EXTENDED TO NOVEMBER 15, 2023 Form 990-T **Exempt Organization Business Income Tax Return** OMB No. 1545-0047 (and proxy tax under section 6033(e)) For calendar year 2022 or other tax year beginning Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Internal Revenue Service Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Check box if Name of organization (Check box if name changed and see instructions.) address changed. **B** Exempt under section Print WILLIAMSBURG COMMUNITY HEALTH FOUNDATION 54-1822359 Group exemption numbe (see instructions) X 501(c)(3 Number, street, and room or suite no. If a P.O. box, see instructions. Type 4801 COURTHOUSE STREET, NO 200 408(e) 220(e) 408A]530(a) City or town, state or province, country, and ZIP or foreign postal code]529(a) [WILLIAMSBURG, VA 23188 529A Check box if 136,875,615. C Book value of all assets at end of year an amended return. X 501(c) corporation 501(c) trust 401(a) trust State college/university Other trust Check organization type __ Claim credit from Form 8941 Claim a refund shown on Form 2439 Check if filing only to Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation Enter the number of attached Schedules A (Form 990-T) X No During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes If "Yes," enter the name and identifying number of the parent corporation. KAREN BURDEN 757-345-0912 The books are in care of Telephone number **Total Unrelated Business Taxable Income** Total of unrelated business taxable income computed from all unrelated trades or businesses (see 298,741. instructions) 2 Reserved 2 298,741. 3 3 Add lines 1 and 2 Charitable contributions (see instructions for limitation rules) STMT 21 STMT 22 7,382. 4 4 291,359. Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 5 5 STATEMENT 23 6 223,921. Deduction for net operating loss. See instructions 6 Total of unrelated business taxable income before specific deduction and section 199A deduction. 7 67,438. Subtract line 6 from line 5 1,000. Specific deduction (generally \$1,000, but see instructions for exceptions) 8 8 9 9 **Trusts.** Section 199A deduction. See instructions 1,000. 10 Total deductions. Add lines 8 and 9 10

LHA For Paperwork Reduction Act Notice, see instructions.

Tax on noncompliant facility income. See instructions

Total. Add lines 3 through 6 to line 1 or 2, whichever applies

Tax Computation

Other tax amounts. See instructions

Proxy tax. See instructions

Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7,

Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on

Tax rate schedule or

Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)

Alternative minimum tax (trusts only)

Schedule D (Form 1041)

Form 990-T (2022

66,438.

13,952.

11

<u>2</u> 3

4

5

6

11

3

4

5

6

Part		Tax and Payments			r age <u>z</u>
1a		gn tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b		and the (and included and)			
c		credits (see instructions) ral business credit. Attach Form 3800 (see instructions)			
d		t for prior year minimum tax (attach Form 8801 or 8827)			
e		credits. Add lines 1a through 1d		1e	
2		act line 1e from Part II, line 7			13,952.
3		amounts due. Check if from: Form 4255 Form 8611 For		orm 8866	
4	Total	tax. Add lines 2 and 3 (see instructions). Check if includes tax properties.			
		on 1294. Enter tax amount here	-		13,952.
5	Curre	nt net 965 tax liability paid from Form 965-A, Part II, column (k)			0.
6a		ents: A 2021 overpayment credited to 2022			
b		estimated tax payments. Check if section 643(g) election applies	\neg		
С		eposited with Form 8868	_		
d	Forei	gn organizations: Tax paid or withheld at source (see instructions)			
е		up withholding (see instructions)			
f		t for small employer health insurance premiums (attach Form 8941)			
g	Other	credits, adjustments, and payments: Form 2439	_		
		Form 4136 Other To	otal 6g		
7	Total	payments. Add lines 6a through 6g		7	
8					648.
9		ue. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed			14,600.
10	Over	payment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount over	erpaid	10	
11		the amount of line 10 you want: Credited to 2023 estimated tax		Refunded 11	
Part		Statements Regarding Certain Activities and Other Informa			
1		y time during the 2022 calendar year, did the organization have an interest in	•	•	Yes No
		a financial account (bank, securities, or other) in a foreign country? If "Yes," the	-	•	
		N Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter t	the name of the fo	reign country	77
	here				_ <u> </u>
2		g the tax year, did the organization receive a distribution from, or was it the gr			37
		n trust?			. X
•		s," see instructions for other forms the organization may have to file.		Φ.	
3		the amount of tax-exempt interest received or accrued during the tax year available pre-2018 NOL carryovers here \$ 223,921. Do no		^Ф	_
4					
5		n on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here b 2017 NOL carryovers. Enter the Business Activity Code and available post-20			
5		nounts shown below by any NOL claimed on any Schedule A, Part II, line 17	· ·		
	li le ai	Business Activity Code		est-2017 NOL carryover	
		525990	\$	243,689	
		323330	\$	245,005	•
6а	Did th	ne organization change its method of accounting? (see instructions)	ļΨ		x
b		s "Yes," has the organization described the change on Form 990, 990-EZ, 990	0-PF or Form 112	82 If "No."	
		in in Part V	011,011011111120	5. II 140,	
Part		Supplemental Information			
		planation required by Part IV, line 6b. Also, provide any other additional infor	mation See instru	ctions	
TTOVIGO	2 1110 0	splantation required by rate iv, into ob. 7100, provide any other additional into	mation: occ motio	otions.	
		nder penalties of perjury, I declare that I have examined this return, including accompanying schedules are			s true,
Sign	CC	rrect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which pre	eparer nas any knowledg		a thia watuun with
Here		PRESI	DENT & CE	May the IRS discus the preparer shown	
	S	gnature of officer Date Title		instructions)?	Yes No
		Print/Type preparer's name Preparer's signature	Date	Check if PTIN	
Paid		LAKRISHA J. LAKRISHA J.		self- employed	
Prepa	arer	CASTLEBERRY CASTLEBERRY	11/13/23		77333
Use C		Firm's name FORVIS, LLP		Firm's EIN 44 – 0	160260
	- · · · y	901 EAST CARY STREET, SUITE	1000		
		Firm's address RICHMOND, VA 23219		Phone no. (804) 2	
223711 0	1-16-23			Forr	n 990-T (2022)

