Form	990-PF
Departi	ment of the Treasury

EXTENDED TO NOVEMBER 15, 2022 Return of Private Foundation

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

▶ Do not enter social security numbers on this form as it may be made public.



Internal Re	evenue Service Go to www.i	rs.gov/Form990PF for instr	uctions and t	ne latest into	mation.	Open to Public Inspection
For cale	ndar year 2021 or tax year beginning		, and ei	nding		
	of foundation		· · ·		A Employer identification	n number
WIL	LIAMSBURG COMMUNITY HEAD	LTH FOUNDATIC	N		54-1822359	
Number	and street (or P.O. box number if mail is not delivered to street a	ddress)		Room/suite	B Telephone number	
<u>48</u> 0	1 COURTHOUSE STREET, NO	200			757-345-09	12
	town, state or province, country, and ZIP or foreign p	ostal code			C If exemption application is p	ending, check here
WIL	LIAMSBURG, VA 23188					
G Chec	k all that apply: 📃 Initial return	Initial return of a fe	ormer public c	harity	D 1. Foreign organization	s, check hereÞ
	Final return	X Amended return			2 Eoreign organization	eating the 95% toot —
	Address change	Name change			2. Foreign organizations me check here and attach co	omputation
	k type of organization: X Section 501(c)(3) ex				E If private foundation sta	
		Other taxable private foundation			under section 507(b)(1)(A), check here …
	narket value of all assets at end of year J Accounti	-	X Accr	ual	F If the foundation is in a	
	Part II, col. (c), line 16)	ther (specify)	:-)		under section 507(b)(1)(B), check here …
▶\$	158, 429, 478. (Part I, colur					(1)
Part	(The total of amounts in columns (b) (c) and (d) may not	(a) Revenue and expenses per books	(b) Net in inco	vestment	(c) Adjusted net income	(d) Disbursements for charitable purposes
<u> </u>	(increased another another in column (c); (c), and (c) may not necessarily equal the amounts in column (a).)					(cash basis only)
1	Contributions, gifts, grants, etc., received				N/A	
2						
3	Interest on savings and temporary cash investments	12,655.	1	2,655.		STATEMENT 2
4		12,000.		2,055.		STATEMENT Z
	a Gross rents					
	Net rental income or (loss)	15,151,025.				STATEMENT 1
en	a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 14,909,015.	15,151,025.				
Revenue 2			14 90	9,015.		
Be 8			11/50	<i>,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
10:	Income modifications Gross sales less returns a and allowances					
	b Less: Cost of goods sold					
	c Gross profit or (loss)					
11		4,494,172.	4,26	5,312.		STATEMENT 3
12	Total. Add lines 1 through 11	19,657,852.	19,18	6,982.		
13	Compensation of officers, directors, trustees, etc.	224,092.		0.		224,092.
14	Other employee salaries and wages	741,996.		0.		741,996.
15	Pension plans, employee benefits	153,397.		0.		153,397.
ស្ល <u>ី</u> 16៖	a Legal fees					
i Gi	b Accounting fees STMT 4	33,838.		6,919.		16,919.
Administrative Expenses 15 05 11 12 12 13 19 12 13	c Other professional fees STMT 5	90,323.	7.	2,827.		17,496.
<u>9</u> 17	Interest Taxes STMT 6					
18		185,527.		0.		70,387.
19	Depreciation and depletion	6,873.	1	0.		156.005
20	Occupancy	173,362.	1	7,336.		156,027.
	Travel, conferences, and meetings	18,830.		0.		18,830.
22 aud	Printing and publications	9,964.	2 0 0	0.		9,964.
5 23	Other expenses STMT 7	2,504,350.	2,06	1,891.		292,509.
12 24	Total operating and administrative	4 140 550	2 1 6	0 072		1 701 617
23 25 25	expenses. Add lines 13 through 23	4,142,552. 4,539,000.	⊿,⊥6	8,973.		1,701,617. 4,507,250.
20	Contributions, gifts, grants paid	4,559,000.				4,307,430.
26	Total expenses and disbursements.	8,681,552.	2 1 4	8 972		6,208,867.
	Add lines 24 and 25	0,001,002.	2,10	8,973.		0,200,00/.
	Subtract line 26 from line 12:	10,976,300.				
	a Excess of revenue over expenses and disbursements	10,570,500.	17 01	8,009.		

123501 12-10-21 LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-PF (2021)

15271128 797738 3001335524

c Adjusted net income (if negative, enter -0-)

2

2021.05000 WILLIAMSBURG COMMUNITY HE 30013352

N/A

Form 990-PF (2021) WILLIAMSBURG COMMUNITY HEALTH FOUNDATION 54-1822359 Pa					- 1822359 Page 2
	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End	of year
F	arı	column should be for end-of-year amounts only.	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	299,582.	130,232.	
	2	Savings and temporary cash investments	6,183,891.	7,534,166.	7,534,166.
		Accounts receivable 157,978.			
		Less: allowance for doubtful accounts	225,682.	157,978.	157,978.
	4	Pledges receivable ►			
		Less: allowance for doubtful accounts			
	5	Grants receivable			
		Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts 🕨			
ţ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges	76,179.	85,587.	85,587.
Ä	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 10	131,079,240.	150,450,244.	150,450,244.
	14	Land, buildings, and equipment: basis \blacktriangleright 152,597.			
		Less: accumulated depreciation STMT 9 81,326.	7,658.	71,271.	71,271.
		Other assets (describe)			
	16	Total assets (to be completed by all filers - see the			
		instructions. Also, see page 1, item I)			158,429,478.
		Accounts payable and accrued expenses		161,124.	
		Grants payable	261,805.	293,555.	
es		Deferred revenue			
ilite I		Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other notes payable	100 071	100 071	
_	22	Other liabilities (describe STATEMENT 11)	190,271.	190,271.	
			616 041		
	23	Total liabilities (add lines 17 through 22)	616,241.	644,950.	
		Foundations that follow FASB ASC 958, check here			
ses		and complete lines 24, 25, 29, and 30.	137 255 001	157,784,528.	
Net Assets or Fund Balances	24	Net assets without donor restrictions	137,233,391.	137,704,320.	
Bal	25	Foundations that do not follow FASB ASC 958, check here			
pd		and complete lines 26 through 30.			
Ę	26	Capital stock, trust principal, or current funds			
0 S	27	Paid-in or capital surplus, or land, bldg., and equipment fund			
set	28	Retained earnings, accumulated income, endowment, or other funds			
t As	29	Total net assets or fund balances	137,255,991.	157,784,528.	
Ne.	20				
	30	Total liabilities and net assets/fund balances	137,872,232.	158,429,478.	
Ρ	art				
1		net assets or fund balances at beginning of year - \ensuremath{Part} II, column (a), line	29		
	•				137,255,991.
2	Enter	r amount from Part I, line 27a		2	10,976,300.

