years			
t	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	2b		
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.			
	·,,,,			
38	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year? X Yes No			
t	b If "Yes," did it have excess business holdings in 2017 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 Schedule C,			37
	Form 4720, to determine if the foundation had excess business holdings in 2017.)	3b		X
	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
t	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			v
	had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b		X

Form **990-PF** (2017)

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Form 990-PF (2017) WILLIAMSBURG COMMUNITY H			54-18223	122	Page <b>6</b>
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be R	Required (contin	nued)		
<b>5a</b> During the year, did the foundation pay or incur any amount to:				Ye	es No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e))?	N	res X No		
(2) Influence the outcome of any specific public election (see section 4955); o					
any voter registration drive?		ו 🗌 י	/es 🚺 No 📗		
(3) Provide a grant to an individual for travel, study, or other similar purposes'	2	ו 🗌 ו	res X No		
(4) Provide a grant to an organization other than a charitable, etc., organization					
4945(d)(4)(A)? See instructions			(es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or fo	or			
the prevention of cruelty to children or animals?			(es X No		
<b>b</b> If any answer is "Yes" to 5a(1)-(5), did <b>any</b> of the transactions fail to qualify unc	er the excentions described in	·····			
section 53.4945 or in a current notice regarding disaster assistance? See instru	-	-	N/A	5b	
Organizationa relying on a current notice regarding disaster assistance: See Instit					
Organizations relying on a current notice regarding disaster assistance, check h					
<b>c</b> If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr			,		
expenditure responsibility for the grant?	IN	/A	res L No		
If "Yes," attach the statement required by Regulations section 53.4945-5(d).					
<b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to p					
a personal benefit contract?		۱ 🗀 ۱	res 🔟 No		
${\bf b}$ Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b	X
If "Yes" to 6b, file Form 8870.					
7a At any time during the tax year, was the foundation a party to a prohibited tax s	nelter transaction?	ו 🗌 י	res 🛛 No		
b If "Yes," did the foundation receive any proceeds or have any net income attribu	table to the transaction?		<u>N/A</u>	7b	
Part VIII Information About Officers, Directors, Trust					
Paid Employees, and Contractors					
1 List all officers, directors, trustees, and foundation managers and t					
(-) Name and address	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) E	Expense unt, other
(a) Name and address	to position	(If not paid, enter -0-)	and deferred compensation	allo	wances
SEE STATEMENT 10		173,223	. 18,650.	.	0.
				+	
				+	
2 Compensation of five highest-paid employees (other than those inc	luded on line 1) If none				
2 Compensation of the highest-paid employees (other than those inc	(b) Title, and average	enter NONE.	(d) Contributions to		xpense
(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	accou	int, other
	devoted to position		compensation	allov	wances
	DIR., INVESTME				
STREET, SUITE 200, WILLIAMSBURG, VA	40.00	101,625	. 25,693.	·	0.
		S DEV			
STREET, SUITE 200, WILLIAMSBURG, VA	40.00	94,358		·	0.
		T/PROG OF			
STREET, SUITE 200, WILLIAMSBURG, VA	40.00	76,541	. 27,091.	.	0.
	GRANTS PROGRA				
STREET, SUITE 200, WILLIAMSBURG, VA	40.00	83,428		.	Ο.
	PROGRAM OFFIC	-	-	1	
STREET. SUITE 200. WILLIAMSBURG. VA	40.00	64,530		.	0.

Form **990-PF** (2017)

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

Form 990-PF (2017) WILLIAMSBURG COMMUNITY HEALTH FOU	JNDATION 54-1	L822359 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundat Paid Employees, and Contractors (continued)	ion Managers, Highly	
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
THE INVESTMENT FUND FOR FOUNDATIONS - 4 TOWER	INVESTMENT	
BRIDGE 200 BARR HARBOR DR. SUITE 100, WEST	CONSULTING	131,402.
COMMUNITY HEALTH SOLUTIONS	GRANT CONSULTING	
9603 BC GAYTON RD, # 201, RICHMOND, VA 23238	SERVICES	78,996.
	-	
Total number of others receiving over \$50,000 for professional services         Part IX-A       Summary of Direct Charitable Activities		• 0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistic number of organizations and other beneficiaries served, conferences convened, research papers produ		Expenses
		·
1		
SEE STATEMENT 11		11 006
		41,996.
2		
		21 500
SEE STATEMENT 12		31,500.
3		
		11 250
SEE STATEMENT 13		11,359.
4		
		10 000
SEE STATEMENT 14		10,000.
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on line	nes Tand 2.	Amount
1 N/A		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	►	0.
		Form <b>990-PF</b> (2017)

112,207,284. a Average monthly fair market value of securities 1a 8,212,664. **b** Average of monthly cash balances 1b c Fair market value of all other assets 1c

Form 990-PF (2017)

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	5,728,202.
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	1,868.
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	5,730,070.
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	45,273.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	5,684,797.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	qualifie	s for the section
	4940(e) reduction of tax in those years.		

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

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6		L	10	
d	Total (add lines 1a, b, and c)	[	1d	120,419,948.
	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	120,419,948.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)		4	1,806,299.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4		5	118,613,649.
6	Minimum investment return. Enter 5% of line 5		6	5,930,682.
Ρ	<b>Part XI</b> Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundation foreign organizations, check here  and do not complete this part.)	ns and	1 certain	
1	Minimum investment return from Part X, line 6		1	5,930,682.
	Tax on investment income for 2017 from Part VI, line 5 2a 45,27	3.		
	Income tax for 2017. (This does not include the tax from Part VI.) 2b			
C	Add lines 2a and 2b		2c	45,273.
3	Distributable amount before adjustments. Subtract line 2c from line 1		3	5,885,409.
4	Recoveries of amounts treated as qualifying distributions		4	0.
5	Add lines 3 and 4	[	5	5,885,409.
6	Deduction from distributable amount (see instructions)		6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1		7	5,885,409.
Ρ	art XII Qualifying Distributions (see instructions)			
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:			
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26		1a	5,728,202.
b	Program-related investments - total from Part IX-B		1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	[	2	1,868.
3	Amounts set aside for specific charitable projects that satisfy the:			
	Suitability test (prior IRS approval required)		3a	
b	Cash distribution test (attach the required schedule)		3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4		4	5,730,070.
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	<u>45,273.</u> 5,684,797.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		6	
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the founda 4940(e) reduction of tax in those years.	tion q	ualifies f	or the section
				Form <b>990-PF</b> (2017)

