

OBICI HEALTHCARE FOUNDATION, INC.
106 W. FINNEY AVENUE
SUFFOLK, VA 23434

OBICI HEALTHCARE FOUNDATION, INC.:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2015 EXEMPT ORGANIZATION RETURNS AND 2016 ESTIMATED TAX WORKSHEETS, AS FOLLOWS...

2015 FORM 990-PF

2016 FEDERAL ESTIMATED TAX WORKSHEET - FORM 990-PF

2015 FORM 990-T

2016 FEDERAL ESTIMATED TAX WORKSHEET - FORM 990-T

2015 VIRGINIA FORM 500

2016 VIRGINIA ESTIMATED TAX INSTRUCTIONS - FORM 500

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

THE TAX AND TRADE RELIEF EXTENSION ACT OF 1998 AMENDED THE PUBLIC INSPECTION RULES FOR PRIVATE FOUNDATIONS TO REQUIRE THAT PRIVATE FOUNDATIONS PROVIDE A COPY OF THEIR ANNUAL INFORMATION RETURN TO ANYONE WHO REQUESTS IT IN PERSON OR IN WRITING. THIS REQUIREMENT IS APPLICABLE FOR THREE YEARS AFTER THE DATE THE RETURN IS FILED. IF YOU HAVE ANY QUESTIONS RELATING TO THIS REQUIREMENT PLEASE CONTACT US.

PLEASE REVIEW THE RETURNS FOR COMPLETENESS AND ACCURACY.

WE HAVE PREPARED THE RETURNS FROM INFORMATION YOU FURNISHED US WITHOUT VERIFICATION. UPON EXAMINATION OF THE RETURNS BY TAX AUTHORITIES, REQUESTS MAY BE MADE FOR UNDERLYING DATA. WE THEREFORE RECOMMEND THAT YOU PRESERVE ALL RECORDS WHICH YOU MAY BE CALLED UPON TO PRODUCE IN CONNECTION WITH SUCH POSSIBLE EXAMINATIONS.

WE ARE ENCLOSING THE DOCUMENTS YOU GAVE US TO ASSIST IN PREPARATION OF THE RETURNS.

WE HAVE ENCLOSED MAILING ENVELOPES FOR YOUR CONVENIENCE IN

FILING THE RETURNS.

WE RECOMMEND THAT YOU USE CERTIFIED MAIL WITH POST MARKED RECEIPT FOR PROOF OF TIMELY FILING.

OUR PRACTICE GROWS FROM EXISTING CLIENT REFERRALS. IF YOU ARE SATISFIED WITH OUR SERVICE, PLEASE REFER US TO A FRIEND OR BUSINESS ASSOCIATE.

WE SINCERELY APPRECIATE THE OPPORTUNITY TO SERVE YOU. PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS CONCERNING THE TAX RETURNS.

VERY TRULY YOURS,

JAMES M. HAGGARD

TAX RETURN FILING INSTRUCTIONS

FORM 990-PF

FOR THE YEAR ENDING

MARCH 31, 2016

Prepared for	OBICI HEALTHCARE FOUNDATION, INC. 106 W. FINNEY AVENUE SUFFOLK, VA 23434
Prepared by	DIXON HUGHES GOODMAN LLP 701 TOWN CENTER DRIVE, SUITE 700 NEWPORT NEWS, VA 23606-4295
Amount due or refund	AN OVERPAYMENT OF \$28,081. THE ENTIRE OVERPAYMENT HAS BEEN APPLIED TO THE ESTIMATED TAX PAYMENTS.
Make check payable to	NO AMOUNT IS DUE.
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	<p>THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO US BY NOVEMBER 15, 2016.</p> <p>PLEASE NOTE THAT THERE IS \$4,825,564 OF UNDISTRIBUTED INCOME FOR 2015 ON FORM 990-PF. THE ORGANIZATION MUST DISTRIBUTE THIS AMOUNT BY THE END OF ITS 2016 TAX YEAR TO AVOID THE EXCISE TAX ON UNDISTRIBUTED INCOME.</p> <p>A PAPER COPY OF THE FORM 990-PF HAS BEEN PREPARED FOR FILING WITH THE VIRGINIA ATTORNEY GENERAL. PLEASE MAIL THIS COPY BY NOVEMBER 15, 2016 TO:</p> <p>ATTORNEY GENERAL'S OFFICE GOVERNMENT OPERATIONS DIVISION 202 NORTH NINTH STREET RICHMOND, VA 23219</p>

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2015, or fiscal year beginning APR 1, 2015, and ending MAR 31, 2016

2015

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**

▶ **Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.**

Name of exempt organization

Employer identification number

OBICI HEALTHCARE FOUNDATION, INC.

51-0249728

Name and title of officer

**MICHAEL K BRINKLEY
DIRECTOR OF FINANCE**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b _____
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input checked="" type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b <u>75,368.</u>
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize DIXON HUGHES GOODMAN LLP to enter my PIN 23606
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

54921823606

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

2016 ESTIMATED TAX FILING INSTRUCTIONS

FORM 990-W FORM FORM 990-PF

FOR THE YEAR ENDING

MARCH 31, 2017

Prepared for

OBICI HEALTHCARE FOUNDATION, INC.
106 W. FINNEY AVENUE
SUFFOLK, VA 23434

Prepared by

DIXON HUGHES GOODMAN LLP
701 TOWN CENTER DRIVE, SUITE 700
NEWPORT NEWS, VA 23606-4295

Amount of tax

Total Estimated Tax	\$	151,000
Less credit from prior year	\$	28,081
Less amount already paid on 2016 estimate	\$	0
Balance due	\$	122,919

Payable in full or in installments as follows:

Installment	Amount	Due Date
No. 1	\$ NONE REQUIRED	
No. 2	\$ 47,419	AS SOON AS POSSIBLE
No. 3	\$ 37,750	DECEMBER 15, 2016
No. 4	\$ 37,750	MARCH 15, 2017

Make check payable to

NOT APPLICABLE

Mail voucher and check (if applicable) to

PAYMENTS SHOULD BE MADE USING THE ELECTRONIC FEDERAL TAX PAYMENT SYSTEM (EFTPS).

Special Instructions

THE FOUNDATION IS SUBJECT TO LARGE-CORPORATION RULES REGARDING ITS ESTIMATES FOR THE MARCH 31, 2017 YEAR. THIS MEANS THAT ONLY THE FIRST QUARTER ESTIMATE PAYMENT CAN BE BASED ON YOUR PRIOR YEAR'S LIABILITY AS A SAFE-HARBOR FOR PENALTY PURPOSES. THE ESTIMATES ABOVE ARE BASED ON THE CURRENT YEAR LIABILITY INCREASED FOR THE CHANGE IN TAX RATE FROM 1% TO 2%. IF THE FOUNDATION DETERMINES THAT THEIR INVESTMENT INCOME WILL INCREASE FROM THE PRIOR YEAR LEVELS THE ESTIMATE PAYMENT WILL NEED TO BE INCREASED.

Return of Private Foundation

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

2015

Open to Public Inspection

Form **990-PF**

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

For calendar year 2015 or tax year beginning **APR 1, 2015**, and ending **MAR 31, 2016**

Name of foundation OBICI HEALTHCARE FOUNDATION, INC.		A Employer identification number 51-0249728
Number and street (or P.O. box number if mail is not delivered to street address) 106 W. FINNEY AVENUE	Room/suite	B Telephone number 757.539.8810
City or town, state or province, country, and ZIP or foreign postal code SUFFOLK, VA 23434		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 106,588,413.	J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received				
	2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	73,602.	73,602.		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	414,188.			
	b Gross sales price for all assets on line 6a 12,424,506.				
	7 Capital gain net income (from Part IV, line 2)		4,134,811.		
	8 Net short-term capital gain				
	9 Income modifications			3,735.	
	10a Gross sales less returns and allowances				
b Less: Cost of goods sold					
c Gross profit or (loss)					
11 Other income	1,295,103.	3,940,904.	0.	STATEMENT 1	
12 Total. Add lines 1 through 11	1,782,893.	8,149,317.	3,735.		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	297,840.	0.	0.	297,840.
	14 Other employee salaries and wages	484,303.	0.	0.	317,113.
	15 Pension plans, employee benefits	200,931.	0.	0.	196,878.
	16a Legal fees STMT 2	28,336.	0.	0.	7,487.
	b Accounting fees STMT 3	57,005.	0.	0.	57,005.
	c Other professional fees STMT 4	663,182.	612,505.	0.	48,342.
	17 Interest	59,113.	0.	0.	0.
	18 Taxes STMT 5	395.	0.	0.	395.
	19 Depreciation and depletion	103,037.	0.	0.	
	20 Occupancy	29,927.	0.	0.	29,957.
	21 Travel, conferences, and meetings	26,431.	0.	0.	26,013.
	22 Printing and publications				
	23 Other expenses STMT 6	158,293.	0.	0.	167,597.
	24 Total operating and administrative expenses. Add lines 13 through 23	2,108,793.	612,505.	0.	1,148,627.
	25 Contributions, gifts, grants paid	4,091,828.			4,580,061.
26 Total expenses and disbursements. Add lines 24 and 25	6,200,621.	612,505.	0.	5,728,688.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	-4,417,728.				
b Net investment income (if negative, enter -0-)		7,536,812.			
c Adjusted net income (if negative, enter -0-)			3,735.		

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only.		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing	41,619.	33,404.	33,404.
	2 Savings and temporary cash investments	10,261,749.	6,487,925.	6,487,925.
	3 Accounts receivable			
	Less: allowance for doubtful accounts			
	4 Pledges receivable			
	Less: allowance for doubtful accounts			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable			
	Less: allowance for doubtful accounts			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges	24,185.	42,917.	42,917.
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock	STMT 8 9,661,314.	7,666,746.	7,666,746.
	c Investments - corporate bonds			
	11 Investments - land, buildings, and equipment: basis			
Less: accumulated depreciation				
12 Investments - mortgage loans				
13 Investments - other	STMT 9 96,443,560.	89,899,960.	89,899,960.	
14 Land, buildings, and equipment: basis	2,466,109.			
Less: accumulated depreciation	STMT 10 704,957.	1,838,254.	1,761,152.	
15 Other assets (describe)	STATEMENT 11 702,626.	696,309.	696,309.	
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	118,973,307.	106,588,413.	106,588,413.	
Liabilities	17 Accounts payable and accrued expenses	52,246.	351,319.	
	18 Grants payable	1,780,584.	1,292,351.	
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable	1,523,127.	1,448,897.	
	22 Other liabilities (describe)	STATEMENT 12 559,457.	347,722.	
23 Total liabilities (add lines 17 through 22)	3,915,414.	3,440,289.		
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here	<input checked="" type="checkbox"/>		
	and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted	115,057,893.	103,148,124.	
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here	<input type="checkbox"/>		
	and complete lines 27 through 31.			
27 Capital stock, trust principal, or current funds				
28 Paid-in or capital surplus, or land, bldg., and equipment fund				
29 Retained earnings, accumulated income, endowment, or other funds				
30 Total net assets or fund balances	115,057,893.	103,148,124.		
31 Total liabilities and net assets/fund balances	118,973,307.	106,588,413.		

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	115,057,893.
2 Enter amount from Part I, line 27a	2	-4,417,728.
3 Other increases not included in line 2 (itemize) PRIOR YEAR GRANTS RECOVERED	3	3,735.
4 Add lines 1, 2, and 3	4	110,643,900.
5 Decreases not included in line 2 (itemize) SEE STATEMENT 7	5	7,495,776.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	103,148,124.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a TENG YUE	P	05/31/13	10/22/15
b BARES SMALL CAP	P	02/28/13	03/31/16
c SHAPIRO	P	02/25/14	03/31/16
d HIGHCLERE	P	10/26/06	05/01/15
e BROADWAY GATE	P	06/30/11	11/30/15

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 1,123,209.		600,000.	523,209.
b 1,595,357.		1,457,459.	137,898.
c 1,639,629.		1,360,254.	279,375.
d 4,211,407.		2,074,872.	2,136,535.
e 3,854,904.		2,797,110.	1,057,794.

(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
			523,209.
			137,898.
			279,375.
			2,136,535.
			1,057,794.

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			
2 Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	2	4,134,811.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8		3	N/A

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2014	5,283,993.	113,701,688.	.046472
2013	4,524,276.	106,786,977.	.042367
2012	5,048,525.	97,275,806.	.051899
2011	4,880,044.	98,061,055.	.049765
2010	2,922,574.	95,843,857.	.030493

2 Total of line 1, column (d)	2	.220996
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	.044199
4 Enter the net value of noncharitable-use assets for 2015 from Part X, line 5	4	109,186,883.
5 Multiply line 4 by line 3	5	4,825,951.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	75,368.
7 Add lines 5 and 6	7	4,901,319.
8 Enter qualifying distributions from Part XII, line 4	8	5,756,541.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)

Table with 11 rows for excise tax calculations. Includes sub-rows 6a-6d for credits. Total tax due is 28,081.

Part VII-A Statements Regarding Activities

Table with 10 rows of activity questions. Includes 'Yes' and 'No' columns. Questions cover political activities, tax returns, and state reporting.

Part VII-A Statements Regarding Activities (continued)

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)
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)
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?
Website address HTTP://WWW.OBICIHCF.ORG/
14 The books are in care of MICHAEL K. BRINKLEY Telephone no. 757-539-8810
Located at 106 W. FINNEY AVENUE, SUFFOLK, VA ZIP+4 23434
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
16 At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? 16 Yes No X

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

1a During the year did the foundation (either directly or indirectly):
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes X No
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? X Yes No
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? Yes X No
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) Yes X No
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here 1b X
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2015? 1c X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):
a At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? Yes X No
If "Yes," list the years
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.) N/A 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 Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? Yes X No
b If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2015.) N/A 3b
4a 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 2015? 4b X

Part VII-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:

- (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? Yes No
- (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? Yes No
- (3) Provide a grant to an individual for travel, study, or other similar purposes? Yes No
- (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions) Yes No
- (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? Yes No

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)? Yes No **N/A**
 Organizations relying on a current notice regarding disaster assistance check here

c 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? Yes No **N/A**
 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? Yes No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No
 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? Yes No

b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? Yes No **N/A**

5b

6b

7b

X

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

1 List all officers, directors, trustees, 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 13		297,840.	48,796.	8,047.

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
RICHARD E. SPENCER, JR. - 106 W. FINNEY AVENUE, SUFFOLK, VA 23434	PROGRAM RESOURCE OFFICER 40.00	90,082.	30,795.	0.
DIANE W. NELMS - 106 W. FINNEY AVENUE, SUFFOLK, VA 23434	COMMUNICATIONS & PROGRAM SPECIALIST 40.00	56,238.	23,600.	0.
TAMMIE A. MULLINS-RICE - 106 W. FINNEY AVENUE, SUFFOLK, VA 23434	PROGRAM RESOURCE OFFICER 40.00	56,776.	21,573.	0.

Total number of other employees paid over \$50,000 **0**

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services. If none, enter "NONE."

Table with 3 columns: (a) Name and address of each person paid more than \$50,000, (b) Type of service, (c) Compensation. Includes entries for CORNERSTONE PARTNERS LLC, SUNTRUST BANK, INC., and KPMG LLP.

Total number of others receiving over \$50,000 for professional services 0

Part IX-A Summary of Direct Charitable Activities

Table with 2 columns: Description of activities and Expenses. Line 1 contains 'N/A'.

Part IX-B Summary of Program-Related Investments

Table with 2 columns: Description of investments and Amount. Line 1 contains 'N/A'. Includes a section for 'All other program-related investments'.

Total. Add lines 1 through 3 0.

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

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:			
a	Average monthly fair market value of securities	1a	101,878,860.
b	Average of monthly cash balances	1b	8,288,527.
c	Fair market value of all other assets	1c	682,240.
d	Total (add lines 1a, b, and c)	1d	110,849,627.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	110,849,627.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	1,662,744.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	109,186,883.
6	Minimum investment return. Enter 5% of line 5	6	5,459,344.

Part XI **Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	5,459,344.
2a	Tax on investment income for 2015 from Part VI, line 5	2a	75,368.
b	Income tax for 2015. (This does not include the tax from Part VI.)	2b	86,290.
c	Add lines 2a and 2b	2c	161,658.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	5,297,686.
4	Recoveries of amounts treated as qualifying distributions	4	3,735.
5	Add lines 3 and 4	5	5,301,421.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	5,301,421.

Part XII **Qualifying Distributions** (see instructions)

1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:			
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	5,728,688.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	27,853.
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	5,756,541.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	5	75,368.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	5,681,173.

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				5,301,421.
2 Undistributed income, if any, as of the end of 2015:				
a Enter amount for 2014 only			5,280,684.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2015:				
a From 2010				
b From 2011				
c From 2012				
d From 2013				
e From 2014				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2015 from Part XII, line 4: ▶ \$ 5,756,541.				
a Applied to 2014, but not more than line 2a			5,280,684.	
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 2015 distributable amount				475,857.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2014. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2015. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2016				4,825,564.
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 2010 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2011				
b Excess from 2012				
c Excess from 2013				
d Excess from 2014				
e Excess from 2015				

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) N/A

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2015, enter the date of the ruling ▶

b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

	Tax year				(e) Total
	(a) 2015	(b) 2014	(c) 2013	(d) 2012	
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, 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 X, 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					

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

NONE

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed: **SEE STATEMENT 15**

SEE STATEMENT 14

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution **	Amount
a Paid during the year				
ACCESS PARTNERSHIP P. O. BOX 41093 NORFOLK, VA 23541		PC	TO EXPAND ACCESS TO DENTAL PROGRAMS AND SERVICES IN WESTERN TIDEWATER.	23,072.
AIRFIELD 4H CONFERENCE CENTER 15189 AIRFIELD ROAD WAKEFIELD, VA 23888		PC	TO FUND A COMPREHENSIONAL HEALTHY EDUCATION CAMP PROGRAM.	5,000.
ALBEMARLE REGIONAL HEALTH SERVICES 711 ROANOKE AVENUE; P. O. BOX 189 ELIZABETH CITY, NC 27909		PC	TO REDUCE MORBIDITY, MORTALITY AND COSTS AMONG PRE-DIABETICS AND DIABETICS RESIDING IN GATES COUNTY, NC.	39,296.
ALZHEIMER'S ASSOCIATION - SOUTHEASTERN VIRGINIA CHAPTER 6350 CENTER DRIVE, SUITE 102 NORFOLK, VA 23502		PC	TO SUPPORT THE 25TH ANNUAL WALK TO END ALZHEIMER'S, AN AWARENESS CAMPAIGN AND FUNDRAISER FOR	1,000.
AMERICAN DIABETES ASSOCIATION 870 GREENBRIER CIRCLE, SUITE 404 CHESAPEAKE, VA 23320		PC	TO RAISE AWARENESS OF DIABETES AND STRESS THE IMPORTANCE OF EARLY DETECTION, DISEASE MANAGEMENT AND	58,923.
Total	SEE CONTINUATION SHEET(S)			4,580,061.
b Approved for future payment				
AMERICAN DIABETES ASSOCIATION 870 GREENBRIER CIRCLE, SUITE 404 CHESAPEAKE, VA 23320		PC	TO RAISE AWARENESS OF DIABETES AND STRESS THE IMPORTANCE OF EARLY DETECTION, DISEASE MANAGEMENT AND	26,479.
BON SECOURS MARYVIEW FOUNDATION 150 KINGSLEY LANE NORFOLK, VA 23505		SO I	TO PROVIDE FREE, MOBILE MEDICAL SERVICES TO MEDICALLY UNDERSERVED PATIENTS IN WESTERN TIDEWATER.	37,500.
EASTERN VIRGINIA MEDICAL SCHOOL P.O. BOX 1980 NORFOLK, VA 23501		PC	TO PROVIDE ACCESS TO BASIC HEALTHCARE TO UNINSURED, WESTERN TIDEWATER FREE CLINIC PATIENTS BY ENGAGING	4,500.
Total	SEE CONTINUATION SHEET(S)			1,082,106.

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (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
(2) Other assets
b Other transactions:
(1) Sales of assets to a noncharitable exempt organization
(2) Purchases of assets from a noncharitable exempt organization
(3) Rental of facilities, equipment, or other assets
(4) Reimbursement arrangements
(5) Loans or loan guarantees
(6) Performance of services or membership or fundraising solicitations
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.

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Content includes 'N/A' and a large 'COPY' watermark.

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Content includes 'N/A'.

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Signature of officer or trustee, Date, Title, and a box for 'May the IRS discuss this return with the preparer shown below (see instr.)? Yes No'.

Paid Preparer Use Only Print/Type preparer's name, Preparer's signature, Date, Check self-employed, PTIN, Firm's name, Firm's EIN, Firm's address, Phone no.

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
AMERICAN DIABETES ASSOCIATION 870 GREENBRIER CIRCLE, SUITE 404 CHESAPEAKE, VA 23320		PC	TO SUPPORT THE 2015 TOUR DE CURE REGIONAL CYCLING EVENT THAT RAISES FUNDS AND AWARENESS ABOUT	2,500.
BLACKWATER BAPTIST ASSOCIATION P.O. BOX 443; 9 SOUTH COURT STREET WINDSOR, VA 23487		PC	TO GATHER YOUTH AND ADULT VOLUNTEERS TO PACK 20,000 HEALTHY MEALS FOR SUFFOLK, SOUTHAMPTON AND ISLE	2,500.
BON SECOURS MARYVIEW FOUNDATION 150 KINGSLEY LANE NORFOLK, VA 23505		SO I	TO PROVIDE FREE, MOBILE MEDICAL SERVICES TO MEDICALLY UNDERSERVED PATIENTS IN WESTERN TIDEWATER.	87,500.
CEREBRAL PALSY OF VIRGINIA 5825 ARROWHEAD DRIVE SUITE 201 VIRGINIA BEACH, VA 23462		PC	TO FUND RESPITE OPPORTUNITIES FOR PRIMARY CAREGIVERS OF PERSONS WITH CEREBRAL PALSY OR OTHER	3,000.
CEREBRAL PALSY OF VIRGINIA 5825 ARROWHEAD DRIVE SUITE 201 VIRGINIA BEACH, VA 23462		PC	TO PROVIDE TRAINING REIMBURSEMENT IN "HOW TO MAXIMIZE YOUR SOCIAL GIVING CAMPAIGN THROUGH EFFECTIVE	100.
CHILDRENS LITERACY OF SUFFOLK 908 VIRGINIA AVENUE SUFFOLK, VA 23434		PC	TO FUND A PROGRAM TO ERADICATE ILLITERACY IN CHILDREN WITHIN THE SUFFOLK PUBLIC SCHOOLS IN K-2.	1,000.
COALITION AGAINST POVERTY IN SUFFOLK, INC. P.O. BOX 1117 SUFFOLK, VA 23439		PC	TO SPONSOR A COALITION AGAINST POVERTY SUFFOLK (CAPS) EVENT FOR THE PURPOSE OF CREATING AWARENESS	4,500.
COLONIAL VIRGINIA COUNCIL BOY SCOUTS OF AMERICA 11721 JEFFERSON AVENUE NEWPORT NEWS, VA 23606		PC	TO SUPPORT A FUNDRAISING EVENT THAT BENEFITS YOUNG MEN AND YOUNG WOMEN OF WESTERN TIDEWATER THROUGH THE	500.
COMMUNITIES IN SCHOOLS OF HAMPTON ROADS P.O. BOX 1668 NORFOLK, VA 23501		PC	TO SUPPORT A NATIONALLY PROVEN AND EFFECTIVE DROPOUT PREVENTION PROGRAM FOR ELEMENTARY AGED	5,000.
COVER 3 FOUNDATION 125 S. COLLEGE DRIVE; P.O. BOX 456 FRANKLIN, VA 23851		PC	A PLANNING GRANT IS TO DEVELOP A SUSTAINABLE COMMUNITY FARMS, WHILE CREATING A HANDS-ON LEARNING ENVIRONMENT	1,000.
Total from continuation sheets				4,452,770.

