

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

OBICI HEALTHCARE FOUNDATION, INC.:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2016 EXEMPT ORGANIZATION RETURNS AND 2017 ESTIMATED TAX WORKSHEET, AS FOLLOWS...

2016 FORM 990-PF

2016 FORM 990-T

2017 FEDERAL ESTIMATED TAX WORKSHEET - FORM 990-T

2016 VIRGINIA FORM 500

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

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,

LESLIE F. ROBERTS

COPY

# TAX RETURN FILING INSTRUCTIONS

FORM 990-PF

FOR THE YEAR ENDING

MARCH 31, 2017

<b>Prepared for</b>	OBICI HEALTHCARE FOUNDATION, INC. 106 W. FINNEY AVENUE SUFFOLK, VA 23434
<b>Prepared by</b>	DIXON HUGHES GOODMAN LLP 701 TOWN CENTER DRIVE, SUITE 700 NEWPORT NEWS, VA 23606-4295
<b>Amount due or refund</b>	AN OVERPAYMENT OF \$103,243. THE ENTIRE OVERPAYMENT HAS BEEN APPLIED TO THE ESTIMATED TAX PAYMENTS.
<b>Make check payable to</b>	NO AMOUNT IS DUE.
<b>Mail tax return and check (if applicable) to</b>	NOT APPLICABLE
<b>Return must be mailed on or before</b>	NOT APPLICABLE
<b>Special Instructions</b>	<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 FEBRUARY 15, 2018.</p> <p>PLEASE NOTE THAT THERE IS \$4,562,122 OF UNDISTRIBUTED INCOME FOR 2016 ON FORM 990-PF. THE ORGANIZATION MUST DISTRIBUTE THIS AMOUNT BY THE END OF ITS 2017 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 FEBRUARY 15, 2018 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 2016, or fiscal year beginning APR 1, 2016, and ending MAR 31, 2017

# 2016

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](http://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.

<b>1a</b> Form 990 check here ▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> _____
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input checked="" type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) .....	<b>4b</b> <u>47,757.</u>
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, line 3c) .....	<b>5b</b> _____

### 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 2016 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 2016 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 2016 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 2016 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**

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2016)

623051 09-26-16

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-PF**

**2017**

Keep for your records. Do not send to the Internal Revenue Service.

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. <b>Note:</b> 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 2016 return. See instructions. <b>Caution:</b> 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
c	<b>2017 Estimated Tax.</b> 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

		(a)	(b)	(c)	(d)
11	Installment due dates. See instructions .....	11			03/15/18
12	Required installments. Enter 25% of line 10c in columns (a) through (d). But see instructions if the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization." .....	12			100,000.
13	2016 Overpayment. See instructions .....	13			
14	Payment due (Subtract line 13 from line 12) .....	14			

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2017)

ESTIMATED TAX 100,000.  
OVERPAYMENT APPLIED 103,243.  
AMOUNT DUE 0.

**Return of Private Foundation**

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

**2016**

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](http://www.irs.gov/form990pf).

For calendar year 2016 or tax year beginning **APR 1, 2016**, and ending **MAR 31, 2017**

Name of foundation <b>OBICI HEALTHCARE FOUNDATION, INC.</b>		A Employer identification number <b>51-0249728</b>
Number and street (or P.O. box number if mail is not delivered to street address) <b>106 W. FINNEY AVENUE</b>	Room/suite	B Telephone number <b>757.539.8810</b>
City or town, state or province, country, and ZIP or foreign postal code <b>SUFFOLK, VA 23434</b>		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) \$ <b>116,482,923.</b>	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)
<b>Revenue</b>	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	54,582.	54,582.		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	4,244,696.			
	b Gross sales price for all assets on line 6a <b>21,497,206.</b>				
	7 Capital gain net income (from Part IV, line 2)		3,172,687.		
	8 Net short-term capital gain				
	9 Income modifications			21,435.	
	10a Gross sales less returns and allowances				
b Less: Cost of goods sold					
c Gross profit or (loss)					
11 Other income	144,417.	2,153,680.	0.	<b>STATEMENT 1</b>	
12 <b>Total.</b> Add lines 1 through 11	<b>4,443,695.</b>	<b>5,380,949.</b>	<b>21,435.</b>		
<b>Operating and Administrative Expenses</b>	13 Compensation of officers, directors, trustees, etc.	242,025.	0.	0.	409,213.
	14 Other employee salaries and wages	329,167.	0.	0.	329,167.
	15 Pension plans, employee benefits	133,112.	0.	0.	137,141.
	16a Legal fees <b>STMT 2</b>	11,920.	0.	0.	32,770.
	b Accounting fees <b>STMT 3</b>	49,511.	0.	0.	49,511.
	c Other professional fees <b>STMT 4</b>	639,112.	605,282.	0.	33,035.
	17 Interest	57,821.	0.	0.	0.
	18 Taxes <b>STMT 5</b>	326,101.	0.	0.	395.
	19 Depreciation and depletion	102,833.	0.	0.	
	20 Occupancy	29,337.	0.	0.	29,409.
	21 Travel, conferences, and meetings	24,009.	0.	0.	23,791.
	22 Printing and publications				
	23 Other expenses <b>STMT 6</b>	158,600.	0.	0.	153,751.
	24 <b>Total operating and administrative expenses.</b> Add lines 13 through 23	<b>2,103,548.</b>	<b>605,282.</b>	<b>0.</b>	<b>1,198,183.</b>
	25 Contributions, gifts, grants paid	5,884,845.			4,339,894.
26 <b>Total expenses and disbursements.</b> Add lines 24 and 25	<b>7,988,393.</b>	<b>605,282.</b>	<b>0.</b>	<b>5,538,077.</b>	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	-3,544,698.				
b <b>Net investment income</b> (if negative, enter -0-)		<b>4,775,667.</b>			
c <b>Adjusted net income</b> (if negative, enter -0-)			<b>21,435.</b>		