# Part XIII Undistributed Income (see instructions)

	<b>(a)</b> Corpus	<b>(b)</b> Years prior to 2016	(c) 2016	<b>(d)</b> 2017
1 Distributable amount for 2017 from Part XI,	001903		2010	2017
line 7				5,885,409.
2 Undistributed income, if any, as of the end of 2017:				
<b>a</b> Enter amount for 2016 only			530,089.	
<b>b</b> Total for prior years:				
3 Excess distributions carryover, if any, to 2017:		0.		
1				
<b>a</b> From 2012				
<b>b</b> From 2013				
c From 2014				
dFrom 2015				
eFrom 2016	0.			
<ul> <li>f Total of lines 3a through e</li> <li>4 Qualifying distributions for 2017 from</li> </ul>	0.			
Part XII, line 4: $\triangleright$ \$ 5,730,070.				
<b>a</b> Applied to 2016, but not more than line 2a			530,089.	
<b>b</b> Applied to undistributed income of prior			55070051	
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 2017 distributable amount	•••			5,199,981.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2017	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a).)				
6 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.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
<b>d</b> Subtract line 6c from line 6b. Taxable				
amount - see instructions		Ο.		
e Undistributed income for 2016. Subtract line				
4a from line 2a. Taxable amount - see instr			0.	
f Undistributed income for 2017. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2018				685,428.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	0.			
may be required - see instructions)	0.			
8 Excess distributions carryover from 2012	0.			
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
<b>a</b> Excess from 2013				
<b>b</b> Excess from 2014				
c Excess from 2015				
d Excess from 2016				
e Excess from 2017				
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Form 990-PF (2017)

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Form 990-PF (	2017) <b>WILLIAM</b>	SBURG COMM	JNITY HEALTH	H FOUNDATION	N 54-18	22359 Page 10
Part XIV	Private Operating Fo	oundations (see ir	structions and Part V	II-A, question 9)	N/A	
1 a If the fou	ndation has received a ruling or	determination letter that	ıt it is a private operating			
foundatio	on, and the ruling is effective for	2017, enter the date of	the ruling			
<b>b</b> Check bo	ox to indicate whether the found		ng foundation described		4942(j)(3) or 49	42(j)(5)
2 a Enter the	lesser of the adjusted net	Tax year		Prior 3 years		
income f	rom Part I or the minimum	<b>(a)</b> 2017	<b>(b)</b> 2016	(c) 2015	( <b>d</b> ) 2014	(e) Total
	ent return from Part X for					
	r listed					
	ine 2a					
	g distributions from Part XII, each year listed					
d Amounts	s included in line 2c not					
used dire	ectly for active conduct of					
	activities					
e Qualifyin	g distributions made directly					
	e conduct of exempt activities.					
3 Complete alternativ a "Assets" a	line 2d from line 2c e 3a, b, or c for the ve test relied upon: alternative test - enter: ve of all assets					
(2) Valu unde	e of assets qualifying er section 4942(j)(3)(B)(i)					
2/3 of mi shown in	nent" alternative test - enter inimum investment return I Part X, line 6 for each year					
	" alternative test - enter:					
inve divid secu	I support other than gross stment income (interest, dends, rents, payments on urities loans (section (a)(5)), or royalties)					
and orga sect	port from general public 5 or more exempt unizations as provided in ion 4942(j)(3)(B)(iii)					
., .	jest amount of support from					
	xempt organization					
	ss investment income					
Part XV	Supplementary Info			if the foundation	a had \$5,000 or mo	ore in assets
	at any time during t	ne year-see inst	ructions.)			

#### 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 E is 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 15

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:

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Part XV

Supplementary Information (continued)

Form **990-PF** (2017)

3 Grants and Contributions Paid During th		Payment		
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	<b>.</b> .
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
a Paid during the year				
ANGELS OF MERCY MEDICAL MISSION		PUBLIC CHARITY	CHRONIC CARE	
7151 RICHMOND RD SUITE 401			COLLABORATIVE	
WILLIAMSBURG, VA 23188-7234				113,000.
AVALON: A CENTER FOR WOMEN AND		PUBLIC CHARITY	WALKING WORKS	
CHILDREN 3204 IRONBOUND ROAD SUITE D				
WILLIAMSBURG, VA 23188				500.
· · · · ·				
AVALON: A CENTER FOR WOMEN AND		PUBLIC CHARITY	BOARD DISCRETIONARY	
CHILDREN			GRANT	
3204 IRONBOUND ROAD SUITE D				
WILLIAMSBURG, VA 23188				500.
CHILD AND FAMILY CONNECTION		PUBLIC CHARITY		
348 MCLAWS CIRCLE			COUNSELING AND	40.000
WILLIAMSBURG, VA 23185			OUTREACH PROGRAM	40,000.
CHILD AND FAMILY CONNECTION		PUBLIC CHARITY	VIOLENCE PREVENTION	
348 MCLAWS CIRCLE			AND INTERVENTION	
WILLIAMSBURG, VA 23185			PROGRAM	35,000.
Total SEE C	CONTINUATION SHEE	<u>ET(S)</u>	► 3a	4,354,541.
<b>b</b> Approved for future payment				
CHILD AND FAMILY CONNECTION		PUBLIC CHARITY	NEUROFEEDBACK	
348 MCLAWS CIRCLE, UNIT 1			COUNSELING PROGRAM	
WILLIAMSBURG, VA 23185				9,500.
COLONIAL BEHAVIORAL HEALTH 1657 MERRIMAC TRAIL		PUBLIC CHARITY	ADVANCING OPIOID-ADDICTION	
WILLIAMSBURG, VA 23185			TREATMENT	26,500.
				20,000.
COMMUNITY HEALTH SOLUTIONS		PUBLIC CHARITY	STRATEGY SUPPORT FOR	
9603 GAYTON ROAD SUITE 201			THE CHRONIC CARE	
RICHMOND, VA 23228			COLLABORATIVE	39,498.
TotalSEE C	CONTINUATION SHEE	ST ( S )	▶ 3b	298,948. rm <b>990-PF</b> (2017)