FORM 990-T	STATEMENT 19						
DESCRIPTION	DATE	AMOUNT	BALAN	CE	RATE	DAYS	INTEREST
TAX DUE 05/15/23 INTEREST RATE CHANGE 09/30/23 DATE FILED 11/15/23		13,952. 0. 14,326. 14,471.		,3260800		374 145	
TOTAL LATE PAYMENT IN	TEREST						519
FORM 990-T	LA	re payment pe	NALTY			STA	TEMENT 20
DESCRIPTION	DATI	E AMOUNT	В	ALANCE	i M	ONTHS	PENALTY
TAX DUE DATE FILED	05/15/ 11/15/	•	052.	13,9 13,9		6	419
TOTAL LATE PAYMENT PE	NALTY					;	419
FORM 990-T		CONTRIBUTION	ıs			STA	TEMENT 21
DESCRIPTION/KIND OF P	ROPERTY	METHOD USED	TO DETE	RMINE	FMV		AMOUNT
GRANTS CHARITABLE CONTRIBUTI	ONS - THE	N/A N/A					4,497,700
TIFF KEYSTONE FUND, L		,					216
TOTAL TO FORM 990-T,	PART I, LII	NE 4					4,497,916

FORM 990-T CONTRIBUTIONS SUMMARY		STATEMENT 22
QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT QUALIFIED CONTRIBUTIONS SUBJECT TO 25% LIMIT		
CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS FOR TAX YEAR 2017 FOR TAX YEAR 2018 FOR TAX YEAR 2019 FOR TAX YEAR 2020 4,777,652 FOR TAX YEAR 2021		
TOTAL CARRYOVER TOTAL CURRENT YEAR 10% CONTRIBUTIONS	4,777,652 4,497,916	
TOTAL CONTRIBUTIONS AVAILABLE TAXABLE INCOME LIMITATION AS ADJUSTED	9,275,568 7,382	
EXCESS CONTRIBUTIONS EXCESS 100% CONTRIBUTIONS TOTAL EXCESS CONTRIBUTIONS	9,268,186 0 9,268,186	
ALLOWABLE CONTRIBUTIONS DEDUCTION		7,382
TOTAL CONTRIBUTION DEDUCTION		7,382

	E-2018 NOL CARRY FORWARD FROM PRIOR YEAR E-2018 NOL DEDUCTION INCLUDED IN PART I, LINE 6 HEDULE A PORTION OF PRE-2018 NOL CHEDULE A ENTITY O. CAL SCHEDULE A SHARE OF PRE-2018 NOL COPERATING DEDUCTION LANCE AFTER PRE-2018 NOL DEDUCTION CHRING NET OPERATING LOSSES CRY FORWARD OF NET OPERATING LOSS H 990-T PRE-2018 NET OPERATING LOSS YEAR LOSS SUSTAINED LOSS PREVIOUSLY APPLIED LOSS PREVIOUSLY APPLIED REMAINING 1/12 24,337. 24,337. 31/14 54,692. 54,692. 31/15 82,863. 82,863. 82,863. 81/16 182,059. 160,497. 21,56							
FORM 990-T	F	PRE 2018 NOL SCHE	DULE	STATEMENT 23				
			INE 6	223,921. 223,921.				
			SHARE					
	1		0.					
NET OPERAT BALANCE AS EXPIRING N	FING DEDUCTION FTER PRE-2018 NOL D NET OPERATING LOSSE	DEDUCTION S		0. 223,921. 67,438. 0. 0.				
ORM 990-T	PRE-201	.8 NET OPERATING	LOSS DEDUCTION	STATEMENT 24				
'AX YEAR	LOSS SUSTAINED	PREVIOUSLY		AVAILABLE THIS YEAR				
.2/31/12 .2/31/13 .2/31/14 .2/31/15 .2/31/16 .2/31/17	7,732. 54,692. 82,863.	7,732. 54,692. 82,863.	0. 0. 0. 0. 21,562. 202,359.	0. 0. 0. 0. 21,562. 202,359.				
IOL CARRYOV	PER AVAILABLE THIS	YEAR	223,921.	223,921.				
ORM 990-T	INI	EREST AND PENALT	IES	STATEMENT 25				
UNDERPAY LATE PAY LATE PAY	FORM 990-T, PART IV MENT PENALTY MENT INTEREST MENT PENALTY	,		13,952 648 519 419				
TOTAL AMOU	JNT DUE			15,538				

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

501(c)(3) Organizations Only

	the organization LLIAMSBURG COMMUNITY HEALTH FOR	JNDA'	TION	B Employer 54-18		
C Unrelate	ed business activity code (see instructions) 52599	0		D Sequence	e: 1	of 1
E Describ	be the unrelated trade or business INVESTMENT I	N PA	RTNERSHIPS			
Part I	Unrelated Trade or Business Income		(A) Income	(B) Expense	s	(C) Net
1a Gross	s receipts or sales					
	returns and allowances c Balance	1c				
2 Cost	of goods sold (Part III, line 8)	2				
	s profit. Subtract line 2 from line 1c	3				
4a Capit	tal gain net income (attach Schedule D (Form 1041 or Form					
1120))). See instructions	4a	610,654.			610,654.
b Net g	gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b				
c Capit	al loss deduction for trusts	4c				
	ne (loss) from a partnership or an S corporation (attach					
stater	ment) STATEMENT 26	5	-63,078.			-63,078.
6 Rent	income (Part IV)	6				
7 Unrel	lated debt-financed income (Part V)	7				
	est, annuities, royalties, and rents from a controlled					
organ	nization (Part VI)	8				
	tment income of section 501(c)(7), (9), or (17)					
organ	nizations (Part VII)	9				
	oited exempt activity income (Part VIII)	10				
11 Adver	rtising income (Part IX)	11				
	r income (see instructions; attach statement) STMT 2		366.			366.
13 Total	I. Combine lines 3 through 12	13	547,942.			547,942.
	Deductions Not Taken Elsewhere See instructi directly connected with the unrelated business in		r limitations on de	ductions. Dedu	ıctions	must be
1 Comp	pensation of officers, directors, and trustees (Part X)				1	
	ies and wages				2	
	irs and maintenance				3	
	debts				4	
5 Intere	est (attach statement). See instructions				5	
6 Taxes	s and licenses				6	764.
	eciation (attach Form 4562). See instructions		1 _ 1			
8 Less	depreciation claimed in Part III and elsewhere on return		8a		8b	
	etion				9	
10 Contr	ributions to deferred compensation plans				10	
11 Emplo	oyee benefit programs				11	
12 Exces	ss exempt expenses (Part VIII)				12	
13 Exces	ss readership costs (Part IX)				13	. =
14 Other	r deductions (attach statement)		SEE STA	PEMENT 28	14	4,748.
	I deductions. Add lines 1 through 14				15	5,512.
	ated business income before net operating loss deduction. S					5.40 40C
	nn (C)				16	542,430.
17 Dedu	ction for net operating loss. See instructions		STMT	29 STMT 31		243,689.
	lated business taxable income. Subtract line 17 from line 10	3			18	298,741.