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	33,404.	42,382.	42,382.
	2 Savings and temporary cash investments	6,487,925.	2,682,794.	2,682,794.
	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	42,917.	205,598.	205,598.
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock	STMT 8 7,666,746.	8,595,528.	8,595,528.
	c Investments - corporate bonds			
	11 Investments - land, buildings, and equipment: basis			
Less: accumulated depreciation				
12 Investments - mortgage loans				
13 Investments - other	STMT 9 89,899,960.	102,596,123.	102,596,123.	
14 Land, buildings, and equipment: basis	2,406,028.			
Less: accumulated depreciation	STMT 10 729,239.	1,761,152.	1,676,789.	
15 Other assets (describe)	STATEMENT 11 696,309.	683,709.	683,709.	
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	106,588,413.	116,482,923.	116,482,923.	
Liabilities	17 Accounts payable and accrued expenses	351,319.	40,947.	
	18 Grants payable	1,292,351.	2,826,122.	
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable	1,448,897.	1,364,024.	
	22 Other liabilities (describe)	STATEMENT 12 347,722.	588,272.	
23 Total liabilities (add lines 17 through 22)	3,440,289.	4,819,365.		
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	103,148,124.	111,663,558.	
	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	103,148,124.	111,663,558.		
31 Total liabilities and net assets/fund balances	106,588,413.	116,482,923.		

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	103,148,124.
2 Enter amount from Part I, line 27a	2	-3,544,698.
3 Other increases not included in line 2 (itemize)	3	SEE STATEMENT 7 12,060,132.
4 Add lines 1, 2, and 3	4	111,663,558.
5 Decreases not included in line 2 (itemize)	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	111,663,558.

**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			
b	<b>SEE ATTACHED STATEMENT</b>		
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a			
b			
c			
d			
e			
	<b>21,497,206.</b>	<b>18,324,519.</b>	<b>3,172,687.</b>

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(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	
a			
b			
c			
d			
e			<b>3,172,687.</b>

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	<b>3,172,687.</b>
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	<b>N/A</b>

**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))
2015	<b>5,681,173.</b>	<b>109,186,883.</b>	<b>.052032</b>
2014	<b>5,283,993.</b>	<b>113,701,688.</b>	<b>.046472</b>
2013	<b>4,524,276.</b>	<b>106,786,977.</b>	<b>.042367</b>
2012	<b>5,048,525.</b>	<b>97,275,806.</b>	<b>.051899</b>
2011	<b>4,880,044.</b>	<b>98,061,055.</b>	<b>.049765</b>

2	Total of line 1, column (d)	2	<b>.242535</b>
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	<b>.048507</b>
4	Enter the net value of noncharitable-use assets for 2016 from Part X, line 5	4	<b>107,219,885.</b>
5	Multiply line 4 by line 3	5	<b>5,200,915.</b>
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	<b>47,757.</b>
7	Add lines 5 and 6	7	<b>5,248,672.</b>
8	Enter qualifying distributions from Part XII, line 4 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.	8	<b>5,559,447.</b>



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

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b		1	47,757.
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2	0.
3 Add lines 1 and 2		3	47,757.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	0.
5 <b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-		5	47,757.
6 Credits/Payments:			
a 2016 estimated tax payments and 2015 overpayment credited to 2016	6a	151,000.	
b Exempt foreign organizations - tax withheld at source	6b		
c Tax paid with application for extension of time to file (Form 8868)	6c		
d Backup withholding erroneously withheld	6d		
7 Total credits and payments. Add lines 6a through 6d	7	151,000.	
8 Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8		
9 <b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>	9		
10 <b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>	10	103,243.	
11 Enter the amount of line 10 to be: <b>Credited to 2017 estimated tax</b> <input checked="" type="checkbox"/> 103,243.   <b>Refunded</b> <input type="checkbox"/>	11	0.	