WILLIAMSBURG COMMUNITY HEALTH FOUNDATION

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# **Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.	Unrelate	d business income		ded by section 512, 513, or 514	(e)
	<u>(a)</u>	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue:	Business code	Amount	sion code	Amount	function income
a					
b					
•					
d					
°					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments           4 Dividends and interest from securities	900000	5,924.	14	2,811,537.	
	900000	5,524.	7.4	2,011,557.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
<b>b</b> Not debt-financed property					
6 Net rental income or (loss) from personal					
property	900000	1 (2)	1 /	410 500	
	900000	4,624.	14	410,580.	
8 Gain or (loss) from sales of assets other			1.0		
	900000	6,776.	18	2,758,327.	
9 Net income or (loss) from special events					
<b>10</b> Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
C					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		17,324.		5,980,444.	0.
13 Total. Add line 12, columns (b), (d), and (e)					5,997,768.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities to	the Acco	mplishment of Fr	emn	t Purposes	
			p		

Line No.	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).	ıf
	N/A	
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Form 990-		AMSBURG C	OMMUNI	TY HEAD	LTH FO	UNDATION	54-	1822359	Page <b>13</b>
Part X	VII Information Re Exempt Organ		sfers to a	nd Transa	actions a	nd Relations	hips With Nor	ncharitable	
1 Did t	he organization directly or indi	rectly engage in any	of the followin	ig with any oth	er organizatio	on described in sect	tion 501(c)		Yes No
(othe	r than section 501(c)(3) orgar	nizations) or in sectio	on 527, relating	g to political or	ganizations?				
<b>a</b> Trans	sfers from the reporting found	ation to a noncharita	ble exempt or	ganization of:					
(1)	Cash							1a(1)	X
	Other assets								X
	r transactions:								
(1)	Sales of assets to a noncharita	ble exempt organizat	tion					1b(1)	X
(2)	Purchases of assets from a no	ncharitable exempt c	organization					1b(2)	X
(3)	Rental of facilities, equipment,	or other assets	•					1b(3)	X
(4)	Reimbursement arrangements							1b(4)	X
(5)	_oans or loan guarantees							1b(5)	X
(6)	Performance of services or me	mbership or fundrai	sing solicitatio	ns				1b(6)	X
	ing of facilities, equipment, ma								X
	answer to any of the above is								ets.
	rvices given by the reporting f		-						
colur	nn (d) the value of the goods,	other assets, or serv	vices received.			-			
(a)Line no.	(b) Amount involved	(c) Name of	f noncharitable	e exempt organ	iization	(d) Descriptio	n of transfers, transactio	ons, and sharing arra	angements
			N/A						
2a Is the	e foundation directly or indirec	tly affiliated with, or ı	related to, one	or more tax-e>	kempt organi	zations described			
in se	ction 501(c) (other than sectio	n 501(c)(3)) or in se	ction 527?					Yes	X No
<b>b</b> If "Ye	s," complete the following sch								
	( <b>a</b> ) Name of org	panization		(b) Type of o	rganization		(c) Description of re	elationship	
	N/A								
	Under penalties of perjury, I declare and belief, it is true, correct, and cor							May the IRS di return with the	scuss this
Sign			1 (	1			, ,	shown below?	See instr.
Here						CFO		_ X Yes	L No
	Signature of officer or trustee		Due	Date		Title	Chook : :		
	Print/Type preparer's na	ame	Preparer's s	ignature		Date	Check if	PTIN	
Deid				11 5	· - 1	10/20/10	self- employed		
Paid	FRANK H. S		[ rank	_ H. >	mun	10/30/18		P006390	
Prepa	· · · · · · · · · ·	FA, PC					Firm's EIN ► 5	Z-TOTTS	10
Use O	Firm's address ▶ 18		NTW #00	0			+		
							Dharry 20	ງ_ຊາງ ⊑≀	100
	WA	SHINGTON,	חר 20	0.00			Phone no. 20	$\frac{2-822-50}{5000}$	-PF (2017)
								10000 <b>330</b>	

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Part XVSupplementary Information3Grants and Contributions Paid During the				
Recipient	If recipient is an individual,			
Name and address (home or business)	show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
	any foundation manager or substantial contributor	recipient		
CHILD AND FAMILY CONNECTION		PUBLIC CHARITY	NEUROFEEDBACK	
348 MCLAWS CIRCLE			COUNSELING PROGRAM	
WILLIAMSBURG, VA 23185				9,500
CHILD DEVELOPMENT RESOURCES		PUBLIC CHARITY	INFANT & PARENT	
PO BOX 280			PROGRAM	
NORGE, VA 23127				100,000
CHILD DEVELOPMENT RESOURCES		PUBLIC CHARITY	PARENTS AS TEACHERS	
PO BOX 280				
NORGE, VA 23127				84,000
CHILD DEVELOPMENT RESOURCES		PUBLIC CHARITY		
PO BOX 280			BUILDING CONFIDENCE	19 000
NORGE, VA 23127			AND COMPETENCE	18,000
CHILD DEVELOPMENT RESOURCES PO BOX 280		PUBLIC CHARITY	WALKING WORKS	
NORGE, VA 23127				500
,				
CITY OF WILLIAMSBURG		GOVERNMENT	CHILD HEALTH	
401 LAFAYETTE STREET		AGENCY	INITIATIVE	
WILLIAMSBURG, VA 23185				260,000
CITY OF WILLIAMSBURG		GOVERNMENT	WATER BOTTLE FILLING	
401 LAFAYETTE STREET		AGENCY	STATIONS - CITY OF	
WILLIAMSBURG, VA 23185			WILLIAMSBURG	19,600
CITY OF WILLIAMSBURG		GOVERNMENT	WALKING WORKS (CHILD	
401 LAFAYETTE STREET		AGENCY	HEALTH INITIATIVE)	
WILLIAMSBURG, VA 23185				500
COLONIAL BEHAVIORAL HEALTH		PUBLIC CHARITY	GREATER WILLIAMSBURG	
1657 MERRIMAC TRAIL			CHILD ASSESSMENT	
WILLIAMSBURG, VA 23185			CENTER (GWCAC)	271,000
COLONIAL BEHAVIORAL HEALTH		PUBLIC CHARITY		
1657 MERRIMAC TRAIL WILLIAMSBURG, VA 23185			COLLABORATIVE	183,000
Total from continuation sheets			l	4,165,541