	1
Page	2

Part	III Cost of Goods Sold Enter meti	nod of inventory valuati	ion		r ago <u>=</u>
1		•		1	
2	Purchases			_	
3	Cost of labor				
4	Additional section 263A costs (attach statement)			4	
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year			_	
8	Cost of goods sold. Subtract line 7 from line 6. Enter h			_	
9	Do the rules of section 263A (with respect to property	,			Yes No
Part					
1	Description of property (property street address, city, s	tate, ZIP code). Check	if a dual-use. See instru	ctions.	
	A 🗌	•			
	В				
	c 🗆				
	D				
		Α	В	С	D
2	Rent received or accrued			-	
а	From personal property (if the percentage of				
_	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
~	percentage of rent for personal property exceeds				
	500(if the count is heart of an area (it as is a count)				
С	Total rents received or accrued by property.				
·	Add lines 2a and 2b, columns A through D				
	Add lines 2a and 2b, columns A through b				
3	Total rents received or accrued. Add line 2c columns A	through D. Enter here	and on Part Lline 6 col	umn (Δ)	0.
3	Deductions directly connected with the income	tillough D. Enter here	and offi art i, line o, col	umm (A)	
4	in lines 2(a) and 2(b) (attach statement)				
7	in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through D. En	ter here and on Part I	line 6 column (R)		0.
Part		e instructions)	iiric o, column (b)		
1	Description of debt-financed property (street address, of	,	heck if a dual-use. See i	nstructions	
•	A	orty, state, zii sodoj. o	neek ii a daar ase. eee i	non donorio.	
	В				
	c \square				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt-financed		2		
_	property				
3	Deductions directly connected with or allocable				
3	to debt-financed property				
_	Straight line depreciation (attach statement)				
a					
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
_	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
_	financed property (attach statement)				24
6	Divide line 4 by line 5	%	%		% %
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D)	. Enter here and on Par	t I, line 7, column (A)	·····-	0.
		Т	Т		
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A thr				0.
11	Total dividends-received deductions included in line	10			0.

Part \	/I Interest, Annu	uities, R	oyalties, and Re	ents fror	n Control	led Or	ganization	S (s	ee instruct	ions)		Page 3
						Exempt Controlled Organizations						
	Name of controlled organization		2. Employer identification number			sl of specified that is include controlling or tion's gross in		s included rolling orga	d in the ganiza-		eductions directly onnected with ome in column 5	
(1)												
(2)												
(3)												
(4)						<u> </u>						
	Tayahla Inaama			1	Controlled O	•		of ook	.mn 0	- 44	Dodustia	ana diraath.
/.	Taxable Income	ir	Net unrelated acome (loss) e instructions)		otal of specif yments mad		that is inc controlling gross	cluded	in the zation's		connect	ons directly ed with column 10
(1)												
(2)								-				
(3)												
(4)												
							Add colum Enter here line 8, c	and or	n Part I,	Ente		s 6 and 11. nd on Part I, lumn (B)
Totals									0.			0.
Part \	/II Investment	Income	of a Section 50	1(c)(7), (9), or (17)	Orgar	nization (s	ee ins	tructions)			
	1. Desc	cription of	income		2. Amou incor		3. Deduction directly connumber (attach states	ected	4. Set- (attach st	asides tatemer	nt) and	tal deductions I set-asides cols 3 and 4)
(1)											_	
(2)												
(3)												
(4)					Add amor column 2 here and o line 9, colu	Enter n Part I, ımn (A)					colu here	d amounts in umn 5. Enter and on Part I, 9, column (B)
Totals Part \	/III Exploited E	vomnt /	ctivity Income	Other 1	Than Adve	0.	Income	/ :	l structions)			0.
	Description of exploite			, Other i	IIIaii Auve	ı uəni	y income	(see in	structions)			
	Gross unrelated busin	•		nece Ente	r here and o	n Dart I	line 10. colum	n (A)		2		
	Expenses directly con					,	•	` '				
	line 10, column (B)		•							3		
4	Net income (loss) from	unrelated		Subtract lir	ne 3 from line	e 2. If a 🤉	gain, complete	;		4		
	Gross income from ac									5		
	Expenses attributable									6		
	Excess exempt expen											
	4. Enter here and on F									7		

