

**Return of Private Foundation**

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

**2020**

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 2020 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>137,872,232.</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 .....	36,686.	36,686.		
	<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 .....	9,347,260.			STATEMENT 6
	<b>b</b> Gross sales price for all assets on line 6a <b>72,315,248.</b>				
	<b>7</b> Capital gain net income (from Part IV, line 2) .....		9,335,137.		
	<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 .....	1,504,617.	1,323,026.		STATEMENT 1	
<b>12 Total.</b> Add lines 1 through 11 .....	10,888,563.	10,694,849.			
<b>Operating and Administrative Expenses</b>	<b>13</b> Compensation of officers, directors, trustees, etc. ....	199,269.	0.		199,269.
	<b>14</b> Other employee salaries and wages .....	707,641.	0.		707,641.
	<b>15</b> Pension plans, employee benefits .....	269,656.	0.		269,656.
	<b>16a</b> Legal fees .....				
	<b>b</b> Accounting fees <b>STMT 2</b> .....	32,420.	0.		30,845.
	<b>c</b> Other professional fees <b>STMT 3</b> .....	159,097.	120,463.		38,634.
	<b>17</b> Interest .....				
	<b>18</b> Taxes <b>STMT 4</b> .....	76,451.	0.		0.
	<b>19</b> Depreciation and depletion .....	4,561.	0.		
	<b>20</b> Occupancy .....	165,102.	16,510.		148,592.
	<b>21</b> Travel, conferences, and meetings .....	7,205.	0.		7,205.
	<b>22</b> Printing and publications .....	9,856.	0.		9,856.
	<b>23</b> Other expenses <b>STMT 5</b> .....	1,704,189.	1,085,689.		329,723.
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23 .....	3,335,447.	1,222,662.		1,741,421.
	<b>25</b> Contributions, gifts, grants paid .....	5,500,143.			5,579,313.
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25 .....	8,835,590.	1,222,662.		7,320,734.	
<b>27</b> Subtract line 26 from line 12:					
<b>a</b> Excess of revenue over expenses and disbursements .....	2,052,973.				
<b>b Net investment income</b> (if negative, enter -0-) .....		9,472,187.			
<b>c Adjusted net income</b> (if negative, enter -0-) .....			N/A		

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only.		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing	395,975.	299,582.	299,582.
	2 Savings and temporary cash investments	4,001,444.	4,419,544.	4,419,544.
	3 Accounts receivable	1,990,029.		
	Less: allowance for doubtful accounts		1,990,029.	1,990,029.
	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	56,259.	76,179.	76,179.
	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 9 111,773,996.	131,079,240.	131,079,240.	
14 Land, buildings, and equipment: basis	112,647.			
Less: accumulated depreciation	STMT 8 104,989.	9,918.	7,658.	
15 Other assets (describe) ADVANCED CAPITAL CO	12,244,871.	0.	0.	
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	128,482,463.	137,872,232.	137,872,232.	
Liabilities	17 Accounts payable and accrued expenses	163,286.	164,165.	
	18 Grants payable	385,602.	261,805.	
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe) DEFERRED FEDERAL E	181,418.	190,271.	
	23 Total liabilities (add lines 17 through 22)	730,306.	616,241.	
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 24, 25, 29, and 30.			
	24 Net assets without donor restrictions	127,752,157.	137,255,991.	
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 26 through 30.			
	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 Total net assets or fund balances	127,752,157.	137,255,991.		
30 Total liabilities and net assets/fund balances	128,482,463.	137,872,232.		

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	127,752,157.
2 Enter amount from Part I, line 27a	2	2,052,973.
3 Other increases not included in line 2 (itemize) SEE STATEMENT 7	3	7,450,861.
4 Add lines 1, 2, and 3	4	137,255,991.
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	137,255,991.

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

(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			
b			
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			
b			
c			
d			
e	72,303,125.	62,967,988.	9,335,137.

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.

(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	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
a			
b			
c			
d			
e			9,335,137.