**Part VII-A Statements Regarding Activities**

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i>		X
c Did the foundation file <b>Form 1120-POL</b> for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. <input checked="" type="checkbox"/> \$ 0. (2) On foundation managers. <input checked="" type="checkbox"/> \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input checked="" type="checkbox"/> \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities.</i>		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>	X	
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	X	
b If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	X	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i>		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV</i>	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input checked="" type="checkbox"/> VA		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? <i>If "No," attach explanation</i>	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>		X
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>		X

**Part VII-A Statements Regarding Activities** (continued)

	Yes	No
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions) .....		X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions) .....		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? .....	X	
Website address ► <u>HTTP://WWW.OBICIHCF.ORG/</u>		
14 The books are in care of ► <u>MICHAEL K. BRINKLEY</u> Telephone no. ► <u>757-539-8810</u>		
Located at ► <u>106 W. FINNEY AVENUE, SUFFOLK, VA</u> ZIP+4 ► <u>23434</u>		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year .....		
		N/A
16 At any time during calendar year 2016, 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? .....		X
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ►		

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

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

	Yes	No
1a During the year did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? .....	1b	X
Organizations relying on a current notice regarding disaster assistance check here <input type="checkbox"/>		
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2016? .....	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 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If "Yes," list the years ► _____, _____, _____, _____		
b Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement - see instructions.) .....	N/A	
c If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here. ► _____, _____, _____, _____		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If "Yes," did it have excess business holdings in 2016 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 2016.) .....	N/A	
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 2016? .....	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  
 Organizations relying on a current notice regarding disaster assistance check here  N/A

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  
 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

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		409,213.	18,316.	7,747.

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
TAMMIE A. MULLINS-RICE - 106 W. FINNEY AVENUE, SUFFOLK, VA 23434	PROGRAM RESOURCE OFFICER 40.00	79,729.	17,336.	0.
DIANE W. NELMS - 106 W. FINNEY AVENUE, SUFFOLK, VA 23434	COMMUNICATIONS & PROGRAM SPECIALIST 40.00	65,013.	21,375.	0.
RICHARD E. SPENCER, JR. - 106 W. FINNEY AVENUE, SUFFOLK, VA 23434	PROGRAM RESOURCE OFFICER 40.00	71,848.	11,722.	0.
CATHY J. HUBAND - 106 W. FINNEY AVENUE, SUFFOLK, VA 23434	GRANT MANAGER 40.00	64,280.	5,602.	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 and SUNTRUST BANK, INC.

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 activity, Expenses. Includes entry 1 with N/A.

Part IX-B Summary of Program-Related Investments

Table with 2 columns: Description of investment, Amount. Includes entry 1 with N/A and entry 3 for 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	103,271,650.
b	Average of monthly cash balances	1b	4,898,785.
c	Fair market value of all other assets	1c	682,240.
d	<b>Total</b> (add lines 1a, b, and c)	1d	108,852,675.
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	108,852,675.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	1,632,790.
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	5	107,219,885.
6	<b>Minimum investment return.</b> Enter 5% of line 5	6	5,360,994.

**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	5,360,994.
2a	Tax on investment income for 2016 from Part VI, line 5	2a	47,757.
b	Income tax for 2016. (This does not include the tax from Part VI.)	2b	38,667.
c	Add lines 2a and 2b	2c	86,424.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	5,274,570.
4	Recoveries of amounts treated as qualifying distributions	4	21,435.
5	Add lines 3 and 4	5	5,296,005.
6	Deduction from distributable amount (see instructions)	6	0.
7	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	5,296,005.

**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	5,538,077.
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	21,370.
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	5,559,447.
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	47,757.
6	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4	6	5,511,690.

**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 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI, line 7				5,296,005.
2 Undistributed income, if any, as of the end of 2016:				
a Enter amount for 2015 only			4,825,564.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2016:				
a From 2011				
b From 2012				
c From 2013				
d From 2014				
e From 2015				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2016 from Part XII, line 4: ▶ \$ 5,559,447.				
a Applied to 2015, but not more than line 2a			4,825,564.	
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 2016 distributable amount				733,883.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2016 (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 2015. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2016. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2017				4,562,122.
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 2011 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2012				
b Excess from 2013				
c Excess from 2014				
d Excess from 2015				
e Excess from 2016				

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 2016, 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)

Table with 5 columns: (a) 2016, (b) 2015, (c) 2014, (d) 2013, (e) Total. Rows include 2a-e (Qualifying distributions) and 3a-d (Alternative tests).