Schedule A (Form 990-T) 2022

Part	IX	Advertising Income				
1	Na	me(s) of periodical(s). Check box if reporting two	or more periodicals on a c	consolidated basis.		
	Α					
	В					
	С					
	D					
Enter a	amou	unts for each periodical listed above in the corres	sponding column.			
		·	Α	В	С	D
2	Gr	oss advertising income				
	Ad	ld columns A through D. Enter here and on Part I				0.
а		-				
3	Dir	rect advertising costs by periodical				
а	Ad	ld columns A through D. Enter here and on Part I	I, line 11, column (B)			0.
4	Ad	lvertising gain (loss). Subtract line 3 from line				
	2.	For any column in line 4 showing a gain,				
	СО	mplete lines 5 through 8. For any column in				
	line	e 4 showing a loss or zero, do not complete				
	line	es 5 through 7, and enter zero on line 8				
5	Re	adership costs				
6		culation income				
7		cess readership costs. If line 6 is less than				
	line	e 5, subtract line 6 from line 5. If line 5 is less				
	tha	an line 6, enter zero				
8	Ex	cess readership costs allowed as a				
		duction. For each column showing a gain on				
		e 4, enter the lesser of line 4 or line 7	· · · · · · · · · · · · · · · · · · ·			
а		ld line 8, columns A through D. Enter the greater	of the line 8a, columns tot	al or zero here and	on	•
	D۵	ırt II, line 13				0.
Dort		Componentian of Officers Directo	ro and Tructors			
Part		Compensation of Officers, Directo	ors, and Trustees (se	ee instructions)		
Part		Compensation of Officers, Directo		ee instructions)	3. Percentage	4. Compensation
Part		Compensation of Officers, Directors 1. Name	ors, and Trustees (se	ee instructions)	3. Percentage of time devoted	4. Compensation attributable to
		Compensation of Officers, Directo		ee instructions)	3. Percentage of time devoted to business	4. Compensation
1)		Compensation of Officers, Directo		ee instructions)	3. Percentage of time devoted to business	4. Compensation attributable to
1)		Compensation of Officers, Directo		ee instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to
1) 2) 3)		Compensation of Officers, Directo		ee instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to
1)		Compensation of Officers, Directo		ee instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to
1) 2) 3) 4)	X 	1. Name		ee instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	X . Ent	1. Name ter here and on Part II, line 1	2. Title	ee instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to
1) 2) 3) 4)	X . Ent	1. Name	2. Title	ee instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	X . Ent	1. Name ter here and on Part II, line 1	2. Title	ee instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	X . Ent	1. Name ter here and on Part II, line 1	2. Title	ee instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	X . Ent	1. Name ter here and on Part II, line 1	2. Title	ee instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	X . Ent	1. Name ter here and on Part II, line 1	2. Title	ee instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	X . Ent	1. Name ter here and on Part II, line 1	2. Title	ee instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	X . Ent	1. Name ter here and on Part II, line 1	2. Title	ee instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	X . Ent	1. Name ter here and on Part II, line 1	2. Title	ee instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	X . Ent	1. Name ter here and on Part II, line 1	2. Title	ee instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	X . Ent	1. Name ter here and on Part II, line 1	2. Title	ee instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	X . Ent	1. Name ter here and on Part II, line 1	2. Title	ee instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	X . Ent	1. Name ter here and on Part II, line 1	2. Title	ee instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	X . Ent	1. Name ter here and on Part II, line 1	2. Title	ee instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	X . Ent	1. Name ter here and on Part II, line 1	2. Title	ee instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	X . Ent	1. Name ter here and on Part II, line 1	2. Title	ee instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	X . Ent	1. Name ter here and on Part II, line 1	2. Title	ee instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business

FORM 990-T (A) INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 26
DESCRIPTION	NET INCOME OR (LOSS)
PRIVATE ADVISORS SMALL COMPANY BUYOUT FUND I - ORDINARY	
BUSINESS INCOME (LOS	-220.
THE TIFF KEYSTONE FUND, LP - ORDINARY BUSINESS INCOME	100 060
(LOSS) THE TIFF KEYSTONE FUND, LP - NET RENTAL REAL ESTATE INCOME	129,262 -544
THE TIFF KEYSTONE FUND, LP - OTHER NET RENTAL INCOME (LOSS)	31
THE TIFF KEYSTONE FUND, LP - INTEREST INCOME	4,835
THE TIFF KEYSTONE FUND, LP - DIVIDEND INCOME	57.
THE TIFF KEYSTONE FUND, LP - ROYALTIES	378
THE TIFF KEYSTONE FUND, LP - OTHER PORTFOLIO INCOME (LOSS)	4,471
THE TIFF KEYSTONE FUND, LP - OTHER INCOME (LOSS)	-201,207
MREP 2008 DCIF LP - ORDINARY BUSINESS INCOME (LOSS)	-141
FOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	-63,078
FORM 990-T (A) OTHER INCOME	STATEMENT 27
DESCRIPTION	AMOUNT
CANCELLATION OF DEBT - THE TIFF KEYSTONE FUND, LP	366.
TOTAL TO SCHEDULE A, PART I, LINE 12	366.
FORM 990-T (A) OTHER DEDUCTIONS	STATEMENT 28
DESCRIPTION	AMOUNT
DESCRIPTION ACCOUNTING FFF	
DESCRIPTION ACCOUNTING FEE INVESTMENT FEE	AMOUNT 1,575. 3,173.

FORM 990-T (A)	P	OST 2017 1	NOL SCHE	EDULE		STATEMENT 29
PRIOR YEAR POST 2017 NOL		NOL DEDUCT	TION		CARRYFOR	
243,689.		243,6	589.			0.
990-T SCH A	POST-201	7 NET OPER	RATING I	OSS DEDU	CTION	STATEMENT 30
TAX YEAR LOSS	SUSTAINED	LOSS PREVIOUS APPLIE		LOSS REMAIN	ING	AVAILABLE THIS YEAR
12/31/19 12/31/20	128,287. 115,402.		0.		8,287. 5,402.	128,287. 115,402.
NOL CARRYOVER AV	AILABLE THIS	YEAR		24	3,689.	243,689.
SCH A (990-T)	SCHED	ULE A NOL	DETAIL			STATEMENT 31
TAXABLE INCOME THIS ENTITIES P			ИE			542,430. 542,430.
THIS ENTITIES P					SS	100.009 223,921
TAXABLE INCOME 80% INCOME LIMI		8 NET OPER	RATING I	oss		318,509 254,807
POST-2017 AVAIL LESSER OF POST-		ATING LOSS	S OR 808	k LIMITAT:	ION	243,689. 243,689.