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	9,335,137.
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). See instructions. 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**  
SECTION 4940(e) REPEALED ON DECEMBER 20, 2019 - DO NOT COMPLETE.

1 Reserved	(a) Reserved	(b) Reserved	(c) Reserved	(d) Reserved
Reserved				
Reserved				
Reserved				
Reserved				
Reserved				
2 Reserved .....				2
3 Reserved .....				3
4 Reserved .....				4
5 Reserved .....				5
6 Reserved .....				6
7 Reserved .....				7
8 Reserved .....				8

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 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 Reserved		1	131,663.
c All other domestic foundations enter 1.39% 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	131,663.
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	131,663.
6 Credits/Payments:			
a 2020 estimated tax payments and 2019 overpayment credited to 2020	6a		58,720.
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	58,720.
8 Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached		8	452.
9 <b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>		9	73,395.
10 <b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>		10	
11 Enter the amount of line 10 to be: <b>Credited to 2021 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>		11	

**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. <input type="checkbox"/> \$ 0. (2) On foundation managers. <input type="checkbox"/> \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input type="checkbox"/> \$ 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. <input type="checkbox"/> <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 2020 or the tax year beginning in 2020? 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? Website address ► WWW.WILLIAMSBURGHEALTHFOUNDATION.ORG	X	
14 The books are in care of ► SOLA MONIZ Telephone no. ► 757-345-0912 Located at ► 4801 COURTHOUSE STREET, NO 200, WILLIAMSBURG, VA ZIP+4 ► 23188		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year		N/A
16 At any time during calendar year 2020, 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? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ►		X

**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? (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.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If any answer is "Yes" to 1a(1)-(6), did any 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 2020?		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 2020, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2020? <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 not 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 all years listed, answer "No" and attach statement - see instructions.)		N/A
c If the provisions of section 4942(a)(2) are being applied to any 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 2020 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 2020.)		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 2020?		X

**Part VII-B** Statements Regarding Activities for Which Form 4720 May Be Required (continued)

<b>5a</b> During the year, did the foundation pay or incur any amount to:			<b>Yes</b>	<b>No</b>
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
<b>b</b> If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions	N/A		<b>5b</b>	
Organizations relying on a current notice regarding disaster assistance, check here	<input checked="" type="checkbox"/>			
<b>c</b> If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	N/A			
If "Yes," attach the statement required by Regulations section 53.4945-5(d).	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			<b>6b</b>	<b>X</b>
If "Yes" to 6b, file Form 8870.				
<b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A		<b>7b</b>	
<b>8</b> Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		

**Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

**1** List all officers, directors, trustees, and foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 12		181,154.	13,881.	0.

**2** Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SOLA MONIZ - 4801 COURTHOUSE STREET, SUITE 200., WILLIAMSBURG, VA 23188	CFO 40.00	154,457.	11,724.	0.
ALLISON BRODY - 4801 COURTHOUSE STREET, SUITE 200., WILLIAMSBURG, VA	DIRECTOR, COMMUNITY ENGAGEMENT 40.00	112,045.	8,650.	0.
KYRA COOK - 4801 COURTHOUSE STREET, SUITE 200., WILLIAMSBURG, VA 23188	DIRECTOR, STRATEGY 40.00	112,045.	8,589.	0.
PAULETTE A PARKER - 4801 COURTHOUSE STREET, SUITE 200., WILLIAMSBURG, VA	SENIOR PROGRAM OFFICER 40.00	112,045.	8,411.	0.
WILLIAM D PRIBBLE - 4801 COURTHOUSE STREET, SUITE 200., WILLIAMSBURG, VA	PROGRAM OFFICER/GRANT ADMINSTRATOR 40.00	79,920.	6,243.	0.
<b>Total</b> number of other employees paid over \$50,000				<b>0</b>