~				L	<u> </u>	±0,570,500•
3	Other increases not included in line 2 (itemize)	SEE	STATEMENT	8 :	3	9,552,237.
4	Add lines 1, 2, and 3				4	157,784,528.
5	Decreases not included in line 2 (itemize)			!	5	0.
6	Total net assets or fund balances at end of year (line 4 min	nus line 5) - Part II, column (b), line 29			6	157,784,528.
						Form 990-PF (2021)

	LIAMSBURG COMMUN			DATIC	N	54	-1822	2359	Page 3
(a) List and describe	the kind(s) of property sold (for exar arehouse; or common stock, 200 shs	nple, real estate,		(b) How ac P - Purc D - Dona	cquired hase	(c) Date ac (mo., day		(d) Dat (mo., da	
1a PASSTHROUGH K-					P		,,,	. ,	
b PASSTHROUGH K-		UBI			P				
C									
d									
е									
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other I plus expense of s				(h) Gair ((e) plus (⁻	n or (loss) f) minus (g	g))	
a 14,909,015.							14	1,909,	,015.
b									0.
C									
d									
<u>e</u>									
Complete only for assets showing	ng gain in column (h) and owned by t			_) Gains (Col . (k), but not			
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col over col. (j), if a					rom col. (h		
a							14	1,909,	,015.
b									0.
<u> </u>									
d									
e									
2 Capital gain net income or (net ca	apital loss) { If gain, also enter If (loss), enter -0	r in Part I, line 7 - in Part I, line 7		}_ <u>2</u>			14	1,909,	,015 .
3 Net short-term capital gain or (lo	ss) as defined in sections 1222(5) an	d (6):							
	, column (c). See instructions. If (loss	s), enter -O- in							
Part I, line 8	sed on Investment Incom	o (Section 1010/	<u>101</u>	$\frac{3}{0}$	1018 -	coo inct	N/A		
		· _ `					luction	15)	
	described in section 4940(d)(2), che							236	,550.
Date of ruling or determination	enter 1.39% (0.0139) of line 27b. Ex	tach copy of letter if nece	-	see instru	ctions)			230	, 550.
	. ,								
2 Tay under section 511 (domest	I2, col. (b) tic section 4947(a)(1) trusts and taxa	hle foundations only: oth	ere enter	 r _∩_)		2			0.
Add Base A and O						3		236	,550.
	stic section 4947(a)(1) trusts and tax								0.
	me . Subtract line 4 from line 3. If ze		1010, 01110			5		236	,550.
6 Credits/Payments:		,							
a 2021 estimated tax payments a	and 2020 overpayment credited to 20	21 6a		8	7,000	•			
b Exempt foreign organizations -	tax withheld at source	6b			0				
c Tax paid with application for extension of time to file (Form 8868)6c 0.									
d Backup withholding erroneous	ly withheld	6d			0	•			
7 Total credits and payments. Add lines 6a through 6d					7			,000.	
	ment of estimated tax. Check here		ached						,112.
	and 8 is more than 7, enter amount of					9		153	,662.
	than the total of lines 5 and 8, enter					• 10			
11 Enter the amount of line 10 to	be: Credited to 2022 estimated tax			R	lefunded 🕨	• 11	_	000	

Form **990-PF** (2021)

Form 990-PF (2021) WILLIAMSBURG COMMUNITY HEALTH FOUNDATION Part VI-A Statements Regarding Activities Foundation Foundation

1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes	No
	any political campaign?	1a		Х
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1b		Х
	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.			
C	Did the foundation file Form 1120-POL for this year?	1c		Х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation. \blacktriangleright \$ (2) On foundation managers. \blacktriangleright \$ 0.			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
	managers. ► \$ 0.			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	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 instrument, articles of incorporation, or			
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		х
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	Х	
	If "Yes," has it filed a tax return on Form 990-T for this year?	4b	Х	
	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 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?	6		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 XIV	7	Х	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.			
	VA			
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 General Instruction G? If "No," attach explanation	8b	Х	
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 2021 or the tax year beginning in 2021? See the instructions for Part XIII. If "Yes," complete Part XIII	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		X
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 \blacktriangleright KAREN BURDEN Telephone no. \triangleright 757-34		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		, ►	
	and enter the amount of tax-exempt interest received or accrued during the year 15	N	/A Yes	Na
16	At any time during calendar year 2021, did the foundation have an interest in or a signature or other authority over a bank,		res	
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
	foreign country			(0004)

Form **990-PF** (2021)

_		1822359		Page 5
Pa	art VI-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	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?	1a(1)		X
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?	1a(2)		X
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			X
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1a(4)	X	
	(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)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"	1a(5)		X
	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.)	1a(6)		X
b	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	1b		X
C	c Organizations relying on a current notice regarding disaster assistance, check here 👘 🕨 🕨			
d	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 2021?	1d		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	a At the end of tax year 2021, did the foundation have any undistributed income (Part XII, lines			
	6d and 6e) for tax year(s) beginning before 2021?	2a		X
	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			
		/A 2b		
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	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?	3a	Х	
b	If "Yes," did it have excess business holdings in 2021 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 2021.)			X
	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		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 2021?	4b		X

Form **990-PF** (2021)

Form 990-PF (2021) WILLIAMSBURG COMMUNITY HEALTH FOUNDATION 54-182	2359	I	⁵ age 6
Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)			
5a During the year, did the foundation pay or incur any amount to:		Yes	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	5a(1)		Х
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly,			
any voter registration drive?	5a(2)		X
(3) Provide a grant to an individual for travel, study, or other similar purposes?	5a(3)		X
(4) Provide a grant to an organization other than a charitable, etc., organization described in section			
4945(d)(4)(A)? See instructions	5a(4)		X
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for			
the prevention of cruelty to children or animals?	5a(5)		X
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	5b		
c Organizations relying on a current notice regarding disaster assistance, check here			
d 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	5d		
If "Yes," attach the statement required by Regulations section 53.4945-5(d).			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on			
a personal benefit contract?	6a		X
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal 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 shelter transaction?	7a		X
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	7b		
8 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?	8		Х

Part VII 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		183,613.	14,479.	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,	CFO			
NO 200, WILLIAMSBURG, VA 23188	40.00	154,570.	12,283.	Ο.
ALLISON BRODY - 4801 COURTHOUSE	DIRECTOR OF C	OMMUNITY 1	ENGAGEMEN	т
STREET, NO 200, WILLIAMSBURG, VA	40.00	111,851.	8,866.	0.
KYRA COOK - 4801 COURTHOUSE STREET,	DIRECTOR OF S	TRATEGY		
NO 200, WILLIAMSBURG, VA 23188	40.00	111,677.	8,866.	0.
PAULETTE A. PARKER - 4801 COURTHOUSE	SENIOR PROGRAM	M OFFICER		
STREET, NO 200, WILLIAMSBURG, VA	40.00	111,475.	8,866.	0.
WILLIAM D. PRIBBLE - 4801 COURTHOUSE	PROGRAM OFFIC	ER/GRANT Z	ADMINISTI	RATO
STREET, NO 200, WILLIAMSBURG, VA	40.00	80,192.	6,371.	0.
Total number of other employees paid over \$50,000			>	0

Form **990-PF** (2021)