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
COVER 3 FOUNDATION 125 S. COLLEGE DRIVE; P.O. BOX 456 FRANKLIN, VA 23851		PC	TO SUPPORT THE 2015 COMMUNITY DAY KICK OFF FOR THE REACH, TEACH AND FEED PROGRAM THAT FEEDS THOUSANDS OF	5,000.
DEPARTMENT OF PARKS & RECREATION 134 SOUTH 6TH STREET SUFFOLK, VA 23434		GOV	TO COMPLETE A NEARLY 2-MILE LONG WALKING TRAIL AT LAKE MEADE PARK.	55,371.
EASTERN VIRGINIA MEDICAL SCHOOL P.O. BOX 1980 NORFOLK, VA 23501		PC	TO PROVIDE ACCESS TO BASIC HEALTHCARE TO UNINSURED, WESTERN TIDEWATER FREE CLINIC PATIENTS BY ENGAGING	46,116.
EASTERN VIRGINIA MEDICAL SCHOOL P.O. BOX 1980 NORFOLK, VA 23501		PC	TO ESTABLISH A SPECIALTY CARE CENTER THAT WILL FOCUS ON THE DETECTION, PREVENTION AND MANAGEMENT OF	457,510.
EASTERN VIRGINIA MEDICAL SCHOOL P.O. BOX 1980 NORFOLK, VA 23501		PC	TO DEVELOP COLLABORATIVE STRATEGIES THAT CREATE POLICY, SYSTEMS AND ENVIRONMENTAL CHANGES	66,312.
EDMARC, INC. 516 LONDON STREET PORTSMOUTH, VA 23704		PC	TO PARTICIPATE BY SPONSORING THE 2015 HOPE GALA FUNDRAISER IN SUPPORT OF SERVICES FOR SICK AND DYING	1,000.
FOODBANK OF SOUTHEASTERN VIRGINIA P.O. BOX 1940 NORFOLK, VA 23501		PC	TO SUPPORT THE AVAILABILITY OF A VARIETY OF HEALTHY FOODS FROM THE FIVE MAIN FOOD GROUPS;	25,000.
FORKIDS, INC. P.O. BOX 6044 NORFOLK, VA 23508		PC	TO IMPROVE THE HEALTH OF POOR AND HOMELESS FAMILIES IN WESTERN TIDEWATER THROUGH INTENSIVE CASE	28,125.
FORKIDS, INC. P.O. BOX 6044 NORFOLK, VA 23508		PC	TO IMPROVE THE HEALTH OF POOR AND HOMELESS FAMILIES IN WESTERN TIDEWATER THROUGH INTENSIVE CASE	30,000.
FRANKLIN CITY DEPARTMENT OF SOCIAL SERVICES 306 N. MAIN STREET FRANKLIN, VA 23851		GOV	TO INCREASE THE NUMBER OF CHILDREN AND FAMILIES ENROLLED AND RENEWED IN MEDICAID AND FAMIS.	37,630.
Total from continuation sheets				

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
FRANKLIN-SOUTHAMPTON HOUSING CORPORATION 601 CAMPBELL AVENUE FRANKLIN, VA 23851		PC	TO BUILD ORGANIZATIONAL CAPACITY THAT WILL ENABLE FSHC TO EDUCATE LOW INCOME FAMILIES	2,000.
GIRLS ON THE RUN SOUTH HAMPTON ROADS 921 FIRST COLONIAL ROAD, SUITE 1707 VIRGINIA BEACH, VA 23454		PC	TO SUPPORT THE EXPANSION OF THE PROGRAM IN WESTERN TIDEWATER IN 10 SCHOOLS AND COMMUNITY	24,733.
HAMPTON ROADS COMMUNITY HEALTH CENTER 664 LINCOLN ST PORTSMOUTH, VA 23704		PC	TO SUPPORT TO PURCHASE OF PORTABLE DENTAL EQUIPMENT THAT CAN BE USED FOR SCHOOL BASED SERVICES DURING THE	12,500.
HEALTH & AWARENESS, INC. 2112 BARTEN CT. VIRGINIA BEACH, VA 23464		PC	TO FUND AN APPRECIATION DINNER AND RECOGNITION EVENT FOR CAREGIVERS AND ORGAN DONOR.	500.
HORIZON HEALTH SERVICES, INC. P.O. BOX 29 WAVERLY, VA 23890		PC	TO PROVIDE DENTAL CARE AND SMOKING CESSATION SERVICES IN THE FRANKLIN, SOUTHAMPTON, ISLE OF WIGHT, SURRY	75,000.
HUMANKIND 150 LINDEN AVENUE LYNCHBURG, VA 24503		PC	TO PROVIDE ZUNI RESIDENTS WITH INTELLECTUAL DISABILITIES WITH WELLNESS EDUCATION ON	34,573.
HUMANKIND 150 LINDEN AVENUE LYNCHBURG, VA 24503		PC	TO PROVIDE ZUNI RESIDENTS WITH INTELLECTUAL DISABILITIES WITH WELLNESS EDUCATION ON	180.
HUMANKIND 150 LINDEN AVENUE LYNCHBURG, VA 24503		PC	TO PROVIDE TRAINING AND CAPACITY BUILDING FUNDS FOR COURSES AT THE TIDEWATER COMMUNITY COLLEGE	60.
ISLE OF WIGHT CHRISTIAN OUTREACH PROGRAM P.O. BOX 253 SMITHFIELD, VA 23431		PC	TO PROVIDE FRESH FRUIT, VEGETABLES AND PRODUCE TO THE ECONOMICALLY DISADVANTAGED FAMILIES	15,000.
ISLE OF WIGHT COUNTY DEPARTMENT OF SOCIAL SERVICES 17100 MONUMENT CIRCLE, SUITE A ISLE OF WIGHT, VA 23397		GOV	TO PROVIDE UNINSURED CHILDREN AND FAMILIES OF ISLE OF WIGHT COUNTY WITH INFORMATION,	65,019.
Total from continuation sheets				

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
ISLE OF WIGHT COUNTY PUBLIC SCHOOLS 802 WEST MAIN ST. SMITHFIELD, VA 23430		GOV	TO TEACH ELEMENTARY AGED SCHOOL CHILDREN, IN AN AFTER SCHOOL FOOD CLUB, THE IMPORTANCE OF GROWING,	25,000.
LUTER FAMILY YMCA 259 JAMES STREET SMITHFIELD, VA 23430		PC	TO INCREASE PHYSICAL ACTIVITY OPTIONS FOR CHILDREN BY USING INTERACTIVE FITNESS EQUIPMENT THAT	30,000.
NATIONAL KIDNEY FOUNDATION SERVING VIRGINIA 1622 EAST PARHAM ROAD RICHMOND, VA 23228		PC	TO SUPPORT THE 2015 HAMPTON ROADS KIDNEY WALK, A COMMUNITY EVENT THAT RAISES AWARENESS, AND FUNDS	1,000.
OASIS SOCIAL MINISTRY 800 A WILLIAMSBURG AVE. PORTSMOUTH, VA 23704		PC	TO SUPPORT THE 2016 OASIS WALK FOR HUNGER AND TO PROMOTE THE OFFERING OF A FRESH GREEN SALAD AND	500.
PAUL D. CAMP COMMUNITY COLLEGE FOUNDATION P.O. BOX 737 FRANKLIN, VA 23851		PC	TO FUND THE PURCHASE OF 15 LAPTOP COMPUTER FOR ON-LINE CLASSROOM TESTING FOR BOTH THE FRANKLIN AND SUFFOLK	5,000.
PAUL D. CAMP COMMUNITY COLLEGE FOUNDATION P.O. BOX 737 FRANKLIN, VA 23851		PC	TO ASSESS THE NEED FOR DEVELOPING TRAINING PROGRAMS THAT WILL RESULT IN MORE CERTIFIED DIABETES	1,375.
PAUL D. CAMP COMMUNITY COLLEGE FOUNDATION P.O. BOX 737 FRANKLIN, VA 23851		PC	TO IMPROVE HEALTHCARE DELIVERY THROUGH NURSING EDUCATION AND CAREER ACCESS THROUGH THE ADVANCEMENT OF	11,377.
PENINSULA COMMUNITY FOUNDATION OF VIRGINIA 1 ENTERPRISE PARKWAY SUITE 130 HAMPTON, VA 23666		PC	TO SUPPORT THE 24-HOUR E-PHILANTHROPY FUNDRAISING EVENT FOR 2016.	5,000.
RECOVERY FOR LIFE/RECOVERY FOR THE CITY, INTERNATIONAL 3419 #B6 VIRGINIA BEACH BLVD. VIRGINIA BEACH, VA 23452		PC	TO FUND A FAITH-BASED 12-STEP ADDICTION RECOVERY PROGRAM WHEREBY PARTICIPANTS USE LESSONS, HEALTHY	5,000.
RX PARTNERSHIP 2924 EMERYWOOD PKWY SUITE 300 RICHMOND, VA 23294		PC	TO CREATE A STRATEGY FOR PURSUING AND ACQUIRING ACCESS TO GENERIC MEDICATIONS.	12,500.
Total from continuation sheets				

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
RX PARTNERSHIP 2924 EMERYWOOD PKWY SUITE 300 RICHMOND, VA 23294		PC	TO PROVIDE FREE PRESCRIPTION MEDICATION AND LOW-COST SUPPLIES TO LOW-INCOME, UNINSURED	3,750.
SCM VISION, INCORPORATED P.O. BOX 16253 CHESAPEAKE, VA 23228		PC	TO REIMBURSE PRE-APPROVED TRAINING FOR DIY QUICKBOOKS .	150.
SCM VISION, INCORPORATED P.O. BOX 16253 CHESAPEAKE, VA 23228		PC	TO PROVIDE VIEWERS OF THE TELEVISION PROGRAM AND THE YOUTUBE VIDEO SHARING WEBSITE WITH INFORMATION ABOUT	45,000.
SCM VISION, INCORPORATED P.O. BOX 16253 CHESAPEAKE, VA 23228		PC	TO ATTEND THE TIDEWATER COMMUNITY COLLEGE ACADEMY FOR NONPROFIT EXCELLENCE FOUR DAY COURSE ON	240.
SENIOR SERVICES OF SOUTHEASTERN VIRGINIA 5 INTERSTATE CORPORATE CENTER, 6350 CENTER DR. SUITE 101 NORFOLK, VA 23502		PC	TO REHABILITATE THE HISTORICAL HAYDEN HIGH SCHOOL IN FRANKLIN, VIRGINIA, AND PROVIDE INTER-GENERATIONAL	125,000.
SENIOR SERVICES OF SOUTHEASTERN VIRGINIA 5 INTERSTATE CORPORATE CENTER, 6350 CENTER DR. SUITE 101 NORFOLK, VA 23502		PC	TO PROVIDE LOW INCOME SENIORS AND PERSONS WITH DISABILITIES IN WESTERN TIDEWATER WITH OUTREACH SERVICES TO	92,500.
SENTARA OBICI HOSPITAL 2800 GODWIN BLVD SUFFOLK, VA 23434		PC	FOR A HOSPITAL-BASED, UNIVERSAL RISK SCREENING DURING PREGNANCY OR AT BIRTH THAT CONNECTS NEW	6,864.
SENTARA OBICI HOSPITAL 2800 GODWIN BLVD SUFFOLK, VA 23434		PC	TO PROVIDE LIFE COACHES IN SENTARA OBICI HOSPITAL'S EMERGENCY ROOM WHO WILL HELP UNINSURED	65,625.
SENTARA OBICI HOSPITAL 2800 GODWIN BLVD SUFFOLK, VA 23434		PC	TO PROVIDE HIGH RISK EXPECTANT FAMILIES AND NEW PARENTS LIVING OF WESTERN TIDEWATER WITH CASE MANAGEMENT AND	127,415.
SOUTH HAMPTON ROADS HABITAT FOR HUMANITY 900 TIDEWATER DRIVE NORFOLK, VA 23504		PC	TO CONSTRUCT NINE AFFORDABLE SINGLE FAMILY HOMES FOR FIRST TIME HOMEBUYERS WHO LIVE OR WORK IN	2,500.
Total from continuation sheets				

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
SOUTHAMPTON COUNTY PUBLIC SCHOOLS 21308 PLANK ROAD; P. O. BOX 96 COURTLAND, VA 23837		GOV	TO PROVIDE STUDENTS AND FAMILIES OF SOUTHAMPTON COUNTY PUBLIC SCHOOLS WITH ACCESS TO BEHAVIOR	30,000.
SOUTHAMPTON COUNTY PUBLIC SCHOOLS 21308 PLANK ROAD; P. O. BOX 96 COURTLAND, VA 23837		GOV	TO ENCOURAGE INCREASED ACTIVITY BY BUILDING AN ATHLETIC TRACK FOR SOUTHAMPTON MIDDLE AND HIGH SCHOOL STUDENTS	5,000.
SOUTHEASTERN VIRGINIA HEALTH SYSTEM 1033 28TH ST. 2ND FLOOR NEWPORT NEWS, VA 23607		PC	TO PROVIDE UNDERSERVED RESIDENTS OF SUFFOLK AND WESTERN TIDEWATER WITH ACCESS TO COMPREHENSIVE ORAL	200,000.
SOUTHEASTERN VIRGINIA HEALTH SYSTEM 1033 28TH ST. 2ND FLOOR NEWPORT NEWS, VA 23607		PC	MATCHING CAPITAL FUNDS TO HELP ESTABLISH A NEW FEDERALLY QUALIFIED HEALTH CENTER IN THE CITY OF	150,000.
SOUTHEASTERN VIRGINIA HEALTH SYSTEM 1033 28TH ST. 2ND FLOOR NEWPORT NEWS, VA 23607		PC	TO SUPPORT A FUNDRAISER TO COVER PROCEDURES SUCH AS COLONOSCOPIES, BREAST AND PROSTATE	1,000.
STRAIGHTEN UP AND FLY RIGHT, INC. 141 CHURCH STREET SUFFOLK, VA 23434		PC	TO SUPPORT A PROGRAM FOR SUFFOLK YOUTH FOR OBESITY INTERVENTION AND PREVENTION THROUGH ORGANIZED SPORTS,	4,000.
SUFFOLK ART LEAGUE P.O. BOX 1086; 118 BOSLEY AVE SUFFOLK, VA 23439		PC	TO FUND MONTHLY ART THERAPY WORKSHOPS FOR THE CLIENTS OF WESTERN TIDEWATER COMMUNITY SERVICES BOARD'S	500.
SUFFOLK BREAST CANCER SOCIETY, INC. 405 JOHNSON AVENUE SUFFOLK, VA 23434		PC	TO SUPPORT THE 2015 SUFFOLK BREAST CANCER SOCIETY SURVIVORS MASQUERADE GALA IN SUPPORT FOR AWARENESS	1,000.
SUFFOLK PARTNERSHIP FOR A HEALTHY COMMUNITY 1707 N. MAIN STREET SUFFOLK, VA 23434		PC	FOR CONTINUED COORDINATION AND COLLABORATION EFFORTS TO REDUCE OBESITY THROUGH THE HEALTHY	15,730.
SUFFOLK PARTNERSHIP FOR A HEALTHY COMMUNITY 1707 N. MAIN STREET SUFFOLK, VA 23434		PC	FOR IMPLEMENTATION OF A 10-YEAR COMMUNITY WELLNESS PLAN THAT PROMOTES ACTIVE LIFESTYLES, ACCESS TO	162,159.
Total from continuation sheets				

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
SUFFOLK PARTNERSHIP FOR A HEALTHY COMMUNITY 1707 N. MAIN STREET SUFFOLK, VA 23434		PC	TO FUND A WALKING COORDINATOR TO INCREASE THE REGISTRATION AND SUSTAINABILITY OF	39,294.
SUFFOLK PARTNERSHIP FOR A HEALTHY COMMUNITY 1707 N. MAIN STREET SUFFOLK, VA 23434		PC	TO FUND A PLANNING GRANT FOR EVALUATION OF THE CURRENT TACTICS FOR IMPROVING THE HEALTH OF THE	25,000.
SUFFOLK PUBLIC SCHOOLS 100 N. MAIN ST.; P.O. BOX 1549 SUFFOLK, VA 23434		GOV	TO PROVIDE STUDENTS WITH RESOURCES, SUCH AS SALAD BARS AND INTEGRATING PHYSICAL ACTIVITY INTO CORE	102,000.
SUFFOLK REDEVELOPMENT AND HOUSING AUTHORITY 530 E. PINNER STREET SUFFOLK, VA 23434		GOV	TO HELP PUBLIC HOUSING RESIDENTS BECOME MORE AWARE OF BOTH THE PREVENTION AND MANAGEMENT OF CHRONIC	21,421.
SUFFOLK REDEVELOPMENT AND HOUSING AUTHORITY 530 E. PINNER STREET SUFFOLK, VA 23434		GOV	TO SERVE THE UNIQUE HEALTH AND NUTRITION NEEDS OF A MINORITY-BASED, ELDERLY AND DISABLED	5,000.
SUFFOLK ROTARY CLUB P.O. BOX 1972 SUFFOLK, VA 23439		PC	TO SUPPORT THE FIRST CITIZEN AWARD RECEPTION THAT RECOGNIZES VOLUNTEERS AND PHILANTHROPIC	500.
SURREY AREA FREE CLINIC P.O. BOX 32 SURREY, VA 23883		PC	TO DEVELOP A STRATEGIC PLAN THAT WILL ESTABLISH TIMELINES, PRIORITIES AND APPROACHES FOR FUND	12,500.
SUSAN G. KOMEN TIDEWATER 420 N. CENTER DR. SUITE 143 NORFOLK, VA 23502		PC	TO SUPPORT THE SUSAN G. KOMEN RACE FOR THE CURE SERIES FOR EDUCATION AROUND BREAST HEALTH AND	1,000.
THE CHILDREN'S CENTER 700 CAMPBELL AVENUE FRANKLIN, VA 23851		PC	TO PROVIDE COLLABORATION WITH THE UNIVERSAL SCREENING COORDINATOR, MATERNITY NURSE NAVIGATOR AND	25,000.
THE DOORWAYS, FORMERLY HOSPITALITY HOUSE OF RICHMOND, INC. 612 E. MARSHALL STREET RICHMOND, VA 23219		PC	TO PROVIDE FAMILY ASSISTANCE FOR LODGING, MEALS AND OTHER SUPPORT TO RESIDENTS OF SUFFOLK,	5,000.
Total from continuation sheets				

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
THE FRIENDS OF THE SUFFOLK PUBLIC LIBRARY 443 W. WASHINGTON STREET SUFFOLK, VA 23434		PC	TO FUND A PROGRAM TO PREVENT LEARNING LOSS AND TO ENCOURAGE THE COMMUNITY TO READ AND STAY ACTIVE DURING THE	5,000.
THE GENIEVE SHELTER 157 N. MAIN ST., 2ND FLOOR, STE R3 SUFFOLK, VA 23434		PC	TO BUILD THE CAPACITY OF THE DEVELOPMENT COORDINATOR TO ENCOURAGE COMMUNITY PARTICIPATION AND	17,500.
THE HEALING PLACE OF HAMPTON ROADS 5365 ROBIN HOOD ROAD SUITE 700 NORFOLK, VA 23513		PC	TO DEVELOP A PLAN THAT ADDRESSES THE NEED FOR RESIDENTIAL SUBSTANCE ABUSE RECOVERY FOR HOMELESS INDIVIDUALS	2,500.
THE HORSES HELPING HEROES PROJECT 1807 CHURCH STREET SUITE 100 PMB 143 SMITHFIELD, VA 23430		PC	TO FUND A PROGRAM TO PROVIDE EQUINE ASSISTED THERAPY FOR 9-11 VETERANS,	1,000.
THE LINKS FOUNDATION, INC 1200 MASSACHUSETTS AVENUE, NW WASHINGTON, DC 20005		PC	TO FUND A PROGRAM THAT FOCUSES ON HEALTHY LIFESTYLES AND BULLYING PREVENTION AT BOOKER T. WASHINGTON	1,250.
THE PLANNING COUNCIL 5365 ROBIN HOOD ROAD SUITE 700 NORFOLK, VA 23513		PC	TO SUPPORT A SUFFOLK OUTREACH INITIATIVE THAT ENROLLS UNINSURED CHILDREN IN FAMIS.	5,303.
THE PLANNING COUNCIL 5365 ROBIN HOOD ROAD SUITE 700 NORFOLK, VA 23513		PC	TO PREVENT AND ADDRESS OBESITY AMONG CHILDREN WITHIN PRIVATE CHILDCARE SETTINGS AND BEFORE/AFTER SCHOOL	4,258.
THE PLANNING COUNCIL 5365 ROBIN HOOD ROAD SUITE 700 NORFOLK, VA 23513		PC	TO DEVELOP AND SUBMIT FEDERAL AND STATE GRANT APPLICATIONS TO ENSURE ACCESS TO HOUSING, HEALTHCARE	4,011.
THE PLANNING COUNCIL 5365 ROBIN HOOD ROAD SUITE 700 NORFOLK, VA 23513		PC	TO DEVELOP A PLAN TO EXPLORE WAYS TO BRING FRESH FRUITS AND VEGETABLES INTO CHILDCARE PROGRAMS IN	25,000.
THE PLANNING COUNCIL 5365 ROBIN HOOD ROAD SUITE 700 NORFOLK, VA 23513		PC	TO IMPLEMENT A WELL-RESEARCHED MODEL THAT CONNECTS LOCAL PRODUCERS OF FRESH FRUITS AND VEGETABLES	28,443.
Total from continuation sheets				

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
THE RENSSELAERVILLE INSTITUTE 2 OAKWOOD PLACE DELMAR, NY 12054		PC	TO FUND THE MEASUREMENT OF ALL HEALTHY PEOPLE HEALTHY SUFFOLK AFFILIATED PROJECTS FOR THE	5,000.
THE SUFFOLK FOUNDATION 106 W. FINNEY AVENUE SUFFOLK, VA 23434		PC	TO IMPROVE THE CAPACITY OF THE SUFFOLK FOUNDATION TO INCREASE PHILANTHROPY FOR THE BENEFIT OF THE	5,000.
THE UP CENTER 222 W. 19TH ST. NORFOLK, VA 23517		PC	TO PROVIDE INDIVIDUALS AND FAMILIES WITH TRAUMA INFORMED CARE AND COUNSELING SERVICES.	91,270.
THEATRE IV 114 W. BROAD ST. RICHMOND, VA 23220		PC	TO FUND THE DEVELOPMENT OF A COMPELLING INSTRUCTIONAL PROGRAM, IN THE FORM OF A PLAY,	5,000.
TIDEWATER COMMUNITY COLLEGE'S ACADEMY FOR NONPROFIT EXCELLENCE 7000 COLLEGE DRIVE SUFFOLK, VA 23435		PC	TO SPONSOR AN EVENT THAT RECOGNIZES AND EDUCATES NEW NONPROFIT LEADERS AROUND THE DELIBERATE SERVING OF	2,000.
TOWN OF SMITHFIELD 310 INSTITUTE STREET SMITHFIELD, VA 23430		GOV	TO FUND A PROGRAM THAT PROVIDES CURRENT UP-TO-DATE INFORMATION FOR THE PREVENTION OF SENIOR VICTIMIZATION	1,000.
TOWN OF WINDSOR 8 EAST WINDSOR BLVD; P.O. BOX 307 WINDSOR, VA 23487		GOV	TO RENOVATE THE WINDSOR MIDDLE SCHOOL GYMNASIUM FOR USE AS A COMMUNITY RECREATION CENTER FOR THE TOWN OF	5,000.
UNITED WAY OF SOUTH HAMPTON ROADS PO BOX 41069; 2515 WALMER AVE NORFOLK, VA 23541		PC	TO PROVIDE ELEMENTARY AGE SUFFOLK CHILDREN PARTICIPATING IN 2015 SUMMER SCHOOL PROGRAM WITH ACCESS TO ORAL	109,102.
VIRGINIA LEGAL AID SOCIETY, INC. P.O. BOX 6200; 513 CHURCH STREET LYNCHBURG, VA 24505		PC	"TO HELP DISABLED CLIENTS NAVIGATE THE COMPLEX MEDICAID AND MEDICARE APPLICATION AND APPEALS PROCESSES.	75,000.
VIRGINIA LEGAL AID SOCIETY, INC. P.O. BOX 6200; 513 CHURCH STREET LYNCHBURG, VA 24505		PC	TO PROVIDE CLIENTS WITH A MORE EFFICIENT SERVICES BY DEVELOPING AN AUTOMATED TELEPHONE TRIAGE AND INTAKE	25,000.
Total from continuation sheets				

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY 440 MARKET ST.; P.O. BOX 218 SUFFOLK, VA 23439		GOV	TO DEVELOP A PLAN THAT TEACHES LOW-INCOME SUFFOLK RESIDENTS HOW TO ACCESS, COOK AND EAT HEALTHY, LOCALLY	12,242.
VIRGINIA REPERTORY THEATRE 114 W BROAD STREET RICHMOND, VA 23220		PC	TO DEVELOP AN ELEMENTARY SCHOOL AGED PLAY TO BOTH EDUCATE AND ENTERTAIN CHILDREN WITH A SOLID MESSAGE	15,000.
VIRGINIA SUPPORTIVE HOUSING P. O. BOX 8585 RICHMOND, VA 23226		PC	TO PROVIDE SUPPORTIVE SERVICES TO EIGHT HOMELESS INDIVIDUALS FROM SUFFOLK AND ISLE OF WIGHT WHO RESIDE IN	3,750.
VOICES FOR KIDS CASA PROGRAM OF SOUTHEAST VIRGINIA P. O. BOX 949; 409 MAIN STREET SMITHFIELD, VA 23431		PC	TO EXPAND ADVOCACY SERVICES FOR CHILDREN INVOLVED IN SUFFOLK JUVENILE COURTS DUE TO NEGLECT AND ABUSE	24,647.
VOICES FOR KIDS CASA PROGRAM OF SOUTHEAST VIRGINIA P. O. BOX 949; 409 MAIN STREET SMITHFIELD, VA 23431		PC	FUNDRAISER TO RAISE FUNDS TO EDUCATE THE COMMUNITY ON WHAT OUR PROGRAM DOES FOR THE ABUSED AND NEGLECTED	1,000.
VOLUNTEER HAMPTON ROADS 1584 WESLEYAN DRIVE NORFOLK, VA 23502		PC	TO BENEFIT THE COMMUNITIES THEY SERVE, THREE NONPROFIT ORGANIZATIONS WILL BE ENGAGED IN A ONE-YEAR	30,000.
VOLUNTEER HAMPTON ROADS 1584 WESLEYAN DRIVE NORFOLK, VA 23502		PC	TO SPONSOR THE 2015 HAMPTON ROADS VOLUNTEER ACHIEVEMENT AWARDS WHICH RECOGNIZES OUTSTANDING	5,000.
WALK IN IT, INC. PO BOX 1447 SUFFOLK, VA 23439		PC	TO ENCOURAGE HIGH SCHOOL FEMALES IN HEALTHY SELF-ESTEEM, HEALTHY DECISION-MAKING	25,000.
WESTERN TIDEWATER COMMUNITY SERVICES BOARD 5268 GODWIN BLVD SUFFOLK, VA 23434		PC	ON-SITE SHORT TERM COUNSELING, BENEFITS ASSISTANCE AND CONNECTION TO COMMUNITY RESOURCE FOR	14,565.
WESTERN TIDEWATER COMMUNITY SERVICES BOARD 5268 GODWIN BLVD SUFFOLK, VA 23434		PC	TO SUPPORT A TELEMEDICINE LINK TO CRISIS SERVICES FOR CHILDREN, ADOLESCENTS AND ADULTS TO LOCAL	3,610.
Total from continuation sheets				