**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
COMMUNITY HEALTH SOLUTIONS, INC. 9603 GAYTON ROAD, STE 200, RICHMOND, VA 23238	DCA	91,610.
CATCHAFIRE 31 E 32ND ST, NEW YORK, NY 10016	WEB PLATFORM	80,000.
JAMES CITY COUNTY 101-D MOUNTS BAY ROAD, WILLIAMSBURG, VA 23188	CONSULTANT	72,000.
TIFF INVESTMENT MGMT - 170 N RADNOR CHESTER RD STE 300, RADNOR, PA 19087	INVESTMENT MANAGEMENT	65,278.
NORTHERN TRUST - 770 WEST NORTHWEST HIGHWAY, BARRINGTON, IL 60010	INVESTMENT MANAGEMENT	54,888.
<b>Total</b> 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 13	72,000.
2 SEE STATEMENT 14	47,971.
3 SEE STATEMENT 15	35,088.
4 SEE STATEMENT 16	9,750.

**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	
All other program-related investments. See instructions.	
3	
<b>Total.</b> 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	6,943,393.
c	Fair market value of all other assets .....	1c	118,724,813.
d	<b>Total</b> (add lines 1a, b, and c) .....	1d	125,668,206.
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	125,668,206.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) .....	4	1,885,023.
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4 .....	5	123,783,183.
6	<b>Minimum investment return.</b> Enter 5% of line 5 .....	6	6,189,159.

**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	6,189,159.
2a	Tax on investment income for 2020 from Part VI, line 5 .....	2a	131,663.
b	Income tax for 2020. (This does not include the tax from Part VI.) .....	2b	
c	Add lines 2a and 2b .....	2c	131,663.
3	Distributable amount before adjustments. Subtract line 2c from line 1 .....	3	6,057,496.
4	Recoveries of amounts treated as qualifying distributions .....	4	46,830.
5	Add lines 3 and 4 .....	5	6,104,326.
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	6,104,326.

**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	7,320,734.
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	7,320,734.
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	0.
6	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4 .....	6	7,320,734.

**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 2019	(c) 2019	(d) 2020
<b>1</b> Distributable amount for 2020 from Part XI, line 7				6,104,326.
<b>2</b> Undistributed income, if any, as of the end of 2020:				
<b>a</b> Enter amount for 2019 only			213,947.	
<b>b</b> Total for prior years:		0.		
<b>3</b> Excess distributions carryover, if any, to 2020:				
<b>a</b> From 2015				
<b>b</b> From 2016				
<b>c</b> From 2017				
<b>d</b> From 2018				
<b>e</b> From 2019				
<b>f</b> Total of lines 3a through e	0.			
<b>4</b> Qualifying distributions for 2020 from Part XII, line 4: ▶ \$ 7,320,734.				
<b>a</b> Applied to 2019, but not more than line 2a			213,947.	
<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 2020 distributable amount				6,104,326.
<b>e</b> Remaining amount distributed out of corpus	1,002,461.			
<b>5</b> Excess distributions carryover applied to 2020 (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	1,002,461.			
<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 2019. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
<b>f</b> Undistributed income for 2020. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2021				0.
<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 2015 not applied on line 5 or line 7	0.			
<b>9</b> Excess distributions carryover to 2021. Subtract lines 7 and 8 from line 6a	1,002,461.			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2016				
<b>b</b> Excess from 2017				
<b>c</b> Excess from 2018				
<b>d</b> Excess from 2019				
<b>e</b> Excess from 2020	1,002,461.			

**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 2020, 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) 2020	(b) 2019	(c) 2018	(d) 2017	
<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 17**

**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	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
Name and address (home or business)				
<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	31,500.
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	NEUROFEEDBACK COUNSELING PROGRAM	6,500.
CENTER FOR CHILD AND FAMILY SERVICES, INC. 2021 CUNNINGHAM DR., STE. 400 HAMPTON, VA 23666-3301	N/A	PC	THE REBOOT PROGRAM	103,000.
<b>Total</b>	<b>SEE CONTINUATION SHEET(S)</b>			<b>5,579,313.</b>
<b>b Approved for future payment</b>				
BACON STREET YOUTH AND FAMILY SERVICES 247 MCLAWS CIRCLE WILLIAMSBURG, VA 23185	N/A	PC	THE BRIDGES PROJECT	13,500.
WILLIAMSBURG AREA FAITH IN ACTION 354 MCLAWS CIRCLE, SUITE 1 WILLIAMSBURG, VA 23185	N/A	PC	MEDICAL TRANSPORTATION	18,750.
UNITED WAY OF THE VIRGINIA PENINSULA TWO CITY CENTER 11820 FOUNTAIN WAY STE 206 NEWPORT NEWS, VA 23606	N/A	PC	GREATER WILLIAMSBURG TRAUMA-INFORMED COMMUNITY NETWORK	15,000.
<b>Total</b>	<b>SEE CONTINUATION SHEET(S)</b>			<b>216,000.</b>