Form 990-PF (2021) WILLIAMSBURG COMMUNITY HEALTH FO		322359 Page 7
Part VII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter	er "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
COMMUNITY HEALTH SOLUTIONS - 9603 GAYTON	GRANT CONSULTING	
ROAD, SUITE 201, RICHMOND, VA 23238	SERVICES	91,610.
CATCHAFIRE - 31 EAST 32ND STREET, 3RD FLOOR,	CAPACITY BUILDING	
NEW YORK, NY 10016	SERVICES FOR GRANT	EE 59,950.
Total number of others receiving over \$50,000 for professional services	I	• 0
Part VIII-A Summary of Direct Charitable Activities		1 0
	intigal information such as the	
List the foundation's four largest direct charitable activities during the tax year. Include relevant stat number of organizations and other beneficiaries served, conferences convened, research papers pro-	nduced etc	Expenses
1		
SEE STATEMENT 13		59,950.
2		
CEE CHAMENE 14		16 770
SEE STATEMENT 14		46,772.
3		
SEE STATEMENT 15		35,088.
4		
SEE STATEMENT 16		9,750.
Part VIII-B Summary of Program-Related Investments	n l'ann d'an d O	A
Describe the two largest program-related investments made by the foundation during the tax year o	n lines 1 and 2.	Amount
1N/A		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3		0.
		Form 990-PF (2021)

Form 990-PF (2021)

54-1822359 Page 8

Part IX Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: 1 a Average monthly fair market value of securities 0. 1a 6,326,592. b Average of monthly cash balances 1b 139,485,401 Fair market value of all other assets (see instructions) 1c C 145,811,993 d Total (add lines 1a, b, and c) 1d Reduction claimed for blockage or other factors reported on lines 1a and е 1c (attach detailed explanation) ______1e 0. Acquisition indebtedness applicable to line 1 assets 2 2 145,811,993. 3 3 Subtract line 2 from line 1d 2,187,180. Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions) 4 4 Net value of noncharitable-use assets. Subtract line 4 from line 3 143,624,813. 5 5 7,181,241 Minimum investment return. Enter 5% (0.05) of line 5 6 6 Part X **Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here \blacktriangleright and do not complete this part.) 7,181,241. Minimum investment return from Part IX, line 6 1 1 236,550. Tax on investment income for 2021 from Part V, line 5 2a Income tax for 2021. (This does not include the tax from Part V.) b 236,550. C Add lines 2a and 2b 2c Distributable amount before adjustments. Subtract line 2c from line 1 6,944,691 3 3 Recoveries of amounts treated as qualifying distributions 4 0. 4 944,691 5 Add lines 3 and 4 5 0 Deduction from distributable amount (see instructions) 6 6 6,944,691 7 7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1 Part XI Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 1 a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 6,208,867. 1a b Program-related investments - total from Part VIII-B Ο. 1b Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 2 Amounts set aside for specific charitable projects that satisfy the: 3 a Suitability test (prior IRS approval required) 3a Cash distribution test (attach the required schedule) 3b b 6,208,867. Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4 4

Form 990-PF (2021)

 Part XII
 Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2020	(c) 2020	(d) 2021
1 Distributable amount for 2021 from Part X,				
line 7				6,944,691.
2 Undistributed income, if any, as of the end of 2021:				
a Enter amount for 2020 only			0.	
b Total for prior years:		-		
,,,		0.		
3 Excess distributions carryover, if any, to 2021:				
a From 2016				
b From 2017				
c From 2018				
d From 2019 e From 2020 1,002,461.				
	1,002,461.			
f Total of lines 3a through e4 Qualifying distributions for 2021 from	1,002,401.			
Part XI, line 4: \triangleright \$ 6,208,867.				
a Applied to 2020, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2021 distributable amount				6,208,867.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2021				
(If an amount appears in column (d), the same amount must be shown in column (a).)	735,824.			735,824.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	266,637.			
b Prior years' undistributed income. Subtract		0		
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		0.		
assessed d Subtract line 6c from line 6b. Taxable		0.		
		0.		
amount - see instructions e Undistributed income for 2020. Subtract line		••		
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2021. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2022				0.
7 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.			
8 Excess distributions carryover from 2016				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2022.				
Subtract lines 7 and 8 from line 6a	266,637.			
10 Analysis of line 9:				
a Excess from 2017				
b Excess from 2018				
c Excess from 2019				
d Excess from 2020 266,637.				
e Excess from 2021				

10

123581 12-10-21

	SBURG COMMUN			54-18	22359 Page 10	
Part XIII Private Operating Fo	oundations (see ins	tructions and Part VI-	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	foundation, and the ruling is effective for 2021, enter the date of the ruling 🕨					
b Check box to indicate whether the found	ation is a private operatin	g foundation described i	n section	4942(j)(3) or 49	942(j)(5)	
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years			
income from Part I or the minimum	(a) 2021	(b) 2020	(c) 2019	(d) 2018	(e) Total	
investment return from Part IX for						
each year listed						
b 85% (0.85) of line 2a						
c Qualifying distributions from Part XI,						
line 4, for each year listed						
d Amounts included in line 2c not						
used directly for active conduct of						
exempt activities						
e Qualifying distributions made directly						
for active conduct of exempt activities.						
Subtract line 2d from line 2c						
3 Complete 3a, b, or c for the alternative test relied upon:						
a "Assets" alternative test - enter:						
(1) Value of all assets						
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)						
b "Endowment" alternative test - enter						
2/3 of minimum investment return						
shown in Part IX, line 6, for each year listed						
c "Support" alternative test - enter:						
(1) Total support other than gross						
investment income (interest,						
dividends, rents, payments on securities loans (section						
512(a)(5)), or royalties)						
(2) Support from general public						
and 5 or more exempt organizations as provided in						
section 4942(j)(3)(B)(iii)						
(3) Largest amount of support from						
an exempt organization						
(4) Gross investment income					<u> </u>	
Part XIV Supplementary Info			t the foundation	nad \$5,000 or mor	e in assets	
at any time during the	ie year-see instru	ictions.)				

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 **b** _____ 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:

123601 12-10-21

15271128 797738 3001335524

123611 12-10-21

2021.05000 WILLIAMSBURG COMMUNITY HE 30013352

12

** SEE PURPOSE OF GRANT CONTINUATIONS

36,500.

20,000.

247,750.

CITY OF WILLIAMSBURG		GOV	CHILD HEALTH
401 LAFAYETTE STREET			INITIATIVE; ANNUAL
WILLIAMSBURG, VA 23185			AWARDS; WALKING WORKS
Total SEE CON	TINUATION SHEE	T(S)	> 3a
b Approved for future payment			
COLONIAL BEHAVIORAL HEALTH		PC	GREATER WILLIAMSBURG
473 MCLAWS CIRCLE			NETWORK OF CARE (NOC);
WILLIAMSBURG, VA 23185			INTENSIVE OUTPATIENT
			PROGRAM (IOP)
JAMES CITY COUNTY		GOV	GREATER WILLIAMSBURG
101-D MOUNTS BAY ROAD			GUARDIANSHIP NAVIGATOR
WILLIAMSBURG, VA 23188			
LITERACY FOR LIFE AT THE RITA WELSH		PC	THE HEAL PROGRAM IN
ADULT LEARNING CENTER			WILLIAMSBURG
301 MONTICELLO AVE P.O.BOX 8795			
WILLIAMSBURG, VA 23187			
Total SEE CON	TINUATION SHEE	T(S)	► 3b