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2017.03050 WILLIAMSBURG COMMUNITY HEAD WCHF\_\_\_1 14



3 Grants and Contributions Paid During the Y	ear (Continuation)			
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	
COLONIAL BEHAVIORAL HEALTH		PUBLIC CHARITY		
1657 MERRIMAC TRAIL			OPIOID-ADDICTION	
WILLIAMSBURG, VA 23185			TREATMENT	26,500
COLONIAL BEHAVIORAL HEALTH		PUBLIC CHARITY	INTENSIVE OUTPATIENT	
1657 MERRIMAC TRAIL			PROGRAM (IOP)	
WILLIAMSBURG, VA 23185				45,000
COLONIAL BEHAVIORAL HEALTH 1657 MERRIMAC TRAIL		PUBLIC CHARITY	GREATER WILLIAMSBURG NETWORK OF CARE (NOC)	
WILLIAMSBURG, VA 23185			NETWORK OF CARE (NOC)	34,000
COLONIAL BEHAVIORAL HEALTH		PUBLIC CHARITY	HONOREE ANNUAL AWARDS	
1657 MERRIMAC TRAIL			2017	
WILLIAMSBURG, VA 23185				10,000
COMMUNITY HEALTH SOLUTIONS		PUBLIC CHARITY	SUPPORT VARIOUS	
9603 GAYTON ROAD SUITE 201			PROGRAMS	
RICHMOND, VA 23228				39,498
COLONIAL SOIL AND WATER CONSERVATION		PUBLIC CHARITY	WILLIAMSBURG COMMUNITY	
DISTRICT			GROWERS SUMMER	
3402 ACORN STREET # 103			BACKPACK CSA	15 000
WILLIAMSBURG, VA 23188				15,000
COMMUNITY HOUSING PARTNERS		PUBLIC CHARITY	MOBILE FOOD PANTRY	
448 DEPOT STREET CHRISTIANBURG, VA 24073				6,000
FISH, INC.		PUBLIC CHARITY	HEALTH PRIORITIES IN	
312 WALLER MILL ROAD SUITE 800			ACTION	
WILLIAMSBURG, VA 23185				3,200
FREE FOUNDATION FOR REHABILITATION		PUBLIC CHARITY	INDEPENDENCE THROUGH	
EQUIPMENT & ENDOWMENT			MOBILITY	
P.O. BOX 8873				
ROANOKE, VA 24014-0752				25,000
GLOUCESTER MATHEWS CARE CLINIC		PUBLIC CHARITY	CHRONIC CARE	
6031 INDUSTRIAL DR			COLLABORATIVE	
GLOUCESTER, VA 23061-3767				100,000
Total from continuation sheets			·	

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3 Grants and Contributions Paid During the Y	ear (Continuation)			
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
GROVE CHRISTIAN OUTREACH CENTER		PUBLIC CHARITY	CHILDREN'S SUMMER	
8800 POCAHONTAS TRAIL			LUNCH PROGRAM	
WILLIAMSBURG, VA 23185				5,000
JAMES CITY COUNTY, FIRE DEPARTMENT		GOVERNMENT	IN-SCHOOL TRAUMA	
5077 JOHN TYLER HIGHWAY		AGENCY	RESPONSE KITS	
WILLIAMSBURG, VA 23185				14,200
LITERACY FOR LIFE AT THE RITA WELSH		PUBLIC CHARITY	HEAL PROGRAM	
ADULT LEARNING CENTER				
301 MONTICELLO AVENUE WILLIAMSBURG, VA 23187-8795				60,000
OLDE TOWNE MEDICAL & DENTAL CENTER		PUBLIC CHARITY	BASIC OPERATING	
5249 OLDE TOWNE ROAD			SUPPORT	
WILLIAMSBURG, VA 23188				450,000
OLDE TOWNE MEDICAL & DENTAL CENTER		PUBLIC CHARITY	CHRONIC CARE	
5249 OLDE TOWNE ROAD			COLLABORATIVE	
WILLIAMSBURG, VA 23188				250,000
OLDE TOWNE MEDICAL & DENTAL CENTER		PUBLIC CHARITY	IMPROVING DIABETIC	
5249 OLDE TOWNE ROAD			SELF-MANAGEMENT	
WILLIAMSBURG, VA 23188			THROUGH HEALTH COACHING	19,750
				19,750
OLDE TOWNE MEDICAL & DENTAL CENTER		PUBLIC CHARITY	GENERIC FILL SUPPORT	
5249 OLDE TOWNE ROAD			(GFS) PROGRAM	
WILLIAMSBURG, VA 23188				12,000
OLIVET MEDICAL MINISTRY, INC. DBA		PUBLIC CHARITY	CHRONIC CARE	
LACKEY CLINIC			COLLABORATIVE	
1620 OLD WILLIAMSBURG ROAD YORKTOWN, VA 23690				420,000
				120,000
OLIVET MEDICAL MINISTRY, INC. DBA		PUBLIC CHARITY	VOLUNTEER RECRUITMENT	
LACKEY CLINIC			PROGRAM	
1620 OLD WILLIAMSBURG ROAD YORKTOWN, VA 23690				6,500
PENINSULA AGENCY ON AGING		PUBLIC CHARITY	PAA RIDES PROGRAM	
739 THIMBLE SHOALS BLVD				110 000
NEWPORT NEWS, VA 23606 Total from continuation sheets				110,000