WILLIAMSBURG COMMUNITY HEALTH FOUNDATION

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

(a) List and describe the kind(s) of property sold, e.g., 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.)
<b>1a PUBLICLY-TRADED SECURITIES</b>			
<b>b PASSTHROUGH K-1 CAPITAL GAIN</b>	P		
<b>c TIFF PARTNERS V-INTERNATIONAL, LLC</b>	P		
<b>d TIFF PARTNERS V-US, LLC</b>	P		
<b>e TIFF PRIVATE EQUITY PARTNERS 2007, LLC</b>	P		
<b>f TIFF PRIVATE EQUITY PARTNERS 2008, LLC</b>	P		
<b>g TIFF PRIVATE EQUITY PARTNERS 2012, LLC</b>	P		
<b>h TIFF PRIVATE EQUITY PARTNERS 2013, LLC</b>	P		
<b>i TIFF PRIVATE EQUITY PARTNERS 2014, LLC</b>	P		
<b>j TIFF PRIVATE EQUITY PARTNERS 2015, LP</b>	P		
<b>k TIFF PRIVATE EQUITY PARTNERS 2016, LP</b>	P		
<b>l TIFF PRIVATE EQUITY PARTNERS 2017, LP</b>	P		
<b>m TIFF PRIVATE EQUITY PARTNERS 2018, LP</b>	P		
<b>n TIFF REAL ESTATE PARTNERS II, LLC</b>	P		
<b>o TIFF REALTY AND RESOURCES IV, LLC</b>	P		

(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 49,651,014.		49,393,341.	257,673.
b 8,590,991.			8,590,991.
c 38,313.			38,313.
d 84,039.		107,190.	-23,151.
e 788,511.		774,641.	13,870.
f 473,380.		1,049,700.	-576,320.
g 1,288,270.		1,372,656.	-84,386.
h 3,220,244.		3,522,434.	-302,190.
i 1,339,551.		1,043,208.	296,343.
j 1,165,150.		743,101.	422,049.
k 708,570.		588,020.	120,550.
l 253,585.		216,841.	36,744.
m 526,580.		459,914.	66,666.
n 204,400.		147,049.	57,351.
o 401,900.		407,187.	-5,287.

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
a			257,673.
b			8,590,991.
c			38,313.
d			-23,151.
e			13,870.
f			-576,320.
g			-84,386.
h			-302,190.
i			296,343.
j			422,049.
k			120,550.
l			36,744.
m			66,666.
n			57,351.
o			-5,287.

<b>2</b> 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 } .....	<b>2</b>
<b>3</b> 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 .....	<b>3</b>

WILLIAMSBURG COMMUNITY HEALTH FOUNDATION

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

(a) List and describe the kind(s) of property sold, e.g., 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 TIFF SECONDARY PARTNERS II, LLC	P		
b TIFF SPECIAL OPPORTUNITIES FUND, LLC	P		
c TIFF SPECIAL OPPORTUNITIES FUND II, LP	P		
d TIFF PRIVATE EQUITY PARTNERS 2019, LP	P		
e TIFF PRIVATE EQUITY PARTNERS 2020, LP	P		
f			
g			
h			
i			
j			
k			
l			
m			
n			
o			