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	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution **	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
NURSING CAP, INC PO BOX 5593 SUFFOLK, VA 23435		PC	TRAINING AT TCC WORKFORCE DEVELOPMENT	60.
FRANKLIN CITY DEPARTMENT OF SOCIAL SERVICES 306 N. MAIN STREET FRANKLIN, VA 23851		GOV	TO PROVIDE INFORMATION ABOUT CHILD PROTECTIVE SERVICES AND CHILD ABUSE PREVENTION TO THE COMMUNITY.	500.
RELAY FOR LIFE OF SUFFOLK 4416 EXPRESSWAY DRIVE VIRGINIA BEACH, VA 23452		PC	TO SUPPORT THE RELAY FOR LIFE TAM FUNDRAISING EVENT TO RAISE FUNDS FOR THE AMERICAN CANCER	500.
SUFFOLK EDUCATION FOUNDATION PO BOX 394 SUFFOLK, VA 23439		PC	TO ELIMINATE LONELINESS AND FOSTER FRINDSHIP ON THE ELEMENTARY SCHOOL PLAYGROUNDS. BUDDY	500.
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	900.
<b>Total</b>	<b>SEE CONTINUATION SHEET(S)</b>			<b>4,339,894.</b>
<b>b Approved for future payment</b>				
VOLUNTEER HAMPTON ROADS 1584 WESLEYAN DRIVE NORFOLK, VA 23502		PC	TO FUND A PROGRAM TO INCREASE THE EFFECTIVENESS AND EFFICIENCIES IN THE VOLUNTEER OPERATIONS	2,250.
SUFFOLK REDEVELOPMENT AND HOUSING AUTHORITY 530 E. PINNER STREET SUFFOLK, VA 23434		GOV	TO RAISE AWARENESS AMONG RESIDENTS OF PUBLIC HOUSING COMMUNITIES IN SUFFOLK ABOUT THE HEALTH	2,500.
WINDSOR ATHLETIC ASSOCIATION PO BOX 334 WINDSOR, VA 23487		PC	TO INSTALL PLAYGROUND EQUIPMENT FOR CHILDREN AGES 2-12 ADJACENT TO THE WIDSOR ATHLETIC ASSOCIATION BASEBALL	2,500.
<b>Total</b>	<b>SEE CONTINUATION SHEET(S)</b>			<b>2,820,125.</b>







OBICI HEALTHCARE FOUNDATION, INC.

**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 BARES SMALL CAP	P	09/05/12	03/31/17
b SHAPIRO	P	06/21/11	03/31/17
c CEVIAN CAPITAL	P	04/01/13	01/19/17
d HOUND	P	12/27/13	12/31/16
e SRS	P	04/04/14	12/31/16
f VR GLOBAL	P	01/01/16	10/24/16
g CEDAR ROCK	P	09/28/06	03/31/17
h 1607 CAPITAL	P	03/20/15	02/28/17
i ACACIA	P	03/30/17	06/29/16
j REGIMENT	P	06/07/13	03/13/17
k REALTY ASSOC. FUND	P	02/15/13	02/28/17
l ANGELO GORDON	P	03/10/14	03/24/17
m PARTNERS FOR GROWTH	P	11/27/13	01/12/17
n BLUE STEM PARTNERS	P	12/27/07	12/30/16
o IR&M	P	09/06/16	02/28/17

(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 2,136,696.		1,809,726.	326,970.
b 4,952,403.		4,498,343.	454,060.
c 325,983.		250,000.	75,983.
d 1,172,643.		1,000,000.	172,643.
e 2,500,894.		1,828,212.	672,682.
f 1,000,000.		796,466.	203,534.
g 4,054,097.		2,869,967.	1,184,130.
h 2,020,895.		2,382,161.	-361,266.
i 2,000,000.		1,556,049.	443,951.
j 241,240.		241,240.	0.
k 910,564.		910,564.	0.
l 67,538.		67,538.	0.
m 66,681.		66,681.	0.
n 42,443.		42,443.	0.
o 5,129.		5,129.	0.

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

(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
a			326,970.
b			454,060.
c			75,983.
d			172,643.
e			672,682.
f			203,534.
g			1,184,130.
h			-361,266.
i			443,951.
j			0.
k			0.
l			0.
m			0.
n			0.
o			0.

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	3,172,687.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8 .....	3	N/A