SCHEDULE D (Form 1120)

Name

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T. Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2022

WILLIAMSBURG COMMUNITY HEALTH FOUNDATION

Employer identification number

54-1822359

Yes X No Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Short-Term Capital Gains and Losses - Assets Held One Year or Less See instructions for how to figure the amounts (h) Gain or (loss) (g) Adjustments to gain (d) (e) to enter on the lines below. Subtract column (e) from or loss from Form(s) 8949, Proceeds Cost column (d) and combine the This form may be easier to complete if you round off cents to whole dollars. (or other basis) Part I, line 2, column (g) (sales price) result with column (g) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b 1b Totals for all transactions reported on Form(s) 8949 with Box A checked 2 Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on 4,662. Form(s) 8949 with Box C checked 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 4 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 5 6 Unused capital loss carryover (attach computation) 6 4,662 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h 7 Long-Term Capital Gains and Losses - Assets Held More Than One Year Part II See instructions for how to figure the amounts (h) Gain or (loss) (g) Adjustments to gain to enter on the lines below. Subtract column (e) from Proceeds Cost or loss from Form(s) 8949, column (d) and combine the This form may be easier to complete if you (sales price) (or other basis) Part II, line 2, column (g) result with column (a) round off cents to whole dollars. 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to 8b Totals for all transactions reported on Form(s) 8949 with Box D checked

12 Long-term capital gain from installment sales from Form 6252, line 26 or 37

17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)17605,992.18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns18610,654.

Note: If losses exceed gains, see $\it Capital\ Losses$ in the instructions.

13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824

15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2022

546,682.

605,992

4,662.

11

12

13

14

15

59,310.

LHA

9 Totals for all transactions reported on Form(s) 8949 with Box E checked
 10 Totals for all transactions reported on

Form(s) 8949 with Box F checked

11 Enter gain from Form 4797, line 7 or 9

14 Capital gain distributions

Department of the Treasury Internal Revenue Service

Name(s) shown on return

Sales and Other Dispositions of Capital Assets

Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074 **2022**

Attachment

Social security number or taxpayer identification no.

54-1822359

WILLIAMSBURG COMMUNITY HEALTH FOUNDATION

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term Part I transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS X (C) Short-term transactions not reported to you on Form 1099-B 1 (d) Adjustment, if any, to gain or (h) (c) (e) loss. If you enter an amount Proceeds Description of property Date sold or Cost or other Gain or (loss). Date acquired in column (g), enter a code in (sales price) basis. See the Subtract column (e) (Example: 100 sh. XYZ Co.) (Mo., day, yr.) disposed of column (f). See instructions. Note below and from column (d) & (Mo., day, yr.) (g) Amount of adjustment see *Column (e*) ir combine the result Code(s) with column (g) the instructions THE TIFF KEYSTONE FUND, LP 4,662. 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

223011 10-24-22 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8949 (2022)

above is checked), or line 3 (if Box C above is checked)

Attachment Sequence No. 12A Page 2

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

WILLIAMSBURG COMMUNITY HEALTH FOUNDATION

54-1822359

C

	WILDIAM CO	OMMONITI	IIITADIII I	COMPATION	N .		24-1	044333
	efore you check Box D, E, or F belo atement will have the same informa		vou received any 99-B. Either will s	Form(s) 1099-B o show whether you	r substitute statem basis (usually you	ent(s) from cost) was	your broker. A sur reported to the IF	bstitute SS by your
	oker and may even tell you which be Part II Long-Term. Transaction		ıl assets you held n	nore than 1 vear are	generally long-term (s	ee instructio	ons). For short-term to	ransactions.
	see page 1. Note: You may aggregate all							
	codes are required. Enter the	totals directly on S	Schedule D, line 8a	ı; you aren't required	to report these transa	actions on F	orm 8949 (see instru	ctions).
	ou must check Box D, E, or F below. Cou have more long-term transactions than will							each applicable box.
Ĺ	(D) Long-term transactions rep	orted on Form(s)) 1099-B showin	g basis was report	ed to the IRS (see	Note abo	ove)	
	(E) Long-term transactions rep	orted on Form(s)	1099-B showing	g basis wasn't re	ported to the IRS		,	
$\overline{\Box}$	X (F) Long-term transactions not	reported to you	on Form 1099-B	3	•			
1	(a)	(b)	(c)	(d)	(e)		t, if any, to gain or	(h)
	Description of property	Date acquired	Date sold or	Proceeds	Cost or other	l IOSS. If yo	ou enter an amount (g), enter a code in	Gain or (loss).
	(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of	(sales price)	basis. See the	column (f)	. See instructions.	Subtract column (e) from column (d) &
			(Mo., day, yr.)		Note below and see <i>Column (e)</i> in	(f)	(g)	combine the result
					the instructions	Code(s)	Amount of adjustment	with column (g)
Г.	HE TIFF KEYSTONE							
	UND, LP							546,682.
	•							, , , , , , , , , , , , , , , , , , , ,
2	Totals. Add the amounts in colun	nns (d), (e). (a). aı	nd (h) (subtract					
	negative amounts). Enter each tot							
	Schedule D, line 8b (if Box D abo		•					
	above is checked), or line 10 (if B	**	•					546,682.
٧	ote: If you checked Box D above b			was incorrect ente	er in column (e) the	basis as r	eported to the IRS	<u> </u>
								, and once an

adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

17051114 797738 3001335524

Department of the Treasury Internal Revenue Service Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

Attach to your tax return.

Go to www.irs.gov/Form4797 for instructions and the latest information.

2022

Name(s) shown on return Identifying number WILLIAMSBURG COMMUNITY HEALTH FOUNDATION 54-1822359 1a Enter the gross proceeds from sales or exchanges reported to you for 2022 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 1a b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of 1b c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions) (f) Cost or other (e) Depreciation (g) Gain or (loss) (b) Date acquired (C) Date sold (a) Description (d) Gross sales 2 basis, plus allowed or Subtract (f) from the of property (mo., day, yr.) (mo., day, yr.) price allowable since improvements and sum of (d) and (e) acquisition expense of sale THE TIFF KEYSTONE 59,310. FUND, $_{
m LP}$ Gain, if any, from Form 4684, line 39 3 Section 1231 gain from installment sales from Form 6252, line 26 or 37 4 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 5 5 Gain, if any, from line 32, from other than casualty or theft 6 6 59,310.Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below. 8 Nonrecaptured net section 1231 losses from prior years. See instructions Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term 59,310. capital gain on the Schedule D filed with your return. See instructions Part II Ordinary Gains and Losses (see instructions) Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less): Loss, if any, from line 7 11 Gain, if any, from line 7 or amount from line 8, if applicable 12 12 Gain, if any, from line 31 13 14 14 Net gain or (loss) from Form 4684, lines 31 and 38a Ordinary gain from installment sales from Form 6252, line 25 or 36 15 Ordinary gain or (loss) from like-kind exchanges from Form 8824 16 16 Combine lines 10 through 16 18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below. If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions 18a b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4 18b