(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 211,750.		370,106.	-158,356.
b 2,587,163.		2,239,834.	347,329.
c 673,400.		422,672.	250,728.
d 88,313.		102,418.	-14,105.
e 8,001.		7,676.	325.
f			
g			
h			
i			
j			
k			
l			
m			
n			
o			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
a			-158,356.
b			347,329.
c			250,728.
d			-14,105.
e			325.
f			
g			
h			
i			
j			
k			
l			
m			
n			
o			

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	9,335,137.
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 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	BASIC OPERATING SUPPORT	200,000.
CITY OF WILLIAMSBURG 401 LAFAYETTE STREET WILLIAMSBURG, VA 23185	N/A	GOV	CHILD HEALTH INITIATIVE	250,000.
CITY OF WILLIAMSBURG 401 LAFAYETTE STREET WILLIAMSBURG, VA 23185	N/A	GOV	WALKING WORKS	500.
CITY OF WILLIAMSBURG 401 LAFAYETTE STREET WILLIAMSBURG, VA 23185	N/A	GOV	COVID-19 EVICTION PREVENTION PROGRAM	270,000.
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	140,000.
COLONIAL BEHAVIORAL HEALTH 473 MCLAWS CIRCLE WILLIAMSBURG, VA 23185	N/A	PC	INTENSIVE OUTPATIENT PROGRAM (IOP)	50,000.
COLONIAL BEHAVIORAL HEALTH 473 MCLAWS CIRCLE WILLIAMSBURG, VA 23185	N/A	PC	GREATER WILLIAMSBURG NETWORK OF CARE (NOC)	37,000.
COMMUNITY HOUSING PARTNERS 448 DEPOT STREET CHRISTIANSBURG, VA 24073	N/A	PC	MOBILE FOOD PANTRY	5,000.
ELK HILL FARM, INC. PO BOX 991975 ELK HILL RD. GOOCHLAND, VA 23063	N/A	PC	ELK HILL'S YORK COUNTY SCHOOL-BASED MENTAL HEALTH PROGRAM	10,000.
<b>Total from continuation sheets</b>				<b>5,355,813.</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
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.
GLOUCESTER MATHEWS CARE CLINIC P.O. BOX 684 GLOUCESTER, VA 23061	N/A	PC	CHRONIC CARE COLLABORATIVE	200,000.
GREATER WILLIAMSBURG HEARTSAFE ALLIANCE 421 NORTH BOUNDARY STREET WILLIAMSBURG, VA 23185	N/A	PC	GREATER WILLIAMSBURG HEARTSAFE ALLIANCE	35,000.
GROVE CHRISTIAN OUTREACH CENTER 8800 POCAHONTAS TRAIL WILLIAMSBURG, VA 23185	N/A	PC	CHILDREN'S MEAL DELIVERY	20,000.
JAMES CITY COUNTY 101-D MOUNTS BAY ROAD WILLIAMSBURG, VA 23188	N/A	GOV	JAMES CITY COUNTY CHILD HEALTH INITIATIVE	270,000.
JAMES CITY COUNTY 101-D MOUNTS BAY ROAD WILLIAMSBURG, VA 23188	N/A	GOV	COVID-19 EVICTION PREVENTION PROGRAM	430,000.
LITERACY FOR LIFE AT THE RITA WELSH ADULT LEARNING CENTER PO BOX 8795 WILLIAMSBURG, VA 23187	N/A	GOV	HEAL PROGRAM IN WILLIAMSBURG	50,000.
NETWORK PENINSULA 2 BERNARDINE DRIVE NEWPORT NEWS, VA 23602	N/A	PC	NONPROFIT MANAGEMENT INSTITUTE	37,500.
OLDE TOWNE MEDICAL & DENTAL CENTER 5249 OLDE TOWNE ROAD WILLIAMSBURG, VA 23188	N/A	PC	SUPPORT FOR CLINIC OPERATIONS	393,750.
OLDE TOWNE MEDICAL & DENTAL CENTER 5249 OLDE TOWNE ROAD WILLIAMSBURG, VA 23188	N/A	PC	CHRONIC CARE COLLABORATIVE (CCC)	250,000.
<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