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
ALS ASSOCIATION DC/MD/VA CHAPTER 8100 THREE CHOPT ROAD, SUITE 147 RICHMOND, VA 23229		PC	TO PROVIDE THE NECESSARY FUNDING AND SUPPORT FOR ALS PATIENTS IN THE AREA WITH THE WALK TO	1,000.
ALZHEIMER'S ASSOCIATION - SOUTHEASTERN VIRGINIA CHAPTER 6350 CENTER DRIVE, SUITE 102 NORFOLK, VA 23502		PC	TO SUPPORT THE WALK TO END ALZHEIMER'S EVENT TO RAISE AWARENESS AND FUNDS FOR ALZHEIMER'S CARE, SUPPORT AND	1,000.
AMERICAN CANCER SOCIETY 4416 EXPRESSWAY DRIVE VIRGINIA BEACH, VA 23452		PC	TO SUPPORT THE RELAY FOR LIFE FOR THE AMERICAN CANCER SOCIETY, BENEFITS THOSE AFFECTED WITH	1,000.
AMERICAN CANCER SOCIETY 4416 EXPRESSWAY DRIVE VIRGINIA BEACH, VA 23452		PC	TO SUPPORT THE RELAY FOR LIFE FOR THE AMERICAN CANCER SOCIETY, BENEFITS THOSE AFFECTED WITH	1,000.
EDMARC, INC. 516 LONDON STREET PORTSMOUTH, VA 23704		PC	TO RAISE AWARENESS OF THE NEED FOR PEDIATRIC HOSPICE/PALLIATIVE CARE AND TO HELP RAISE THE FUNDS NEEDED TO	1,000.
NATIONAL KIDNEY FOUNDATION SERVING VIRGINIA 1622 EAST PARHAM ROAD RICHMOND, VA 23228		PC	TO SUPPORT THE 2016 HAMPTON ROADS KIDNEY WALK, A COMMUNITY EVENT THAT RAISES AWARENESS, AND FUNDS	1,000.
NURSING CAP, INC PO BOX 5593 SUFFOLK, VA 23435		PC	TO EDUCATE MIDDLE AND HIGH SCHOOL AGED STUDENTS ON CAREERS IN NURSING AND OTHER HEALTH AND SCIENCE	1,000.
SUFFOLK BREAST CANCER SOCIETY, INC. 405 JOHNSON AVENUE SUFFOLK, VA 23434		PC	TO DISPLAY SUPPORT, COURAGE AND HOPE AS 24 CANCER SURVIVORS ARE HONORED AND ACKNOWLEDGED AS OUR	1,000.
SUFFOLK REDEVELOPMENT AND HOUSING AUTHORITY 530 E. PINNER STREET SUFFOLK, VA 23434		GOV	TO SUPPORT THE 45TH ANNIVERSARY CELEBRATION TAKING PLACE APRIL 2016. THE PRIMARY PURPOSES OF	1,000.
SUFFOLK ROTARY CLUB P.O. BOX 1972 SUFFOLK, VA 23439		PC	TO SUPPORT THE FIRST CITIZEN AWARD RECEPTION THAT RECOGNIZES VOLUNTEERS AND PHILANTHROPIC	1,000.
<b>Total from continuation sheets</b>				<b>4,337,434.</b>

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
SUSAN G. KOMEN TIDEWATER 420 N. CENTER DR. SUITE 143 NORFOLK, VA 23502		PC	TO GATHER TOGETHER - OVER 10,000 PARTICIPANTS, VOLUNTEERS AND SPECTATORS TO JOIN THE	1,000.
THE DOORWAYS, FORMERLY HOSPITALITY HOUSE OF RICHMOND, INC. 612 E. MARSHALL STREET RICHMOND, VA 23219		PC	TO REMOVE THE MANY BARRIERS TO MEDICAL CARE EXPERIENCED BY FAMILIES WHO MUST TRAVEL TO RICHMOND, VA	1,000.
VIRGINIA FAITH BASED OUTREACH INITIATIVE 203 MARKET STREET SUFFOLK, VA 23434		PC	TO PROMOTE AND EDUCATE THE PUBLIC OF THE CAUSES, RISK FACTORS AND PREVENTION OF DIABETES AND ITS	1,000.
VOICES FOR KIDS CASA PROGRAM OF SOUTHEAST VIRGINIA P. O. BOX 949; 409 MAIN STREET SMITHFIELD, VA 23431		PC	TO EDUCATE THE COMMUNITY ON WHAT OUR PROGRAM DOES FOR THE ABUSED AND NEGLECTED CHILDREN IN THE 5TH	1,000.
WALK IN IT, INC. PO BOX 1447 SUFFOLK, VA 23439		PC	TO SUPPORT THE WALK IN IT PINK AND BLACK FUNDRAISING GALA AN ANNUAL FUNDRAISING EVENT TO RAISE	1,000.
PRECIOUS G.E.M.S. INC 3543 DUNEDIN DRIVE, APT 101 CHESAPEAKE, VA 23321		PC	TO BRING TOGETHER CITIZENS AND ORGANIZATIONS TO RAISE AWARENESS TO VIRGINIAN'S WHO HAVE A	1,750.
PROVIDENTIAL CREDIT CARE MANAGEMENT, INC. 517 MAIN STREET SMITHFIELD, VA 23430		PC	TO BRING TOGETHER MEMBERS OF THE RURAL COMMUNITY IN WESTERN TIDEWATER FEATURING A VAST ARRAY OF POLICY,	2,000.
RX PARTNERSHIP 2924 EMERYWOOD PKWY SUITE 300 RICHMOND, VA 23294		PC	TO CENVENE AND BRING TOGETHER MEMBERS OF RURAL COMMUNITY IN WESTERN TIDEWATER FEATURING A VAST ARRAY	2,000.
THE FRIENDS OF THE SUFFOLK PUBLIC LIBRARY 443 W. WASHINGTON STREET SUFFOLK, VA 23434		PC	TO ENCOURAGE THE COMMUNITY TO STAY PHYSICALLY AND MENTALLY ACTIVE OVER THE SUMMER MONTHS BY	2,000.
THE LINKS FOUNDATION, INC 1200 MASSACHUSETTS AVENUE, NW WASHINGTON, DC 20005		PC	TO PROVIDE AN INTERACTIVE HEALTH FAIR FOR THE WESTERN TIDEWATER COMMUNITY INCLUDING AREAS OF	2,100.
<b>Total from continuation sheets</b> .....				