3 Grants and Contributions Paid During the Ye	ear or Approved for Future I	Payment		
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient	**	
a Paid during the year				
AVALON: A CENTER FOR WOMEN AND		PC	BOARD DISCRETIONARY	
CHILDREN			GRANT	
3204 IRONBOUND ROAD, SUITE D				
WILLIAMSBURG, VA 23188				500
BACON STREET YOUTH AND FAMILY		PC	THE BRIDGES PROJECT	
SERVICES				
247 MCLAWS CIRCLE				
WILLIAMSBURG, VA 23185				31,500
CENTER FOR CHILD AND FAMILY SERVICES		PC	THE REBOOT PROGRAM;	
INC.			MULTICULTURAL	
2021 CUNNINGHAM DRIVE			COUNSELING AND	
HAMPTON, VA 23666			OUTREACH PROGRAM	
			(MCOP)	173,000
CHILD DEVELOPMENT RESOURCES		PC	BASIC OPERATING	
PO BOX 280			SUPPORT; WALKING WORKS	
WILLIAMSBURG, VA 23127				201,500
CITY OF WILLIAMSBURG		GOV	CHILD HEALTH	
401 LAFAYETTE STREET			INITIATIVE; ANNUAL	
WILLIAMSBURG, VA 23185			AWARDS; WALKING WORKS	270,500
Total SEE CON	TINUATION SHEE	T(S)	► 3a	4,507,250
b Approved for future payment				
COLONIAL BEHAVIORAL HEALTH		PC	GREATER WILLIAMSBURG	
473 MCLAWS CIRCLE			NETWORK OF CARE (NOC);	
WILLIAMSBURG, VA 23185			INTENSIVE OUTPATIENT	
			PROGRAM (IOP)	40,000

Part XV-A

Analysis of Income-Producing Activities

	<u> </u>				
Enter gross amounts unless otherwise indicated.	(a) Business	usiness income (b) Amount	(C) Exclu- sion	ed by section 512, 513, or 514 (d) Amount	(e) Related or exempt function income
1 Program service revenue:	code	Amount	code	AIIIOUIIL	
a					
b					
C					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments4 Dividends and interest from securities			14	12,655.	
4 Dividends and interest from securities5 Net rental income or (loss) from real estate:			14	12,055.	
Debt-financed property					
b Not debt-financed property6 Net rental income or (loss) from personal					
property					
7 Other investment income8 Gain or (loss) from sales of assets other					
than inventory	525990	242,010.	18	14,909,015.	
9 Net income or (loss) from special events		212/0100		11/505/0150	
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a PASSTHROUGH K-1 INCOME	525990	223,791.	14	4,265,312.	
b PASSTHROUGH K-1 TAX					
c EXEMPT INCOME			14	5,069.	
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		465,801.		19,192,051.	0.
13 Total. Add line 12, columns (b), (d), and (e)					19,657,852.
(See worksheet in line 13 instructions to verify calculations.)					
Part XV-B Relationship of Activities to	o the Accom	plishment of Exe	empt l	Purposes	
Line No. Explain below how each activity for which inco	me is reported in c	olumn (e) of Part XV-A	contribut	ted importantly to the accomm	nlishment of
▼ the foundation's exempt purposes (other than			Jonanda		
		,			

13

Forn	n 990-PF (2021) WILLIAMSBURG COMMUNITY HEALTH FOUNDATION 54-1822	359	Pa	age 13	
Pa	art XVI Information Regarding Transfers to and Transactions and Relationships With Noncharit	able			
	Exempt Organizations				
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c)		Yes	No	
(other than section 501(c)(3) organizations) or in section 527, relating to political organizations?					
a Transfers from the reporting foundation to a noncharitable exempt organization of:					
	(1) Cash	1a(1)		X	
(2) Other assets 1a(2)					
b	Other transactions:				
(1) Sales of assets to a noncharitable exempt organization 1b(1)					
(2) Purchases of assets from a noncharitable exempt organization 1b(2)					
	(3) Rental of facilities, equipment, or other assets	1b(3)		X	
	(4) Reimbursement arrangements	1b(4)		X	
	(5) Loans or loan guarantees	1b(5)		X	
	(6) Performance of services or membership or fundraising solicitations	1b(6)		X	

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (**b**) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (**d**) the value of the goods, other assets, or services received.

(a) Line no		(b) Amount involved	(c) Name of noncharitable exempt organization			(d) Description	(\mathbf{d}) Description of transfers, transactions, and sharing arrangements		
				N/A					
in s	ection	dation directly or indirect 501(c) (other than section mplete the following schoor	n 501(c)(3)) or in see				izations described		Yes 🔀 No
	,	(a) Name of org			(b) Type	of organization		(c) Description of r	elationship
		N/A						•••	i
Sign Here		penalties of perjury, I declare t lief, it is true, correct, and com						as any knowledge.	May the IRS discuss this return with the preparer shown below? See instr.
	Sign	ature of officer or trustee	!		Da	te	Title		
		Print/Type preparer's na	ime	Preparer's sig	gnature		Date	Check if	PTIN
								self- employed	
Paid		LAKRISHA J	. WATSON	LAKRISI	HA J.	WATSO	11/28/22		P01677333
Preparer Firm's name ► FORVIS, LLP									
Use C	only								
		Firm's address ► 90	1 EAST CA	RY STRE	CET,	SUITE 1	000		
	RICHMOND, VA 23219					Phone no. (8	04) 282-7636		

Х

1c

Part XIV Supplementary Information	SBURG COMMUNITY	IIDADIII P	OUNDATION 54-1822	2333
3 Grants and Contributions Paid During the Y				
Recipient	If recipient is an individual,	_		
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
COLONIAL BEHAVIORAL HEALTH		PC	GREATER WILLIAMSBURG	
473 MCLAWS CIRCLE			CHILD ASSESSMENT	
WILLIAMSBURG, VA 23185			CENTER (GWCAC);	
			CHRONIC CARE	
			COLLABORATIVE;	481,000.
COMMUNITY HOUSING PARTNERS		PC	MOBILE FOOD PANTRY	
448 DEPOT STREET				
CHRISTIANSBURG, VA 24073				5,000.
DREAM CATCHERS AT THE CORI SIKICH		PC	BOARD DISCRETIONARY	
THERAPEUTIC RIDING CENTER			GRANT	
10120 FIRE TOWER RD				
TOANO, VA 23168				500.
		Da		
FREE FOUNDATION FOR REHABILITATION		PC	F.R.E.E. OF	
EQUIPMENT & ENDOWMENT			WILLIAMSBURG	
P.O. BOX 8873				26 000
ROANOKE, VA 24014-0752				26,000.
GLOUCESTER MATHEWS CARE CLINIC		PC	CHRONIC CARE	
P.O. BOX 684			COLLABORATIVE; WALKING	200 500
GLOUCESTER, VA 23061			WORKS	300,500.
GREATER WILLIAMSBURG HEARTSAFE		PC	GREATER WILLIAMSBURG	
ALLIANCE			HEARTSAFE ALLIANCE	
421 NORTH BOUNDARY STREET				
WILLIAMSBURG, VA 23185				10,000.
GROVE CHRISTIAN OUTREACH CENTER		PC	FRESH FOOD	
8800 POCAHONTAS TRAIL			DISTRIBUTION	
WILLIAMSBURG, VA 23185				9,000.
HONORING CHOICES VIRGINIA		PC	EDUCATING ADVOCATES	
2821 EMERYWOOD PARKWAY, SUITE 200			FOR ADVANCE CARE	
RICHMOND, VA 23294			PLANNING (ACP)	15,000.
HOUSINGFORWARD VIRGINIA		PC	HOUSING POLICY	
203 N ROBINSON ST			ADVOCACY	
RICHMOND, VA 23220				20,000.
JAMES CITY COUNTY		GOV	CHILD HEALTH	
101-D MOUNTS BAY ROAD			INITIATIVE; GREATER	
WILLIAMSBURG, VA 23188			WILLIAMSBURG	
			GUARDIANSHIP	
			NAVIGATOR; ANNUAL	306,500.
Total from continuation sheets		<u></u>		3,830,250.