OLIVET MEDICAL MINISTRY, INC. DBA LACKEY CLINIC 1620 OLD WILLIAMSBURG ROAD YORKTOWN, VA 23690	N/A	PC	CHRONIC CARE COLLABORATIVE	400,000.
ONE CHILD CENTER FOR AUTISM 201 BULIFANTS BLVD., STE A WILLIAMSBURG, VA 23188	N/A	PC	ONE CHILD CENTER FOR AUTISM CAPACITY BUILDING	15,000.
ONE CHILD CENTER FOR AUTISM 201 BULIFANTS BLVD., STE A WILLIAMSBURG, VA 23188	N/A	PC	KIDS' NIGHT	7,500.
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.
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	11,713.
POSTPARTUM SUPPORT VIRGINIA, INC. P.O. BOX 7521 ARLINGTON, VA 22207	N/A	PC	HEALTHY MOTHERS, HEALTHY BABIES	15,000.
RX PARTNERSHIP 1500 FOREST AVE, SUITE 201 RICHMOND, VA 23229	N/A	PC	CHRONIC CARE COLLABORATIVE	46,000.
RX PARTNERSHIP 1500 FOREST AVE, SUITE 201 RICHMOND, VA 23229	N/A	PC	ACCESS TO MEDICATION PROGRAM (AMP)	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
RX PARTNERSHIP 1500 FOREST AVE, SUITE 201 RICHMOND, VA 23229	N/A	PC	RXP COVID-19 RESPONSE PROGRAM	9,000.
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.
UNITED WAY OF THE VIRGINIA PENINSULA 11820 FOUNTAIN WAY, SUITE 206 NEWPORT NEWS, VA 23606	N/A	PC	GREATER WILLIAMSBURG TRAUMA-INFORMED COMMUNITY NETWORK	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	375,000.
VIRGINIA PENINSULA FOODBANK 2401 ALUMINUM AVENUE HAMPTON, VA 23661	N/A	PC	MOBILE FOOD PANTRY: FRESH PRODUCE PROGRAM	35,000.
WILLIAMSBURG AREA FAITH IN ACTION 354 MCLAWS CIRCLE, SUITE 2 WILLIAMSBURG, VA 23185	N/A	PC	MEDICAL TRANSPORTATION	32,750.
WILLIAMSBURG AREA FAITH IN ACTION 354 MCLAWS CIRCLE, SUITE 2 WILLIAMSBURG, VA 23185	N/A	PC	SUPPORT FOR DEVELOPMENT DIRECTOR	14,000.
WILLIAMSBURG COMMUNITY FOUNDATION 1323 JAMESTOWN ROAD, SUITE 103 WILLIAMSBURG, VA 23185	N/A	PC	WILLIAMSBURG COMMUNITY FOUNDATION COMMUNITY EMERGENCY RESPONSE FUND	20,000.
<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 HOUSE OF MERCY, INC. 10 HARRISON AVENUE WILLIAMSBURG, VA 23185-3572	N/A	PC	MONTHLY MOBILE FOOD PANTRY	9,000.
WILLIAMSBURG HOUSE OF MERCY, INC. 10 HARRISON AVENUE WILLIAMSBURG, VA 23185-3572	N/A	PC	REFRIGERATOR PURCHASE FOR FRESH FOOD STORAGE	13,600.
WILLIAMSBURG REGIONAL LIBRARY 7770 CROAKER ROAD WILLIAMSBURG, VA 23188	N/A	PC	2020 CENSUS OUTREACH	500.
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	WALKING WORKS	500.
YORK COUNTY 224 BALLARD ST YORKTOWN, VA 23690	N/A	PC	COVID-19 EVICTION PREVENTION PROGRAM	300,000.
AVALON: A CENTER FOR WOMEN AND CHILDREN 3204 IRONBOUND ROAD, SUITE D WILLIAMSBURG, VA 23188	N/A	PC	WALKING WORKS	500.
<b>Total from continuation sheets</b> .....				



# Underpayment of Estimated Tax by Corporations

▶ Attach to the corporation's tax return. **FORM 990-PF**

**2020**

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

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.