**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
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	2,406.
AMERICAN DIABETES ASSOCIATION 870 GREENBRIER CIRCLE, SUITE 404 CHESAPEAKE, VA 23320		PC	TO SUPPORT THE 2017 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.
GRAZ'N ACRES 14492 IVOR ROAD SEDLEY, VA 23851		PC	TO PROVIDE AT RISK STUDENTS THE ACCESS TO AN ALTERNATIVE LEARNING ENVIRONMENT THAT ADDRESSES	2,500.
HAMPTON ROADS COMMUNITY HEALTH CENTER 664 LINCOLN ST PORTSMOUTH, VA 23704		PC	TO INCREASE ACCESS TO DENTAL CARE SUFFOLK PUBLIC SCHOOLS AND HEALTHY SMILES DENTAL CENTER OF THE HAMPTON	2,500.
HUMANKIND 150 LINDEN AVENUE LYNCHBURG, VA 24503		PC	TO SUPPORT COSTS ASSOCIATED WITH MEDICAL APPOINTMENTS AND NEEDS NOT COVERED BY MEDICAID, INSURANCE	2,500.
VOICES FOR KIDS CASA PROGRAM OF SOUTHEAST VIRGINIA P. O. BOX 949; 409 MAIN STREET SMITHFIELD, VA 23431		PC	TO PROVIDE ACCESS TO MEDICAL, ORAL AND MENTAL HEALTH SERVICES FOR EVERY CHILD SERVED.	2,500.
AMERICAN RED CROSS 611 WEST BRAMBLETON AVENUE NORFOLK, VA 23510		PC	TO INSTALL 200 SMOKE ALARMS FREE OF CHARGE IN SOUTHAMPTON MEADOWS MOBILE HOME PARK.	3,000.
TIDEWATER COMMUNITY COLLEGE'S ACADEMY FOR NONPROFIT EXCELLENCE 7000 COLLEGE DRIVE SUFFOLK, VA 23435		PC	TO EXPOSE AND EDUCATE NONPROFIT PROFESSIONALS, VOLUNTEERS AND FUNDER ON DONOR TRENDS AND	3,000.
HUMANKIND 150 LINDEN AVENUE LYNCHBURG, VA 24503		PC	TO PROVIDE RESIDENTS WITH WELLNESS EDUCATION AND SUPPORT ON MANAGEING THEIR CHRONIC DISEASE.	3,841.
<b>Total from continuation sheets</b> .....				

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
COALITION AGAINST POVERTY IN SUFFOLK, INC. P.O. BOX 1117 SUFFOLK, VA 23439		PC	TO PRODUCE A PROMOTIONAL VIDEO AND PURCHASE COMPUTERS, PHONES, AND OFFICE EQUIPMENT TO	4,000.
EASTERN VIRGINIA MEDICAL SCHOOL P.O. BOX 1980 NORFOLK, VA 23501		PC	TO INCREASE THE NUMBER OF MEDICAL ENCOUNTERS AT THE WESTERN TIDEWATER FREE CLINIC BY SCHEDULING	4,500.
CITY OF SUFFOLK 134 SOUTH 6TH STREET SUFFOLK, VA 23434		GOV	TO PROVIDE LIFE-SAVING MEDICAL AID TO SUBJECTS THAT HAVE OVERDOSED ON HEROIN OR OTHER OPIOID	4,993.
ALBEMARLE DEVELOPMENT CORP. 512 SOUTH CHURCH ST. HERTFORD, NC 27944		PC	TO PROVIDE HOME DELIVERED MEALS (MEALS ON WHEELS) TO OLDER ADULTS (60+) WHO ARE CURRENTLY ON A WAITING	5,000.
PENINSULA COMMUNITY FOUNDATION OF VIRGINIA 1 ENTERPRISE PARKWAY SUITE 130 HAMPTON, VA 23666		PC	TO ENGAGE THE ENTIRE HAMPTON ROADS COMMUNITY IN PHILANTHROPY FOR 24 HOURS FOR LOCAL	5,000.
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.
SMART BEGINNINGS WESTERN TIDEWATER 601 NORTH MECHANIC STREET, SUITE 301 FRANKLIN, VA 23851		PC	TO FUND A PART-TIME DEVELOPMENT COORDINATOR TO PRODUCE GREATER FINANCIAL SUSTAINABILITY AND	5,000.
SUFFOLK PARTNERSHIP FOR A HEALTHY COMMUNITY 1707 N. MAIN STREET SUFFOLK, VA 23434		PC	TO BUILD THE PROGRAM CAPACITY OF THE SUFFOLK COMMUNITY GARDEN NETWORK THROUGH CREATING AN EXPANDED	5,000.
THE HEALING PLACE OF HAMPTON ROADS 5365 ROBIN HOOD ROAD SUITE 700 NORFOLK, VA 23513		PC	TO PLAN FOR THE CREATION OF RESIDENTIAL COMMUNITY RESOURCE TO FILL THE GAP FOR THOSE CITIZENS	5,000.
THE SUFFOLK FOUNDATION 106 W. FINNEY AVENUE SUFFOLK, VA 23434		PC	TO EDUCATE THE SUFFOLK AND WESTERN TIDEWATER COMMUNITIES ABOUT HOW THE SUFFOLK FOUNDATION POSITIVELY IMPACTS ITS	5,000.
<b>Total from continuation sheets</b> .....				