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
WESTERN TIDEWATER COMMUNITY SERVICES BOARD 5268 GODWIN BLVD SUFFOLK, VA 23434		PC	TO EXPAND OUTPATIENT PEDIATRIC COUNSELING AND PSYCHIATRY IN WESTERN TIDEWATER.	7,500.
WESTERN TIDEWATER COMMUNITY SERVICES BOARD 5268 GODWIN BLVD SUFFOLK, VA 23434		PC	TO CONTINUE WESTERN TIDEWATER'S FIRST OUTPATIENT MEDICAL DETOXIFICATION PROGRAM THAT PROVIDES DAILY	50,000.
WESTERN TIDEWATER COMMUNITY SERVICES BOARD 5268 GODWIN BLVD SUFFOLK, VA 23434		PC	TO PROVIDE THE SERIOUSLY MENTALLY ILL (SMI) POPULATION IN WESTERN TIDEWATER WITH TRAINED PEER PROVIDERS	111,393.
WESTERN TIDEWATER COMMUNITY SERVICES BOARD 5268 GODWIN BLVD SUFFOLK, VA 23434		PC	TO PROVIDE UNINSURED AND UNDER INSURED ADULTS WITH ACCESS TO COMMUNITY BASED PSYCHIATRIC SERVICES	322,073.
WESTERN TIDEWATER COMMUNITY SERVICES BOARD 5268 GODWIN BLVD SUFFOLK, VA 23434		PC	TO PROVIDE WESTERN TIDEWATER RESIDENTS WITH INTEGRATED OUTPATIENT COUNSELING BY TRAINED CLINICAL	131,083.
WESTERN TIDEWATER COMMUNITY SERVICES BOARD 5268 GODWIN BLVD SUFFOLK, VA 23434		PC	TO PROVIDE RESIDENTS OF WESTERN TIDEWATER WITH MENTAL HEALTH TELEMEDICINE CRISIS SERVICES SUPPORT THAT	21,658.
WESTERN TIDEWATER COMMUNITY SERVICES BOARD 5268 GODWIN BLVD SUFFOLK, VA 23434		PC	TO CONTINUE WESTERN TIDEWATER'S FIRST OUTPATIENT MEDICAL DETOXIFICATION PROGRAM THAT PROVIDES DAILY	37,500.
WESTERN TIDEWATER COMMUNITY SERVICES BOARD 5268 GODWIN BLVD SUFFOLK, VA 23434		PC	TO SUPPORT THE 2015 WALK FOR RECOVERY, WHICH HONORS TREATMENT SUCCESSSES AND ENCOURAGES THOSE STILL	1,000.
WESTERN TIDEWATER FREE CLINIC 2019 MEADE PARKWAY SUFFOLK, VA 23434		PC	TO PROVIDE OPERATIONAL SUPPORT FOR MEDICAL AND DENTAL CARE AND CHRONIC DISEASE MANAGEMENT OF	500,000.
WESTERN TIDEWATER FREE CLINIC 2019 MEADE PARKWAY SUFFOLK, VA 23434		PC	TO EXPAND ACCESS TO DENTAL SERVICES FOR COMPREHENSIVE EXAMS AND X-RAYS, EXTRACTIONS, FILLINGS,	31,624.
Total from continuation sheets				

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
WESTERN TIDEWATER HEALTH DISTRICT 135 HALL AVE, SUITE A SUFFOLK, VA 23434		GOV	TO PROVIDE TELEHEALTH MONITORING SERVICES FOR CHRONIC DISEASE PATIENTS WHO FREQUENTLY VISIT	13,427.
WESTERN TIDEWATER HEALTH DISTRICT 135 HALL AVE, SUITE A SUFFOLK, VA 23434		GOV	TO PROVIDE PREVENTIVE DENTAL SERVICES AND EDUCATION TO CHILDREN ENROLLED IN MEDICAID/FAMIS AND WHO	6,950.
WESTERN TIDEWATER HEALTH DISTRICT 135 HALL AVE, SUITE A SUFFOLK, VA 23434		GOV	TO IMPROVE THE REDUCTION OF UNDESIRABLE BIRTH OUTCOMES AMONG FIRST-TIME PREGNANT	137,454.
WESTERN TIDEWATER HEALTH DISTRICT 135 HALL AVE, SUITE A SUFFOLK, VA 23434		GOV	TO FUND A TICK AWARENESS, IDENTIFICATION, EDUCATION AND COMMUNITY OUTREACH	500.
YMCA OF SOUTH HAMPTON ROADS 920 CORPORATE LANE CHESAPEAKE, VA 23320		PC	TO PROACTIVELY ADDRESS THE PREVALENCE OF PRE-DIABETES BY IMPLEMENTING A RISK-REDUCTION MODEL	67,028.
Total from continuation sheets				

Part XV Supplementary Information**3 Grants and Contributions Approved for Future Payment (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
EASTERN VIRGINIA MEDICAL SCHOOL P.O. BOX 1980 NORFOLK, VA 23501		PC	TO DEVELOP COLLABORATIVE STRATEGIES THAT CREATE POLICY, SYSTEMS AND ENVIRONMENTAL CHANGES	30,961.
EASTERN VIRGINIA MEDICAL SCHOOL P.O. BOX 1980 NORFOLK, VA 23501		PC	TO ESTABLISH A SPECIALTY CARE CENTER THAT WILL FOCUS ON THE DETECTION, PREVENTION AND MANAGEMENT OF	250,000.
FORKIDS, INC. P.O. BOX 6044 NORFOLK, VA 23508		PC	TO IMPROVE THE HEALTH OF POOR AND HOMELESS FAMILIES IN WESTERN TIDEWATER THROUGH INTENSIVE CASE	30,000.
FRANKLIN CITY DEPARTMENT OF SOCIAL SERVICES 306 N. MAIN STREET FRANKLIN, VA 23851		GOV	TO INCREASE THE NUMBER OF CHILDREN AND FAMILIES ENROLLED AND RENEWED IN MEDICAID AND FAMIS.	17,560.
GIRLS ON THE RUN SOUTH HAMPTON ROADS 921 FIRST COLONIAL ROAD, SUITE 1707 VIRGINIA BEACH, VA 23454		PC	TO SUPPORT THE EXPANSION OF THE PROGRAM IN WESTERN TIDEWATER IN 10 SCHOOLS AND COMMUNITY	24,733.
HORIZON HEALTH SERVICES, INC. P.O. BOX 29 WAVERLY, VA 23890		PC	TO PROVIDE DENTAL CARE AND SMOKING CESSATION SERVICES IN THE FRANKLIN, SOUTHAMPTON, ISLE OF WIGHT, SURRY	37,500.
HUMANKIND 150 LINDEN AVENUE LYNCHBURG, VA 24503		PC	TO PROVIDE ZUNI RESIDENTS WITH INTELLECTUAL DISABILITIES WITH WELLNESS EDUCATION ON	3,841.
ISLE OF WIGHT DEPARTMENT OF SOCIAL SERVICES 17100 MONUMENT CIRCLE, SUITE A ISLE OF WIGHT, VA 23397		GOV	TO PROVIDE UNINSURED CHILDREN AND FAMILIES OF ISLE OF WIGHT COUNTY WITH INFORMATION,	6,580.
PAUL D CAMP COMMUNITY COLLEGE FOUNDATION P.O. BOX 737 FRANKLIN, VA 23851		PC	TO IMPROVE HEALTHCARE DELIVERY THROUGH NURSING EDUCATION AND CAREER ACCESS THROUGH THE ADVANCEMENT OF	11,378.
SCM VISION, INCORPORATED P.O. BOX 16253 CHESAPEAKE, VA 23228		PC	TO PROVIDE VIEWERS OF THE TELEVISION PROGRAM AND THE YOUTUBE VIDEO SHARING WEBSITE WITH INFORMATION ABOUT	5,000.
Total from continuation sheets				1,013,627.

Part XV Supplementary Information**3 Grants and Contributions Approved for Future Payment (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
SENIOR SERVICES OF SOUTHEASTERN VIRGINIA 5 INTERSTATE CORPORATE CENTER, 6350 CENTER DR. SUITE 101 NORFOLK, VA 23502		PC	TO PROVIDE LOW INCOME SENIORS AND PERSONS WITH DISABILITIES IN WESTERN TIDEWATER WITH OUTREACH SERVICES TO	7,500.
SENTARA OBICI HOSPITAL 2800 GODWIN BLVD SUFFOLK, VA 23434		PC	TO PROVIDE LIFE COACHES IN SENTARA OBICI HOSPITAL'S EMERGENCY ROOM WHO WILL HELP UNINSURED	28,125.
SENTARA OBICI HOSPITAL 2800 GODWIN BLVD SUFFOLK, VA 23434		PC	TO PROVIDE HIGH RISK EXPECTANT FAMILIES AND NEW PARENTS LIVING OF WESTERN TIDEWATER WITH CASE MANAGEMENT AND	14,157.
SOUTHAMPTON COUNTY PUBLIC SCHOOLS 21308 PLANK ROAD; P. O. BOX 96 COURTLAND, VA 23837		GOV	TO PROVIDE STUDENTS AND FAMILIES OF SOUTHAMPTON COUNTY PUBLIC SCHOOLS WITH ACCESS TO BEHAVIOR	30,000.
SOUTHEASTERN VIRGINIA HEALTH SYSTEM 1033 28TH ST. 2ND FLOOR NEWPORT NEWS, VA 23607		PC	TO PROVIDE UNDERSERVED RESIDENTS OF SUFFOLK AND WESTERN TIDEWATER WITH ACCESS TO COMPREHENSIVE ORAL	20,000.
SUFFOLK PARTNERSHIP FOR A HEALTHY COMMUNITY 1707 N. MAIN STREET SUFFOLK, VA 23434		PC	FOR IMPLEMENTATION OF A 10-YEAR COMMUNITY WELLNESS PLAN THAT PROMOTES ACTIVE LIFESTYLES, ACCESS TO	18,018.
SUFFOLK PARTNERSHIP FOR A HEALTHY COMMUNITY 1707 N. MAIN STREET SUFFOLK, VA 23434		PC	TO FUND A WALKING COORDINATOR TO INCREASE THE REGISTRATION AND SUSTAINABILITY OF	16,875.
SUFFOLK PUBLIC SCHOOLS 100 N. MAIN ST.; P.O. BOX 1549 SUFFOLK, VA 23434		GOV	TO PROVIDE STUDENTS WITH RESOURCES, SUCH AS SALAD BARS AND INTEGRATING PHYSICAL ACTIVITY INTO CORE	10,000.
THE PLANNING COUNCIL 5365 ROBIN HOOD ROAD SUITE 700 NORFOLK, VA 23513		PC	TO IMPLEMENT A WELL-RESEARCHED MODEL THAT CONNECTS LOCAL PRODUCERS OF FRESH FRUITS AND VEGETABLES	28,443.
THE UP CENTER 222 W. 19TH ST. NORFOLK, VA 23517		PC	TO PROVIDE INDIVIDUALS AND FAMILIES WITH TRAUMA INFORMED CARE AND COUNSELING SERVICES.	8,833.
Total from continuation sheets				

Part XV Supplementary Information

3 Grants and Contributions Approved for Future Payment (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
VIRGINIA LEGAL AID SOCIETY, INC. P.O. BOX 6200; 513 CHURCH STREET LYNCHBURG, VA 24505		PC	TO HELP DISABLED CLIENTS NAVIGATE THE COMPLEX MEDICAID AND MEDICARE APPLICATION AND APPEALS PROCESSES.	37,500.
VOICES FOR KIDS CASA PROGRAM OF SOUTHEAST VIRGINIA P. O. BOX 949; 409 MAIN STREET SMITHFIELD, VA 23431		PC	TO PROVIDE ABUSED AND NEGLECTED CHILDREN OF SUFFOLK WITH ACCESS TO MEDICAL, DENTAL AND MENTAL HEALTH SERVICES	2,500.
WESTERN TIDEWATER COMMUNITY SERVICES BOARD 5268 GODWIN BLVD SUFFOLK, VA 23434		PC	TO CONTINUE WESTERN TIDEWATER'S FIRST OUTPATIENT MEDICAL DETOXIFICATION PROGRAM THAT PROVIDES DAILY	37,500.
WESTERN TIDEWATER COMMUNITY SERVICES BOARD 5268 GODWIN BLVD SUFFOLK, VA 23434		PC	TO PROVIDE WESTERN TIDEWATER RESIDENTS WITH INTEGRATED OUTPATIENT COUNSELING BY TRAINED CLINICAL	14,565.
WESTERN TIDEWATER COMMUNITY SERVICES BOARD 5268 GODWIN BLVD SUFFOLK, VA 23434		PC	TO PROVIDE UNINSURED AND UNDER INSURED ADULTS WITH ACCESS TO COMMUNITY BASED PSYCHIATRIC SERVICES	35,786.
WESTERN TIDEWATER COMMUNITY SERVICES BOARD 5268 GODWIN BLVD SUFFOLK, VA 23434		PC	TO PROVIDE RESIDENTS OF WESTERN TIDEWATER WITH MENTAL HEALTH TELEMEDICINE CRISIS SERVICES SUPPORT THAT	2,406.
WESTERN TIDEWATER COMMUNITY SERVICES BOARD 5268 GODWIN BLVD SUFFOLK, VA 23434		PC	TO PROVIDE THE SERIOUSLY MENTALLY ILL (SMI) POPULATION IN WESTERN TIDEWATER WITH TRAINED PEER PROVIDERS	12,377.
WESTERN TIDEWATER FREE CLINIC 2019 MEADE PARKWAY SUFFOLK, VA 23434		PC	TO PROVIDE OPERATIONAL SUPPORT FOR MEDICAL AND DENTAL CARE AND CHRONIC DISEASE MANAGEMENT OF	250,000.
WESTERN TIDEWATER HEALTH DISTRICT 135 HALL AVE, SUITE A SUFFOLK, VA 23434		GOV	TO IMPROVE THE REDUCTION OF UNDESIRABLE BIRTH OUTCOMES AMONG FIRST-TIME PREGNANT	14,042.
YMCA OF SOUTH HAMPTON ROADS 920 CORPORATE LANE CHESAPEAKE, VA 23320		PC	TO PROACTIVELY ADDRESS THE PREVALENCE OF PRE-DIABETES BY IMPLEMENTING A RISK-REDUCTION MODEL	7,447.
Total from continuation sheets				

Part XV Supplementary Information

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

NAME OF RECIPIENT - ALZHEIMER'S ASSOCIATION - SOUTHEASTERN VIRGINIA
CHAPTER

TO SUPPORT THE 25TH ANNUAL WALK TO END ALZHEIMER'S, AN AWARENESS
CAMPAIGN AND FUNDRAISER FOR ALZHEIMER'S CARE, SUPPORT AND RESEARCH.

NAME OF RECIPIENT - AMERICAN DIABETES ASSOCIATION

TO RAISE AWARENESS OF DIABETES AND STRESS THE IMPORTANCE OF EARLY
DETECTION, DISEASE MANAGEMENT AND HEALTH RISK FACTORS IN FRANKLIN AND
SOUTHAMPTON COUNTY.

NAME OF RECIPIENT - AMERICAN DIABETES ASSOCIATION

TO SUPPORT THE 2015 TOUR DE CURE REGIONAL CYCLING EVENT THAT RAISES
FUNDS AND AWARENESS ABOUT DIABETES AND ITS EFFECTS ON HEALTH.

NAME OF RECIPIENT - BLACKWATER BAPTIST ASSOCIATION

TO GATHER YOUTH AND ADULT VOLUNTEERS TO PACK 20,000 HEALTHY MEALS FOR
SUFFOLK, SOUTHAMPTON AND ISLE OF WIGHT ELEMENTARY SCHOOL STUDENTS'
FREE LUNCH PROGRAM STUDENT PACKPACK PROGRAMS..

NAME OF RECIPIENT - CEREBRAL PALSY OF VIRGINIA

TO FUND RESPITE OPPORTUNITIES FOR PRIMARY CAREGIVERS OF PERSONS WITH
CEREBRAL PALSY OR OTHER DEVELOPMENTAL DISABILITIES.

NAME OF RECIPIENT - CEREBRAL PALSY OF VIRGINIA

TO PROVIDE TRAINING REIMBURSEMENT IN "HOW TO MAXIMIZE YOUR SOCIAL
GIVING CAMPAIGN THROUGH EFFECTIVE SOCIAL MEDIA" FOR STAFF.

NAME OF RECIPIENT - COALITION AGAINST POVERTY IN SUFFOLK, INC.

Part XV Supplementary Information**3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution**

TO SPONSOR A COALITION AGAINST POVERTY SUFFOLK (CAPS) EVENT FOR THE PURPOSE OF CREATING AWARENESS AMONG CHURCHES IN SUFFOLK AROUND THE SERVICES THAT CURRENT MEMBER CHURCHES PROVIDE TO THE COMMUNITY.

NAME OF RECIPIENT - COLONIAL VIRGINIA COUNCIL BOY SCOUTS OF AMERICA

TO SUPPORT A FUNDRAISING EVENT THAT BENEFITS YOUNG MEN AND YOUNG WOMEN OF WESTERN TIDEWATER THROUGH THE BUILDING OF CHARACTER UNDER THE PROMISES OF BEING PHYSICALLY STRONG, MENTALLY AWAKE, AND MORALLY STRAIGHT.

NAME OF RECIPIENT - COMMUNITIES IN SCHOOLS OF HAMPTON ROADS

TO SUPPORT A NATIONALLY PROVEN AND EFFECTIVE DROPOUT PREVENTION PROGRAM FOR ELEMENTARY AGED STUDENTS.

NAME OF RECIPIENT - COVER 3 FOUNDATION

A PLANNING GRANT IS TO DEVELOP A SUSTAINABLE COMMUNITY FARMS, WHILE CREATING A HANDS-ON LEARNING ENVIRONMENT FOR YOUTH AND FAMILIES THROUGH FARMING AND ENCOURAGING HEALTHY EATING.

NAME OF RECIPIENT - COVER 3 FOUNDATION

TO SUPPORT THE 2015 COMMUNITY DAY KICK OFF FOR THE REACH, TEACH AND FEED PROGRAM THAT FEEDS THOUSANDS OF CHILDREN.

NAME OF RECIPIENT - EASTERN VIRGINIA MEDICAL SCHOOL

TO PROVIDE ACCESS TO BASIC HEALTHCARE TO UNINSURED, WESTERN TIDEWATER FREE CLINIC PATIENTS BY ENGAGING MEDICAL RESIDENTS, THIRD-YEAR MEDICAL AND PHYSICIAN ASSISTANT STUDENTS.

Part XV Supplementary Information

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

NAME OF RECIPIENT - EASTERN VIRGINIA MEDICAL SCHOOL

TO ESTABLISH A SPECIALTY CARE CENTER THAT WILL FOCUS ON THE DETECTION,
PREVENTION AND MANAGEMENT OF DIABETES AND ITS MOST COMMON
COMPLICATIONS.

NAME OF RECIPIENT - EASTERN VIRGINIA MEDICAL SCHOOL

TO DEVELOP COLLABORATIVE STRATEGIES THAT CREATE POLICY, SYSTEMS AND
ENVIRONMENTAL CHANGES THAT WILL RESULT IN MORE HEALTHY FOOD CHOICES AND
PHYSICAL ACTIVITY IN CHURCHES, PUBLIC HOUSING AND COMMUNITY
ORGANIZATIONS.

NAME OF RECIPIENT - EDMARC, INC.

TO PARTICIPATE BY SPONSORING THE 2015 HOPE GALA FUNDRAISER IN SUPPORT
OF SERVICES FOR SICK AND DYING CHILDREN AND THEIR FAMILIES.

NAME OF RECIPIENT - FOODBANK OF SOUTHEASTERN VIRGINIA

TO SUPPORT THE AVAILABILITY OF A VARIETY OF HEALTHY FOODS FROM THE FIVE
MAIN FOOD GROUPS; PRIORITIZING AND PROMOTING ACCESS IN SUFFOLK'S FOOD
INSECURE POPULATION.

NAME OF RECIPIENT - FORKIDS, INC.

TO IMPROVE THE HEALTH OF POOR AND HOMELESS FAMILIES IN WESTERN
TIDEWATER THROUGH INTENSIVE CASE MANAGEMENT, ACCESS TO STABLE HOUSING,
PERMANENT SUPPORTIVE HOUSING, AND REFERRALS TO COMMUNITY RESOURCES.

NAME OF RECIPIENT - FORKIDS, INC.

TO IMPROVE THE HEALTH OF POOR AND HOMELESS FAMILIES IN WESTERN
TIDEWATER THROUGH INTENSIVE CASE MANAGEMENT, ACCESS TO STABLE HOUSING,

Part XV Supplementary Information

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

PERMANENT SUPPORTIVE HOUSING AND REFERRALS TO COMMUNITY RESOURCES.

NAME OF RECIPIENT - FRANKLIN-SOUTHAMPTON HOUSING CORPORATION

TO BUILD ORGANIZATIONAL CAPACITY THAT WILL ENABLE FSHC TO EDUCATE LOW INCOME FAMILIES THROUGH ITS ANNUAL FEEDING PROGRAMS THAT INCLUDE HEALTHY FOOD OPTIONS DURING AFTERSCHOOL TUTORING AND SUMMER ENRICHMENT PROGRAMS.

NAME OF RECIPIENT - GIRLS ON THE RUN SOUTH HAMPTON ROADS

TO SUPPORT THE EXPANSION OF THE PROGRAM IN WESTERN TIDEWATER IN 10 SCHOOLS AND COMMUNITY CENTERS.

NAME OF RECIPIENT - HAMPTON ROADS COMMUNITY HEALTH CENTER

TO SUPPORT TO PURCHASE OF PORTABLE DENTAL EQUIPMENT THAT CAN BE USED FOR SCHOOL BASED SERVICES DURING THE AFTER-SCHOOL PROGRAMS OPERATED WITHIN THE SUFFOLK ELEMENTARY, MIDDLE, AND HIGH SCHOOLS.

NAME OF RECIPIENT - HORIZON HEALTH SERVICES, INC.

TO PROVIDE DENTAL CARE AND SMOKING CESSATION SERVICES IN THE FRANKLIN, SOUTHAMPTON, ISLE OF WIGHT, SURRY AND SUSSEX SERVICE AREAS.

NAME OF RECIPIENT - HUMANKIND

TO PROVIDE ZUNI RESIDENTS WITH INTELLECTUAL DISABILITIES WITH WELLNESS EDUCATION ON HEALTHY EATING, PHYSICAL ACTIVITY AND UNDERSTANDING MANAGING THEIR CHRONIC DISEASE.

NAME OF RECIPIENT - HUMANKIND

TO PROVIDE ZUNI RESIDENTS WITH INTELLECTUAL DISABILITIES WITH WELLNESS

Part XV Supplementary Information

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

EDUCATION ON HEALTHY EATING, PHYSICAL ACTIVITY AND UNDERSTANDING
MANAGING THEIR CHRONIC DISEASE.

NAME OF RECIPIENT - HUMANKIND

TO PROVIDE TRAINING AND CAPACITY BUILDING FUNDS FOR COURSES AT THE
TIDEWATER COMMUNITY COLLEGE ACADEMY OF NONPROFIT EXCELLENCE.

NAME OF RECIPIENT - ISLE OF WIGHT CHRISTIAN OUTREACH PROGRAM

TO PROVIDE FRESH FRUIT, VEGETABLES AND PRODUCE TO THE ECONOMICALLY
DISADVANTAGED FAMILIES WHO ARE UNABLE TO AFFORD THE PURCHASE OF FRESH
PRODUCE.

NAME OF RECIPIENT - ISLE OF WIGHT COUNTY DEPARTMENT OF SOCIAL SERVICES

TO PROVIDE UNINSURED CHILDREN AND FAMILIES OF ISLE OF WIGHT COUNTY
WITH INFORMATION, ASSISTANCE AND SUPPORT OUTREACH TO ENROLL IN MEDICAID
AND FAMIS PROGRAMS.

NAME OF RECIPIENT - ISLE OF WIGHT COUNTY PUBLIC SCHOOLS

TO TEACH ELEMENTARY AGED SCHOOL CHILDREN, IN AN AFTER SCHOOL FOOD CLUB,
THE IMPORTANCE OF GROWING, PREPARING, PURCHASING AND EATING FRESH
FRUITS AND VEGETABLES.

NAME OF RECIPIENT - LUTER FAMILY YMCA

TO INCREASE PHYSICAL ACTIVITY OPTIONS FOR CHILDREN BY USING INTERACTIVE
FITNESS EQUIPMENT THAT COMBINES FUN AND ENTERTAINMENT.

NAME OF RECIPIENT - NATIONAL KIDNEY FOUNDATION SERVING VIRGINIA

TO SUPPORT THE 2015 HAMPTON ROADS KIDNEY WALK, A COMMUNITY EVENT THAT

Part XV Supplementary Information

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

RAISES AWARENESS, AND FUNDS LIFESAVING PROGRAMS FOR THOSE AT RISK FOR
KIDNEY DISEASE.

NAME OF RECIPIENT - OASIS SOCIAL MINISTRY

TO SUPPORT THE 2016 OASIS WALK FOR HUNGER AND TO PROMOTE THE OFFERING
OF A FRESH GREEN SALAD AND WELL-BALANCED DIETARY REQUIREMENTS ARE
SERVED IN THE SOUP KITCHEN.

NAME OF RECIPIENT - PAUL D. CAMP COMMUNITY COLLEGE FOUNDATION

TO FUND THE PURCHASE OF 15 LAPTOP COMPUTER FOR ON-LINE CLASSROOM
TESTING FOR BOTH THE FRANKLIN AND SUFFOLK CAMPUSES.

NAME OF RECIPIENT - PAUL D. CAMP COMMUNITY COLLEGE FOUNDATION

TO ASSESS THE NEED FOR DEVELOPING TRAINING PROGRAMS THAT WILL RESULT IN
MORE CERTIFIED DIABETES EDUCATORS SERVING WESTERN TIDEWATER.

NAME OF RECIPIENT - PAUL D. CAMP COMMUNITY COLLEGE FOUNDATION

TO IMPROVE HEALTHCARE DELIVERY THROUGH NURSING EDUCATION AND CAREER
ACCESS THROUGH THE ADVANCEMENT OF NURSING CURRICULUM AND ENHANCED
ACCREDITATION.

NAME OF RECIPIENT - RECOVERY FOR LIFE/RECOVERY FOR THE CITY,
INTERNATIONAL

TO FUND A FAITH-BASED 12-STEP ADDICTION RECOVERY PROGRAM WHEREBY
PARTICIPANTS USE LESSONS, HEALTHY REFRESHMENTS AND ACCOUNTABILITY
PARTNERS FOR SUPPORT AND ASSISTANCE.

NAME OF RECIPIENT - RX PARTNERSHIP

Part XV Supplementary Information

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

TO PROVIDE FREE PRESCRIPTION MEDICATION AND LOW-COST SUPPLIES TO
LOW-INCOME, UNINSURED RESIDENTS SERVED BY THE WESTERN TIDEWATER FREE
CLINIC.