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2022)

Part III Gain From Disposition of Propert	ty Und	er Sections 1245,	1250, 1252	, 12	54, and 1255 (se	ee instructions)
19 (a) Description of section 1245, 1250, 1252, 1254, o	or 1255 p	property:			(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
Α						
В						
С						
D						
These columns relate to the properties on lines 19A through 19D.		Property A	Property I	В	Property C	Property D
20 Gross sales price (Note: See line 1a before completing.)	20					
Cost or other basis plus expense of sale	21					
Depreciation (or depletion) allowed or allowable	22					
Adjusted basis. Subtract line 22 from line 21	23					
24 Total gain. Subtract line 23 from line 20	24					
25 If section 1245 property:						
a Depreciation allowed or allowable from line 22	25a					
b Enter the smaller of line 24 or 25a	25b					
If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.						
a Additional depreciation after 1975. See instructions	26a					
b Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b					
c Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c					
d Additional depreciation after 1969 and before 1976	26d					
e Enter the smaller of line 26c or 26d	26e					
f Section 291 amount (corporations only)	26f					
g Add lines 26b, 26e, and 26f	26g					
27 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.						
a Soil, water, and land clearing expenses	27a					
b Line 27a multiplied by applicable percentage	27b					
c Enter the smaller of line 24 or 27b	27c					
28 If section 1254 property: a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a					
b Enter the smaller of line 24 or 28a	28b					
 If section 1255 property: a Applicable percentage of payments excluded from income under section 126. See instructions 	29a					
b Enter the smaller of line 24 or 29a. See instructions	29b					
Summary of Part III Gains. Complete property of	a a lumana	A through D through li	as OOb bafara a	a o i o o	to line 20	
Complete property C	Joiuitiis	A through b through in	ie zap belore (Joing	to line 30.	
Total gains for all properties. Add property columns	A throu	gh D, line 24			30)
Add property columns A through D, lines 25b, 26g,					3	1
32 Subtract line 31 from line 30. Enter the portion from		y or theft on Form 4684	4, line 33. Ente	r the	·	
from other than casualty or theft on Form 4797, line Part IV Recapture Amounts Under Section	e 6 ons 179	9 and 280F(b)(2) W	/hen Busine	ess l	Use Drops to 50	2 % or Less
(see instructions)					T	
					(a) Section 179	(b) Section 280F(b)(2)
33 Section 179 expense deduction or depreciation allo	wable in	prior years		33		
O4 December 1 december 1 december 2 december				34		
35 Recapture amount. Subtract line 34 from line 33. So				35		

218012 12-12-22

Form **4797** (2022)

SCHEDULE D (Form 1120)

Name

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T. Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

WILLIAMSBURG COMMUNITY HEALTH FOUNDATION

54-1822359

Employer identification number

Yes X No Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Short-Term Capital Gains and Losses - Assets Held One Year or Less See instructions for how to figure the amounts (h) Gain or (loss) (g) Adjustments to gain (d) (e) to enter on the lines below. Subtract column (e) from or loss from Form(s) 8949, Proceeds Cost column (d) and combine the This form may be easier to complete if you round off cents to whole dollars. (or other basis) Part I, line 2, column (g) (sales price) result with column (g) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b 1b Totals for all transactions reported on Form(s) 8949 with Box A checked 2 Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on 4,662. Form(s) 8949 with Box C checked 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 4 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 5 6 Unused capital loss carryover (attach computation) 6 4,662 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h 7 Long-Term Capital Gains and Losses - Assets Held More Than One Year Part II See instructions for how to figure the amounts (h) Gain or (loss) (g) Adjustments to gain to enter on the lines below. Subtract column (e) from Proceeds Cost or loss from Form(s) 8949, column (d) and combine the This form may be easier to complete if you (sales price) (or other basis) Part II, line 2, column (g) result with column (a) round off cents to whole dollars. 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on 546,682. Form(s) 8949 with Box F checked 59,310. 11 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37 12 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 14 Capital gain distributions 14 605,992 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h 15 Part III Summary of Parts I and II 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 4,662. 16 17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 605,992. 17 610,654 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns Note: If losses exceed gains, see Capital Losses in the instructions.

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2022

LHA

Department of the Treasury Internal Revenue Service

Sales and Other Dispositions of Capital Assets

Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

2022

Attachment Sequence No. 126

Name(s) shown on return

WILLIAMSBURG COMMUNITY HEALTH FOUNDATION

Social security number or taxpayer identification no.

54-1822359

statemént	ı check Box A, B, or C bel will have the same informa	atión as Form 109	you received any 99-B. Either will s	/ Form(s) 1099-B o show whether you	or substitute statem r basis (usually you	ent(s) fron r cost) was	n your broker. A su s reported to the IR	bstitute PS by your
broker and Part I	d may even tell you which l	box to check.		•	, , ,	,	•	
Faiti	Short-Term. Transact transactions, see page 2. Note: You may aggregate al							liustments or
	codes are required. Enter the	e totals directly on S	Schedule D, line 1a	; you aren't required	to report these transa	actions on F	Form 8949 (see instru	ctions).
	check Box A, B, or C below. ore short-term transactions than will							each applicable box.
	Short-term transactions re			· · · · · · · · · · · · · · · · · · ·		=		
(B)	Short-term transactions re	ported on Form(s) 1099-B showin	g basis wasn't re	eported to the IRS		•	
X (C)	Short-term transactions no	ot reported to you	ı on Form 1099-l	3				
1	(a)	(b)	(c)	(d)	(e)		nt, if any, to gain or	(h)
Des	scription of property	Date acquired	Date sold or	Proceeds	Cost or other		où enter an amount (g), enter a code in	Gain or (loss).
(Exan	nple: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of	(sales price)	basis. See the Note below and	column (f). See instructions.	Subtract column (e) from column (d) &
			(Mo., day, yr.)		see Column (e) in	(f)	(g)	combine the result
					the instructions	Code(s)	Amount of adjustment	with column (g)
THE T	IFF KEYSTONE						<u> </u>	
FUND,								4,662.
								,
negativ Schedu	Add the amounts in colur re amounts). Enter each to ale D, line 1b (if Box A abo	tal here and incluove is checked),	ide on your line 2 (if Box B					4,662.
apove	is checked), or line 3 (if B	OUX C ADOVE IS Cr	IECKEU)		1		1	, , ,004.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