723631 04-01-17

3 Grants and Contributions Paid During the	Year (Continuation)			
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
PENINSULA AGENCY ON AGING		PUBLIC CHARITY	SENTOR HEALTH	
739 THIMBLE SHOALS BLVD			ASSISTANCE RESOURCE	
NEWPORT NEWS, VA 23606			PROJECT (SHARP)	48,00
PENINSULA AGENCY ON AGING		PUBLIC CHARITY	NUTRITIOUS NOONTIME	
739 THIMBLE SHOALS BLVD NEWPORT NEWS, VA 23606			MEALS	50,000
PENINSULA AGENCY ON AGING		PUBLIC CHARITY	LOCAL MATCH FUNDS FOR	
739 THIMBLE SHOALS BLVD			A REPLACEMENT VAN FOR	
NEWPORT NEWS, VA 23606			THE RIDES PROGRAM.	10,993
DENTROUT & AGENOV ON AGING			LOGAL MARGIL FUNDS FOD	
PENINSULA AGENCY ON AGING 739 THIMBLE SHOALS BLVD		FUBLIC CHARIII	LOCAL MATCH FUNDS FOR THE MOBILITY MANAGER	
NEWPORT NEWS, VA 23606			POSITION	3,304
POSTPARTUM SUPPORT VIRGINIA, INC.		PUBLIC CHARITY	HEALTHY MOTHER,	
P.O. BOX 7521			HEALTHY FAMILY	
ARLINGTON, VA 22207				5,000
RX PARTNERSHIP		PUBLIC CHARITY	GENERIC FILL SUPPORT	
2924 EMERYWOOD PARKWAY SUITE 300			(GFS) PROGRAM	
RICHMOND, VA 23294				25,000
RX PARTNERSHIP		PUBLIC CHARITY		
2924 EMERYWOOD PARKWAY SUITE 300 RICHMOND, VA 23294			COLLABORATIVE	35,000
THE ARC OF GREATER WILLIAMSBURG		PUBLIC CHARITY	FITNESS PROGRAM	
150 STRAWBERRY PLAINS ROAD				
WILLIAMSBURG, VA 23188				25,000
THE ARC OF GREATER WILLIAMSBURG		PUBLIC CHARITY	NEW VEHICLES FOR	
150 STRAWBERRY PLAINS ROAD			TRANSPORTING ARC	
WILLIAMSBURG, VA 23188			CLIENTS	20,000
THE COLLEGE OF WILLIAM & MARY, NEW		GOVERNMENT	YOUTH AND FAMILY	
HORIZONS FAMILY COUNSELING CENTER		AGENCY	COUNSELING	
301 MONTICELLO AVENUE WILLIAMSBURG, VA 23185				110,000
Total from continuation sheets		•	·	

723631 04-01-17



Part XVSupplementary Information3Grants and Contributions Paid During the Yes	ear (Continuation)			
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
THE DOORWAYS		PUBLIC CHARITY	PATIENT AND FAMILY	
612 E. MARSHALL STREET RICHMOND, VA 23219			ACCESS PROGRAM	12,000
UNITED WAY OF THE VIRGINIA PENINSULA		PUBLIC CHARITY	HOME FOR GOOD	
TWO CITY CENTER 11820 FOUNTAIN WAY				
SUITE 206 NEWPORT NEWS, VA				40.000
23606-4478				49,000
VIRGINIA HEALTH CARE FOUNDATION		PUBLIC CHARTTY	GREATER WILLIAMSBURG	
707 EAST MAIN STREET SUITE 1350			MEDICATION ACCESS	
RICHMOND, VA 23219			PROGRAM (GWMAP)	400,000.
VIRGINIA HEALTH CARE FOUNDATION		PUBLIC CHARITY	BOARD DISCRETIONARY	
707 EAST MAIN STREET SUITE 1350 RICHMOND, VA 23219			GRANT	500
,				
VIRGINIA PENINSULA FOODBANK		PUBLIC CHARITY	MOBILE FOOD PANTRY:	
2401 ALUMINUM AVENUE			FRESH PRODUCE PROGRAM	
HAMPTON, VA 23661				20,000.
WILLIAMSBURG AREA FAITH IN ACTION		PUBLIC CHARITY		
354 MCLAWS CIRCLE SUITE 2		FUBLIC CHARIII	DEVELOPMENT DIRECTOR	
WILLIAMSBURG, VA 23185				28,000
WILLIAMSBURG AREA FAITH IN ACTION 354 MCLAWS CIRCLE SUITE 2		PUBLIC CHARITY	MEDICAL TRANSPORTATION	
WILLIAMSBURG, VA 23185				50,000
WILLIAMSBURG SOCCER FOUNDATION		PUBLIC CHARITY	VIRGINIA LEGACY SOCCER	
809 RICHMOND ROAD (WSF) WILLIAMSBURG, VA 23185			CLUB COMMUNITY PARTNERSHIP	20,000
WILLIAMSBURG-JAMES CITY COUNTY PUBLIC		GOVERNMENT	SCHOOL HEALTH	
SCHOOL DIVISION		AGENCY	INITIATIVE PROGRAM	
117 IRONBOUND ROAD			(SHIP)	<b></b>
WILLIAMSBURG, VA 23187				640,000
WILLIAMSBURG-JAMES CITY COUNTY PUBLIC		GOVERNMENT	EAT WELL COMPETE WELL:	
SCHOOL DIVISION 117 IRONBOUND ROAD		AGENCY	LAFAYETTE HIGH SCHOOL ATHLETIC BOOSTERS	
WILLIAMSBURG, VA 23187				5,000
Total from continuation sheets				