NAME OF RECIPIENT - SCM VISION, INCORPORATED

TO PROVIDE VIEWERS OF THE TELEVISION PROGRAM AND THE YOUTUBE VIDEO
SHARING WEBSITE WITH INFORMATION ABOUT MENTAL HEALTH ISSUES AND CONNECT
THEM TO FOLLOW-UP SERVICES.

NAME OF RECIPIENT - SCM VISION, INCORPORATED

TO ATTEND THE TIDEWATER COMMUNITY COLLEGE ACADEMY FOR NONPROFIT
EXCELLENCE FOUR DAY COURSE ON WINNING THE GRANT WRITING GAME.

NAME OF RECIPIENT - SENIOR SERVICES OF SOUTHEASTERN VIRGINIA

TO REHABILITATE THE HISTORICAL HAYDEN HIGH SCHOOL IN FRANKLIN,
VIRGINIA, AND PROVIDE INTER-GENERATIONAL HEALTH AND WELLNESS SERVICES
TO THE COMMUNITY.

NAME OF RECIPIENT - SENIOR SERVICES OF SOUTHEASTERN VIRGINIA

TO PROVIDE LOW INCOME SENIORS AND PERSONS WITH DISABILITIES IN WESTERN
TIDEWATER WITH OUTREACH SERVICES TO APPLY FOR ELIGIBLE BENEFITS THROUGH
MEDICARE AND MEDICAID.

NAME OF RECIPIENT - SENTARA OBICI HOSPITAL

FOR A HOSPITAL-BASED, UNIVERSAL RISK SCREENING DURING PREGNANCY OR AT
BIRTH THAT CONNECTS NEW PARENTS WITH APPROPRIATE COMMUNITY RESOURCES.

NAME OF RECIPIENT - SENTARA OBICI HOSPITAL

Part XV Supplementary Information

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

TO PROVIDE LIFE COACHES IN SENTARA OBICI HOSPITAL'S EMERGENCY ROOM WHO WILL HELP UNINSURED AND UNDERINSURED PATIENTS OBTAIN PRIMARY CARE SERVICES OR OTHER RESOURCES.

NAME OF RECIPIENT - SENTARA OBICI HOSPITAL

TO PROVIDE HIGH RISK EXPECTANT FAMILIES AND NEW PARENTS LIVING OF WESTERN TIDEWATER WITH CASE MANAGEMENT AND HOME VISITING SUPPORT TO INCREASE INFANT SURVIVAL RATE.

NAME OF RECIPIENT - SOUTH HAMPTON ROADS HABITAT FOR HUMANITY

TO CONSTRUCT NINE AFFORDABLE SINGLE FAMILY HOMES FOR FIRST TIME HOMEBUYERS WHO LIVE OR WORK IN SUFFOLK.

NAME OF RECIPIENT - SOUTHAMPTON COUNTY PUBLIC SCHOOLS

TO PROVIDE STUDENTS AND FAMILIES OF SOUTHAMPTON COUNTY PUBLIC SCHOOLS WITH ACCESS TO BEHAVIOR HEALTH SERVICES.

NAME OF RECIPIENT - SOUTHAMPTON COUNTY PUBLIC SCHOOLS

TO ENCOURAGE INCREASED ACTIVITY BY BUILDING AN ATHLETIC TRACK FOR SOUTHAMPTON MIDDLE AND HIGH SCHOOL STUDENTS AND SOUTHAMPTON COUNTY RESIDENTS.

NAME OF RECIPIENT - SOUTHEASTERN VIRGINIA HEALTH SYSTEM

TO PROVIDE UNDERSERVED RESIDENTS OF SUFFOLK AND WESTERN TIDEWATER WITH ACCESS TO COMPREHENSIVE ORAL HEALTH CARE SERVICES AND EDUCATION AT REDUCED COST.

NAME OF RECIPIENT - SOUTHEASTERN VIRGINIA HEALTH SYSTEM

Part XV Supplementary Information

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

MATCHING CAPITAL FUNDS TO HELP ESTABLISH A NEW FEDERALLY QUALIFIED HEALTH CENTER IN THE CITY OF FRANKLIN, VA.

NAME OF RECIPIENT - SOUTHEASTERN VIRGINIA HEALTH SYSTEM

TO SUPPORT A FUNDRAISER TO COVER PROCEDURES SUCH AS COLONOSCOPIES, BREAST AND PROSTATE SCREENINGS FOR THE UNINSURED/UNDERINSURED PATIENTS.

NAME OF RECIPIENT - STRAIGHTEN UP AND FLY RIGHT, INC.

TO SUPPORT A PROGRAM FOR SUFFOLK YOUTH FOR OBESITY INTERVENTION AND PREVENTION THROUGH ORGANIZED SPORTS, PERFORMING ARTS AND RECREATIONAL PROGRAMS.

NAME OF RECIPIENT - SUFFOLK ART LEAGUE

TO FUND MONTHLY ART THERAPY WORKSHOPS FOR THE CLIENTS OF WESTERN TIDEWATER COMMUNITY SERVICES BOARD'S TIDEWATER HOUSE ADULT DAYCARE PROGRAM.

NAME OF RECIPIENT - SUFFOLK BREAST CANCER SOCIETY, INC.

TO SUPPORT THE 2015 SUFFOLK BREAST CANCER SOCIETY SURVIVORS MASQUERADE GALA IN SUPPORT FOR AWARENESS AND PREVENTION EFFORTS.

NAME OF RECIPIENT - SUFFOLK PARTNERSHIP FOR A HEALTHY COMMUNITY

FOR CONTINUED COORDINATION AND COLLABORATION EFFORTS TO REDUCE OBESITY THROUGH THE HEALTHY PEOPLE HEALTHY SUFFOLK INITIATIVE.

NAME OF RECIPIENT - SUFFOLK PARTNERSHIP FOR A HEALTHY COMMUNITY

FOR IMPLEMENTATION OF A 10-YEAR COMMUNITY WELLNESS PLAN THAT PROMOTES ACTIVE LIFESTYLES, ACCESS TO HEALTHY FOODS AND NEIGHBORHOOD ENGAGEMENT.

Part XV Supplementary Information

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

NAME OF RECIPIENT - SUFFOLK PARTNERSHIP FOR A HEALTHY COMMUNITY
 TO FUND A WALKING COORDINATOR TO INCREASE THE REGISTRATION AND
 SUSTAINABILITY OF WALKING GROUPS, WITHIN BUSINESSES, SCHOOLS AND
 CIVIC/FAITH BASED ORGANIZATIONS.

NAME OF RECIPIENT - SUFFOLK PARTNERSHIP FOR A HEALTHY COMMUNITY
 TO FUND A PLANNING GRANT FOR EVALUATION OF THE CURRENT TACTICS FOR
 IMPROVING THE HEALTH OF THE COMMUNITY AND THE MANAGEMENT OF THE HEALTHY
 PEOPLE HEALTHY SUFFOLK INITIATIVE.

NAME OF RECIPIENT - SUFFOLK PUBLIC SCHOOLS
 TO PROVIDE STUDENTS WITH RESOURCES, SUCH AS SALAD BARS AND INTEGRATING
 PHYSICAL ACTIVITY INTO CORE CLASSES, THAT LEAD TO HEALTHY EATING AND
 ACTIVE LIVING, RESPECTIVELY.

NAME OF RECIPIENT - SUFFOLK REDEVELOPMENT AND HOUSING AUTHORITY
 TO HELP PUBLIC HOUSING RESIDENTS BECOME MORE AWARE OF BOTH THE
 PREVENTION AND MANAGEMENT OF CHRONIC DISEASE.

NAME OF RECIPIENT - SUFFOLK REDEVELOPMENT AND HOUSING AUTHORITY
 TO SERVE THE UNIQUE HEALTH AND NUTRITION NEEDS OF A MINORITY-BASED,
 ELDERLY AND DISABLED LOW INCOME HOUSING POPULATION.

NAME OF RECIPIENT - SUFFOLK ROTARY CLUB
 TO SUPPORT THE FIRST CITIZEN AWARD RECEPTION THAT RECOGNIZES VOLUNTEERS
 AND PHILANTHROPIC LEADERSHIP AND RAISES FUNDS FOR THE ROTARY CHARITY
 CONTRIBUTIONS.

Part XV Supplementary Information

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

NAME OF RECIPIENT - SURRY AREA FREE CLINIC

TO DEVELOP A STRATEGIC PLAN THAT WILL ESTABLISH TIMELINES, PRIORITIES AND APPROACHES FOR FUND DEVELOPMENT AND RECRUITING AND RETAINING VOLUNTEERS.

NAME OF RECIPIENT - SUSAN G. KOMEN TIDEWATER

TO SUPPORT THE SUSAN G. KOMEN RACE FOR THE CURE SERIES FOR EDUCATION AROUND BREAST HEALTH AND PROGRAMS TO SAVE LIVES.

NAME OF RECIPIENT - THE CHILDREN'S CENTER

TO PROVIDE COLLABORATION WITH THE UNIVERSAL SCREENING COORDINATOR, MATERNITY NURSE NAVIGATOR AND FAMILY RESOURCE SPECIALIST AT SENTARA OBICI HOSPITAL TO PROVIDE COORDINATION OF COMMUNITY SERVICES TO A PREVIOUSLY UNDESERVED POPULATION.

NAME OF RECIPIENT - THE DOORWAYS, FORMERLY HOSPITALITY HOUSE OF RICHMOND, INC.

TO PROVIDE FAMILY ASSISTANCE FOR LODGING, MEALS AND OTHER SUPPORT TO RESIDENTS OF SUFFOLK, SURRY, FRANKLIN, GATES AND ISLE OF WHITE WHO MUST TRAVEL TO RICHMOND, VA FOR MEDICAL CARE.

NAME OF RECIPIENT - THE FRIENDS OF THE SUFFOLK PUBLIC LIBRARY

TO FUND A PROGRAM TO PREVENT LEARNING LOSS AND TO ENCOURAGE THE COMMUNITY TO READ AND STAY ACTIVE DURING THE SUMMER MONTHS, PARTICULARLY THE CHILDREN OF THE COMMUNITY.

NAME OF RECIPIENT - THE GENIEVE SHELTER

Part XV Supplementary Information

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

TO BUILD THE CAPACITY OF THE DEVELOPMENT COORDINATOR TO ENCOURAGE
COMMUNITY PARTICIPATION AND FINANCIAL SUPPORT FOR THE SHELTER'S
PROGRAMS AND SPECIAL EVENTS.

NAME OF RECIPIENT - THE HEALING PLACE OF HAMPTON ROADS

TO DEVELOP A PLAN THAT ADDRESSES THE NEED FOR RESIDENTIAL SUBSTANCE
ABUSE RECOVERY FOR HOMELESS INDIVIDUALS IN HAMPTON ROADS WHO HAVE
SUBSTANCE USE DISORDERS.

NAME OF RECIPIENT - THE LINKS FOUNDATION, INC

TO FUND A PROGRAM THAT FOCUSES ON HEALTHY LIFESTYLES AND BULLYING
PREVENTION AT BOOKER T. WASHINGTON SCHOOL IN SUFFOLK FOR STUDENTS IN
GRADES K-5.

NAME OF RECIPIENT - THE PLANNING COUNCIL

TO PREVENT AND ADDRESS OBESITY AMONG CHILDREN WITHIN PRIVATE CHILDCARE
SETTINGS AND BEFORE/AFTER SCHOOL PROGRAMS ACROSS WESTERN TIDEWATER.

NAME OF RECIPIENT - THE PLANNING COUNCIL

TO DEVELOP AND SUBMIT FEDERAL AND STATE GRANT APPLICATIONS TO ENSURE
ACCESS TO HOUSING, HEALTHCARE AND SUPPORT SERVICES TO HOMELESS FAMILIES
IN WESTERN TIDEWATER.

NAME OF RECIPIENT - THE PLANNING COUNCIL

TO DEVELOP A PLAN TO EXPLORE WAYS TO BRING FRESH FRUITS AND VEGETABLES
INTO CHILDCARE PROGRAMS IN WESTERN TIDEWATER BY USING A FARM TO
CHILDCARE MODEL.

Part XV Supplementary Information

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

NAME OF RECIPIENT - THE PLANNING COUNCIL

TO IMPLEMENT A WELL-RESEARCHED MODEL THAT CONNECTS LOCAL PRODUCERS OF FRESH FRUITS AND VEGETABLES TO CHILDCARE PROGRAMS IN WESTERN TIDEWATER.

NAME OF RECIPIENT - THE RENSSELAERVILLE INSTITUTE

TO FUND THE MEASUREMENT OF ALL HEALTHY PEOPLE HEALTHY SUFFOLK AFFILIATED PROJECTS FOR THE PURPOSE OF REPORTING ON THE INITIATIVE'S IMPACT ON THE COMMUNITY.

NAME OF RECIPIENT - THE SUFFOLK FOUNDATION

TO IMPROVE THE CAPACITY OF THE SUFFOLK FOUNDATION TO INCREASE PHILANTHROPY FOR THE BENEFIT OF THE COMMUNITIES OF SUFFOLK AND WESTERN TIDEWATER.

NAME OF RECIPIENT - THEATRE IV

TO FUND THE DEVELOPMENT OF A COMPELLING INSTRUCTIONAL PROGRAM, IN THE FORM OF A PLAY, GEARED TOWARD THE ELEMENTARY STUDENTS POPULATIONS TO BE USED AS A TOOL IN THE BATTLE AGAINST CHILDHOOD OBESITY.

NAME OF RECIPIENT - TIDEWATER COMMUNITY COLLEGE'S ACADEMY FOR NONPROFIT EXCELLENCE

TO SPONSOR AN EVENT THAT RECOGNIZES AND EDUCATES NEW NONPROFIT LEADERS AROUND THE DELIBERATE SERVING OF HEALTHY FOODS DURING MEETINGS.

NAME OF RECIPIENT - TOWN OF SMITHFIELD

TO FUND A PROGRAM THAT PROVIDES CURRENT UP-TO-DATE INFORMATION FOR THE PREVENTION OF SENIOR VICTIMIZATION FROM SCAMS SUCH AS "DRIVEWAY GANGS", TELEMARKETERS AND ID THEFT AS WELL AS PROVIDING SAFETY

Part XV Supplementary Information

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

INFORMATION/CONTACTS AROUND MATTERS OF HEALTH.

NAME OF RECIPIENT - TOWN OF WINDSOR

TO RENOVATE THE WINDSOR MIDDLE SCHOOL GYMNASIUM FOR USE AS A COMMUNITY RECREATION CENTER FOR THE TOWN OF WINDSOR AND SURROUNDING LOCALITIES.

NAME OF RECIPIENT - UNITED WAY OF SOUTH HAMPTON ROADS

TO PROVIDE ELEMENTARY AGE SUFFOLK CHILDREN PARTICIPATING IN 2015 SUMMER SCHOOL PROGRAM WITH ACCESS TO ORAL AND BEHAVIOR HEALTH SERVICES AND IMPROVE THEIR HEALTH.

NAME OF RECIPIENT - VIRGINIA LEGAL AID SOCIETY, INC.

TO PROVIDE CLIENTS WITH A MORE EFFICIENT SERVICES BY DEVELOPING AN AUTOMATED TELEPHONE TRIAGE AND INTAKE SYSTEM.

NAME OF RECIPIENT - VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY

TO DEVELOP A PLAN THAT TEACHES LOW-INCOME SUFFOLK RESIDENTS HOW TO ACCESS, COOK AND EAT HEALTHY, LOCALLY GROWN PRODUCE AND LIVESTOCK PRODUCTS IN AN EFFORT TO PREVENT OBESITY AND FUTURE HEALTH ISSUES.

NAME OF RECIPIENT - VIRGINIA REPERTORY THEATRE

TO DEVELOP AN ELEMENTARY SCHOOL AGED PLAY TO BOTH EDUCATE AND ENTERTAIN CHILDREN WITH A SOLID MESSAGE FOR OBESITY PREVENTION.

NAME OF RECIPIENT - VIRGINIA SUPPORTIVE HOUSING

TO PROVIDE SUPPORTIVE SERVICES TO EIGHT HOMELESS INDIVIDUALS FROM SUFFOLK AND ISLE OF WIGHT WHO RESIDE IN PERMANENT SUPPORTIVE HOUSING FACILITIES.

Part XV Supplementary Information

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

NAME OF RECIPIENT - VOICES FOR KIDS CASA PROGRAM OF SOUTHEAST VIRGINIA FUNDRAISER TO RAISE FUNDS TO EDUCATE THE COMMUNITY ON WHAT OUR PROGRAM DOES FOR THE ABUSED AND NEGLECTED CHILDREN IN THE 5TH JUDICIAL DISTRICT COURT SYSTEM.

NAME OF RECIPIENT - VOLUNTEER HAMPTON ROADS TO BENEFIT THE COMMUNITIES THEY SERVE, THREE NONPROFIT ORGANIZATIONS WILL BE ENGAGED IN A ONE-YEAR PROGRAM TO INCREASED EFFECTIVENESS AND EFFICIENCIES IN THEIR VOLUNTEER OPERATIONS.

NAME OF RECIPIENT - VOLUNTEER HAMPTON ROADS TO SPONSOR THE 2015 HAMPTON ROADS VOLUNTEER ACHIEVEMENT AWARDS WHICH RECOGNIZES OUTSTANDING VOLUNTEERS IN THE COMMUNITY AND ONE LIFETIME HONOREE.

NAME OF RECIPIENT - WALK IN IT, INC. TO ENCOURAGE HIGH SCHOOL FEMALES IN HEALTHY SELF-ESTEEM, HEALTHY DECISION-MAKING SKILLS, AND HEALTHY LIFESTYLES.

NAME OF RECIPIENT - WESTERN TIDEWATER COMMUNITY SERVICES BOARD ON-SITE SHORT TERM COUNSELING, BENEFITS ASSISTANCE AND CONNECTION TO COMMUNITY RESOURCE FOR INDIVIDUALS IN AREA SHELTERS.

NAME OF RECIPIENT - WESTERN TIDEWATER COMMUNITY SERVICES BOARD TO SUPPORT A TELEMEDICINE LINK TO CRISIS SERVICES FOR CHILDREN, ADOLESCENTS AND ADULTS TO LOCAL LAW ENFORCEMENT AGENCIES AND HOSPITALS.

Part XV Supplementary Information

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

NAME OF RECIPIENT - WESTERN TIDEWATER COMMUNITY SERVICES BOARD
 TO CONTINUE WESTERN TIDEWATER'S FIRST OUTPATIENT MEDICAL DETOXIFICATION PROGRAM THAT PROVIDES DAILY TESTING, COUNSELING, SUPPORT AND REFERRAL SERVICES TO SUBSTANCE ABUSERS.

NAME OF RECIPIENT - WESTERN TIDEWATER COMMUNITY SERVICES BOARD
 TO PROVIDE THE SERIOUSLY MENTALLY ILL (SMI) POPULATION IN WESTERN TIDEWATER WITH TRAINED PEER PROVIDERS WHO WILL EDUCATE, MONITOR AND ASSIST WITH THEIR CHRONIC DISEASE MANAGEMENT TO INDIVIDUALS ENROLLED.

NAME OF RECIPIENT - WESTERN TIDEWATER COMMUNITY SERVICES BOARD
 TO PROVIDE UNINSURED AND UNDER INSURED ADULTS WITH ACCESS TO COMMUNITY BASED PSYCHIATRIC SERVICES FOR BEHAVIORAL HEALTH CARE THAT IS NECESSARY IN ORDER TO MAINTAIN THEIR STABILITY IN THE COMMUNITY.

NAME OF RECIPIENT - WESTERN TIDEWATER COMMUNITY SERVICES BOARD
 TO PROVIDE WESTERN TIDEWATER RESIDENTS WITH INTEGRATED OUTPATIENT COUNSELING BY TRAINED CLINICAL STAFF AT LOCAL SHELTERS, COMMUNITY HEALTH CENTERS AND CLINICS.

NAME OF RECIPIENT - WESTERN TIDEWATER COMMUNITY SERVICES BOARD
 TO PROVIDE RESIDENTS OF WESTERN TIDEWATER WITH MENTAL HEALTH TELEMEDICINE CRISIS SERVICES SUPPORT THAT WILL CONNECT THEM TO THE APPROPRIATE COMMUNITY PROGRAM AND IMPROVE THE TIME IT TAKES TO CONNECT TO A PROVIDER.

NAME OF RECIPIENT - WESTERN TIDEWATER COMMUNITY SERVICES BOARD
 TO CONTINUE WESTERN TIDEWATER'S FIRST OUTPATIENT MEDICAL DETOXIFICATION

Part XV Supplementary Information

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

PROGRAM THAT PROVIDES DAILY TESTING, COUNSELING, SUPPORT AND REFERRAL SERVICES TO SUBSTANCE ABUSERS.

NAME OF RECIPIENT - WESTERN TIDEWATER COMMUNITY SERVICES BOARD

TO SUPPORT THE 2015 WALK FOR RECOVERY, WHICH HONORS TREATMENT SUCCESSES AND ENCOURAGES THOSE STILL NEEDING TREATMENT.

NAME OF RECIPIENT - WESTERN TIDEWATER FREE CLINIC

TO PROVIDE OPERATIONAL SUPPORT FOR MEDICAL AND DENTAL CARE AND CHRONIC DISEASE MANAGEMENT OF UNINSURED PATIENTS.

NAME OF RECIPIENT - WESTERN TIDEWATER FREE CLINIC

TO EXPAND ACCESS TO DENTAL SERVICES FOR COMPREHENSIVE EXAMS AND X-RAYS, EXTRACTIONS, FILLINGS, EDUCATION, DENTURES AND OTHER DENTAL CARE BY INTEGRATING ORAL HEALTHCARE WITH PRIMARY CARE.

NAME OF RECIPIENT - WESTERN TIDEWATER HEALTH DISTRICT

TO PROVIDE TELEHEALTH MONITORING SERVICES FOR CHRONIC DISEASE PATIENTS WHO FREQUENTLY VISIT EMERGENCY ROOMS, AND TO IMPROVE CHRONIC DISEASE SELF-MANAGEMENT.

NAME OF RECIPIENT - WESTERN TIDEWATER HEALTH DISTRICT

TO PROVIDE PREVENTIVE DENTAL SERVICES AND EDUCATION TO CHILDREN ENROLLED IN MEDICAID/FAMIS AND WHO RECEIVE FREE LUNCH AT SCHOOLS IN THE CITY OF FRANKLIN, ISLE OF WIGHT COUNTY AND SOUTHAMPTON COUNTY.

NAME OF RECIPIENT - WESTERN TIDEWATER HEALTH DISTRICT

TO IMPROVE THE REDUCTION OF UNDESIRABLE BIRTH OUTCOMES AMONG FIRST-TIME

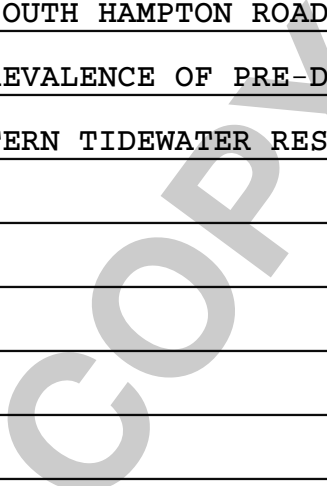
Part XV Supplementary Information

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

PREGNANT MOTHERS THROUGH EDUCATION, NURSE CASE MANAGEMENT, HOME VISITATION AND TRANSPORTATION ASSISTANCE.

NAME OF RECIPIENT - WESTERN TIDEWATER HEALTH DISTRICT
TO FUND A TICK AWARENESS, IDENTIFICATION, EDUCATION AND COMMUNITY OUTREACH WITH A WALLET-SIZED TICK KIT FOR DISTRIBUTION AT VARIOUS COMMUNITY EVENTS AND HEALTH FAIRS.

NAME OF RECIPIENT - YMCA OF SOUTH HAMPTON ROADS
TO PROACTIVELY ADDRESS THE PREVALENCE OF PRE-DIABETES BY IMPLEMENTING A RISK-REDUCTION MODEL FOR WESTERN TIDEWATER RESIDENTS BASED ON A NATIONAL BEST PRACTICE.



Part XV Supplementary Information

3b Grants and Contributions Approved for Future Payment Continuation of Purpose of Grant or Contribution

NAME OF RECIPIENT - AMERICAN DIABETES ASSOCIATION

TO RAISE AWARENESS OF DIABETES AND STRESS THE IMPORTANCE OF EARLY
DETECTION, DISEASE MANAGEMENT AND HEALTH RISK FACTORS IN FRANKLIN AND
SOUTHAMPTON COUNTY.

NAME OF RECIPIENT - EASTERN VIRGINIA MEDICAL SCHOOL

TO PROVIDE ACCESS TO BASIC HEALTHCARE TO UNINSURED, WESTERN TIDEWATER
FREE CLINIC PATIENTS BY ENGAGING MEDICAL RESIDENTS, THIRD-YEAR MEDICAL
AND PHYSICIAN ASSISTANT STUDENTS.

NAME OF RECIPIENT - EASTERN VIRGINIA MEDICAL SCHOOL

TO DEVELOP COLLABORATIVE STRATEGIES THAT CREATE POLICY, SYSTEMS AND
ENVIRONMENTAL CHANGES THAT WILL RESULT IN MORE HEALTHY FOOD CHOICES AND
PHYSICAL ACTIVITY IN CHURCHES, PUBLIC HOUSING AND COMMUNITY
ORGANIZATIONS.

NAME OF RECIPIENT - EASTERN VIRGINIA MEDICAL SCHOOL

TO ESTABLISH A SPECIALTY CARE CENTER THAT WILL FOCUS ON THE DETECTION,
PREVENTION AND MANAGEMENT OF DIABETES AND ITS MOST COMMON
COMPLICATIONS.

NAME OF RECIPIENT - FORKIDS, INC.

TO IMPROVE THE HEALTH OF POOR AND HOMELESS FAMILIES IN WESTERN
TIDEWATER THROUGH INTENSIVE CASE MANAGEMENT, ACCESS TO STABLE HOUSING,
PERMANENT SUPPORTIVE HOUSING AND REFERRALS TO COMMUNITY RESOURCES.