123631 11-18-21

Part XIV Supplementary Information	BURG COMMUNITY		DUNDATION 54-182	2337
3 Grants and Contributions Paid During the Ye	ar (Continuation)			
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
LACKEY CLINIC		PC	CHRONIC CARE	
1620 OLD WILLIAMSBURG ROAD			COLLABORATIVE	
YORKTOWN, VA 23690				520,000.
LITERACY FOR LIFE AT THE RITA WELSH ADULT LEARNING CENTER 301 MONTICELLO AVE P.O.BOX 8795		PC	THE HEAL PROGRAM IN WILLIAMSBURG	
WILLIAMSBURG, VA 23187				20,000.
NETWORKPENINSULA 2 BERNARDINE DRIVE		PC	NONPROFIT MANAGEMENT INSTITUTE;	
NEWPORT NEWS, VA 23602			DISCRETIONARY FUNDING	27,500.
OLDE TOWNE MEDICAL & DENTAL CENTER 5249 OLDE TOWNE ROAD		PC	CHRONIC CARE COLLABORATIVE; SUPPORT	
WILLIAMSBURG, VA 23188			FOR CLINIC OPERATIONS	636,250.
ONE CHILD CENTER FOR AUTISM 3925 MIDLANDS RD WILLIAMSBURG, VA 23188		PC	CAPACITY BUILDING: FINANCIAL MANAGEMENT; KIDS' NIGHT; BOARD	
,			DISCRETIONARY GRANT	14,500.
PENINSULA AGENCY ON AGING 739 THIMBLE SHOALS BOULEVARD NEWPORT NEWS, VA 23606		PC	PAA RIDES; GREATER WILLIAMSBURG AGING AND DISABILITY RESOURCE	
			CENTER (ADRC); NUTRITIOUS NOONTIME	265,000.
POSTPARTUM SUPPORT VIRGINIA, INC. PO BOX 7521		PC	HEALTHY PERINATAL PEOPLE, HEALTHY BABIES	
ARLINGTON, VA 22207				15,000.
RX PARTNERSHIP		PC	BASIC OPERATING	
1500 FOREST AVE, SUITE 201 RICHMOND, VA 23229			SUPPORT	60,000.
THE ARC OF GREATER WILLIAMSBURG 150 STRAWBERRY PLAINS ROAD SUITE D WILLIAMSBURG, VA 23188		PC	FITNESS PROGRAM; BOARD DISCRETIONARY GRANT	35,500.
THE COLLEGE OF WILLIAM & MARY, NEW HORIZONS FAMILY COUNSELING CENTER 301 MONTICELLO AVENUE P.O. BOX 8795		GOV	YOUTH AND FAMILY COUNSELING PROGRAM	
WILLIAMSBURG, VA 23185 Total from continuation sheets				95,000.

123631 11-18-21

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation	Purpose of grant or	
	any foundation manager		i dipose oi giune oi	
		status of recipient	contribution	Amount
		roopion		
IE DOORWAYS		PC	SUPPORT FOR OPERATIONS	
2 E. MARSHALL STREET				
ICHMOND, VA 23219				15,00
NITED WAY OF THE VIRGINIA PENINSULA		PC	GREATER WILLIAMSBURG	
)1 YORK CROSSING RD.			TRAUMA-INFORMED	
DRKTOWN, VA 23692			COMMUNITY NETWORK	26,25
IRGINIA HEALTH CARE FOUNDATION		PC	GREATER WILLIAMSBURG	
07 E MAIN STREET			MEDICATION ASSISTANCE	
ICHMOND, VA 23219			PROGRAM	47,000
IRGINIA HEALTH CATALYST		PC	HEALTH POLICY ADVOCACY	
200 INNSLAKE DRIVE SUITE 202				
ICHMOND, VA 23060				20,00
IRGINIA PENINSULA FOODBANK		PC	MOBILE FOOD PANTRY	
101 ALUMINUM AVENUE				
AMPTON, VA 23661				35,000
DICES FOR VIRGINIA'S CHILDREN		PC	CHILD POLICY ADVOCACY	
506 SANTA ROSA RD. SUITE 109				
CCHMOND, VA 23229				20,000
ILLIAMSBURG AREA FAITH IN ACTION		PC	MEDICAL	
54 MCLAWS CIRCLE, SUITE 1		PC		
•			TRANSPORTATION;	
ILLIAMSBURG, VA 23185			IN-HOME SUPPORT SERVICES FOR SENIORS	46,250
				-
ILLIAMSBURG COMMUNITY GROWERS		PC	GROW OUR FUTURE	
D BOX 622				
IGHTFOOT, VA 23090				20,000
ILLIAMSBURG HOUSE OF MERCY, INC.		PC	WILLIAMSBURG HOUSE OF	,
) HARRISON AVENUE			MERCY FOOD PROJECT	
ILLIAMSBURG, VA 23185			COLD STORAGE; FRESH	
			FOOD DISTRIBUTION	
			SUPPORT; MOBILE FOOD	43,00
ILLIAMSBURG SOCCER FOUNDATION		PC	W-JCC RECREATIONAL	
9 RICHMOND ROAD (WSF)			SOCCER PROGRAM	
ILLIAMSBURG, VA 23185				20,00

123631 11-18-21

Part XIVSupplementary Information3Grants and Contributions Paid During the Your				
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		
VILLIAMSBURG-JAMES CITY COUNTY PUBLIC		GOV	SCHOOL HEALTH	
SCHOOL DIVISION		GOV	INITIATIVE PROGRAM	
17 IRONBOUND ROAD				
			(SHIP); BOARD DISCRETIONARY GRANT	
VILLIAMSBURG, VA 23187			DISCRETIONARY GRANT	670,500
CORK COUNTY		GOV	ANNUAL AWARDS	
224 BALLARD ST P.O. BOX 532				
ORKTOWN, VA 23690-0532				5,000
Total from continuation sheets				