723631 04-01-17



Part XV Supplementary Information				
3 Grants and Contributions Paid During the Ye				
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	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
WILLIAMSBURG-JAMES CITY COUNTY PUBLIC SCHOOL DIVISION 117 IRONBOUND ROAD WILLIAMSBURG, VA 23187		GOVERNMENT AGENCY	WATER BOTTLE FILLING STATIONS - WJCC MIDDLE SCHOOLS	2,996.
WILLIAMSBURG-JAMES CITY COUNTY PUBLIC SCHOOL DIVISION 117 IRONBOUND ROAD WILLIAMSBURG, VA 23187		GOVERNMENT AGENCY	WALKING WORKS	500.
JAMES CITY COUNTY PO BOX 8784 WILLIAMSBURG, VA 23187		GOVERNMENT AGENCY	CHILDREN'S HEALTH INITIATIVE	7,500.
Total from continuation sheets				

3 Grants and Contributions Approved for Futu	re Payment (Continuation)	<u> </u>		
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	
JAMES CITY COUNTY		GOVERNMENT	CHILDREN'S HEALTH	
PO BOX 8784		AGENCY	INITIATIVE PLANNING GRANT	2 50
VILLIAMSBURG, VA 23187			GRANI	2,50
JAMES CITY COUNTY, FIRE DEPARTMENT		GOVERNMENT	IN-SCHOOL TRAUMA	
5077 JOHN TYLER HIGHWAY		AGENCY	RESPONSE KITS	
VILLIAMSBURG, VA 23185				14,20
DLDE TOWN MEDICAL & DENTAL CENTER		PUBLIC CHARITY	GENERIC FILL SUPPORT	
5249 OLDE TOWN ROAD WILLIAMSBURG, VA 23188			(GFS) PROGRAM	31,75
PENINSULA AGENCY ON AGING		PUBLIC CHARITY	SENIOR HEALTH	
739 THIMBLE SHOALS BLVD, SUITE 1006			ASSISTANCE RESOURCE	
NEWPORT NEWS, VA 23606-3585			PROJECT (SHARP)	48,00
RX PARTNERSHIP		PUBLIC CHARTTY	GENERIC FILL SUPPORT	
2924 EMERYWOOD PKWY, SUITE 300			(GFS) PROGRAM	
RICHMOND, VA 23294				25,00
UNITED WAY OF VIRGINIA PENINSULA		PUBLIC CHARITY	HOME FOR GOOD	
IWO CITY CENTER, 11820 FOUNTAIN WAY				40.00
STE 206 NEWPORT NEWS, VA 23606				49,00
WILLIAMSBURG AREA FAITH IN ACTION		PUBLIC CHARITY	SUPPORT FOR A	
354 MCLAWS CIRCLE, SUITE 2			DEVELOPMENT DIRECTOR	
WILLIAMSBURG, VA 23185				28,00
VHRO		PUBLIC CHARTTY	GENERAL OPERATING	
5200 HAMPTON BOULEVARD			SUPPORT	
NORFOLK, VA 23508				25,00
Total from continuation sheets			I	223,45



FORM 990-PF

(A)

0.

2,765,103.

DESCRIE			QUIRED	ACQUIR	ED DATE SOLD		
PUBLICI	LY TRADED SECURIT	 'IES		PUR	CHASED		
	(B) GROSS	(C) COST OR	(D) EXPENSE	OF	(E)		(F)
	SALES PRICE	OTHER BASIS	SALE		DEPREC	C. G	AIN OR LOSS
	8,988,022.	8,923,349.		0.		0.	64,673.
DESCRIE	(A) PTION OF PROPERTY				ANNER QUIRED	DATE ACQUIR	
PARTNEF	RSHIP INVESTMENTS	K-1		PUR	CHASED		
	(B)	(C)	(D)	0.7	(E)		(F)
	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE SALE	OF.	DEPREC	c. g	AIN OR LOSS
	0.	0.		0.		0.	2,693,654.
DESCRIE	(A) PTION OF PROPERTY				ANNER QUIRED	DATE ACQUIR	
UBI PAF	RTNERSHIP INVESTM	 IENTS K-1		PUR	CHASED		
	(B) GROSS	(C) COST OR	(D) EXPENSE	OF	(E)		(F)
	SALES PRICE	OTHER BASIS	SALE		DEPREC	G. G	AIN OR LOSS
	6,776.	0.		0.		0.	6,776.

GAIN OR (LOSS) FROM SALE OF ASSETS

CAPITAL GAINS DIVIDENDS FROM PART IV

TOTAL TO FORM 990-PF, PART I, LINE 6A

21 STATEDEVT(S) 1 12241024 786783 WCHF 2017.03050 WILLIAMSBURG COMMUNITY HEAD WCHF\_\_\_1

STATEMENT 1

MANNER DATE

FORM 990-PF	DIVIDENDS	S AND INTE	REST	FROM SECU	RITIES S	TATEMENT 2
SOURCE	GROSS AMOUNT	CAPITA GAINS DIVIDEN		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	
INVESTMENTS LIMITED	2,124,978.		0.	2,124,978	2,124,978.	
PARTNERSHIPS UBI FROM	686,559.		0.		686,559.	
PARTNERSHIPS	5,924.		0.	5,924	. 0.	
TO PART I, LINE 4	2,817,461.		0.	2,817,461	2,811,537.	
FORM 990-PF				ME		TATEMENT 3
FORM 990-PF		OTHER		ME	م 	
DESCRIPTION			RE		(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
EARNINGS IN EQUITY EARNINGS IN EQUITY				410,580. 4,624.	410,580. 0.	
TOTAL TO FORM 990-1	PF, PART I,	LINE 11		415,204.	410,580.	
FORM 990-PF		ACCOUNT	ING	FEES	S	TATEMENT 4
DESCRIPTION		(A) EXPENSES PER BOOKS	-	(B) T INVEST- NT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES		45,761	•	0.		46,977.
TO FORM 990-PF, PG	1, LN 16B	45,761	•	0.		46,977.