NAME OF RECIPIENT - GIRLS ON THE RUN SOUTH HAMPTON ROADS

TO SUPPORT THE EXPANSION OF THE PROGRAM IN WESTERN TIDEWATER IN 10

Part XV Supplementary Information

3b Grants and Contributions Approved for Future Payment Continuation of Purpose of Grant or Contribution

SCHOOLS AND COMMUNITY CENTERS.

NAME OF RECIPIENT - HORIZON HEALTH SERVICES, INC.

TO PROVIDE DENTAL CARE AND SMOKING CESSATION SERVICES IN THE FRANKLIN,
SOUTHAMPTON, ISLE OF WIGHT, SURRY AND SUSSEX SERVICE AREAS.

NAME OF RECIPIENT - HUMANKIND

TO PROVIDE ZUNI RESIDENTS WITH INTELLECTUAL DISABILITIES WITH WELLNESS
EDUCATION ON HEALTHY EATING, PHYSICAL ACTIVITY AND UNDERSTANDING
MANAGING THEIR CHRONIC DISEASE.

NAME OF RECIPIENT - ISLE OF WIGHT DEPARTMENT OF SOCIAL SERVICES

TO PROVIDE UNINSURED CHILDREN AND FAMILIES OF ISLE OF WIGHT COUNTY
WITH INFORMATION, ASSISTANCE AND SUPPORT OUTREACH TO ENROLL IN MEDICAID
AND FAMIS PROGRAMS.

NAME OF RECIPIENT - PAUL D CAMP COMMUNITY COLLEGE FOUNDATION

TO IMPROVE HEALTHCARE DELIVERY THROUGH NURSING EDUCATION AND CAREER
ACCESS THROUGH THE ADVANCEMENT OF NURSING CURRICULUM AND ENHANCED
ACCREDITATION.

NAME OF RECIPIENT - SCM VISION, INCORPORATED

TO PROVIDE VIEWERS OF THE TELEVISION PROGRAM AND THE YOUTUBE VIDEO
SHARING WEBSITE WITH INFORMATION ABOUT MENTAL HEALTH ISSUES AND CONNECT
THEM TO FOLLOW-UP SERVICES.

NAME OF RECIPIENT - SENIOR SERVICES OF SOUTHEASTERN VIRGINIA

TO PROVIDE LOW INCOME SENIORS AND PERSONS WITH DISABILITIES IN WESTERN

Part XV Supplementary Information

3b Grants and Contributions Approved for Future Payment Continuation of Purpose of Grant or Contribution

TIDEWATER WITH OUTREACH SERVICES TO APPLY FOR ELIGIBLE BENEFITS THROUGH
MEDICARE AND MEDICAID.

NAME OF RECIPIENT - SENTARA OBICI HOSPITAL

TO PROVIDE LIFE COACHES IN SENTARA OBICI HOSPITAL'S EMERGENCY ROOM WHO
WILL HELP UNINSURED AND UNDERINSURED PATIENTS OBTAIN PRIMARY CARE
SERVICES OR OTHER RESOURCES.

NAME OF RECIPIENT - SENTARA OBICI HOSPITAL

TO PROVIDE HIGH RISK EXPECTANT FAMILIES AND NEW PARENTS LIVING OF
WESTERN TIDEWATER WITH CASE MANAGEMENT AND HOME VISITING SUPPORT TO
INCREASE INFANT SURVIVAL RATE.

NAME OF RECIPIENT - SOUTHAMPTON COUNTY PUBLIC SCHOOLS

TO PROVIDE STUDENTS AND FAMILIES OF SOUTHAMPTON COUNTY PUBLIC SCHOOLS
WITH ACCESS TO BEHAVIOR HEALTH SERVICES.

NAME OF RECIPIENT - SOUTHEASTERN VIRGINIA HEALTH SYSTEM

TO PROVIDE UNDERSERVED RESIDENTS OF SUFFOLK AND WESTERN TIDEWATER WITH
ACCESS TO COMPREHENSIVE ORAL HEALTH CARE SERVICES AND EDUCATION AT
REDUCED COST.

NAME OF RECIPIENT - SUFFOLK PARTNERSHIP FOR A HEALTHY COMMUNITY

FOR IMPLEMENTATION OF A 10-YEAR COMMUNITY WELLNESS PLAN THAT PROMOTES
ACTIVE LIFESTYLES, ACCESS TO HEALTHY FOODS AND NEIGHBORHOOD ENGAGEMENT.

NAME OF RECIPIENT - SUFFOLK PARTNERSHIP FOR A HEALTHY COMMUNITY

TO FUND A WALKING COORDINATOR TO INCREASE THE REGISTRATION AND

Part XV Supplementary Information

3b Grants and Contributions Approved for Future Payment Continuation of Purpose of Grant or Contribution

SUSTAINABILITY OF WALKING GROUPS, WITHIN BUSINESSES, SCHOOLS AND
CIVIC/FAITH BASED ORGANIZATIONS.

NAME OF RECIPIENT - SUFFOLK PUBLIC SCHOOLS

TO PROVIDE STUDENTS WITH RESOURCES, SUCH AS SALAD BARS AND INTEGRATING
PHYSICAL ACTIVITY INTO CORE CLASSES, THAT LEAD TO HEALTHY EATING AND
ACTIVE LIVING, RESPECTIVELY.

NAME OF RECIPIENT - THE PLANNING COUNCIL

TO IMPLEMENT A WELL-RESEARCHED MODEL THAT CONNECTS LOCAL PRODUCERS OF
FRESH FRUITS AND VEGETABLES TO CHILDCARE PROGRAMS IN WESTERN TIDEWATER.

NAME OF RECIPIENT - VOICES FOR KIDS CASA PROGRAM OF SOUTHEAST VIRGINIA

TO PROVIDE ABUSED AND NEGLECTED CHILDREN OF SUFFOLK WITH ACCESS TO
MEDICAL, DENTAL AND MENTAL HEALTH SERVICES THROUGH COURT APPOINTED
SPECIAL ADVOCATE VOLUNTEER PROGRAM.

NAME OF RECIPIENT - WESTERN TIDEWATER COMMUNITY SERVICES BOARD

TO CONTINUE WESTERN TIDEWATER'S FIRST OUTPATIENT MEDICAL DETOXIFICATION
PROGRAM THAT PROVIDES DAILY TESTING, COUNSELING, SUPPORT AND REFERRAL
SERVICES TO SUBSTANCE ABUSERS.

NAME OF RECIPIENT - WESTERN TIDEWATER COMMUNITY SERVICES BOARD

TO PROVIDE WESTERN TIDEWATER RESIDENTS WITH INTEGRATED OUTPATIENT
COUNSELING BY TRAINED CLINICAL STAFF AT LOCAL SHELTERS, COMMUNITY
HEALTH CENTERS AND CLINICS.

NAME OF RECIPIENT - WESTERN TIDEWATER COMMUNITY SERVICES BOARD

Part XV Supplementary Information**3b Grants and Contributions Approved for Future Payment Continuation of Purpose of Grant or Contribution**

TO PROVIDE UNINSURED AND UNDER INSURED ADULTS WITH ACCESS TO COMMUNITY BASED PSYCHIATRIC SERVICES FOR BEHAVIORAL HEALTH CARE THAT IS NECESSARY IN ORDER TO MAINTAIN THEIR STABILITY IN THE COMMUNITY.

NAME OF RECIPIENT - WESTERN TIDEWATER COMMUNITY SERVICES BOARD

TO PROVIDE RESIDENTS OF WESTERN TIDEWATER WITH MENTAL HEALTH TELEMEDICINE CRISIS SERVICES SUPPORT THAT WILL CONNECT THEM TO THE APPROPRIATE COMMUNITY PROGRAM AND IMPROVE THE TIME IT TAKES TO CONNECT TO A PROVIDER.

NAME OF RECIPIENT - WESTERN TIDEWATER COMMUNITY SERVICES BOARD

TO PROVIDE THE SERIOUSLY MENTALLY ILL (SMI) POPULATION IN WESTERN TIDEWATER WITH TRAINED PEER PROVIDERS WHO WILL EDUCATE, MONITOR AND ASSIST WITH THEIR CHRONIC DISEASE MANAGEMENT TO INDIVIDUALS ENROLLED.

NAME OF RECIPIENT - WESTERN TIDEWATER FREE CLINIC

TO PROVIDE OPERATIONAL SUPPORT FOR MEDICAL AND DENTAL CARE AND CHRONIC DISEASE MANAGEMENT OF UNINSURED PATIENTS.

NAME OF RECIPIENT - WESTERN TIDEWATER HEALTH DISTRICT

TO IMPROVE THE REDUCTION OF UNDESIRABLE BIRTH OUTCOMES AMONG FIRST-TIME PREGNANT MOTHERS THROUGH EDUCATION, NURSE CASE MANAGEMENT, HOME VISITATION AND TRANSPORTATION ASSISTANCE.

NAME OF RECIPIENT - YMCA OF SOUTH HAMPTON ROADS

TO PROACTIVELY ADDRESS THE PREVALENCE OF PRE-DIABETES BY IMPLEMENTING A RISK-REDUCTION MODEL FOR WESTERN TIDEWATER RESIDENTS BASED ON A NATIONAL BEST PRACTICE.

Name **OBICI HEALTHCARE FOUNDATION, INC.** Employer identification number **51-0249728**

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	75,368.
2a	Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a	
2b	Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b	
2c	Credit for federal tax paid on fuels (see instructions)	2c	
2d	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 corporation does not owe the penalty	3	75,368.
4	Enter the tax shown on the corporation's 2014 income tax return (see instructions). Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5	4	
5	Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3	5	75,368.

Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty (see instructions).

6	<input type="checkbox"/> The corporation is using the adjusted seasonal installment method.
7	<input type="checkbox"/> The corporation is using the annualized income installment method.
8	<input checked="" type="checkbox"/> The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment

	(a)	(b)	(c)	(d)	
9 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	08/15/15	09/15/15	12/15/15	03/15/16
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% of line 5 above in each column.	10	18,842.	18,842.	18,842.	18,842.
11 Estimated tax paid or credited for each period (see instructions). For column (a) only, enter the amount from line 11 on line 15	11	29,281.		7,719.	25,000.
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		10,439.		
13 Add lines 11 and 12	13		10,439.	7,719.	25,000.
14 Add amounts on lines 16 and 17 of the preceding column	14			8,403.	19,526.
15 Subtract line 14 from line 13. If zero or less, enter -0-	15	29,281.	10,439.	0.	5,474.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		0.	684.	
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		8,403.	18,842.	13,368.
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	10,439.			

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.
LHA For Paperwork Reduction Act Notice, see separate instructions. Form 2220 (2015)

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 3rd month after the close of the tax year, whichever is earlier (see instructions). (Form 990-PF and Form 990-T filers: Use 5th month instead of 3rd month.)	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 4/15/2015 and before 7/1/2015	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 3\%}{365}$	22	\$	\$	\$
23 Number of days on line 20 after 06/30/2015 and before 10/1/2015	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 3\%}{365}$	24	\$	\$	\$
25 Number of days on line 20 after 9/30/2015 and before 1/1/2016	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 3\%}{365}$	26	\$	\$	\$
27 Number of days on line 20 after 12/31/2015 and before 4/1/2016	27	SEE ATTACHED WORKSHEET		
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 3\%}{366}$	28	\$	\$	\$
29 Number of days on line 20 after 3/31/2016 and before 7/1/2016	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{366}$	30	\$	\$	\$
31 Number of days on line 20 after 6/30/2016 and before 10/01/2016	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{366}$	32	\$	\$	\$
33 Number of days on line 20 after 9/30/2016 and before 1/1/2017	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{366}$	34	\$	\$	\$
35 Number of days on line 20 after 12/31/2016 and before 2/16/2017	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{365}$	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 total here and on Form 1120; line 33; or the comparable line for other income tax returns	38			\$ 426.

* 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 990-PF
UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

Name(s) OBICI HEALTHCARE FOUNDATION, INC.					Identifying Number 51-0249728
(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty
		-0-			
08/15/15	18,842.	18,842.			
08/15/15	-5,000.	13,842.			
08/15/15	-17,500.	-3,658.			
08/15/15	-6,781.	-10,439.			
09/15/15	18,842.	8,403.	90	.000082192	62.
12/14/15	-7,719.	684.	1	.000082192	
12/15/15	18,842.	19,526.	16	.000082192	26.
12/31/15	0.	19,526.	75	.000081967	120.
03/15/16	18,842.	38,368.			
03/15/16	-25,000.	13,368.	16	.000081967	18.
03/31/16	0.	13,368.	137	.000109290	200.
Penalty Due (Sum of Column F)					426.

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

FORM 990-PF	OTHER INCOME	STATEMENT 1		
DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	
PARTNERSHIP INCOME	0.	3,940,904.		
PARTNERSHIP INCOME	991,148.	0.		
PARTNERSHIP INCOME	269,538.	0.		
OTHER INCOME	2,550.	0.		
EXCISE TAXES	31,867.	0.		
TOTAL TO FORM 990-PF, PART I, LINE 11	1,295,103.	3,940,904.		

FORM 990-PF	LEGAL FEES	STATEMENT 2		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL SERVICES	28,336.	0.	0.	7,487.
TO FM 990-PF, PG 1, LN 16A	28,336.	0.	0.	7,487.

FORM 990-PF	ACCOUNTING FEES	STATEMENT 3		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
TAX COMPLIANCE AND AUDIT SERVICES	57,005.	0.	0.	57,005.
TO FORM 990-PF, PG 1, LN 16B	57,005.	0.	0.	57,005.

FORM 990-PF	OTHER PROFESSIONAL FEES			STATEMENT	4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
INVESTMENT FEES	612,505.	612,505.	0.	0.	
CONSULTING FEES	50,677.	0.	0.	48,342.	
TO FORM 990-PF, PG 1, LN 16C	663,182.	612,505.	0.	48,342.	

FORM 990-PF	TAXES			STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
OTHER FEES & TAXES	395.	0.	0.	395.	
TO FORM 990-PF, PG 1, LN 18	395.	0.	0.	395.	

FORM 990-PF	OTHER EXPENSES			STATEMENT	6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
DUES & SUBSCRIPTIONS	20,331.	0.	0.	18,831.	
FOOD & CATERING	11,011.	0.	0.	11,536.	
REPAIRS & MAINTENANCE	30,269.	0.	0.	32,426.	
INSURANCE	14,022.	0.	0.	21,769.	
OFFICE EXPENSES	27,370.	0.	0.	27,215.	
MISCELLANEOUS	13,836.	0.	0.	13,600.	
FACILITY RENTAL	2,664.	0.	0.	2,664.	
TECHNOLOGY EXPENSE	36,318.	0.	0.	39,556.	
AMORTIZATION	2,472.	0.		0.	
TO FORM 990-PF, PG 1, LN 23	158,293.	0.		167,597.	

FORM 990-PF	OTHER DECREASES IN NET ASSETS OR FUND BALANCES	STATEMENT	7
DESCRIPTION		AMOUNT	
UNREALIZED LOSSES IN INVESTMENTS		2,602,393.	
UNREALIZED LOSSES IN PARTNERSHIPS & FOREIGN INVESTMENTS		4,893,383.	
TOTAL TO FORM 990-PF, PART III, LINE 5		7,495,776.	

FORM 990-PF	CORPORATE STOCK	STATEMENT	8
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE	
SPDR S&P OILGAS EXPLORATION FUND	1,586,060.	1,586,060.	
AARONS INC	25,100.	25,100.	
ADT CORP	107,276.	107,276.	
ALARM.COM HOLDINGS INC	177,797.	177,797.	
AMERICA'S CAR-MART INC	170,225.	170,225.	
AXIALL CORPORATION	190,008.	190,008.	
BOX INC	178,714.	178,714.	
BWX TECHNOLOGIES INC	147,664.	147,664.	
CABELA'S INC CL A	209,367.	209,367.	
CABOT MICROELECTRONICS CORP	163,640.	163,640.	
CALGON CARBON CORP	134,592.	134,592.	
CHANNELADVISOR CORP	87,750.	87,750.	
COLFAX CORP	492,005.	492,005.	
COMPASS MINERALS INTERNATIONAL INC	184,236.	184,236.	
CST BRANDS INC	145,502.	145,502.	
DIGITALGLOBE INC	102,070.	102,070.	
DOLBY LABORATORIES INC	178,012.	178,012.	
ENTEGRIS INC	212,472.	212,472.	
FLIR SYSTEMS INC	128,505.	128,505.	
HALYARD HEALTH INC	203,983.	203,983.	
HEICO CORP CL A	70,210.	70,210.	
HYSTER-YALE MATERIALS HANDLING CL A	86,580.	86,580.	
INTERACTIVE INTELLIGENCE GROUP	469,636.	469,636.	
KNOWLES CORPORATION	172,658.	172,658.	
LINDSAY CORPORATION	200,508.	200,508.	
LIONS GATE ENTMT CORP	137,655.	137,655.	
LIVE NATION ENTERTAINMENT, INC.	192,982.	192,982.	
NOW INC/DE	56,704.	56,704.	
PERKINELMER INC	148,380.	148,380.	
PLATFORM SPECIALTY PRODUCTS	430,292.	430,292.	
TALEN ENERGY CORP	184,500.	184,500.	
TIMKENSTEEL CORPORATION	44,590.	44,590.	
US ECOLOGY, INC.	181,763.	181,763.	
USG CORP	119,088.	119,088.	
VCA INC	205,723.	205,723.	

WPX ENERGY INC	140,499.	140,499.
TOTAL TO FORM 990-PF, PART II, LINE 10B	7,666,746.	7,666,746.

FORM 990-PF	OTHER INVESTMENTS	STATEMENT	9
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
ALTERNATIVE INVESTMENTS - LIMITED PARTNERSHIPS AND CORPORATIONS	COST	39,593,679.	39,593,679.
ALTERNATIVE INVESTMENTS - FOREIGN CORPORATIONS	COST	50,306,281.	50,306,281.
TOTAL TO FORM 990-PF, PART II, LINE 13		89,899,960.	89,899,960.

FORM 990-PF	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	10
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND	102,507.	0.	102,507.
SITWORK	301,205.	91,616.	209,589.
REMOVE WATER LAT.	5,367.	1,632.	3,735.
PAVERS / COLORED SIDEWALK	8,415.	3,413.	5,002.
WELL	16,499.	5,019.	11,480.
FENCING	4,498.	3,420.	1,078.
LANDSCAPING	1,686.	1,026.	660.
WHEEL STOPS	1,169.	474.	695.
PARKING LOT UNDERCUTTING	6,289.	2,550.	3,739.
TREE PRUNING	695.	282.	413.
SIDEWALK DESIGN	2,090.	847.	1,243.
LOC - CITY OF SUFFOLK			
LANDSCAPING	1,250.	500.	750.
SIGN FOR NEW CONSTRUCTION	468.	190.	278.
FENCE - AIR HANDLER	1,300.	976.	324.
BRONZE SIGN	3,449.	1,380.	2,069.
LANDSCAPING CONTRACT	54,997.	32,082.	22,915.
CIVIL CONSTRUCTION DRAWINGS	2,373.	295.	2,078.
FINAL UNDERCUTTING	1,524.	568.	956.
REVIEW OF FINAL DRAWINGS	210.	26.	184.
LANDSCAPING - NEAR CAC (ADOPT-A-SPOT)	6,008.	2,704.	3,304.
LOCATION SIGN (MAIN STREET)	1,680.	457.	1,223.
LANDSCAPING - MAIN & FINNEY	4,993.	1,997.	2,996.
VITEX TREES (2)	680.	221.	459.
COMMUNITY GARDEN BOX (MATERIALS & LABOR)	3,844.	961.	2,883.

REPLACE SERVICE BERRIES ALONG MAIN STREET	2,057.	0.	2,057.
BUILDING SHELL	1,098,759.	148,536.	950,223.
CARPET	14,868.	14,868.	0.
PAINTING	43,570.	43,570.	0.
ELEVATOR	57,065.	17,357.	39,708.
FIRE PROTECTION	39,557.	12,032.	27,525.
PLUMBING	43,957.	13,370.	30,587.
HVAC	80,106.	24,365.	55,741.
GEOHERMAL SYSTEM	64,356.	19,575.	44,781.
ELECTRICAL	151,944.	46,216.	105,728.
STAIRS AND CABINETS	7,431.	991.	6,440.
CONSTRUCTION ADMINISTRATION	4,653.	577.	4,076.
SNOW GUARDS	10,200.	1,134.	9,066.
PAINT FRONT PORCH	3,450.	575.	2,875.
BATHROOM HEATERS (4-INSTALLED)	1,700.	142.	1,558.
COMPUTER	1,447.	1,447.	0.
COPIER	6,100.	6,100.	0.
2 COMPUTER MONITORS	3,423.	3,423.	0.
BROTHER LASER PRINTER	707.	707.	0.
COMPUTER EQUIPMENT	980.	980.	0.
3 COMPUTER MONITORS	5,308.	5,308.	0.
COMPUTER EQUIPMENT	912.	912.	0.
PHONE SYSTEM AND PHONES	3,529.	3,529.	0.
PHONE - VOICEMAIL	2,601.	2,601.	0.
PRINTER	657.	657.	0.
SOFTWARE	2,031.	2,031.	0.
LABTOP COMPUTER	1,344.	1,344.	0.
PROJECTOR	1,302.	1,302.	0.
GIFTS MANAGEMENT SOFTWARE (ESSENTIAL)	14,960.	14,960.	0.
3 POWER POINT SOFTWARE	595.	595.	0.
AVAYA PHONE- LISA	435.	435.	0.
2 CS3 ADOBE DREAM WEAVER SOFTWARE	1,065.	1,065.	0.
2 CS3 ADOBE CREATIVE SUITE DESIGN SOFTWARE	837.	837.	0.
DESKTOP COMPUTER / HP PROGRAM OFFICER	2,066.	2,066.	0.
MICROSOFT OFFICE PROF PLUS SOFTWARE (5)	897.	897.	0.
FILE ROOM SYSTEM	1,300.	1,300.	0.
DOCUMENTS MANAGER SOFTWARE - GIFTS	3,156.	3,156.	0.
GIFTS SOFTWARE "NAME?"	13,720.	13,720.	0.
RANGE AND DISWASHER	2,886.	1,756.	1,130.
REFRIGERATOR	1,462.	889.	573.
VOICE AND DATA CABLING EQUIPMENT	8,607.	2,618.	5,989.
ACCESS CONTROL SYSTEM	4,355.	1,325.	3,030.
SECURITY SYSTEM EQUIPMENT	2,790.	849.	1,941.
CCTV SYSTEM	6,374.	3,877.	2,497.
ADDITION TO AVAYA PHONE SYSTEM	4,656.	4,046.	610.
HP DESKTOP COMPUTER GP TO CONFERENCE ROOM	1,298.	1,298.	0.

WIRELESS KEYBOARD AND MOUSE - BOARD ROOM	351.	351.	0.
CS5 SOFTWARE (3)	1,832.	1,832.	0.
ADOBE COTRIBUTE LICENSES (3)	339.	339.	0.
SONIC WALL (COMPUTER EQUIPMENT)	1,115.	1,022.	93.
COMPUTER PROJECTOR	917.	840.	77.
I-PAD (& APPS) ED	650.	585.	65.
DELL DESKTOP COMPUTER (RS TO INTERN)	1,400.	1,120.	280.
COMPUTER MONITOR	240.	192.	48.
DESK SCANNER (EXECUTIVE ASSISTANT)	430.	337.	93.
SHARP 80" TV (BOARD ROOM)	5,399.	3,510.	1,889.
PRINTER, LASERJET PRO (DIRECTOR OF FINANCE)	210.	133.	77.
DESKTOP COMPUTER HP Z400 (BD RM TO CONF RM))	950.	538.	412.
LAPTOP COMPUTER 10" (DOF)	950.	538.	412.
SOFTWARE MICROSOFT OFFICE (B ROOM, ED, EA)	660.	623.	37.
SERVER HP PROLIANT ML	3,500.	1,925.	1,575.
SOFTWARE SERVER LICENSE	317.	291.	26.
COMPUTER HP (TOWER ONLY) (DOF)	1,595.	691.	904.
CANOPY TENT	520.	243.	277.
GOOGLE CHROME TABLET (FOR SURVEYS)	317.	111.	206.
DESKTOP COMPUTER (GRANTS ADMINISTRATOR)	1,417.	401.	1,016.
SURFACE PRO TABLET (EXECUTIVE DIRECTOR)	1,106.	258.	848.
HEATING/COOLING UNIT (OUTDOOR FOR SERVER ROOM)	4,200.	910.	3,290.
MONITOR 22" LCD (FOUNDATION ASSISTANT)	170.	31.	139.
DUAL MONITOR STAND (FOUNDATION ASSISTANT)	257.	47.	210.
VACUUM CLEANER WINDSOR S12 COMMERCIAL	569.	104.	465.
COMPUTER (EXECUTIVE DIRECTOR)	1,407.	164.	1,243.
COMPUTER (COMM/PROG SPECIALIST)	1,407.	164.	1,243.
COMPUTER (FOUNDATION ASSISTANT)	1,407.	164.	1,243.
COMPUTER MONITOR (PROGRAM RESOURCE OFFICER)	255.	30.	225.
COMPUTER MONITOR (PROGRAM RESOURCE OFFICER)	255.	30.	225.
TV - LG 55LF6100 LCD HDTV (CONF ROOM)	992.	83.	909.
COMPUTER MONITOR DELL 24" (PRO RICK)	169.	6.	163.
COMPUTER MONITOR VIEWSONIC (PRO TAMMIE)	138.	5.	133.