**Part I Required Annual Payment**

1	Total tax (see instructions) .....	1	131,663.
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	131,663.
4	Enter the tax shown on the corporation's 2019 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	58,691.
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  The corporation is using the adjusted seasonal installment method.
- 7  The corporation is using the annualized income installment method.
- 8  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. <b>Filers with installments due on or after April 1, 2020, and before July 15, 2020, see instructions</b> .....	9	07/15/20	07/15/20	09/15/20	12/15/20
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				58,720.
<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				58,720.
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.	14,702.
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: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.)</b> 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 4/15/2020 and before 7/1/2020 .....	<b>21</b>			
<b>22</b> Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 5\% (0.05)}{366}$ ...	<b>22</b> \$	\$	\$	\$
<b>23</b> Number of days on line 20 after 6/30/2020 and before 10/1/2020 .....	<b>23</b>			
<b>24</b> Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 3\% (0.03)}{366}$ ...	<b>24</b> \$	\$	\$	\$
<b>25</b> Number of days on line 20 after 9/30/2020 and before 1/1/2021 .....	<b>25</b>			
<b>26</b> Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 3\% (0.03)}{366}$ ...	<b>26</b> \$	\$	\$	\$
<b>27</b> Number of days on line 20 after 12/31/2020 and before 4/1/2021 .....	<b>27</b>	<b>SEE ATTACHED WORKSHEET</b>		
<b>28</b> Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 3\% (0.03)}{365}$ ...	<b>28</b> \$	\$	\$	\$
<b>29</b> Number of days on line 20 after 3/31/2021 and before 7/1/2021 .....	<b>29</b>			
<b>30</b> Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$ .....	<b>30</b> \$	\$	\$	\$
<b>31</b> Number of days on line 20 after 6/30/2021 and before 10/1/2021 .....	<b>31</b>			
<b>32</b> Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$ .....	<b>32</b> \$	\$	\$	\$
<b>33</b> Number of days on line 20 after 9/30/2021 and before 1/1/2022 .....	<b>33</b>			
<b>34</b> Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$ .....	<b>34</b> \$	\$	\$	\$
<b>35</b> Number of days on line 20 after 12/31/2021 and before 3/16/2022 .....	<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>452.</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 K-1 INCOME NOT INCLUDED IN INVESTMENT INCOME	1,504,526.	1,323,026.	
	91.	0.	
TOTAL TO FORM 990-PF, PART I, LINE 11	1,504,617.	1,323,026.	

## 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	32,420.	0.		30,845.
TO FORM 990-PF, PG 1, LN 16B	32,420.	0.		30,845.

## 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	120,463.	120,463.		0.
OTHER PROFESSIONAL FEES	38,634.	0.		38,634.
TO FORM 990-PF, PG 1, LN 16C	159,097.	120,463.		38,634.

## FORM 990-PF

## TAXES

## STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
EXCISE TAX	76,451.	0.		0.
TO FORM 990-PF, PG 1, LN 18	76,451.	0.		0.

## FORM 990-PF

## OTHER EXPENSES

## STATEMENT 5

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
EQUIPMENT RENTAL/MAINTENANCE	30,111.	0.		30,111.
INSURANCE	11,774.	0.		11,774.
DCA EXPENSE - CHRONIC CARE	47,971.	0.		47,971.
DCA EXPENSE - OTHER	161,660.	0.		161,660.
MEMBERSHIP DUES	30,320.	0.		30,320.
PASSTHROUGH K-1 EXPENSES	1,374,466.	1,085,689.		0.
POSTAGE AND DELIVERY	833.	0.		833.
SUPPLIES	36,290.	0.		36,290.
TELECOMMUNICATIONS	10,764.	0.		10,764.
TO FORM 990-PF, PG 1, LN 23	1,704,189.	1,085,689.		329,723.