FORM 990-PF	OTHER PROFES	SIONAL FEES	STATEMENT 5			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLI PURPOSES		
CONSULTING FEES INVESTMENT FEES	18,300. 213,205.			32,094.		
TO FORM 990-PF, PG 1, LN 16C	231,505.	213,205.		32,094		
FORM 990-PF	ТАХ	ES	S	TATEMENT (		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLI PURPOSES		
MUNICIPAL PROPERTY TAXES FEDERAL EXCISE TAX	1,023. 242,035.	0.0.		1,023.		
TO FORM 990-PF, PG 1, LN 18	243,058.	0.		1,023		
FORM 990-PF	OTHER E	XPENSES	S	TATEMENT		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLI PURPOSES		
PAYROLL FEES ANNUAL AWARDS OFFICE SUPPLIES MARKETING TELEPHONE/INTERNET POSTAGE UTILITIES EDUCATION AND TRAINING MAINTAINENCE AGREEMENTS INSURANCE DUES DCA- CHRONIC CARE DCA- CHRONIC CARE DCA-OTHER EARNINGS IN EQUITY INVESTMENTS	1,673. 20,791. 8,111. 8,364. 14,128. 2,889. 715. 28,080. 32,748. 11,803. 22,337. 47,398. 86,700. 1,118,764.	0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0		1,673, 20,791, 8,111, 8,364, 15,449, 3,865, 715, 28,080, 32,748, 25,000, 22,627, 47,398, 86,700,		
EARNINGS IN EQUITY INVESTMENTS-UBI	218,183.	0.		0.		

FORM 990-PF

# 12241024 786783 WCHF

DESCRIPTION METHOD BOOK VALUE VALUE 282,217. MIT PRIVATE EQUITY II FUND FMV 282,217. 13,177,485. TIFF ABSOLUTE RETURN POOL FMV 13,177,485. TIFF PARTNERS V - US 165,621. 165,621. FMV TIFF PARTNERS V - INTERNATIONAL 50,690. 50,690. FMV TIFF SECONDARY PARTNERS I 21,510. 21,510. FMV

VALUATION

	1111	21,510.	21,510.
TIFF REAL ESTATE PARTNERS II	FMV	326,173.	326,173.
GMO FORESTRY FUND 7	FMV	1,726,773.	1,726,773.
TIFF PEP 2007	FMV	1,061,078.	1,061,078.
MA INVESTORS FUND 1, LLC	FMV	1,703,219.	1,703,219.
PRIVATE ADVISORS SMALL CO BUYOUT FD	FMV	630,796.	630,796.
TIFF PEP 2008	FMV	993,160.	993,160.
TIFF SHORT TERM FUND	FMV	3,243,677.	3,243,677.
MREP 2008-DCIF	FMV	137,117.	137,117.
TIFF SECONDARY PARTNERS II	FMV	426,527.	426,527.
TIFF MULTI-ASSET FUND	FMV	44,428,109.	44,428,109.
TIFF KEYSTONE FUND	FMV	43,945,612.	43,945,612.
TIFF PEP 2012	FMV	1,223,594.	1,223,594.
TIFF SOF	FMV	2,888,297.	2,888,297.
TIFF PEP 2013	FMV	3,416,007.	3,416,007.
TIFF PEP 2014	FMV	672,490.	672,490.
TIFF RR IV	FMV	425,837.	425,837.
TIFF PEP 2015	FMV	443,716.	443,716.
TIFF PEP 2016	FMV	266,843.	266,843.
TIFF PEP 2017	FMV	40,895.	40,895.
TIFF SPECIAL OPPORTUNITIES FUND II	FMV	167,548.	167,548.
TOTAL TO FORM 990-PF, PART II, LINE 13		121,864,991.	121,864,991.

FORM 990-PF OTH	ER LIABILITIES		STATEMENT	9
DESCRIPTION	I	BOY AMOUNT	EOY AMOUNT	
DEFERRED FEDERAL EXCISE TAX LIABII	 ITY	100,237.	322,08	35.
TOTAL TO FORM 990-PF, PART II, LIN	IE 22	100,237.	322,08	35.

STATEMENT 8

FAIR MARKET

# 54-1822359

FORM 990-PF PART VIII - TRUSTEES		I OF OFFICERS, DI FOUNDATION MANAG		STATI	EMENT 10
NAME AND ADDRESS		TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EVDENCE
JEANNE ZEIDLER 4801 COURTHOUSE STREET, SUITE WILLIAMSBURG, VA 23188					0.
JEFFERY O. SMITH 4801 COURTHOUSE STREET, SUITE WILLIAMSBURG, VA 23188	200	BOARD CHAIR(RET 1.00	IRED 12/17 0.		0.
JAMES R. GOLDEN 4801 COURTHOUSE STREET, SUITE WILLIAMSBURG, VA 23188		BOARD VICE CHAI 1.00		0.	0.
CLARENCE A. WILSON 4801 COURTHOUSE STREET, SUITE WILLIAMSBURG, VA 23188			0.	0.	0.
ANDERSON M. BRADSHAW 4801 COURTHOUSE STREET, SUITE WILLIAMSBURG, VA 23188	200	TRUSTEE(STARTED 1.00		0.	0.
DAVID E. BUSH 4801 COURTHOUSE STREET, SUITE WILLIAMSBURG, VA 23188		TRUSTEE 1.00	0.	0.	0.
NANCY N. CAMPBELL 4801 COURTHOUSE STREET, SUITE WILLIAMSBURG, VA 23188		TRUSTEE 1.00	0.	0.	0.
ELIZABETH DAVIS 4801 COURTHOUSE STREET, SUITE WILLIAMSBURG, VA 23188	200	TRUSTEE 1.00	0.	0.	0.
PAUL W. GERHARDT 4801 COURTHOUSE STREET, SUITE WILLIAMSBURG, VA 23188	200	TRUSTEE 1.00	0.	0.	0.
EARL T. GRANGER 4801 COURTHOUSE STREET, SUITE WILLIAMSBURG, VA 23188	200	TRUSTEE 1.00	0.	0.	0.
F.BRIAN HIESTAND 4801 COURTHOUSE STREET, SUITE WILLIAMSBURG, VA 23188	200	TRUSTEE(RETIRED 1.00	0.12/17)	0.	0.