COMPUTER (PRO TAMMIE)	1,100.	0.	1,100.
IPAD PRO & KEYBD APPLE (EXECUTIVE DIRECTOR)	1,192.	20.	1,172.
IPAD PRO & KEYBD APPLE (COMM/PROG SPECIALIST)	1,192.	20.	1,172.
SURFACE PRO TABLET (FINANCE DIRECTOR)	1,409.	23.	1,386.
SURFACE PRO TABLET (FOUNDATION ASSISTANT)	1,409.	23.	1,386.
MINI LAPTOP TOSHIBA (PRO TAMMIE)	1,272.	21.	1,251.
MINI LAPTOP LENOVO (PRO RICK)	1,166.	0.	1,166.
FURNITURE	5,255.	5,255.	0.
CONFERENCE TABLE	4,370.	4,370.	0.
8 CONFERENCE CHAIRS	1,253.	1,253.	0.
2 LEATHER MESH CHAIRS	713.	713.	0.
DESK AND FILE CABINET	781.	781.	0.
CONFERENCE TABLE	1,750.	1,292.	458.
DESK, FILE CABINET & BOOKCASE FINANCE	3,386.	2,544.	842.
OFFICE CHAIR	362.	285.	77.
INTERIOR DESIGN FEES (3) 5 DRW , LATERAL FILE CABINETS	13,675.	8,319.	5,356.
FINANCE SHELVING - FILE ROOM	3,421.	2,973.	448.
CREDENZA	861.	524.	337.
TABLE - FINANCE OFFICE	963.	837.	126.
DESK ADM FILE ROOM	704.	612.	92.
(10) OFFICE SIDE CHAIRS	357.	310.	47.
SIDE TABLE - ED OFFICE	6,035.	5,245.	790.
LECTERN - BOARD ROOM	340.	296.	44.
(3) BUFFET CREDENZAS	1,843.	1,601.	242.
SIDE TABLE - BOARD ROOM	7,616.	6,618.	998.
CONFERENCE TABLE - BOARD ROOM	929.	808.	121.
(18) BOARD ROOM CHAIRS	10,421.	6,339.	4,082.
WINDOW TREATMENTS	13,778.	8,382.	5,396.
OBICI ROOM WOOD TABLES (3)	24,827.	15,103.	9,724.
OBICI ROOM AREA RUG	3,339.	2,902.	437.
OBICI ROOM FRIEZE WALL COVERING	1,470.	1,470.	0.
UPHOLSTER SOFA & BOARD ROOM CHAIRS	1,140.	693.	447.
OBICI ROOM TILE / FIREPLACE	3,934.	3,419.	515.
MOVING OFFICE FURNITURE & EQUIPMENT	163.	99.	64.
RENTAL OF SPACE - CONSTRUCTION MEETINGS	1,820.	1,107.	713.
SAFE	800.	487.	313.
OAK BASE TABLE	582.	478.	104.
TASK CHAIR AND KEYBOARD PLATFORM	600.	450.	150.
CHAIR (PROGRAM OFFICER)	544.	408.	136.
BOOKCASE (PROGRAM ASSOCIATE)	366.	257.	109.
TASK CHAIR (EXECUTIVE ASSISTANT)	224.	149.	75.
	387.	258.	129.

FOUNDERS PLAQUE (ENTRANCE HALLWAY)	549.	353.	196.
DESK HUTCH	458.	262.	196.
WIRE SHELVING (3 - 48")	825.	472.	353.
PRINTER STAND	377.	216.	161.
LATERAL FILE CABINETS (2 - 42")	2,430.	1,388.	1,042.
EXECUTIVE CHAIRS (2 - MESHBACK)	817.	467.	350.
ROUND TABLE (2ND FLOOR HALLWAY)	519.	296.	223.
PADDED FOLDING CHAIRS (8) (KITCHEN)	560.	313.	247.
GUEST CHAIRS, ROLLED ARM (2) (PROGRAM ASSOCIATE)	2,262.	1,238.	1,024.
GUEST CHAIRS, WOOD FRAME, CHARCOAL (2) (CREDIT FOR ERROR)	722.	387.	335.
GUEST CHAIRS, WOOD FRAME, CRANBERRY (4) (DOF)	2,507.	1,373.	1,134.
CRENDENZA (ED)	2,898.	1,587.	1,311.
SOFA TABLE (PROGRAM ASSOCIATE)	519.	284.	235.
OPEN BOOKCASE UNIT (PROGRAM ASSOCIATE)	1,031.	564.	467.
GUEST CHAIRS, OPEN WOOD BACK (2) (ED) (TEA LEAVE FABRIC)	1,248.	668.	580.
ROUND TABLE (DIRECTOR OF FINANCE)	846.	433.	413.
RUGS, AREA (4 ON 2ND, 2 ON 1ST)	7,051.	3,189.	3,862.
SOFA TABLE (GRANTS ASSOCIATE)	519.	235.	284.
LATERAL FILES, 2-DRAWER, ED (2)	3,137.	1,382.	1,755.
STAND-UP TABLE (ED)	1,855.	795.	1,060.
BOOKCASE 3-SHELF (PO)	579.	248.	331.
LATERAL FILE 2-DRAWER (PO)	1,623.	464.	1,159.
EXECUTIVE DESK W/ BRIDGE (PROG RESOUR OFFICER)	4,870.	1,392.	3,478.
PORCH FURNITURE ADIRONDACK 5-PIECE	1,402.	184.	1,218.
DESK SET 3-PIECE (FOUNDATION ASSISTANT)	3,844.	412.	3,432.
KITCHEN TABLE 36X84 OVAL	802.	19.	783.
TOTAL TO FM 990-PF, PART II, LN 14	2,466,109.	704,957.	1,761,152.

FORM 990-PF	OTHER ASSETS		STATEMENT 11
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
ART COLLECTION	658,240.	658,240.	658,240.
CEMETERY LOTS	24,000.	24,000.	24,000.
ACCRUED INTEREST ON INVESTMENTS	7,861.	4,017.	4,017.
DEPOSITS	100.	100.	100.
DEFERRED FINANCING COSTS	12,425.	9,952.	9,952.
TOTAL TO FORM 990-PF, PART II, LINE 15	702,626.	696,309.	696,309.

FORM 990-PF	OTHER LIABILITIES		STATEMENT 12
DESCRIPTION	BOY AMOUNT	EOY AMOUNT	
DEFERRED EXCISE TAXES PAYABLE	559,457.	347,722.	
TOTAL TO FORM 990-PF, PART II, LINE 22	559,457.	347,722.	

FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS STATEMENT 13
 TRUSTEES AND FOUNDATION MANAGERS

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
GEORGE Y. BIRDSONG 106 W. FINNEY AVENUE SUFFOLK, VA 23434	CHAIRMAN 1.00	0.	0.	575.
J. SAMUEL GLASSCOCK 106 W. FINNEY AVENUE SUFFOLK, VA 23434	VICE CHAIRMAN 1.00	0.	0.	575.
LULA B. HOLLAND 106 W. FINNEY AVENUE SUFFOLK, VA 23434	SECRETARY 1.00	0.	0.	575.
FRANK A. SPADY, III 106 W. FINNEY AVENUE SUFFOLK, VA 23434	TREASURER 1.00	0.	0.	575.
GINA L. PITRONE 106 W. FINNEY AVENUE SUFFOLK, VA 23434	EXECUTIVE DIRECTOR 40.00	223,150.	45,061.	575.
MICHAEL K. BRINKLEY 106 W. FINNEY AVENUE SUFFOLK, VA 23434	DIRECTOR OF FINANCE 23.44	74,690.	3,735.	575.
R. SCOTT CARR 106 W. FINNEY AVENUE SUFFOLK, VA 23434	BOARD OF DIRECTORS 1.00	0.	0.	575.
ROBERT C. CLAUD 106 W. FINNEY AVENUE SUFFOLK, VA 23434	BOARD OF DIRECTORS 1.00	0.	0.	575.
JEFFERY D. FORMAN, MD 106 W. FINNEY AVENUE SUFFOLK, VA 23434	BOARD OF DIRECTORS 1.00	0.	0.	575.
WILLIAM G. JACKSON, MD 106 W. FINNEY AVENUE SUFFOLK, VA 23434	BOARD OF DIRECTORS 1.00	0.	0.	575.
CLARISSA MCADOO 106 W. FINNEY AVENUE SUFFOLK, VA 23434	BOARD OF DIRECTORS 1.00	0.	0.	575.

PASTOR EMANUEL MYRICK 106 W. FINNEY AVENUE SUFFOLK, VA 23434	BOARD OF DIRECTORS 1.00	0.	0.	574.
LYNNE RABIL 106 W. FINNEY AVENUE SUFFOLK, VA 23434	BOARD OF DIRECTORS 1.00	0.	0.	574.
THOMAS WOODWARD III 106 W. FINNEY AVENUE SUFFOLK, VA 23434	BOARD OF DIRECTORS 1.00	0.	0.	574.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		297,840.	48,796.	8,047.

COPY

FORM 990-PF

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

STATEMENT 14

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTEDCATHY HUBAND
106 W. FINNEY AVENUE
SUFFOLK, VA 23434TELEPHONE NUMBER

757-539-8810

FORM AND CONTENT OF APPLICATIONS

GRANT SEEKERS MUST SUBMIT THE REQUEST FOR PROJECT SUPPORT AND CONDITIONS OF GRANT FORM.

IN ADDITION:

1. IRS DETERMINATION LETTER OR A WRITTEN DOCUMENT CERTIFYING TAX EXEMPT STATUS
2. BIOGRAPHICAL PROFILE OF KEY STAFF
3. ANNUAL REPORT, IF AVAILABLE
4. DETAILED ANNUAL BUDGET

ANY SUBMISSION DEADLINESRENEWALS - JANUARY 15 & JULY 15 OF EACH YEAR
GRANTS - JANUARY 15 & JULY 15 OF EACH YEARRESTRICTIONS AND LIMITATIONS ON AWARDS

RESTRICTIONS:

- LOBBYING OR POLITICAL PROGRAMS OR EVENTS
- ACTIVITIES THAT EXCLUSIVELY BENEFIT THE MEMBERS OF SECTARIAN OR RELIGIOUS ORGANIZATIONS
- ORGANIZATIONS THAT DISCRIMINATE BY RACE, COLOR, CREED, GENDER OR NATIONAL ORIGIN
- BIOMEDICAL, CLINICAL OR EDUCATIONAL RESEARCH
- INDIVIDUAL SCHOLARSHIPS
- DIRECT SUPPORT TO ENDOWMENTS
- FUNDING THAT SUPPLANTS EXISTING SOURCES OF SUPPORT
- INDIVIDUALS, INCLUDING PATIENT ASSISTANCE FUNDS
- ANNUAL FUND DRIVES

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION
PART XV, LINES 2A - 2D (CONTINUATION)

STATEMENT 15

RESTRICTIONS AND LIMITATIONS ON AWARDS

- PROJECTS OUTSIDE OF THE FOUNDATION'S SERVICE AREA
- MEETINGS AND CONFERENCES, UNLESS THEY ARE ESSENTIAL TO A LARGER PROJECT
- DIRECT FUNDING FOR MEDICAL OR SOCIAL SERVICES THAT ARE ALREADY FUNDED THROUGH EXISTING THIRD-PARTY REIMBURSEMENT SOURCES

COPY

2015 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-PF PAGE 1

990-PF

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	LAND	03/01/10	L				102,507.				102,507.			0.	
2	SITWORK	03/01/10	SL	20.00		16	301,205.				301,205.	76,556.		15,060.	91,616.
3	REMOVE WATER LAT.	03/01/10	SL	20.00		16	5,367.				5,367.	1,364.		268.	1,632.
4	PAVERS / COLORED SIDEWALK	03/01/10	SL	15.00		16	8,415.				8,415.	2,852.		561.	3,413.
5	WELL	03/01/10	SL	20.00		16	16,499.				16,499.	4,194.		825.	5,019.
6	FENCING	03/01/10	SL	8.00		16	4,498.				4,498.	2,858.		562.	3,420.
7	LANDSCAPING	03/01/10	SL	10.00		16	1,686.				1,686.	857.		169.	1,026.
8	WHEEL STOPS	03/01/10	SL	15.00		16	1,169.				1,169.	396.		78.	474.
9	PARKING LOT UNDERCUTTING	03/01/10	SL	15.00		16	6,289.				6,289.	2,131.		419.	2,550.
10	TREE PRUNING	03/01/10	SL	15.00		16	695.				695.	236.		46.	282.
11	SIDEWALK DESIGN	03/01/10	SL	15.00		16	2,090.				2,090.	708.		139.	847.
12	LOC - CITY OF SUFFOLK LANDSCAPING	03/01/10	SL	15.00		16	1,250.				1,250.	417.		83.	500.
13	SIGN FOR NEW CONSTRUCTION	03/01/10	SL	15.00		16	468.				468.	159.		31.	190.
14	FENCE - AIR HANDLER	04/09/10	SL	8.00		16	1,300.				1,300.	813.		163.	976.
15	BRONZE SIGN	04/12/10	SL	15.00		16	3,449.				3,449.	1,150.		230.	1,380.
16	LANDSCAPING CONTRACT	05/13/10	SL	10.00		16	54,997.				54,997.	26,582.		5,500.	32,082.
17	CIVIL CONSTRUCTION DRAWINGS	08/31/10	SL	45.00		16	2,373.				2,373.	242.		53.	295.
18	FINAL UNDERCUTTING	09/01/10	SL	15.00		16	1,524.				1,524.	466.		102.	568.

2015 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-PF PAGE 1

990-PF

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
19	REVIEW OF FINAL DRAWINGS	09/01/10	SL	45.00		16	210.				210.	21.		5.	26.
20	LANDSCAPING - NEAR CAC (ADOPT-A-SPOT)	10/03/11	SL	10.00		16	6,008.				6,008.	2,103.		601.	2,704.
21	LOCATION SIGN (MAIN STREET)	03/06/12	SL	15.00		16	1,680.				1,680.	345.		112.	457.
22	LANDSCAPING - MAIN & FINNEY	03/28/12	SL	10.00		16	4,993.				4,993.	1,498.		499.	1,997.
23	VITEX TREES (2)	01/31/13	SL	10.00		16	680.				680.	153.		68.	221.
24	COMMUNITY GARDEN BOX (MATERIALS & LABOR)	04/23/14	SL	8.00		16	3,844.				3,844.	480.		481.	961.
25	REPLACE SERVICE BERRIES ALONG MAIN STREET	03/31/16	SL	10.00		16	2,057.				2,057.			0.	
26	BUILDING SHELL	03/01/10	SL	45.00		16	1,098,759.				1,098,759.	124,119.		24,417.	148,536.
27	CARPET	03/01/10	SL	5.00		16	14,868.				14,868.	14,868.		0.	14,868.
28	PAINTING	03/01/10	SL	5.00		16	43,570.				43,570.	43,570.		0.	43,570.
29	ELEVATOR	03/01/10	SL	20.00		16	57,065.				57,065.	14,504.		2,853.	17,357.
30	FIRE PROTECTION	03/01/10	SL	20.00		16	39,557.				39,557.	10,054.		1,978.	12,032.
31	PLUMBING	03/01/10	SL	20.00		16	43,957.				43,957.	11,172.		2,198.	13,370.
32	HVAC	03/01/10	SL	20.00		16	80,106.				80,106.	20,360.		4,005.	24,365.
33	GEOHERMAL SYSTEM	03/01/10	SL	20.00		16	64,356.				64,356.	16,357.		3,218.	19,575.
34	ELECTRICAL	03/01/10	SL	20.00		16	151,944.				151,944.	38,619.		7,597.	46,216.
35	STAIRS AND CABINETS	09/01/10	SL	45.00		16	7,431.				7,431.	826.		165.	991.
36	CONSTRUCTION ADMINISTRATION	09/01/10	SL	45.00		16	4,653.				4,653.	474.		103.	577.

2015 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-PF PAGE 1

990-PF

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
37	SNOW GUARDS	03/10/11	SL	45.00		16	10,200.				10,200.	907.		227.	1,134.
38	PAINT FRONT PORCH	05/21/15	SL	5.00		16	3,450.				3,450.			575.	575.
39	BATHROOM HEATERS (4-INSTALLED)	11/10/15	SL	5.00		16	1,700.				1,700.			142.	142.
40	COMPUTER	12/18/06	SL	5.00		16	1,447.				1,447.	1,447.		0.	1,447.
41	COPIER	12/18/06	SL	5.00		16	6,100.				6,100.	6,100.		0.	6,100.
42	2 COMPUTER MONITORS	12/18/06	SL	5.00		16	3,423.				3,423.	3,423.		0.	3,423.
43	BROTHER LASER PRINTER	12/18/06	SL	5.00		16	707.				707.	707.		0.	707.
44	COMPUTER EQUIPMENT	12/18/06	SL	5.00		16	980.				980.	980.		0.	980.
45	3 COMPUTER MONITORS	01/02/07	SL	5.00		16	5,308.				5,308.	5,308.		0.	5,308.
46	COMPUTER EQUIPMENT	01/02/07	SL	5.00		16	912.				912.	912.		0.	912.
47	PHONE SYSTEM AND PHONES	01/19/07	SL	7.00		16	3,529.				3,529.	3,529.		0.	3,529.
48	PHONE - VOICEMAIL	02/14/07	SL	7.00		16	2,601.				2,601.	2,601.		0.	2,601.
49	PRINTER	02/15/07	SL	5.00		16	657.				657.	657.		0.	657.
50	SOFTWARE	03/31/07	SL	3.00		16	2,031.				2,031.	2,031.		0.	2,031.
51	LABTOP COMPUTER	04/23/07	SL	5.00		16	1,344.				1,344.	1,344.		0.	1,344.
52	PROJECTOR	04/23/07	SL	5.00		16	1,302.				1,302.	1,302.		0.	1,302.
53	GIFTS MANAGEMENT SOFTWARE (ESSENTIAL)	06/01/07	SL	3.00		16	14,960.				14,960.	14,960.		0.	14,960.
54	3 POWER POINT SOFTWARE	06/01/07	SL	3.00		16	595.				595.	595.		0.	595.

2015 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-PF PAGE 1

990-PF

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
55	AVAYA PHONE- LISA	07/13/07	SL	7.00		16	435.				435.	435.		0.	435.
56	2 CS3 ADOBE DREAM WEAVER SOFTWARE	07/21/07	SL	3.00		16	1,065.				1,065.	1,065.		0.	1,065.
57	2 CS3 ADOBE CREATIVE SUITE DESIGN SOFTWARE	09/21/07	SL	3.00		16	837.				837.	837.		0.	837.
58	DESKTOP COMPUTER / HP PROGRAM OFFICER	08/06/08	SL	5.00		16	2,066.				2,066.	2,066.		0.	2,066.
59	MICROSOFT OFFICE PROF PLUS SOFTWARE (5)	09/22/08	SL	3.00		16	897.				897.	897.		0.	897.
60	FILE ROOM SYSTEM	10/03/08	SL	10.00		16	1,300.				1,300.	1,300.		0.	1,300.
61	DOCUMENTS MANAGER SOFTWARE - GIFTS	06/02/09	SL	3.00		16	3,156.				3,156.	3,156.		0.	3,156.
62	GIFTS SOFTWARE "NAME?"	01/01/10	SL	3.00		16	13,720.				13,720.	13,720.		0.	13,720.
63	RANGE AND DISWASHER	03/01/10	SL	10.00		16	2,886.				2,886.	1,467.		289.	1,756.
64	REFRIGERATOR	03/01/10	SL	10.00		16	1,462.				1,462.	743.		146.	889.
65	VOICE AND DATA CABLING EQUIPMENT	03/01/10	SL	20.00		16	8,607.				8,607.	2,188.		430.	2,618.
66	(D)TOSHIBA 55" LCD HDTV - CONF ROOM	03/01/10	SL	10.00		16	4,121.				4,121.	2,095.		240.	
67	ACCESS CONTROL SYSTEM	03/01/10	SL	20.00		16	4,355.				4,355.	1,107.		218.	1,325.
68	SECURITY SYSTEM EQUIPMENT	03/01/10	SL	20.00		16	2,790.				2,790.	709.		140.	849.
69	CCTV SYSTEM	03/01/10	SL	10.00		16	6,374.				6,374.	3,240.		637.	3,877.
70	ADDITION TO AVAYA PHONE SYSTEM	03/01/10	SL	7.00		16	4,656.				4,656.	3,381.		665.	4,046.
71	HP DESKTOP COMPUTER GP TO CONFERENCE ROOM	06/11/10	SL	5.00		16	1,298.				1,298.	1,233.		65.	1,298.
72	(D)HP DESKTOP COMPUTER RS	06/11/10	SL	5.00		16	1,298.				1,298.	1,233.		65.	

2015 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-PF PAGE 1

990-PF

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
73	WIRELESS KEYBOARD AND MOUSE - BOARD ROOM	11/05/10	SL	5.00		16	351.				351.	310.		41.	351.
74	CS5 SOFTWARE (3)	04/06/11	SL	3.00		16	1,832.				1,832.	1,832.		0.	1,832.
75	(D)HP DESKTOP COMPUTERS (2) (DN/TMR)	04/20/11	SL	5.00		16	5,291.				5,291.	4,145.		1,058.	
76	ADOBE COTRIBUTE LICENSES (3)	05/01/11	SL	3.00		16	339.				339.	339.		0.	339.
77	(D)HP DESKTOP COMPUTER (FA)	08/25/11	SL	5.00		16	1,890.				1,890.	1,355.		378.	
78	SONIC WALL (COMPUTER EQUIPMENT)	08/25/11	SL	5.00		16	1,115.				1,115.	799.		223.	1,022.
79	COMPUTER PROJECTOR	08/26/11	SL	5.00		16	917.				917.	657.		183.	840.
80	I-PAD (& APPS) ED	09/26/11	SL	5.00		16	650.				650.	455.		130.	585.
81	DELL DESKTOP COMPUTER (RS TO INTERN)	03/26/12	SL	5.00		16	1,400.				1,400.	840.		280.	1,120.
82	(D)DELL DESKTOP COMPUTER (DOF)	03/26/12	SL	5.00		16	1,400.				1,400.	840.		280.	
83	COMPUTER MONITOR	03/26/12	SL	5.00		16	240.				240.	144.		48.	192.
84	DESK SCANNER (EXECUTIVE ASSISTANT)	04/26/12	SL	5.00		16	430.				430.	251.		86.	337.
85	SHARP 80" TV (BOARD ROOM)	12/26/12	SL	5.00		16	5,399.				5,399.	2,430.		1,080.	3,510.
86	PRINTER, LASERJET PRO (DIRECTOR OF FINANCE)	02/05/13	SL	5.00		16	210.				210.	91.		42.	133.
87	DESKTOP COMPUTER HP Z400 (BD RM TO CONF RM))	05/31/13	SL	5.00		16	950.				950.	348.		190.	538.
88	LAPTOP COMPUTER 10" (DOF)	05/31/13	SL	5.00		16	950.				950.	348.		190.	538.
89	SOFTWARE MICROSOFT OFFICE (B ROOM, ED, EA)	05/31/13	SL	3.00		16	660.				660.	403.		220.	623.
90	SERVER HP PROLIENT ML	06/18/13	SL	5.00		16	3,500.				3,500.	1,225.		700.	1,925.

2015 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-PF PAGE 1

990-PF

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
91	SOFTWARE SERVER LICENSE	06/26/13	SL	3.00		16	317.				317.	185.		106.	291.
92	COMPUTER HP (TOWER ONLY) (DOF)	02/07/14	SL	5.00		16	1,595.				1,595.	372.		319.	691.
93	CANOPY TENT	11/26/13	SL	5.00		16	520.				520.	139.		104.	243.
94	(D)LAPTOP COMPUTER 10" (PROGRAM RESOUR OFFICER)	04/03/14	SL	5.00		16	1,290.				1,290.	258.		258.	
95	GOOGLE CHROME TABLET (FOR SURVEYS)	06/26/14	SL	5.00		16	317.				317.	48.		63.	111.
96	DESKTOP COMPUTER (GRANTS ADMINISTRATOR)	11/03/14	SL	5.00		16	1,417.				1,417.	118.		283.	401.
97	SURFACE PRO TABLET (EXECUTIVE DIRECTOR)	01/26/15	SL	5.00		16	1,106.				1,106.	37.		221.	258.
98	HEATING/COOLING UNIT (OUTDOOR FOR SERVER ROOM)	02/26/15	SL	5.00		16	4,200.				4,200.	70.		840.	910.
99	MONITOR 22" LCD (FOUNDATION ASSISTANT)	04/22/15	SL	5.00		16	170.				170.			31.	31.
100	DUAL MONITOR STAND (FOUNDATION ASSISTANT)	04/22/15	SL	5.00		16	257.				257.			47.	47.
101	VACUUM CLEANER WINDSOR S12 COMMERCIAL	04/26/15	SL	5.00		16	569.				569.			104.	104.
102	COMPUTER (EXECUTIVE DIRECTOR)	08/21/15	SL	5.00		16	1,407.				1,407.			164.	164.
103	COMPUTER (COMM/PROGRAM SPECIALIST)	08/21/15	SL	5.00		16	1,407.				1,407.			164.	164.
104	COMPUTER (FOUNDATION ASSISTANT)	08/21/15	SL	5.00		16	1,407.				1,407.			164.	164.
105	COMPUTER MONITOR (PROGRAM RESOURCE OFFICER)	09/15/15	SL	5.00		16	255.				255.			30.	30.
106	COMPUTER MONITOR (PROGRAM RESOURCE OFFICER)	09/15/15	SL	5.00		16	255.				255.			30.	30.
107	TV - LG 55LF6100 LCD HDTV (CONF ROOM)	11/05/15	SL	5.00		16	992.				992.			83.	83.
108	COMPUTER MONITOR DELL 24" (PRO RICK)	01/26/16	SL	5.00		16	169.				169.			6.	6.