Part XIVSupplementary Information3Grants and Contributions Approved for Future				
Recipient	If recipient is an individual,			
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
DLDE TOWNE MEDICAL & DENTAL CENTER		PC	SUPPORT FOR CLINIC	
5249 OLDE TOWNE ROAD			OPERATIONS	
VILLIAMSBURG, VA 23188				112,500
JNITED WAY OF THE VIRGINIA PENINSULA		PC	GREATER WILLIAMSBURG	
101 YORK CROSSING RD.		10	TRAUMA-INFORMED	
			COMMUNITY NETWORK	11 250
CORKTOWN, VA 23692			COMMONITY NETWORK	11,250
VILLIAMSBURG AREA FAITH IN ACTION		PC	MEDICAL	
354 MCLAWS CIRCLE, SUITE 1			TRANSPORTATION;	
WILLIAMSBURG, VA 23185			IN-HOME SUPPORT	
			SERVICES FOR SENIORS	27,500
				27,000
Total from continuation sheets				151,250

Part XIV Supplementary Information

3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

NAME OF RECIPIENT - COLONIAL BEHAVIORAL HEALTH

GREATER WILLIAMSBURG CHILD ASSESSMENT CENTER (GWCAC); CHRONIC CARE

COLLABORATIVE; INTENSIVE OUTPATIENT PROGRAM (IOP)

NAME OF RECIPIENT - JAMES CITY COUNTY

CHILD HEALTH INITIATIVE; GREATER WILLIAMSBURG GUARDIANSHIP NAVIGATOR;

ANNUAL AWARDS

NAME OF RECIPIENT - PENINSULA AGENCY ON AGING

PAA RIDES; GREATER WILLIAMSBURG AGING AND DISABILITY RESOURCE CENTER

(ADRC); NUTRITIOUS NOONTIME MEALS

NAME OF RECIPIENT - WILLIAMSBURG HOUSE OF MERCY, INC.

WILLIAMSBURG HOUSE OF MERCY FOOD PROJECT COLD STORAGE; FRESH FOOD

DISTRIBUTION SUPPORT; MOBILE FOOD PANTRY

123655 11-18-21

Form	2220
Departi	ment of the Treasury

Internal Revenue Service

Name

Underpayment of Estimated Tax by Corporations

FORM 990-PF

Attach to the corporation's tax return.
 FORM
 Go to www.irs.gov/Form2220 for instructions and the latest information.

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	236,550.
 2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 b 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 			
c Credit for federal tax paid on fuels (see instructions) d Total . Add lines 2a through 2c		2d	
3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The does not owe the penalty			236,550.
4 Enter the tax shown on the corporation's 2020 income tax return. See instructions. Caution: If or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 3.	the tax is zero	4	
5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to enter the amount from line 3		5	236,550.
Part II Reasons for Filing - Check the boxes below that apply. If any boxes are che even if it does not owe a penalty. See instructions.	ecked, the corporation must file	Form 2220	
6 The corporation is using the adjusted seasonal installment method.			

7 _____ The corporation is using the annualized income installment method.

The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

WILLIAMSBURG COMMUNITY HEALTH FOUNDATION

Part III Figuring the Underpayment

			(a)	(b)	(C)	(d)
9	Installment due dates. Enter in columns (a) through (d) the					
	15th day of the 4th (Form 990-PF filers: Use 5th month),					
	6th, 9th, and 12th months of the corporation's tax year	9	05/15/21	06/15/21	09/15/21	12/15/21
10	Required installments. 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	59,138.	59,137.	59,138.	59,137.
11	Estimated tax paid or credited for each period. For					
	column (a) only, enter the amount from line 11 on line 15.					
	See instructions	11			65,250.	
	Complete lines 12 through 18 of one column					
	before going to the next column.					
12	Enter amount, if any, from line 18 of the preceding column	12				
13	Add lines 11 and 12	13			65,250.	
14	Add amounts on lines 16 and 17 of the preceding column	14		59,138.	118,275.	112,163.
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	0.	0.	0.	0.
16	If the amount on line 15 is zero, subtract line 13 from line					
	14. Otherwise, enter -0-	16		59,138.	53,025.	
17	Underpayment. 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	59,138.	59,137.	59,138.	59,137.
18	Overpayment. 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 th	ere are no entries on lin	e 17 - no penalty is owed	i.	

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 2220 (2021)

112801 01-06-22

OMB No. 1545-0123

FORM 990-FF	FORM	990	-PF
-------------	------	-----	-----

Form 2220 (2021)

Part IV Figuring the Penalty

			(a)	(b)	(c)	(d)
19	Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (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.) See instructions	19				
20	Number of days from due date of installment on line 9 to the					
	date shown on line 19	20				
21	Number of days on line 20 after 4/15/2021 and before 7/1/2021	21				
22	Underpayment on line 17 x Number of days on line 21 x 3% (0.03) 365	22	\$	\$	\$	\$
23	Number of days on line 20 after 6/30/2021 and before 10/1/2021	23				
24	Underpayment on line 17 x Number of days on line 23 x 3% (0.03) 365	24	\$	\$	\$	\$
25	Number of days on line 20 after 9/30/2021 and before 1/1/2022	25				
26	Underpayment on line 17 x Number of days on line 25 x 3% (0.03) 365	26	\$	\$	\$	\$
27	Number of days on line 20 after 12/31/2021 and before 4/1/2022	27	SEE	ATTACHED W	ORKSHEET	
28	Underpayment on line 17 x Number of days on line 27 x 3% (0.03) 365	28	\$	\$	\$	\$
29	Number of days on line 20 after 3/31/2022 and before 7/1/2022	29				
30	Underpayment on line 17 x Number of days on line 29 x *%	30	\$	\$	\$	\$
31	Number of days on line 20 after 6/30/2022 and before 10/1/2022	31				
32	Underpayment on line 17 x Number of days on line 31 x *%	32	\$	\$	\$	\$
33	Number of days on line 20 after 9/30/2022 and before 1/1/2023	33				
34	Underpayment on line 17 x Number of days on line 33 x *%	34	\$	\$	\$	\$
35	Number of days on line 20 after 12/31/2022 and before 3/16/2023	35				
36	Underpayment on line 17 x Number of days on line 35 x *%	36	\$	\$	\$	\$
37	Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$	\$
38	Penalty. Add columns (a) through (d) of line 37. Enter the to	tal he	ere and on Form 1120, lin	e 34; or the comparable		\$ 4,112.

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**. You can also call 1-800-829-4933 to get interest rate information.

Form **2220** (2021)

112802 01-06-22

FORM 990-PF UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

Name(s)				Identifying Nur	nber
WILLIAMSBU	RG COMMUNITY	HEALTH FOUNDA	TION	54-182	2359
(A)	(B)	(C)	(D)	(E)	(F)
*Date	Amount	Adjusted Balance Due	Number Days Balance Due	Daily Penalty Rate	Penalty
		-0-			
05/15/21	59,138.	59,138.	31	.000082192	151
06/15/21	59,137.	118,275.	92	.000082192	894
09/15/21	59,138.	177,413.			
09/15/21	-65,250.	112,163.	91	.000082192	839
12/15/21	59,137.	171,300.	105	.000082192	1,478
03/30/22	-21,750.	149,550.	1	.000082192	12
03/31/22	0.	149,550.	45	.000109589	738
enalty Due (Sum of Colu	ımn F).				4,112

* Date of estimated tax payment, withholding credit date or installment due date.