WILLIAMSBURG COMMUNIT	Y HEALTH FO	UNDATION		54	-1822359
JOYCE M. JARRETT 4801 COURTHOUSE STREET, WILLIAMSBURG, VA 23188			0.	0.	0.
LAURA J. LODA 4801 COURTHOUSE STREET, WILLIAMSBURG, VA 23188	SUITE 200		0.	0.	0.
ETHYLYN MCQUEEN-GIBSON 4801 COURTHOUSE STREET, WILLIAMSBURG, VA 23188	SUITE 200	TRUSTEE(RESIGNEI 1.00	D 10/17) 0.	0.	0.
RICHARD H. RIZK 4801 COURTHOUSE STREET, WILLIAMSBURG, VA 23188	SUITE 200		0.	0.	0.
LOUIS F. ROSSITER 4801 COURTHOUSE STREET, WILLIAMSBURG, VA 23188	SUITE 200	TRUSTEE 1.00	0.	0.	0.
MARIBEL O. SAIMRE 4801 COURTHOUSE STREET, WILLIAMSBURG, VA 23188	SUITE 200	TRUSTEE 1.00	0.	0.	0.
ROBERT J. SINGLEY 4801 COURTHOUSE STREET, WILLIAMSBURG, VA 23188	SUITE 200		0.	0.	0.
ROBERT B. TAYLOR 4801 COURTHOUSE STREET, WILLIAMSBURG, VA 23188	SUITE 200		0.	0.	0.
THOMAS TINGLE 4801 COURTHOUSE STREET, WILLIAMSBURG, VA 23188		TRUSTEE 1.00	0.	0.	0.
GLENDA S. TURNER 4801 COURTHOUSE STREET, WILLIAMSBURG, VA 23188	SUITE 200	TRUSTEE(STARTED 1.00	12/17) 0.	0.	0.
JACKSON C. TUTTLE II 4801 COURTHOUSE STREET, WILLIAMSBURG, VA 23188	SUITE 200	TRUSTEE 1.00	0.	0.	0.
MARSHALL N. WARNER 4801 COURTHOUSE STREET, WILLIAMSBURG, VA 23188	SUITE 200	TRUSTEE 1.00	0.	0.	0.
KIMBERLY ZEULI 4801 COURTHOUSE STREET, WILLIAMSBURG, VA 23188	SUITE 200	TRUSTEE 1.00	0.	0.	0.
TOTALS INCLUDED ON 990-	PF, PAGE 6,	PART VIII		18,650.	

26 STATEMENT(S) 10 2017.03050 WILLIAMSBURG COMMUNITY HEAD WCHF\_\_\_1

FORM 990-PF	SUMMARY OF	DIRECT	CHARITABLE	ACTIVITIES	STATEMENT	11

#### 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.

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

FORM 990-PF SUMMARY OF DIRECT CHARITABLE ACTIVITIES 12 STATEMENT

#### 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

FORM 990-PF SUMMARY OF DIRECT CHARITABLE ACTIVITIES STATEMENT 13

### ACTIVITY THREE

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

11,359.

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

EXPENSES

41,996.

31,500.

## FORM 990-PF SUMMARY OF DIRECT CHARITABLE ACTIVITIES STATEMENT 14

ACTIVITY FOUR

CHILDREN'S HEALTH INITIATIVE PLANNING -JCC- THE DCA WAS TO SUPPORT JAMES CITY COUNTY STAFF IN THE PLANNING PROCESS TO EXPAND THE CHILD HEALTH INITIATIVE PROGRAM INTO THE COUNTY. THE FOUNDATION PARTNERED WITH THE COUNTY, OLDE TOWNE MEDICAL & DENTAL CENTER (OTMDC), THE CITY OF WILLIAMSBURG, CHILD DEVELOPMENT RESOURCES, AND WJCC SCHOOLS TO BUILD ON THE EXISTING WILLIAMSBURG CHILD HEALTH INITIATIVE TO PROVIDE INTEGRATED AND MULTI-DISCIPLINARY, HOME-BASED SERVICE DELIVERY SERVICES THAT WORK IN PARTNERSHIP WITH FAMILIES TO IMPROVE THEIR WELL-BEING.

EXPENSES

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

10,000.

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT 15

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

JEANNE ZEIDLER 4801 COURTHOUSE STREET #200 WILLIAMSBURG, VA 23188

TELEPHONE NUMBER NAME OF GRANT PROGRAM

FOUNDATION-DIRECTED, BASIC OPERATING/PROGRAM SUPPORT, 757-345-0912 AND RESPONSIVE

### FORM AND CONTENT OF APPLICATIONS

WCHF APPLICATION INCLUDING BOARD ROSTER, ANNUAL REPORT, IRS 990 AND ANNUAL AUDIT IN ACCORDINANCE WITH WCHF POLICIES. ALLOWABLE COSTS AS OUTLINED IN GRANT APPLICATION

ANY SUBMISSION DEADLINES

NONE

RESTRICTIONS AND LIMITATIONS ON AWARDS

DOES NOT ALLOW COSTS FOR ANNUAL APPEALS AND FUNDRAISING, ENDOWMENTS, REAL ESTATE ACQUISITIONS, RESTORATION OF FUNDS CUT BY GOVERNMENTS OR OTHER ORGANIZATIONS, AND LOBBYING.