2015 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-PF PAGE 1

990-PF

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
109	COMPUTER MONITOR VIEWSONIC (PRO TAMMIE)	01/26/16	SL	5.00		16	138.				138.			5.	5.
110	COMPUTER (PRO TAMMIE)	03/31/16	SL	5.00		16	1,100.				1,100.			0.	
111	IPAD PRO & KEYBD APPLE (EXECUTIVE DIRECTOR)	02/26/16	SL	5.00		16	1,192.				1,192.			20.	20.
112	IPAD PRO & KEYBD APPLE (COMM/PROG SPECIALIST)	02/26/16	SL	5.00		16	1,192.				1,192.			20.	20.
113	SURFACE PRO TABLET (FINANCE DIRECTOR)	02/26/16	SL	5.00		16	1,409.				1,409.			23.	23.
114	SURFACE PRO TABLET (FOUNDATION ASSISTANT)	02/26/16	SL	5.00		16	1,409.				1,409.			23.	23.
115	MINI LAPTOP TOSHIBA (PRO TAMMIE)	02/26/16	SL	5.00		16	1,272.				1,272.			21.	21.
116	MINI LAPTOP LENOVO (PRO RICK)	03/26/16	SL	5.00		16	1,166.				1,166.			0.	
117	FURNITURE	12/07/06	SL	7.00		16	5,255.				5,255.	5,255.		0.	5,255.
118	CONFERENCE TABLE	02/01/08	SL	7.00		16	4,370.				4,370.	4,370.		0.	4,370.
119	8 CONFERENCE CHAIRS	02/01/08	SL	7.00		16	1,253.				1,253.	1,253.		0.	1,253.
120	2 LEATHER MESH CHAIRS	08/04/08	SL	7.00		16	713.				713.	679.		34.	713.
121	DESK AND FILE CABINET	08/01/08	SL	7.00		16	781.				781.	670.		111.	781.
122	CONFERENCE TABLE	03/01/10	SL	7.00		16	1,750.				1,750.	1,042.		250.	1,292.
123	DESK, FILE CABINET & BOOKCASE FINANCE	12/14/09	SL	7.00		16	3,386.				3,386.	2,060.		484.	2,544.
124	OFFICE CHAIR	01/01/10	SL	7.00		16	362.				362.	233.		52.	285.
125	INTERIOR DESIGN FEES	03/01/10	SL	10.00		16	13,675.				13,675.	6,951.		1,368.	8,319.
126	(3) 5 DRW , LATERAL FILE CABINETS	03/01/10	SL	7.00		16	3,421.				3,421.	2,484.		489.	2,973.

2015 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-PF PAGE 1

990-PF

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
127	FINANCE SHELVING - FILE ROOM	03/01/10	SL	10.00		16	861.				861.	438.		86.	524.
128	CREDENZA	03/01/10	SL	7.00		16	963.				963.	699.		138.	837.
129	TABLE - FINANCE OFFICE	03/01/10	SL	7.00		16	704.				704.	511.		101.	612.
130	DESK ADM FILE ROOM	03/01/10	SL	7.00		16	357.				357.	259.		51.	310.
131	(10) OFFICE SIDE CHAIRS	03/01/10	SL	7.00		16	6,035.				6,035.	4,383.		862.	5,245.
132	SIDE TABLE - ED OFFICE	03/01/10	SL	7.00		16	340.				340.	247.		49.	296.
133	LECTERN - BOARD ROOM	03/01/10	SL	7.00		16	1,843.				1,843.	1,338.		263.	1,601.
134	(3) BUFFET CREDENZAS	03/01/10	SL	7.00		16	7,616.				7,616.	5,530.		1,088.	6,618.
135	SIDE TABLE - BOARD ROOM	03/01/10	SL	7.00		16	929.				929.	675.		133.	808.
136	CONFERENCE TABLE - BOARD ROOM	03/01/10	SL	10.00		16	10,421.				10,421.	5,297.		1,042.	6,339.
137	(18) BOARD ROOM CHAIRS	03/01/10	SL	10.00		16	13,778.				13,778.	7,004.		1,378.	8,382.
138	WINDOW TREATMENTS	03/01/10	SL	10.00		16	24,827.				24,827.	12,620.		2,483.	15,103.
139	OBICI ROOM WOOD TABLES (3)	03/01/10	SL	7.00		16	3,339.				3,339.	2,425.		477.	2,902.
140	OBICI ROOM AREA RUG	03/01/10	SL	5.00		16	1,470.				1,470.	1,470.		0.	1,470.
141	OBICI ROOM FRIEZE WALL COVERING	03/01/10	SL	10.00		16	1,140.				1,140.	579.		114.	693.
142	UPHOLSTER SOFA & BOARD ROOM CHAIRS	03/01/10	SL	7.00		16	3,934.				3,934.	2,857.		562.	3,419.
143	OBICI ROOM TILE / FIREPLACE	03/01/10	SL	10.00		16	163.				163.	83.		16.	99.
144	MOVING OFFICE FURNITURE & EQUIPMENT	03/01/10	SL	10.00		16	1,820.				1,820.	925.		182.	1,107.

2015 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-PF PAGE 1

990-PF

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
145	RENTAL OF SPACE - CONSTRUCTION MEETINGS	03/01/10	SL	10.00		16	800.				800.	407.		80.	487.
146	SAFE	07/02/10	SL	7.00		16	582.				582.	395.		83.	478.
147	OAK BASE TABLE	12/20/10	SL	7.00		16	600.				600.	364.		86.	450.
148	TASK CHAIR AND KEYBOARD PLATFORM	01/10/11	SL	7.00		16	544.				544.	330.		78.	408.
149	CHAIR (PROGRAM OFFICER)	05/12/11	SL	7.00		16	366.				366.	205.		52.	257.
150	BOOKCASE (PROGRAM ASSOCIATE)	07/18/11	SL	7.00		16	224.				224.	117.		32.	149.
151	TASK CHAIR (EXECUTIVE ASSISTANT)	08/01/11	SL	7.00		16	387.				387.	203.		55.	258.
152	FOUNDERS PLAQUE (ENTRANCE HALLWAY)	10/01/11	SL	7.00		16	549.				549.	275.		78.	353.
153	DESK HUTCH	03/19/12	SL	7.00		16	458.				458.	196.		66.	262.
154	WIRE SHELVING (3 - 48")	03/19/12	SL	7.00		16	825.				825.	354.		118.	472.
155	PRINTER STAND	03/19/12	SL	7.00		16	377.				377.	162.		54.	216.
156	LATERAL FILE CABINETS (2 - 42")	03/19/12	SL	7.00		16	2,430.				2,430.	1,041.		347.	1,388.
157	EXECUTIVE CHAIRS (2 - MESHBACK)	03/19/12	SL	7.00		16	817.				817.	350.		117.	467.
158	ROUND TABLE (2ND FLOOR HALLWAY)	04/12/12	SL	7.00		16	519.				519.	222.		74.	296.
159	PADDED FOLDING CHAIRS (8) (KITCHEN)	05/02/12	SL	7.00		16	560.				560.	233.		80.	313.
160	GUEST CHAIRS, ROLLED ARM (2) (PROGRAM ASSOCIATE)	05/24/12	SL	7.00		16	2,262.				2,262.	915.		323.	1,238.
161	GUEST CHAIRS, WOOD FRAME, CHARCOAL (2) (CREDIT FOR ERR	06/27/12	SL	7.00		16	722.				722.	284.		103.	387.
162	GUEST CHAIRS, WOOD FRAME, CRANBERRY (4) (DOF)	05/24/12	SL	7.00		16	2,507.				2,507.	1,015.		358.	1,373.

2015 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-PF PAGE 1

990-PF

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
163	CRENDENZA (ED)	05/24/12	SL	7.00		16	2,898.				2,898.	1,173.		414.	1,587.
164	SOFA TABLE (PROGRAM ASSOCIATE)	05/24/12	SL	7.00		16	519.				519.	210.		74.	284.
165	OPEN BOOKCASE UNIT (PROGRAM ASSOCIATE)	05/24/12	SL	7.00		16	1,031.				1,031.	417.		147.	564.
166	GUEST CHAIRS, OPEN WOOD BACK (2)(ED)(TEA LEAVE FABRIC)	06/27/12	SL	7.00		16	1,248.				1,248.	490.		178.	668.
167	ROUND TABLE (DIRECTOR OF FINANCE)	08/29/12	SL	7.00		16	846.				846.	312.		121.	433.
168	RUGS, AREA (4 ON 2ND, 2 ON 1ST)	02/18/13	SL	7.00		16	7,051.				7,051.	2,182.		1,007.	3,189.
169	SOFA TABLE (GRANTS ASSOCIATE)	02/01/13	SL	7.00		16	519.				519.	161.		74.	235.
170	LATERAL FILES, 2-DRAWER, ED (2)	03/06/13	SL	7.00		16	3,137.				3,137.	934.		448.	1,382.
171	STAND-UP TABLE (ED)	07/31/13	SL	7.00		16	1,855.				1,855.	530.		265.	795.
172	BOOKCASE 3-SHELF (PO)	11/14/13	SL	7.00		16	579.				579.	165.		83.	248.
173	LATERAL FILE 2-DRAWER (PO)	03/31/14	SL	7.00		16	1,623.				1,623.	232.		232.	464.
174	EXECUTIVE DESK W/ BRIDGE (PROG RESOUR OFFICER)	04/29/14	SL	7.00		16	4,870.				4,870.	696.		696.	1,392.
175	PORCH FURNITURE ADIRONDACK 5-PIECE	04/26/15	SL	7.00		16	1,402.				1,402.			184.	184.
176	DESK SET 3-PIECE (FOUNDATION ASSISTANT)	08/01/15	SL	7.00		16	3,844.				3,844.			412.	412.
177	KITCHEN TABLE 36X84 OVAL	02/02/16	SL	7.00		16	802.				802.			19.	19.
				.000		HY16									
				.000		HY16									
				.000		HY16									

2015 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-PF PAGE 1

990-PF

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	* TOTAL 990-PF PG 1 DEPR						2,481,399.				2,481,399.	614,125.		103,037.	704,957.
	CURRENT ACTIVITY														
	BEGINNING BALANCE						2,452,378.			0.	2,452,378.	614,125.			
	ACQUISITIONS						29,021.			0.	29,021.	0.			
	DISPOSITIONS						15,290.			0.	15,290.	9,926.			
	ENDING BALANCE						2,466,109.			0.	2,466,109.	604,199.			
	ENDING ACCUM DEPR LESS DISPOSITIONS											704,957.			
	ENDING BOOK VALUE											1,761,152.			

2016 ESTIMATED TAX FILING INSTRUCTIONS

FORM 990-W FOR FORM 990-T

FOR THE YEAR ENDING

MARCH 31, 2017

Prepared for	OBICI HEALTHCARE FOUNDATION, INC. 106 W. FINNEY AVENUE SUFFOLK, VA 23434																															
Prepared by	DIXON HUGHES GOODMAN LLP 701 TOWN CENTER DRIVE, SUITE 700 NEWPORT NEWS, VA 23606-4295																															
Amount of tax	<table><tr><td>Total Estimated Tax</td><td>\$</td><td>86,320</td><td></td></tr><tr><td>Less credit from prior year</td><td>\$</td><td>19,569</td><td></td></tr><tr><td>Less amount already paid on 2016 estimate</td><td>\$</td><td>0</td><td></td></tr><tr><td>Balance due</td><td>\$</td><td>66,751</td><td></td></tr></table> <p>Payable in full or in installments as follows:</p> <table><thead><tr><th>Installment</th><th>Amount</th><th>Due Date</th></tr></thead><tbody><tr><td>No. 1</td><td>\$ NONE REQUIRED</td><td></td></tr><tr><td>No. 2</td><td>\$ 23,591</td><td>AS SOON AS POSSIBLE</td></tr><tr><td>No. 3</td><td>\$ 21,580</td><td>DECEMBER 15, 2016</td></tr><tr><td>No. 4</td><td>\$ 21,580</td><td>MARCH 15, 2017</td></tr></tbody></table>	Total Estimated Tax	\$	86,320		Less credit from prior year	\$	19,569		Less amount already paid on 2016 estimate	\$	0		Balance due	\$	66,751		Installment	Amount	Due Date	No. 1	\$ NONE REQUIRED		No. 2	\$ 23,591	AS SOON AS POSSIBLE	No. 3	\$ 21,580	DECEMBER 15, 2016	No. 4	\$ 21,580	MARCH 15, 2017
Total Estimated Tax	\$	86,320																														
Less credit from prior year	\$	19,569																														
Less amount already paid on 2016 estimate	\$	0																														
Balance due	\$	66,751																														
Installment	Amount	Due Date																														
No. 1	\$ NONE REQUIRED																															
No. 2	\$ 23,591	AS SOON AS POSSIBLE																														
No. 3	\$ 21,580	DECEMBER 15, 2016																														
No. 4	\$ 21,580	MARCH 15, 2017																														
Make check payable to	PAYMENTS SHOULD BE MADE USING THE ELECTRONIC FEDERAL TAX PAYMENT SYSTEM (EFTPS).																															
Mail voucher and check (if applicable) to	NOT APPLICABLE																															
Special Instructions																																

Form **990-W**

**Estimated Tax on Unrelated Business Taxable
Income for Tax-Exempt Organizations**

OMB No. 1545-0976

(Worksheet)
Department of the Treasury
Internal Revenue Service

(and on Investment Income for Private Foundations) **FORM 990-T**
(Keep for your records. Do not send to the Internal Revenue Service.)

2016

1	Unrelated business taxable income expected in the tax year	1	
2	Tax on the amount on line 1. See instructions for tax computation	2	
3	Alternative minimum tax (see instructions)	3	
4	Total. Add lines 2 and 3	4	
5	Estimated tax credits (see instructions)	5	
6	Subtract line 5 from line 4	6	
7	Other taxes (see instructions)	7	
8	Total. Add lines 6 and 7	8	
9	Credit for federal tax paid on fuels (see instructions)	9	
10a	Subtract line 9 from line 8. Note: If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions	10a	
b	Enter the tax shown on the 2015 return (see instructions). Caution: If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c	10b	86,290.
c	2016 Estimated Tax. Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c	10c	86,320.

		(a)	(b)	(c)	(d)
11	Installment due dates (see instructions)	11	09/15/16	12/15/16	03/15/17
12	Required installments. Enter 25% of line 10c in columns (a) through (d) unless the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization" (see instructions)	12	43,160.	21,580.	21,580.
13	2015 Overpayment (see instructions)	13	19,569.		
14	Payment due (Subtract line 13 from line 12)	14	23,591.	21,580.	21,580.

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2016)

ESTIMATED TAX	86,320.
OVERPAYMENT APPLIED	19,569.
AMOUNT DUE	66,751.

TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING

MARCH 31, 2016

Prepared for	OBICI HEALTHCARE FOUNDATION, INC. 106 W. FINNEY AVENUE SUFFOLK, VA 23434
Prepared by	DIXON HUGHES GOODMAN LLP 701 TOWN CENTER DRIVE, SUITE 700 NEWPORT NEWS, VA 23606-4295
Amount due or refund	OVERPAYMENT OF \$19,569. THE ENTIRE OVERPAYMENT HAS BEEN APPLIED TO THE ESTIMATED TAX PAYMENTS.
Make check payable to	NO AMOUNT IS DUE.
Mail tax return and check (if applicable) to	DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027
Return must be mailed on or before	FEBRUARY 15, 2017
Special Instructions	THE RETURN SHOULD BE SIGNED AND DATED.

Form **990-T**

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No. 1545-0687

For calendar year 2015 or other tax year beginning APR 1, 2015, and ending MAR 31, 2016

2015

Department of the Treasury
Internal Revenue Service

▶ Information about Form 990-T and its instructions is available at www.irs.gov/form990t.
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

<input type="checkbox"/> Check box if address changed	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.)	D Employer identification number (Employees' trust, see instructions.)
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3)) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)		OBICI HEALTHCARE FOUNDATION, INC.	51-0249728
		Number, street, and room or suite no. If a P.O. box, see instructions. 106 W. FINNEY AVENUE	E Unrelated business activity codes (See instructions.)
		City or town, state or province, country, and ZIP or foreign postal code SUFFOLK, VA 23434	525990

C Book value of all assets at end of year **106,588,413.**

F Group exemption number (See instructions.)

G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust Other trust

H Describe the organization's primary unrelated business activity. ▶ **DEBT FINANCED PROPERTY**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ **MICHAEL K. BRINKLEY** Telephone number ▶ **757-539-8810**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales				
b Less returns and allowances	c Balance ▶	1c		
2 Cost of goods sold (Schedule A, line 7)		2		
3 Gross profit. Subtract line 2 from line 1c		3		
4 a Capital gain net income (attach Schedule D)		4a	191,591.	191,591.
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from partnerships and S corporations (attach statement)		5	77,947. STMT 16	77,947.
6 Rent income (Schedule C)		6		
7 Unrelated debt-financed income (Schedule E)		7		
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)...		8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9		
10 Exploited exempt activity income (Schedule I)		10		
11 Advertising income (Schedule J)		11		
12 Other income (See instructions; attach schedule)		12		
13 Total. Combine lines 3 through 12		13	269,538.	269,538.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
(Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)		14		
15 Salaries and wages		15		
16 Repairs and maintenance		16		
17 Bad debts		17		
18 Interest (attach schedule)		18		
19 Taxes and licenses		19		
20 Charitable contributions (See instructions for limitation rules)		20		
21 Depreciation (attach Form 4562)	21			
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	22b		
23 Depletion		23		
24 Contributions to deferred compensation plans		24		
25 Employee benefit programs		25		
26 Excess exempt expenses (Schedule I)		26		
27 Excess readership costs (Schedule J)		27		
28 Other deductions (attach schedule)		28		
29 Total deductions. Add lines 14 through 28		29		0.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		30		269,538.
31 Net operating loss deduction (limited to the amount on line 30) SEE STATEMENT 17		31		4,333.
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30		32		265,205.
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)		33		1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32		34		264,205.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:		
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):	(1) \$ _____ (2) \$ _____ (3) \$ _____	
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)	\$ _____	
(2) Additional 3% tax (not more than \$100,000)	\$ _____	
c Income tax on the amount on line 34		35c 86,290.
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:		
<input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)		36
37 Proxy tax. See instructions		37
38 Alternative minimum tax		38
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies		39 86,290.

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	40a	
b Other credits (see instructions)	40b	
c General business credit. Attach Form 3800	40c	
d Credit for prior year minimum tax (attach Form 8801 or 8827)	40d	
e Total credits. Add lines 40a through 40d	40e	
41 Subtract line 40e from line 39	41	86,290.
42 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	42	
43 Total tax. Add lines 41 and 42	43	86,290.
44a Payments: A 2014 overpayment credited to 2015	44a	
b 2015 estimated tax payments	44b	
c Tax deposited with Form 8868	44c	108,125.
d Foreign organizations: Tax paid or withheld at source (see instructions)	44d	
e Backup withholding (see instructions)	44e	
f Credit for small employer health insurance premiums (Attach Form 8941)	44f	
g Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other	44g	Total
45 Total payments. Add lines 44a through 44g	45	108,125.
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	46	2,266.
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed	47	
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	48	19,569.
49 Enter the amount of line 48 you want: Credited to 2016 estimated tax 19,569. Refunded	49	0.

Part V Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2015 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here	Yes	No
		X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year		\$

Schedule A - Cost of Goods Sold. Enter method of inventory valuation N/A

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3 Cost of labor	3		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a Additional section 263A costs (att. schedule)	4a				
b Other costs (attach schedule)	4b				
5 Total. Add lines 1 through 4b	5				

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date	DIRECTOR OF FINANCE	Title	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																			
	<table border="1"> <tr> <td rowspan="3">Paid Preparer Use Only</td> <td>Print/Type preparer's name</td> <td>Preparer's signature</td> <td>Date</td> <td>Check <input type="checkbox"/> if self-employed</td> <td>PTIN</td> </tr> <tr> <td>JAMES M. HAGGARD</td> <td></td> <td></td> <td></td> <td>P00100566</td> </tr> <tr> <td>Firm's name</td> <td colspan="3">Firm's EIN</td> <td></td> </tr> <tr> <td>DIXON HUGHES GOODMAN LLP</td> <td colspan="3">56-0747981</td> <td></td> </tr> <tr> <td>Firm's address</td> <td colspan="3">Phone no.</td> <td></td> </tr> <tr> <td>701 TOWN CENTER DRIVE, SUITE 700</td> <td colspan="3">757.873.1033</td> <td></td> </tr> <tr> <td>NEWPORT NEWS, VA 23606-4295</td> <td colspan="3"></td> <td></td> </tr> </table>					Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN	JAMES M. HAGGARD				P00100566	Firm's name	Firm's EIN				DIXON HUGHES GOODMAN LLP	56-0747981				Firm's address	Phone no.				701 TOWN CENTER DRIVE, SUITE 700	757.873.1033				NEWPORT NEWS, VA 23606-4295			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN																																			
	JAMES M. HAGGARD				P00100566																																			
	Firm's name	Firm's EIN																																						
DIXON HUGHES GOODMAN LLP	56-0747981																																							
Firm's address	Phone no.																																							
701 TOWN CENTER DRIVE, SUITE 700	757.873.1033																																							
NEWPORT NEWS, VA 23606-4295																																								

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)(see instructions)

1. Description of property

(1)			
(2)			
(3)			
(4)			
2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)	
(a) 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 50% or if the rent is based on profit or income)		
(1)			
(2)			
(3)			
(4)			
Total	0.	Total	0.
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ...	
		0.	

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			0.	0.
Total dividends-received deductions included in column 8			0.	

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals			0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals		0.		0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals		0.	0.			0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))		0.	0.			0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I		0.	0.			0.
Totals, Part II (lines 1-5)		0.	0.			0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

Alternative Minimum Tax - Corporations

▶ Attach to the corporation's tax return.

▶ Information about Form 4626 and its separate instructions is at www.irs.gov/form4626.

2015

Name OBICI HEALTHCARE FOUNDATION, INC.		Employer identification number 51-0249728
Note: See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e).		
1	Taxable income or (loss) before net operating loss deduction	268,538.
2	Adjustments and preferences:	
a	Depreciation of post-1986 property	
b	Amortization of certified pollution control facilities	
c	Amortization of mining exploration and development costs	
d	Amortization of circulation expenditures (personal holding companies only)	
e	Adjusted gain or loss	
f	Long-term contracts	
g	Merchant marine capital construction funds	
h	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)	
i	Tax shelter farm activities (personal service corporations only)	
j	Passive activities (closely held corporations and personal service corporations only)	
k	Loss limitations	
l	Depletion	
m	Tax-exempt interest income from specified private activity bonds	
n	Intangible drilling costs	
o	Other adjustments and preferences	
3	Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 2o	268,538.
4	Adjusted current earnings (ACE) adjustment:	
a	ACE from line 10 of the ACE worksheet in the instructions	268,538.
b	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount (see instructions)	0.
c	Multiply line 4b by 75% (.75). Enter the result as a positive amount	
d	Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments (see instructions). Note: You must enter an amount on line 4d (even if line 4b is positive)	
e	ACE adjustment. <ul style="list-style-type: none"> • If line 4b is zero or more, enter the amount from line 4c • If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount 	0.
5	Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT	268,538.
6	Alternative tax net operating loss deduction (see instructions)	
7	Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions	268,538.
8	Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c):	
a	Subtract \$150,000 from line 7 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-	118,538.
b	Multiply line 8a by 25% (.25)	29,635.
c	Exemption. Subtract line 8b from \$40,000 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-	10,365.
9	Subtract line 8c from line 7. If zero or less, enter -0-	258,173.
10	Multiply line 9 by 20% (.20)	51,635.
11	Alternative minimum tax foreign tax credit (AMTFTC) (see instructions)	
12	Tentative minimum tax. Subtract line 11 from line 10	51,635.
13	Regular tax liability before applying all credits except the foreign tax credit	86,290.
14	Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	0.

JWA For Paperwork Reduction Act Notice, see separate instructions.

Form 4626 (2015)

Adjusted Current Earnings (ACE) Worksheet

▶ See ACE Worksheet Instructions.

1 Pre-adjustment AMTI. Enter the amount from line 3 of Form 4626		1	268,538.
2 ACE depreciation adjustment:			
a	AMT depreciation	2a	
b ACE depreciation:			
(1)	Post-1993 property	2b(1)	
(2)	Post-1989, pre-1994 property	2b(2)	
(3)	Pre-1990 MACRS property	2b(3)	
(4)	Pre-1990 original ACRS property	2b(4)	
(5)	Property described in sections 168(f)(1) through (4)	2b(5)	
(6)	Other property	2b(6)	
(7)	Total ACE depreciation. Add lines 2b(1) through 2b(6)	2b(7)	
c	ACE depreciation adjustment. Subtract line 2b(7) from line 2a	2c	
3 Inclusion in ACE of items included in earnings and profits (E&P):			
a	Tax-exempt interest income	3a	
b	Death benefits from life insurance contracts	3b	
c	All other distributions from life insurance contracts (including surrenders)	3c	
d	Inside buildup of undistributed income in life insurance contracts	3d	
e	Other items (see Regulations sections 1.56(g)-1(c)(6)(iii) through (ix) for a partial list)	3e	
f	Total increase to ACE from inclusion in ACE of items included in E&P. Add lines 3a through 3e	3f	
4 Disallowance of items not deductible from E&P:			
a	Certain dividends received	4a	
b	Dividends paid on certain preferred stock of public utilities that are deductible under section 247	4b	
c	Dividends paid to an ESOP that are deductible under section 404(k)	4c	
d	Nonpatronage dividends that are paid and deductible under section 1382(c)	4d	
e	Other items (see Regulations sections 1.56(g)-1(d)(3)(i) and (ii) for a partial list)	4e	
f	Total increase to ACE because of disallowance of items not deductible from E&P. Add lines 4a through 4e	4f	
5 Other adjustments based on rules for figuring E&P:			
a	Intangible drilling costs	5a	
b	Circulation expenditures	5b	
c	Organizational expenditures	5c	
d	LIFO inventory adjustments	5d	
e	Installment sales	5e	
f	Total other E&P adjustments. Combine lines 5a through 5e	5f	
6 Disallowance of loss on exchange of debt pools		6	
7 Acquisition expenses of life insurance companies for qualified foreign contracts		7	
8 Depletion		8	
9 Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property		9	
10 Adjusted current earnings. Combine lines 1, 2c, 3f, 4f, and 5f through 9. Enter the result here and on line 4a of Form 4626		10	268,538.

FORM 990-T	INCOME (LOSS) FROM PARTNERSHIPS AND S CORPORATIONS	STATEMENT 16
------------	---	--------------

DESCRIPTION	AMOUNT
BLUESTEM PARTNERS	-11,283.
MERCED OIL & GAS	-6,304.
MERCED OTHER	-3,436.
PARTNERS FOR GROWTH IV	98,970.
TOTAL TO FORM 990-T, PAGE 1, LINE 5	77,947.

FORM 990-T	NET OPERATING LOSS DEDUCTION	STATEMENT 17
------------	------------------------------	--------------

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
03/31/09	105,598.	105,598.	0.	0.
03/31/11	28,586.	24,875.	3,711.	3,711.
03/31/12	622.	0.	622.	622.
NOL CARRYOVER AVAILABLE THIS YEAR			4,333.	4,333.

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.
▶ Information about Schedule D (Form 1120) and its separate instructions is at www.irs.gov/form1120.