112511 04-01-21

FORM 990-PF

24		STATEMENT(S) 1, 2
2021.05000	WILLIAMSBURG	COMMUNITY HE 30013352

CAPITAL GAINS DIVIDENDS FROM PART IV

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

FORM 990-PF	DIVIDENDS	AND INTEREST	FROM SECUR	ITIES S'	FATEMENT 2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
INVESTMENT INCOME	12,655.	0.	12,655.	12,655.	
TO PART I, LINE 4	12,655.	0.	12,655.	12,655.	

DESCRIF	(A) PTION OF PROPERTY				-	MANNER CQUIRED		ATE JIRED	DATE	SOLD
PASSTHE	ROUGH K-1 CAPITAL	- GAIN			PUI	RCHASED				
	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS		(D) EXPENSE SALE	OF	(E) DEPRE	c.	GAIN	(F) OR LC	SS
	14,909,015.		0.		0.		0.	1	4,909,	015.
DEGODIT	(A)					MANNER		TE		

GAIN OR (LOSS) FROM SALE OF ASSETS

DESCRIP	(A) TION OF PROPERTY				ANNER QUIRED	DA ACQU	TE IRED	DATE	SOLD
PASSTHR	OUGH K-1 CAPITAL	GAIN - UBI		PUR	CHASED				
	(B) GROSS	(C) COST OR	(D) EXPENSE (ΟF	(E)		a 1 1 1	(F)	
	SALES PRICE	OTHER BASIS	SALE		DEPREC		GAIN	OR LO	555
	0.	-242,010.		0.		0.		242	,010.

STATEMENT 1

0.

15,151,025.

54-1822359

FORM 990-PF	OTHER I	NCOME	S	TATEMENT 3
DESCRIPTION		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
PASSTHROUGH K-1 INCOME		4,489,103.	4,265,312.	
PASSTHROUGH K-1 TAX EXEMPT IN	ICOME	5,069.	0.	
TOTAL TO FORM 990-PF, PART I,	LINE 11	4,494,172.	4,265,312.	
FORM 990-PF	ACCOUNTI	NG FEES	S	TATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	33,838.	16,919.	 ,	16,919.
- TO FORM 990-PF, PG 1, LN 16B	33,838.	16,919.	- <u></u>	16,919.
	THER PROFES			TATEMENT 5
FORM 990-PF C	OTHER PROFES (A) EXPENSES	SIONAL FEES (B) NET INVEST-	C) ADJUSTED	(D) CHARITABLE
	THER PROFES	SIONAL FEES (B)	(C) ADJUSTED NET INCOME	(D)
FORM 990-PF C DESCRIPTION INVESTMENT MANAGEMENT	(A) (A) EXPENSES PER BOOKS 72,827.	(B) NET INVEST- MENT INCOME 72,827	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES 0. 17,496
FORM 990-PF C DESCRIPTION INVESTMENT MANAGEMENT OTHER PROFESSIONAL FEES	OTHER PROFES (A) EXPENSES PER BOOKS 72,827. 17,496.	SIONAL FEES (B) NET INVEST- MENT INCOME 72,827. 0. 72,827.	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES 0. 17,496.
FORM 990-PF C DESCRIPTION INVESTMENT MANAGEMENT OTHER PROFESSIONAL FEES TO FORM 990-PF, PG 1, LN 16C	OTHER PROFES (A) EXPENSES PER BOOKS 72,827. 17,496. 90,323.	SIONAL FEES (B) NET INVEST- MENT INCOME 72,827. 0. 72,827.	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES 0. 17,496. 17,496.
FORM 990-PF C DESCRIPTION INVESTMENT MANAGEMENT OTHER PROFESSIONAL FEES TO FORM 990-PF, PG 1, LN 16C = FORM 990-PF	(A) EXPENSES PER BOOKS 72,827. 17,496. 90,323. TAX (A) EXPENSES	SIONAL FEES (B) NET INVEST- MENT INCOME 72,827 0 72,827 5 ES (B) NET INVEST-	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES 0. 17,496 17,496 17,496 TATEMENT 6 (D) CHARITABLE

FORM 990-PF	OTHER E	XPENSES	S	TATEMENT 7
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
EQUIPMENT RENTAL/MAINTENANCE	38,302.	0.		38,302.
INSURANCE	11,987.	0.		11,987.
DCA EXPENSE - CHRONIC CARE	46,772.	0.		46,772.
DCA EXPENSE - OTHER	105,288.	0.		105,288.
MEMBERSHIP DUES	31,177.	0.		31,177.
POSTAGE & DELIVERY	1,152.	0.		1,152.
SUPPLIES	46,694.	0.		46,694.
TELECOMMUNICATIONS	11,137.	0.		11,137.
PASSTHROUGH K-1 EXPENSES	2,211,841.	2,061,891.		0.
TO FORM 990-PF, PG 1, LN 23	2,504,350.	2,061,891.		292,509.

STATEMENT 8
AMOUNT
9,537,548. 14,689.
9,552,237.

FORM 990-PF	DEPRECIATION	\mathbf{OF}	ASSETS	NOT	HELD	FOR	INVESTMENT	STATEMENT	9	
-------------	--------------	---------------	--------	-----	------	-----	------------	-----------	---	--

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE	FAIR MARKET VALUE
FURNITURE & FIXTURES COMPUTERS & SOFTWARE	134,542. 18,055.	-	69,505. 1,766.	69,505. 1,766.
TO 990-PF, PART II, LN 14	152,597.	81,326.	71,271.	71,271.

54-1822359

FORM 990-PF	OTHER	INVESTMENTS		STATEMENT 10
DESCRIPTION		VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
MIT PRIVATE EQUITY II FUND		FMV	28,606.	28,606.
MA INVESTORS FUND 1, LLC		FMV	1,225,078.	1,225,078.
PRIVATE ADVISORS SMALL COMPANY		FMV		
BUYOUT FUND			123,516.	123,516.
METROPOLITAN REAL ESTATE PARTNE 2008 DISTRESSED CO-INVESTMENT F		FMV		
LP			12,929.	12,929.
TIFF KEYSTONE FUND		FMV	130,680,817.	130,680,817.
TIFF CENTERSTONE FUND		FMV	18,368,767.	18,368,767.
GMO FORESTRY FUND 7		FMV	10,531.	10,531.
TOTAL TO FORM 990-PF, PART II,	LINE 2	13	150,450,244.	150,450,244.

FORM 990-PF	OTHER LIABILITIES		STATEMENT 11
DESCRIPTION		BOY AMOUNT	EOY AMOUNT
DEFERRED FEDERAL EXCISE TAX	-	190,271.	190,271.
TOTAL TO FORM 990-PF, PART II,	LINE 22	190,271.	190,271.