## FORM 990-PF

## GAIN OR (LOSS) FROM SALE OF OTHER ASSETS

## STATEMENT 6

(A) DESCRIPTION OF PROPERTY	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
PASSTHROUGH K-1 CAPITAL GAIN UBI				PURCHASED	
	12,123.	0.	0.	0.	12,123.
TOTAL INCLUDED ON FORM 990-PF, PART I, LINE 6A					12,123.

## FORM 990-PF

## OTHER INCREASES IN NET ASSETS OR FUND BALANCES

## STATEMENT 7

DESCRIPTION	AMOUNT
UNREALIZED GAIN IN VALUE OF INVESTMENTS RETURNED GRANT	7,404,031. 46,830.
TOTAL TO FORM 990-PF, PART III, LINE 3	7,450,861.

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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	FAIR MARKET VALUE
FURNITURE, FIXTURES, & EQUIPMENT	78,174.	75,119.	3,055.	3,055.
COMPUTERS & SOFTWARE	34,473.	29,870.	4,603.	4,603.
TO 990-PF, PART II, LN 14	112,647.	104,989.	7,658.	7,658.

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FORM 990-PF      OTHER INVESTMENTS      STATEMENT 9

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DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
MIT PRIVATE EQUITY II FUND	FMV	82,305.	82,305.
MA INVESTORS FUND 1, LLC	FMV	1,292,036.	1,292,036.
PRIVATE ADVISORS SMALL COMPANY BUYOUT FUND	FMV	281,448.	281,448.
METROPOLITAN REAL ESTATE PARTNERS 2008 DISTRESSED CO-INVESTMENT FUND, LP	FMV	15,597.	15,597.
TIFF KEYSTONE FUND	FMV	111,952,162.	111,952,162.
THE CENTERSTONE FUND	FMV	17,446,237.	17,446,237.
GMO FORESTRY FUND 7	FMV	9,455.	9,455.
TOTAL TO FORM 990-PF, PART II, LINE 13		131,079,240.	131,079,240.

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FORM 990-PF      OTHER ASSETS      STATEMENT 10

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

FORM 990-PF

OTHER LIABILITIES

STATEMENT 11

DESCRIPTION

BOY AMOUNT

EOY AMOUNT

DEFERRED FEDERAL EXCISE TAX LIABILITY

181,418.

190,271.

TOTAL TO FORM 990-PF, PART II, LINE 22

181,418.

190,271.

FORM 990-PF

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

STATEMENT 12

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

WILLIAMSBURG COMMUNITY HEALTH FOUNDATION

54-1822359

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.
GLENDA H. TURNER 4801 COURTHOUSE STREET, SUITE 200 WILLIAMSBURG, VA 23188	TRUSTEE 1.00	0.	0.	0.
ADRIA VANHOOZIER 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	181,154.	13,881.	0.

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

181,154.	13,881.	0.
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FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT 13

ACTIVITY ONE

BEHAVIORAL HEALTH COLLABORATIVE - A COLLABORATIVE WITH JAMES CITY COUNCIL TO STUDY BEHAVIORAL HEALTH TO IMPROVE MEDICAL SERVICES TO TREAT MENTAL HEALTH ILLNESSES, INTELLECTUAL DISABILITIES, AND SUBSTANCE ABUSE DISORDERS TO INDIVIDUALS AND FAMILIES LIVING IN JAMES CITY COUNTY.

EXPENSES

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

72,000.

FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT 14

ACTIVITY TWO

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 2

47,971.

FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT 15

ACTIVITY THREE

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 3

35,088.

ACTIVITY FOUR

CHILDREN BEHAVIOR HEALTH INITIATIVE- A COLLABORATIVE WITH HEALTHCARE ORGANIZATIONS THAT PROVIDE DIRECT SERVICES TO CHILDREN IN THE GREATER WILLIAMSBURG AREA. THE GOAL IS TO IMPROVE THE BEHAVIORAL HEALTH OF CHILDREN IN THE COMMUNITY.

EXPENSES

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

9,750.

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FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION  
PART XV, LINES 2A THROUGH 2D

STATEMENT 17

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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

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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

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NONE

RESTRICTIONS AND LIMITATIONS ON AWARDS

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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.