223011 10-24-22 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form **8949** (2022)

Attachment Sequence No. 12A Page 2

Form 8949 (2022)

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

WILLIAMSBURG COMMUNITY HEALTH FOUNDATION

54-1822359

br	efore you check Box D, E, or F belo atement will have the same informa oker and may even tell you which b	oox to check.							
F	Part II Long-Term. Transaction	ons involving capita	al assets you held r	nore than 1 year are	generally long-term (s	ee instruction	ons). For short-term to	ansactions,	
	see page 1. Note: You may aggregate all codes are required. Enter the	totals directly on S	Schedule D, line 8a	; yoù aren't required	to report these transa	actions on F	orm 8949 (see instru	ctions).	
	ou must check Box D, E, or F below. O							ach applicable box	
Ĺ	(D) Long-term transactions rep	orted on Form(s) 1099-B showin	g basis was report	ed to the IRS (see	Note abo	ove)		
Ī	(E) Long-term transactions rep	orted on Form(s)	,) 1099-B showin	g basis wasn't rej	ported to the IRS		,		
Ī	X (F) Long-term transactions not	` '							
1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of	(d) Proceeds (sales price)	(e) Cost or other basis. See the	loss. If you	nt, if any, to gain or ou enter an amount (g), enter a code in). See instructions.	(h) Gain or (loss Subtract columr	ı (e)
	,	, ,,,,,,	(Mo., day, yr.)		Note below and see Column (e) in the instructions	(f) Code(s)	(g) Amount of	from column (d combine the re- with column (śult
_	HE TIFF KEYSTONE				the mandenons	()	adjustment	with column (9)
_								E16 60'	_
_	UND, LP							546,68	<u> </u>
_	Tatala Addition and acceptable	(al) (-) (-)	 						
2	Totals. Add the amounts in colum								
	negative amounts). Enter each tot								
	Schedule D, line 8b (if Box D above is shown in shorted) or line 10 (if B							546,68	2
	above is checked), or line 10 (if B	ON E ADOVE IS CI	iecked)	l	I		I	J=0,00	<u> </u>

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

Form **8949** (2022)

Form **2220**Department of the Treasury

Internal Revenue Service

Underpayment of Estimated Tax by Corporations

Attach to the corporation's tax return.

WILLIAMSBURG COMMUNITY HEALTH FOUNDATION

FORM 990-T

OMB No. 1545-0123

Name

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.

F	Part I Required Annual Payment							
1	Total tax (see instructions)					1		13,952.
•	Developed the left and account of the College de DU (Ferry 4400). I'm	- 00\	Sandard on Bar d	. م	ı			
	Personal holding company tax (Schedule PH (Form 1120), line Dook-back interest included on line 1 under section 460(b)(2)	,		2a				
	contracts or section 167(g) for depreciation under the income			2b				
	contracts of section for (g) for depreciation under the income	1010	cast motilou					
(Credit for federal tax paid on fuels (see instructions)			2c				
	f Total. Add lines 2a through 2c					2d		
	Subtract line 2d from line 1. If the result is less than \$500, do							
	does not owe the penalty					3		13,952.
4	Enter the tax shown on the corporation's 2021 income tax retu	ırn. S	See instructions. Caution	: If the tax is zer	0			
	or the tax year was for less than 12 months, skip this line and $% \left(1\right) =\left(1\right) \left(1\right) $	ente	r the amount from line 3 o	on line 5		4	_	
5	Required annual payment. Enter the smaller of line 3 or line			• •				13,952.
	enter the amount from line 3 Part II Reasons for Filing - Check the boxes belo		at apply. If any bayon are	obsolved the ser	norotion	5		13,954.
	even if it does not owe a penalty. See instructions.	W LII	at apply. If ally buxes are	checked, the col	poration	must life Form 2220		
6	The corporation is using the adjusted seasonal installn	nent	method					
7	The corporation is using the annualized income install							
8	The corporation is a "large corporation" figuring its first			n the prior year'	s tax.			
Ť	Part III Figuring the Underpayment			mano prior your				
			(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	05/15/22	06/15	/22	09/15/22		12/15/22
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,		2 400	_	400	2 400		2 400
	enter 25% (0.25) of line 5 above in each column	10	3,488.	3,	<u> 488.</u>	3,488	•	3,488.
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					4	
	Complete lines 12 through 18 of one column							
	before going to the next column.						+	
	Enter amount, if any, from line 18 of the preceding column	12					4	
13	Add lines 11 and 12	13		2	400	6 076	4	10 161
	Add amounts on lines 16 and 17 of the preceding column	14	0	3,	488.	6,976		10,464.
	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			2	400	6 076		
	14. Otherwise, enter -0-	16		3,	488.	6,976	4	
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		2 400	2	400	2 400		2 400
	column. Otherwise, go to line 18	17	3,488.	3,	488.	3,488	٠	3,488.
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						

LHA For Paperwork Reduction Act Notice, see separate instructions.

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.

Form 2220 (2022)

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 4/15/2022 and before 7/1/2022	21				
22	Underpayment on line 17 x Number of days on line 21 x 4% (0.04)	22	\$	\$	\$	\$
23	Number of days on line 20 after 6/30/2022 and before 10/1/2022	23				
24	Underpayment on line 17 x Number of days on line 23 x 5% (0.05)	24	\$	\$	\$	\$
25	Number of days on line 20 after 9/30/2022 and before 1/1/2023	25				
26	Underpayment on line 17 x Number of days on line 25 x 6% (0.06)	26	\$	\$	\$	\$
27	Number of days on line 20 after 12/31/2022 and before 4/1/2023	27	SEE	ATTACHED W	ORKSHEET	
28	Underpayment on line 17 x Number of days on line 27 x 7% (0.07)	28	\$	\$	\$	\$
29	Number of days on line 20 after 3/31/2023 and before 7/1/2023	29				
30	Underpayment on line 17 x Number of days on line 29 x *% 365	30	\$	\$	\$	\$
31	Number of days on line 20 after 6/30/2023 and before 10/1/2023	31				
32	Underpayment on line 17 x Number of days on line 31 x *% 365	32	\$	\$	\$	\$
33	Number of days on line 20 after 9/30/2023 and before 1/1/2024	33				
34	Underpayment on line 17 x Number of days on line 33 x *% 365	34	\$	\$	\$	\$
35	Number of days on line 20 after 12/31/2023 and before 3/16/2024	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		
	line for other income tax returns					\$ 648