**Part XV Supplementary Information**

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
WESTERN TIDEWATER TENNIS ASSOCIATION 136 WYNNWOOD DRIVE FRANKLIN, VA 23851		PC	THE ACE OBESITY IN SCHOOLS PROGRAM WILL TARGET THIRD GRADE STUDENTS IN WESTERN TIDEWATER AREA	5,000.
WINDSOR CASTLE PARK FOUNDATION PO BOX 402 SMITHFIELD, VA 23431		PC	TO PROVIDE A PLAYScape NATURAL PLAYGROUND IN WINDSOR CASTLE PARK. PLAYScape IS A MUCH-NEEDED AND	5,000.
ISLE OF WIGHT COUNTY DEPARTMENT OF SOCIAL SERVICES 17100 MONUMENT CIRCLE, SUITE A ISLE OF WIGHT, VA 23397		GOV	FOR A PROACTIVE OUTREACH PROGRAM TO INCREASE THE NUMBER OF CHILDREN AND FAMILIES ENROLLED IN MEDICAID	6,580.
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.
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.
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.
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.	9,818.
THE KING'S DAUGHTERS 601 CHILDREN'S LANE NORFOLK, VA 23507		PC	TO FUND A PEDIATRIC NEONATAL-INTENSIVE MEDICAL TRANSPORT UNIT EQUIPPED IN STATE-OF-THE-ART	10,000.
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.
WESTERN TIDEWATER COMMUNITY SERVICES BOARD 5268 GODWIN BLVD SUFFOLK, VA 23434		PC	TO TRAIN PEER PROVIDERS WHO WILL EDUCATE, MONITOR AND ASSIST ENROLLED PEERS WITH CHRONIC DISEASE	12,377.
<b>Total from continuation sheets</b>				



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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
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.
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.
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.
WESTERN TIDEWATER COMMUNITY SERVICES BOARD 5268 GODWIN BLVD SUFFOLK, VA 23434		PC	TO PROVIDE ON-SITE INTEGRATED OUTPATIENT COUNSELING BY TRAINED CLINICAL STAFF AT LOCAL SHELTERS,	14,565.
NURSING CAP, INC PO BOX 5593 SUFFOLK, VA 23435		PC	TO ENCOURAGE STUDENTS TO PRACTICE HEALTHY LIFESTYLES AND TO CHOOSE A HEALTHCARE RELATED CAREER PATH.	15,000.
TIDEWATER COMMUNITY COLLEGE'S ACADEMY FOR NONPROFIT EXCELLENCE 7000 COLLEGE DRIVE SUFFOLK, VA 23435		PC	TO PROVIDE CAPACITY BUILDING SUBJECT MATTER INTENDED FOR SENIOR LEVEL STAFF OF LOCAL NONPROFIT	15,562.
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.	16,035.
SUFFOLK REDEVELOPMENT AND HOUSING AUTHORITY 530 E. PINNER STREET SUFFOLK, VA 23434		GOV	TO RAISE AWARENESS AMONG RESIDENTS OF PUBLIC HOUSING COMMUNITIES IN SUFFOLK ABOUT THE HEALTH	16,076.
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.
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.	17,530.
<b>Total from continuation sheets</b> .....				