FORM 990-PF PART VII - LIST OF OFFICERS, DIRECTORS STATEMENT 12 TRUSTEES AND FOUNDATION MANAGERS EMPLOYEE COMPEN-TITLE AND BEN PLAN EXPENSE AVRG HRS/WK NAME AND ADDRESS SATION CONTRIB ACCOUNT CAROL SALE PRESIDENT & CEO/BOARD SECRETARY 4801 COURTHOUSE STREET, NO 200 40.00 183,613. 14,479. 0. WILLIAMSBURG, VA 23188 GOVERNANCE NOMINATING CHAIR M. ANDERSON BRADSHAW 4801 COURTHOUSE STREET, NO 200 0. 1.00 0. 0. WILLIAMSBURG, VA 23188 BETH DAVIS VICE CHAIR 1.00 4801 COURTHOUSE STREET, NO 200 0. 0. 0. WILLIAMSBURG, VA 23188 TRUSTEE ELIZABETH DE FALCON 4801 COURTHOUSE STREET, NO 200 0. 0. 0. 1.00 WILLIAMSBURG, VA 23188 TRUSTEE PAUL GERHARDT 4801 COURTHOUSE STREET, NO 200 0. 0. 0. 1.00 WILLIAMSBURG, VA 23188 EARL GRANGER III GRANTS COMMITTEE CHAIR 4801 COURTHOUSE STREET, NO 200 1.00 0. 0. 0. WILLIAMSBURG, VA 23188 KELLI MANSEL-ARBUCKLE TRUSTEE 4801 COURTHOUSE STREET, NO 200 0. 0. 0. 1.00 WILLIAMSBURG, VA 23188 TRUSTEE DOUGLAS MYERS 4801 COURTHOUSE STREET, NO 200 0. 0. 0. 1.00 WILLIAMSBURG, VA 23188 TRUSTEE JUANITA PARKS 4801 COURTHOUSE STREET, NO 200 0. 0. 0. 1.00 WILLIAMSBURG, VA 23188 LOUIS ROSSITER IMMEDIATE PAST CHAIR 0. 4801 COURTHOUSE STREET, NO 200 0. 0. 1.00

WILLIAMSBURG, VA 23188

WILLIAMSBURG COMMUNITY HEA	LTH FOUN	DATION		54	-1822359
ROBERT SINGLEY 4801 COURTHOUSE STREET, NO WILLIAMSBURG, VA 23188	200	INVESTMENT/FINANCE C 1.00	CHAIR 0.	0.	0.
STEVEN STAPLES 4801 COURTHOUSE STREET, NO WILLIAMSBURG, VA 23188	200	AUDIT COMMITTEE CHAI 1.00	CR 0.	0.	0.
FELICIA STOVALL 4801 COURTHOUSE STREET, NO WILLIAMSBURG, VA 23188	200	TRUSTEE 1.00	0.	0.	0.
THOMAS TINGLE 4801 COURTHOUSE STREET, NO WILLIAMSBURG, VA 23188	200	TRUSTEE 1.00	0.	0.	0.
PHILIP TUNING 4801 COURTHOUSE STREET, NO WILLIAMSBURG, VA 23188	200	TRUSTEE 1.00	0.	0.	0.
GLENDA TURNER 4801 COURTHOUSE STREET, NO WILLIAMSBURG, VA 23188	200	EXTERNAL AFFAIRS CHA 1.00	AIR 0.	0.	0.
JACKSON TUTTLE II 4801 COURTHOUSE STREET, NO WILLIAMSBURG, VA 23188	200	CHAIR 1.00	0.	0.	0.
ADRIA VANHOOZIER 4801 COURTHOUSE STREET, NO WILLIAMSBURG, VA 23188	200	TRUSTEE 1.00	0.	0.	0.
ALFRED WOODS 4801 COURTHOUSE STREET, NO WILLIAMSBURG, VA 23188	200	TREASURER 1.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF,	PAGE 6,	PART VII 183	3,613.	14,479.	0.

WILLIAMSBURG CO	MMUNITY HEALTH FOUNDATION	54-1822359
FORM 990-PF	SUMMARY OF DIRECT CHARITABLE ACTIVITIES	STATEMENT 13
ACTIVITY ONE		
JAMES CITY COUN MEDICAL SERVICE INTELLECTUAL DI	TH COLLABORATIVE - A COLLABORATIVE WITH CIL TO STUDY BEHAVIORAL HEALTH TO IMPROVE S TO TREAT MENTAL HEALTH ILLNESSES, SABILITIES, AND SUBSTANCE ABUSE DISORDERS TO FAMILIES LIVING IN JAMES CITY COUNTY.	
		EXPENSES
FO FORM 990-PF,	PART VIII-A, LINE 1	59,950.
FORM 990-PF	SUMMARY OF DIRECT CHARITABLE ACTIVITIES	STATEMENT 14
		SIAIEMENI 14
ACTIVITY TWO		SIAIEMENI 14
ACTIVITY TWO CHRONIC CARE IN ORGANIZATIONS T UNDER-INSURED, WILLIAMSBURG AR UNDERSERVED COM	TITIATIVE - A COLLABORATIVE WITH HEALTHCARE THAT PROVIDE DIRECT SERVICES TO UNINSURED AND CHRONICALLY ILL INDIVIDUALS IN THE GREATER EA. THE GOAL IS TO IMPROVE THE HEALTH OF THE MUNITY BY IMPROVING THE ORGANIZATIONS' COLLECTIVE CAPACITY TO SERVE THIS POPULATION.	SIAIEMENI 14
ACTIVITY TWO CHRONIC CARE IN ORGANIZATIONS T UNDER-INSURED, WILLIAMSBURG AR UNDERSERVED COM	TITIATIVE - A COLLABORATIVE WITH HEALTHCARE THAT PROVIDE DIRECT SERVICES TO UNINSURED AND CHRONICALLY ILL INDIVIDUALS IN THE GREATER EA. THE GOAL IS TO IMPROVE THE HEALTH OF THE MUNITY BY IMPROVING THE ORGANIZATIONS'	EXPENSES

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

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

EXPENSES

STATEMENT 15

35,088.

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

FORM 990-PF

ACTIVITY THREE

WITH FAMILIES.

FORM 990-PF SUMMARY OF DIRECT CHARITABLE ACTIVITIES STATEMENT 16

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 VIII-A, LINE 4

9,750.

15271128 797738 3001335524

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION PART XIV, LINES 2A THROUGH 2D STATEMENT 17

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

CAROL SALE 4801 COURTHOUSE STREET, NO 200 WILLIAMSBURG, VA 23188

TELEPHONE NUMBER

757-345-0912

FORM AND CONTENT OF APPLICATIONS

WCHF APPLICATION SHOULD INCLUDE THE BOARD ROSTER, ANNUAL REPORT, IRS FORM 990 AND ANNUAL AUDIT IN ACCORDANCE WITH WCHF POLICIES, PLUS ALLOWABLE COSTS AS OUTLINED IN GRANT APPLICATION.

ANY SUBMISSION DEADLINES

NONE

RESTRICTIONS AND LIMITATIONS ON AWARDS

CONDITIONS FOR GRANT AWARDS DO NOT ALLOW EXPENDITURES FOR ANNUAL APPEALS AND FUNDRAISING, ENDOWMENTS, REAL ESTATE ACQUISITIONS, RESTORATION OF FUNDS CUT BY GOVERNMENTS OR OTHER ORGANIZATIONS, AND LOBBYING.