2015

Name OBICI HEALTHCARE FOUNDATION, INC.	Employer identification number 51-0249728
--	---

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less				
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss). Subtract column (e) from column (d) and combine the 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	35,726.			35,726.
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37				4
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824				5
6 Unused capital loss carryover (attach computation)				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h				7 35,726.

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year				
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
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 line 8b				
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	155,865.			155,865.
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Enter gain from Form 4797, line 7 or 9				11
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
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h				15 155,865.

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)			35,726.	16
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)			155,865.	17
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns			191,591.	18

Note: If losses exceed gains, see **Capital losses** in the instructions.

Department of the Treasury
Internal Revenue Service

▶ **Information about Form 8949 and its separate instructions is at www.irs.gov/form8949.**
▶ **File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.**

2015
Attachment
Sequence No. **12A**

Name(s) shown on return

**Social security number or
taxpayer identification no.**

OBICI HEALTHCARE FOUNDATION, INC.

51-0249728

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.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are short-term. For long-term 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 was **not** reported to the IRS
- (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	BLUESTEM PARTNERS LP K-1			35,726.				35,726.
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 above is checked), or line 3 (if Box C above is checked) ▶								
				35,726.				35,726.

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.

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

Social security number or taxpayer identification no.

OBICI HEALTHCARE FOUNDATION, INC.

51-0249728

Before you check Box D, E, or F 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.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1.
Note: You may aggregate all long-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 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-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.

- (D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E)** Long-term transactions reported on Form(s) 1099-B showing basis was **not** reported to the IRS
- (F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	BLUESTEM PARTNERS LP K-1			155,865.				155,865.
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 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ▶								
				155,865.				155,865.

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.

Underpayment of Estimated Tax by Corporations

Department of the Treasury
Internal Revenue Service

▶ Attach to the corporation's tax return. **FORM 990-T**

2015

▶ Information about Form 2220 and its separate instructions is at www.irs.gov/form2220.

Name **OBICI HEALTHCARE FOUNDATION, INC.** Employer identification number **51-0249728**

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	86,290.
2a	Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a	
2b	Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b	
2c	Credit for federal tax paid on fuels (see instructions)	2c	
2d	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 corporation does not owe the penalty	3	86,290.
4	Enter the tax shown on the corporation's 2014 income tax return (see instructions). Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5	4	
5	Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3	5	86,290.

Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty (see instructions).

6	<input type="checkbox"/> The corporation is using the adjusted seasonal installment method.
7	<input type="checkbox"/> The corporation is using the annualized income installment method.
8	<input type="checkbox"/> The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment

	(a)	(b)	(c)	(d)
9 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 08/15/15	09/15/15	12/15/15	03/15/16
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% of line 5 above in each column.	10 21,573.	21,572.	21,573.	21,572.
11 Estimated tax paid or credited for each period (see instructions). For column (a) only, enter the amount from line 11 on line 15	11			
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			
14 Add amounts on lines 16 and 17 of the preceding column	14	21,573.	43,145.	64,718.
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	21,573.	43,145.	
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 21,573.	21,572.	21,573.	21,572.
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 there are no entries on line 17 - no penalty is owed.
LHA For Paperwork Reduction Act Notice, see separate instructions. Form 2220 (2015)

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 3rd month after the close of the tax year, whichever is earlier (see instructions). (Form 990-PF and Form 990-T filers: Use 5th month instead of 3rd month.)	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 4/15/2015 and before 7/1/2015	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 3\%}{365}$	22	\$	\$	\$
23 Number of days on line 20 after 06/30/2015 and before 10/1/2015	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 3\%}{365}$	24	\$	\$	\$
25 Number of days on line 20 after 9/30/2015 and before 1/1/2016	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 3\%}{365}$	26	\$	\$	\$
27 Number of days on line 20 after 12/31/2015 and before 4/1/2016	27	SEE ATTACHED WORKSHEET		
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 3\%}{366}$	28	\$	\$	\$
29 Number of days on line 20 after 3/31/2016 and before 7/1/2016	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{366}$	30	\$	\$	\$
31 Number of days on line 20 after 6/30/2016 and before 10/01/2016	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{366}$	32	\$	\$	\$
33 Number of days on line 20 after 9/30/2016 and before 1/1/2017	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{366}$	34	\$	\$	\$
35 Number of days on line 20 after 12/31/2016 and before 2/16/2017	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{365}$	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 total here and on Form 1120; line 33; or the comparable line for other income tax returns 38 \$ 2,266.

* 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.

**Return by a U.S. Transferor of Property
 to a Foreign Corporation**

OMB No. 1545-0026

▶ Information about Form 926 and its separate instructions is at www.irs.gov/form926.
 ▶ Attach to your income tax return for the year of the transfer or distribution.

Attachment
 Sequence No. **128**

Part I U.S. Transferor Information (see instructions)

Name of transferor OBICI HEALTHCARE FOUNDATION, INC.	Identifying number (see instructions) 51-0249728
--	--

- 1** If the transferor was a corporation, complete questions 1a through 1d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations? Yes No
- b** Did the transferor remain in existence after the transfer? Yes No
 If not, list the controlling shareholder(s) and their identifying number(s):

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? Yes No
 If not, list the name and employer identification number (EIN) of the parent corporation:

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(5) been made? Yes No

- 2** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

- a** List the name and EIN of the transferor's partnership:

Name of partnership	EIN of partnership

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets? Yes No
- c** Is the partner disposing of its **entire** interest in the partnership? Yes No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? Yes No

Part II Transferee Foreign Corporation Information (see instructions)

3 Name of transferee (foreign corporation) SRS PARTNERS, LTD.	4a Identifying number, if any
---	-------------------------------

5 Address (including country) P.O. BOX 309 UGLAND HOUSE GRAND CAYMAN, KY1-1104 CAYMAN ISLANDS	4b Reference ID number SRSP0001
--	---

6 Country code of country of incorporation or organization
CJ

7 Foreign law characterization (see instructions)
EXEMPTED COMPANY

- 8** Is the transferee foreign corporation a controlled foreign corporation? Yes No

Part III Information Regarding Transfer of Property (see instructions)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	07/01/2015		2,000,000.		
Stock and securities					
Installment obligations, account receivables or similar property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))					
Tangible property used in trade or business not listed under another category					
Intangible property					
Property to be leased (as described in final and temp. Regs. sec. 1.367(a)-4(c))					
Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))					
Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e))					
Other property					

Supplemental Information Required To Be Reported (see instructions):

Part IV Additional Information Regarding Transfer of Property (see instructions)

9 Enter the transferor's interest in the foreign transferee corporation before and after the transfer:

(a) Before .2972 % (b) After .4231 %

10 Type of nonrecognition transaction (see instructions) ► IRC SECTION 351

11 Indicate whether any transfer reported in Part III is subject to any of the following:

- a Gain recognition under section 904(f)(3) Yes No
- b Gain recognition under section 904(f)(5)(F) Yes No
- c Recapture under section 1503(d) Yes No
- d Exchange gain under section 987 Yes No

12 Did this transfer result from a change in the classification of the transferee to that of a foreign corporation? Yes No

13 Indicate whether the transferor was required to recognize income under final and Temporary Regulations sections 1.367(a)-4 through 1.367(a)-6 for any of the following:

- a Tainted property Yes No
- b Depreciation recapture Yes No
- c Branch loss recapture Yes No
- d Any other income recognition provision contained in the above-referenced regulations Yes No

14 Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)? Yes No

15 a Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)? Yes No

b If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred ► \$ _____

16 Was cash the only property transferred? Yes No

17 a Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction? Yes No

b If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

**Return by a U.S. Transferor of Property
 to a Foreign Corporation**

OMB No. 1545-0026

▶ Information about Form 926 and its separate instructions is at www.irs.gov/form926.
 ▶ Attach to your income tax return for the year of the transfer or distribution.

Attachment
 Sequence No. **128**

Part I U.S. Transferor Information (see instructions)

Name of transferor OBICI HEALTHCARE FOUNDATION, INC.	Identifying number (see instructions) 51-0249728
--	--

- 1** If the transferor was a corporation, complete questions 1a through 1d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations? Yes No
- b** Did the transferor remain in existence after the transfer? Yes No
 If not, list the controlling shareholder(s) and their identifying number(s):

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? Yes No
 If not, list the name and employer identification number (EIN) of the parent corporation:

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(5) been made? Yes No

- 2** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

- a** List the name and EIN of the transferor's partnership:

Name of partnership	EIN of partnership

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets? Yes No
- c** Is the partner disposing of its **entire** interest in the partnership? Yes No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? Yes No

Part II Transferee Foreign Corporation Information (see instructions)

3 Name of transferee (foreign corporation) VR GLOBAL OFFSHORE FUND LTD., C/O INTERNATIONAL FUND SE	4a Identifying number, if any
5 Address (including country) 190 ELGIN AVE GEORGE TOWN, GRAND CAYMAN KY1-9005 CAYMAN ISLANDS	4b Reference ID number VRGOF0001
6 Country code of country of incorporation or organization CJ	
7 Foreign law characterization (see instructions) EXEMPTED COMPANY	
8 Is the transferee foreign corporation a controlled foreign corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Part III Information Regarding Transfer of Property (see instructions)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	07/01/2015		2,000,000.		
Stock and securities					
Installment obligations, account receivables or similar property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))					
Tangible property used in trade or business not listed under another category					
Intangible property					
Property to be leased (as described in final and temp. Regs. sec. 1.367(a)-4(c))					
Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))					
Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e))					
Other property					

Supplemental Information Required To Be Reported (see instructions):

Part IV Additional Information Regarding Transfer of Property (see instructions)

9 Enter the transferor's interest in the foreign transferee corporation before and after the transfer:

(a) Before .2800 % (b) After .2800 %

10 Type of nonrecognition transaction (see instructions) ► IRC SECTION 351

11 Indicate whether any transfer reported in Part III is subject to any of the following:

- a Gain recognition under section 904(f)(3) Yes No
- b Gain recognition under section 904(f)(5)(F) Yes No
- c Recapture under section 1503(d) Yes No
- d Exchange gain under section 987 Yes No

12 Did this transfer result from a change in the classification of the transferee to that of a foreign corporation? Yes No

13 Indicate whether the transferor was required to recognize income under final and Temporary Regulations sections 1.367(a)-4 through 1.367(a)-6 for any of the following:

- a Tainted property Yes No
- b Depreciation recapture Yes No
- c Branch loss recapture Yes No
- d Any other income recognition provision contained in the above-referenced regulations Yes No

14 Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)? Yes No

15 a Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)? Yes No

b If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred ► \$ _____

16 Was cash the only property transferred? Yes No

17 a Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction? Yes No

b If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

2015 TAX RETURN FILING INSTRUCTIONS

VIRGINIA FORM 500

FOR THE YEAR ENDING

MARCH 31, 2016

Prepared for	OBICI HEALTHCARE FOUNDATION, INC. 106 W. FINNEY AVENUE SUFFOLK, VA 23434
Prepared by	DIXON HUGHES GOODMAN LLP 701 TOWN CENTER DRIVE, SUITE 700 NEWPORT NEWS, VA 23606-4295
To be signed and dated by	NOT APPLICABLE
Amount of tax	Total tax \$ 15,852.00 Less: payments and credits \$ 20,000.00 Plus: other amount \$ 0.00 Plus: interest and penalties \$ 0.00 OVERPAYMENT \$ 4,148.00
Overpayment	Credited to your estimated tax \$ 4,148.00 Other amount \$ 0.00 Refunded to you \$ 0.00
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE VADOT, PLEASE SIGN, DATE AND RETURN VA-8879C TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE VADOT. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE VADOT.
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	

**2015 Virginia Corporation
 Income Tax Return**



FISCAL or Attention: Return must be filed electronically. Use this form only if you have an approved waiver.
 SHORT Year Filer: Beginning Date APRIL 1, 2015 ; Ending Date MARCH 31, 2016
 Short Year Return Change in Accounting Period

Official Use Only

By checking the box to the right, I (we) authorize the Department to discuss this return with the undersigned preparer.

FEIN 51-0249728		Check all that apply:	
Name OBICI HEALTHCARE FOUNDATION, INC.		<input type="checkbox"/> Initial Filer	<input type="checkbox"/> Name Change
Mailing Address 106 W. FINNEY AVENUE		<input type="checkbox"/> Mailing Address Change	<input type="checkbox"/> Physical Address Change
City or Town SUFFOLK		State VA	ZIP Code 23434
Physical Address (if different from Mailing Address)		Entity Type Code NP	
Physical City or Town		State	ZIP Code
		NAICS 525990	
Date Incorporated 02/01/2006	State or Country of Incorporation VIRGINIA	Description of Business Activity DEBT FINANCED PROPERTY	

<p>Check Applicable Boxes</p> <input type="checkbox"/> Consolidated - Sch. 500AC Attached <input type="checkbox"/> Combined - Sch. 500AC Attached <input type="checkbox"/> Change in Filing Status <input type="checkbox"/> Multistate Sch. 500A Attached <input type="checkbox"/> Schedule 500AB Attached <input checked="" type="checkbox"/> Nonprofit Corporation	<p>Final Return</p> <input type="checkbox"/> Final Return - Check here and applicable boxes below. <input type="checkbox"/> Withdrawn <input type="checkbox"/> Dissolved - No longer liable for tax. Dissolved Date _____ <input type="checkbox"/> Merged Merger Date _____ Merged FEIN # _____ <input type="checkbox"/> S Corp Effective _____	<p>Corporate Telecommunications Company</p> Enter amount from Form 500T, Line 7: _____ .00 <p>Noncorporate Telecommunications Company Check box and enter amount from Form 500T, Line 10: <input type="checkbox"/> .00 <p>Electric Supplier Company Enter amount from Sch. 500EL, Line 7 or 14: _____ .00 </p> </p>
--	---	--

<p>Amended Return</p> Complete Form 500 and Schedule 500ADJ. Attach an explanation of changes to income and modifications. DO NOT FILE THIS FORM TO CARRY BACK A NET OPERATING LOSS. File Form 500NOLD.	<input type="checkbox"/> Amended Return - Check here and other applicable boxes. <input type="checkbox"/> Federal Audit - Attach copy of IRS final determination. <input type="checkbox"/> Schedule 500A Changes <input type="checkbox"/> Schedule 500ADJ Changes	<input type="checkbox"/> Nonrefundable or Refundable Credit Change <input type="checkbox"/> Schedule 500AB Changes <input type="checkbox"/> Capital Loss Carryback <input type="checkbox"/> Other - Attach explanation.
--	--	--

Questions and Related Information

A Have you made any payments to an affiliated corporation, a related individual, or other related entity for interest, royalties or other expenses related to intangible property (patents, trademarks, copyrights and similar intangible property)? If yes, complete and attach Schedule 500AB.
 Enter Exception amount from Schedule 500AB, Line 8 **A** _____ .00
B Coalfield Employment Enhancement Tax Credit earned from Form 306, Line 11. **B** _____ .00

C If a net operating loss deduction was claimed in computing federal taxable income on the U.S. Corporation Income Tax Return, provide the requested information. If a NOL resulted from a merger, enter the FEIN of the company generating the NOL prior to the merger date.
 FEIN _____
 (If there are NOLs for more than one year, attach a schedule for each year with the information requested in Section C.)

(1) Year of loss	<u>03/31/12</u>
(2) Federal NOL	<u>4333.00</u>
(3) Percent of federal NOL used this year	<u>100.00%</u>

D If Pass-Through Entity Withholding is claimed, enter the number of Schedule VK-1s and complete and attach Schedule 500ADJ, Page 2. **D** _____

E Has your federal income tax liability been redetermined with the IRS and finalized for any prior year(s) that has not previously been reported to the Department? If Yes, provide the year(s). Year **E** _____

F Location of Corporation's books 106 W. FINNEY AVENUE, SUFFOLK, VA 23434 Year _____

Contact for Corporation's books **MICHAEL K. BRINKLEY** Contact Phone Number **757-539-8810**

2015 Virginia

Form 500

FEIN 51-0249728

Page 2



INCOME

1	Federal taxable income (from attached federal return)	1	264205.00
2	Total additions from Schedule 500ADJ, Section A, Line 7	2	.00
3	Total (add Lines 1 and 2)	3	264205.00
4	Total subtractions from Schedule 500ADJ, Section B, Line 10	4	.00
5	Balance (subtract Line 4 from Line 3)	5	264205.00
6	Savings and Loan Association's Bad Debt Deduction (see Instructions)	6	.00
7	Virginia taxable income (subtract Line 6 from Line 5)	7	264205.00

TAX COMPUTATION

8 **Multistate Corporation** - If business conducted within and without Virginia (Multistate Corporation), attach Schedule 500A and complete Lines 8(a) through 8(d). If entire business conducted in Virginia, skip to Line 9.

(a)	Income subject to Virginia tax from Schedule 500A, Section B, Line 3(j)	8(a)	.00
(b)	Apportionment factor percentage from Schedule 500A, Section B, Line 1 or Line 2(g)	8(b)	%
(c)	Nonapportionable investment function income from Schedule 500A, Section B, Line 3(c)	8(c)	.00
(d)	Nonapportionable investment function loss from Schedule 500A, Section B, Line 3(e)	8(d)	.00
9	Income tax (6% of Line 7 or 6% of Line 8(a))	9	15852.00

PAYMENTS AND CREDITS

10	Nonrefundable tax credits: Enter the amount from Schedule 500CR, Part XXXI, Line 139	10	.00
11	Adjusted corporate tax (subtract Line 10 from Line 9)	11	15852.00
12	2015 estimated Virginia income tax payments including overpayment credit from 2014	12	.00
13	Extension payment	13	20000.00
14	Refundable tax credits from Schedule 500CR, Part XXXV, Line 147	14	.00
15	Pass-Through Entity total withholding from Schedule 500ADJ, Section D	15	.00
16	Total payments and credits (add Lines 12 through 15)	16	20000.00

REFUND OR TAX DUE

17	Tax owed (if Line 11 is greater than Line 16, subtract Line 16 from Line 11)	17	.00
18	Penalty (see Instructions)	18	.00
19	Interest (see Instructions)	19	.00
20	Additional charge from Form 500C, Line 17 (attach Form 500C)	20	.00
21	Total due (add Lines 17 through 20)	21	.00
22	Overpayment (if Line 16 is greater than Line 11, subtract Line 11 from Line 16)	22	4148.00
23	Amount to be credited to 2016 estimated tax	23	4148.00
24	Amount to be refunded (subtract Line 23 from Line 22)	24	.00

I, the undersigned president, vice-president, treasurer, assistant treasurer, chief accounting officer, or other officer duly authorized to act on behalf of the corporation for which this return is made, declare under the penalties provided by law that this return (including any accompanying schedules and statements) has been examined by me and is, to the best of my knowledge and belief, a true, correct, and complete return, made in good faith, for the taxable year stated, pursuant to the income tax laws of the Commonwealth of Virginia. If prepared by a person other than the taxpayer, this declaration is based on all information of which he or she has any knowledge.

Date	Signature of Officer	Title DIRECTOR OF FINANCE
Printed Name of Officer MICHAEL K BRINKLEY		Phone Number
Print Preparer's Name and Firm Name JAMES M. HAGGARD DIXON HUGHES GOODMAN LLP		Phone Number 757.873.1033
Date	Individual of Firm, Signature of Preparer	Address of Preparer 701 TOWN CENTER DRIVE, SUIT NEWPORT NEWS, VA 23606-4295
Preparer's FEIN, PTIN or SSN P00100566		Approved Vendor Code 1019

Schedule of Federal
Line Items



Name as shown on Virginia return OBICI HEALTHCARE FOUNDATION, INC.

FEIN 51-0249728

Form 1120, Deductions and Taxable Income

1. Domestic Production Activities Deduction	1	.00
2. Federal Taxable Income before NOL and Special Deductions	2	<u>269538 .00</u>
3. Net Operating Loss Deduction	3	<u>4333 .00</u>
4. Special Deductions	4	<u>1000 .00</u>
5. Federal Taxable Income after NOL and Special Deductions	5	<u>264205 .00</u>

Form 1120, Schedule C, Dividends and Special Deductions

6. Subpart F Income	6	.00
7. Foreign Dividend Gross-Up	7	.00

Form 1120, Schedule K or M-3

8. Tax Exempt Interest	8	.00
------------------------------	---	-----

Form 5884

9. Salaries and Wages not deducted due to the WOTC	9	.00
--	---	-----

Form 4562, Special Depreciation Allowance and Other Depreciation

10. Special depreciation allowance for qualified property placed in service during the taxable year	10	.00
11. Property subject to 168(f)(1) election	11	.00
12. Other depreciation	12	<u>103037 .00</u>

Form 1118, Schedule A, Income or Loss Before Adjustments-Gross Income or Loss

13. Total: Deemed Dividends (Exclude Gross-up)	13	.00
14. Total: Deemed Dividend (Gross-up)	14	.00
15. Total: Other Dividends (Exclude Gross-up)	15	.00
16. Total: Other Dividends (Gross-up)	16	.00
17. Total: Interest	17	.00
18. Total: Gross Rents, Royalties, and License Fees	18	.00
19. Total: Gross Income from Performance of Services	19	.00
20. Total: Other	20	.00
21. Total: Total Gross Income or Loss from Outside the US	21	.00

Form 1118, Schedule A, Income or Loss Before Adjustments-Deductions

22. Total: Definitely Allocable - Rental, Royalty, and Licensing Expenses - Depreciation, Depletion, and Amortization	22	.00
23. Total: Definitely Allocable - Rental, Royalty, and Licensing Expenses - Other Expenses	23	.00
24. Total: Definitely Allocable - Expenses Related to Gross Income from Performance of Services	24	.00
25. Total: Definitely Allocable - Other Definitely Allocable Deductions	25	.00
26. Total: Total Definitely Allocable Deductions	26	.00
27. Total: Apportioned Share of Deductions not Definitely Allocable	27	.00
28. Total: Net Operating Loss Deduction	28	.00
29. Total: Total Deductions	29	.00

Form 1118, Schedule A, Income or Loss Before Adjustments-Total Income

30. Total: Total Income or (Loss) Before Adjustments	30	.00
--	----	-----

Attach Schedule 500FED to Your Virginia Corporation Return, Form 500.
Schedule 500FED does not replace the requirement to attach a complete federal Form 1120 to your Virginia return.

**DO NOT SEND THIS VA-8879C TO THE VA DEPT OF TAXATION OR THE IRS.
IT MUST BE MAINTAINED IN YOUR FILES!**

Corporation Name		Federal ID Number	
OBICI HEALTHCARE FOUNDATION, INC.		51-0249728	
Part I Tax Return Information			
1. Federal Taxable Income (Form 500, Page 2, Line 1)		1.	264,205.
2. Virginia Taxable Income (Form 500, Page 2, Line 7)		2.	264,205.
3. Income tax (Form 500, Page 2, Line 9)		3.	15,852.
4. Total payments and credits (Form 500, Page 2, Line 16)		4.	20,000.
5. Total due (Form 500, Page 2, Line 21)		5.	
6. Amount to be refunded (Form 500, Page 2, Line 24)		6.	
Part II Declaration and Signature Authorization of Officer			
<p>Under penalties of perjury, I declare to be the officer of the above corporation and that I have examined a copy of the corporation's 2015 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct and complete. I further declare that the information provided to my Electronic Return Originator (ERO), Transmitter, or Intermediate Service Provider including the amounts shown in Part I above agrees with the information and amounts shown on the corresponding lines of the corporate electronic income tax return. If filing a balance due return, I authorize the Virginia Department of Taxation and its designated Financial Agent to initiate an ACH electronic funds withdrawal entry to the financial institution account indicated on the 2015 Virginia income tax return for payment of state taxes owed on this return. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process.</p> <p>I understand that if the Virginia Department of Taxation does not receive full and timely payment of the tax liability, the corporation will remain liable for the tax liability and all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Service Provider to transmit the complete return to the Virginia Department of Taxation. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return.</p>			
Officer's e-File PIN: check one box only			
<input checked="" type="checkbox"/> I authorize the ERO named below to enter my e-File PIN <u>23606</u> as my signature on the corporation's 2015 electronic Virginia corporation income tax return. <small>Do not enter all zeros</small>			
DIXON HUGHES GOODMAN LLP			
ERO Firm Name			
<input type="checkbox"/> I will enter my e-File PIN as my signature on the corporation's 2015 electronic Virginia corporation income tax return. Check this box only if you are entering your own e-File PIN and the return is filed using the Practitioner PIN method. The ERO must complete Part III below.			
Your Signature _____		Date _____	
Part III Certification and Authentication			
ERO's EFIN/PIN: Enter your six digit EFIN followed by your five digit self-selected PIN. <u>54921823606</u> <small>Do not enter all zeros</small>			
<p>I certify that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2015 Virginia corporation income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and have followed all other requirements as specified by the Department. ERO's may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.</p>			
ERO's Signature _____		Date _____	

Form VA-8879C (REV 10/15)

2016 ESTIMATED TAX FILING INSTRUCTIONS

VIRGINIA FORM ESTIMATE PAYMENTS

FOR THE YEAR ENDING

MARCH 31, 2017

Prepared for

OBICI HEALTHCARE FOUNDATION, INC.
106 W. FINNEY AVENUE
SUFFOLK, VA 23434

Prepared by

DIXON HUGHES GOODMAN LLP
701 TOWN CENTER DRIVE, SUITE 700
NEWPORT NEWS, VA 23606-4295

Amount of tax

Total Estimated Tax	\$	15,900
Less credit from prior year	\$	4,148
Less amount already paid on 2016 estimate	\$	0
Balance due	\$	11,752

Payable in full or in installments as follows:

Installment	Amount	Due Date
No. 1	\$ NONE REQUIRED	
No. 2	\$ 3,802	AS SOON AS POSSIBLE
No. 3	\$ 3,975	DECEMBER 15, 2016
No. 4	\$ 3,975	MARCH 15, 2017

Make check payable to

NOT APPLICABLE

Mail voucher and check (if applicable) to

REFER TO THE VIRGINIA DEPARTMENT OF TAXATION WEBSITE FOR
PAYMENT INFORMATION.
[HTTP://WWW.TAX.VIRGINIA.GOV/CONTENT/PAYMENT-OPTIONS](http://www.tax.virginia.gov/content/payment-options)

Special Instructions