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

Form **2220** (2022)

Page 2

FORM 990-T UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

Name(s)				Identifying N	umber
WILLIAMSBU	RG COMMUNITY	HEALTH FOUNDA	TION	54-18	22359
(A)	(B)	(C)	(D)	(E)	(F)
*Date	Amount	Adjusted Balance Due	Number Days Balance Due	Daily Penalty Rate	Penalty
		-0-			
05/15/22	3,488.	3,488.	31	.000109589	12.
06/15/22	3,488.	6,976.	15	.000109589	11.
06/30/22	0.	6,976.	77	.000136986	74.
09/15/22	3,488.	10,464.	15	.000136986	22.
09/30/22	0.	10,464.	76	.000164384	131.
12/15/22	3,488.	13,952.	16	.000164384	37.
12/31/22	0.	13,952.	135	.000191781	361.
Penalty Due (Sum of Colu	ımn F).				648.

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

212511 04-01-22

Department of the Treasury Internal Revenue Service

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

Attach to your tax return.

Go to www.irs.gov/Form4797 for instructions and the latest information.

OMB No. 1545-0184

Name(s) shown on return Identifying number WILLIAMSBURG COMMUNITY HEALTH FOUNDATION 54-1822359 1a Enter the gross proceeds from sales or exchanges reported to you for 2022 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 1a b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of 1b c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions) (f) Cost or other (e) Depreciation (g) Gain or (loss) (b) Date acquired (C) Date sold (a) Description (d) Gross sales 2 basis, plus allowed or Subtract (f) from the of property (mo., day, yr.) (mo., day, yr.) price allowable since improvements and sum of (d) and (e) acquisition expense of sale THE TIFF KEYSTONE 59,310. FUND, $_{
m LP}$ Gain, if any, from Form 4684, line 39 3 Section 1231 gain from installment sales from Form 6252, line 26 or 37 4 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 5 5 Gain, if any, from line 32, from other than casualty or theft 6 6 59,310.Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below. 8 Nonrecaptured net section 1231 losses from prior years. See instructions Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term 59,310. capital gain on the Schedule D filed with your return. See instructions Part II Ordinary Gains and Losses (see instructions) Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less): Loss, if any, from line 7 11 Gain, if any, from line 7 or amount from line 8, if applicable 12 12 Gain, if any, from line 31 13 14 14 Net gain or (loss) from Form 4684, lines 31 and 38a Ordinary gain from installment sales from Form 6252, line 25 or 36 15 Ordinary gain or (loss) from like-kind exchanges from Form 8824 16 16 Combine lines 10 through 16 18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below. a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions 18a

LHA For Paperwork Reduction Act Notice, see separate instructions.

b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1

Form 4797 (2022)

(Form 1040), Part I, line 4

18b

(a) Description of section 1245, 1250,		(b) Date acquired (mo., day, yr.)		(c) Date sold (mo., day, yr.)			
A							
В							
C							
D							
These columns relate to the properti lines 19A through 19D.	ies on	Property A	Property	В	Property	С	Property D
Gross sales price (Note: See line 1a before	completing.) 20						
Cost or other basis plus expense of sa	le 21						
Depreciation (or depletion) allowed or a	allowable 22						
Adjusted basis. Subtract line 22 from I	ine 21 23						
Total gain. Subtract line 23 from line 20	0 24						
If section 1245 property:							
a Depreciation allowed or allowable from	n line 22 25a						
b Enter the smaller of line 24 or 25a							
If section 1250 property: If straight line was used, enter -0- on line 26g, except for a subject to section 291.							
a Additional depreciation after 1975. See instr	ructions 26a						
b Applicable percentage multiplied by th of line 24 or line 26a. See instructions	e smaller						
c Subtract line 26a from line 24. If reside property or line 24 isn't more than line lines 26d and 26e	26a, skip						
d Additional depreciation after 1969 and before							
e Enter the smaller of line 26c or 26d	26e						
f Section 291 amount (corporations only	/) 26f						
g Add lines 26b, 26e, and 26f							
If section 1252 property: Skip this section dispose of farmland or if this form is being a partnership.	completed for						
a Soil, water, and land clearing expenses							
b Line 27a multiplied by applicable percentag							
c Enter the smaller of line 24 or 27b	27c						
 If section 1254 property: a Intangible drilling and development costs, e for development of mines and other natural mining exploration costs, and depletion. Se 	deposits,						
b Enter the smaller of line 24 or 28a	28b						
 If section 1255 property: a Applicable percentage of payments ex from income under section 126. See in 	cluded						
b Enter the smaller of line 24 or 29a. See i							
ummary of Part III Gains. Comple	ata nyanautu aaluumna	A through D through	line OOb before	aaina	to line 20		
difficulty of Fart III dailio. Comple	ete property columns /	A tillough D tillough	i iii le 290 belore	gonig	to line 30.		
Total gains for all properties. Add prop	erty columns A throug	gh D, line 24				30	
Add property columns A through D, lin	es 25b, 26g, 27c, 28b	o, and 29b. Enter he	re and on line 13			31	
Subtract line 31 from line 30. Enter the	•	y or theft on Form 40	884, line 33. Ente	er the p	oortion		
from other than casualty or theft on Formatt IV Recapture Amounts United	orm 4797, line 6) I 000E(I-)(0)	VA/II D -:-			32	
	der Sections 179	and 280F(b)(2)	wnen Busin	ess (Jse Drops to	50% C	r Less
(see instructions)						Γ	
					(a) Sectior 179	1	(b) Section 280F(b)(2)
Cooking 470 comments of the contract of the co	annalation aller 11 to				113	-+	2001 (1)(2)
Section 179 expense deduction or dep	41			33		+	
Recomputed depreciation. See instruct	tions			34			

218012 12-12-22

Form **4797** (2022)