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
AMERICAN DIABETES ASSOCIATION 870 GREENBRIER CIRCLE, SUITE 404 CHESAPEAKE, VA 23320		PC	TO TRAIN AMBASSADORS IN THE HIGH HEALTH-RISK COMMUNITIES IN FRANKLIN AND	17,653.
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.
GIRLS ON THE RUN SOUTH HAMPTON ROADS 287 INDEPENDENCE BOULEVARD, PEMBROKE 2, STE 120 VIRGINIA BEACH, VA 23462		PC	TO SUPPORT THE EXPANSION OF THE PROGRAM IN WESTERN TIDEWATER TO SERVE 300 GIRLS WITH A FUN,	18,550.
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	20,000.
SOUTHEASTERN VIRGINIA HEALTH SYSTEM 1033 28TH ST. 2ND FLOOR NEWPORT NEWS, VA 23607		PC	TO PROVIDE ACCESS TO COMPREHENSIVE ORAL HEALTH CARE SERVICES AND EDUCATION FOR THE RESIDENTS OF SUFFOLK.	20,000.
THE CHILDREN'S CENTER 700 CAMPBELL AVENUE FRANKLIN, VA 23851		PC	TO RENOVATE A COVERED WOODEN DECK THAT ALLOWS PRESCHOOLERS TO PLAY OUTSIDE PARTICULARLY ON RAINY	20,000.
VOLUNTEER HAMPTON ROADS 1584 WESLEYAN DRIVE NORFOLK, VA 23502		PC	TO FUND A PROGRAM TO INCREASE THE EFFECTIVENESS AND EFFICIENCIES IN THE VOLUNTEER OPERATIONS	20,250.
EASTERN VIRGINIA MEDICAL SCHOOL P.O. BOX 1980 NORFOLK, VA 23501		PC	TO DEVELOP COLLABORATIVE STRATEGIES THAT CREATE POLICY, SYSTEMS AND ENVIRONMENTAL CHANGES	20,635.
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	21,333.
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	22,500.
<b>Total from continuation sheets</b> .....				

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
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	22,500.
SUFFOLK REDEVELOPMENT AND HOUSING AUTHORITY 530 E. PINNER STREET SUFFOLK, VA 23434		GOV	TO RAISE AWARENESS AMONG RESIDENTS OF PUBLIC HOUSING COMMUNITIES IN SUFFOLK ABOUT THE HEALTH	22,500.
WINDSOR ATHLETIC ASSOCIATION PO BOX 334 WINDSOR, VA 23487		PC	TO INSTALL PLAYGROUND EQUIPMENT FOR CHILDREN AGES 2-12 ADJACENT TO THE WIDSOR ATHLETIC ASSOCIATION BASEBALL	22,500.
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	24,000.
SUFFOLK MEALS ON WHEELS 2800 GODWIN BLVD SUFFOLK, VA 23434		PC	TO PURCHASE A REPLACEMENT DELIVERY VEHICLE FOR THE DISTRIBUTION AND DELIVERY OF MEALS.	24,085.
GIRLS ON THE RUN SOUTH HAMPTON ROADS 287 INDEPENDENCE BOULEVARD, PEMBROKE 2, STE 120 VIRGINIA BEACH, VA 23462		PC	TO SUPPORT THE EXPANSION OF THE PROGRAM IN WESTERN TIDEWATER IN 10 SCHOOLS AND COMMUNITY	24,733.
CITY OF SUFFOLK 134 SOUTH 6TH STREET SUFFOLK, VA 23434		GOV	TO FUND A PLANNING GRANT TO DRAFT THE SCOPE OF WORK FOR A NEW CITY POSITION OF COMMUNITY WELLNESS	25,000.
FOODBANK OF SOUTHEASTERN VIRGINIA P.O. BOX 1940 NORFOLK, VA 23501		PC	TO FUND THE DEVELOPMENT OF A FIVE-YEAR STRATEGIC PLAN THAT WILL PROMOTE DIET-RELATED GOOD	25,000.
FORKIDS, INC. P.O. BOX 6044 NORFOLK, VA 23508		PC	TO PLAN AND DESIGN A NEW TRAUMA-INFORMED FACILITY THAT WILL SERVE SUFFOLK AND WESTERN TIDEWATER.	25,000.
THE PLANNING COUNCIL 5365 ROBIN HOOD ROAD SUITE 700 NORFOLK, VA 23513		PC	TO FUND A PLANNING GRANT TO ASSESS AND UNDERSTAND THE ORAL HEALTHCARE NEEDS OF CHILDREN AGES 0-5	25,000.
<b>Total from continuation sheets</b> .....				

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
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	25,000.
WALK IN IT, INC. PO BOX 1447 SUFFOLK, VA 23439		PC	TO FUND AN AFTER-SCHOOL PROGRAM THAT ENCOURAGES HEALTHY SELF-ESTEEM, HEALTHY DECISION	25,000.
HUMANKIND 150 LINDEN AVENUE LYNCHBURG, VA 24503		PC	TO PROVIDE RESIDENT AND STAFF WITH WELLNESS EDUCATION, MANAGEMENT OF CHRONIC DISEASE AND THE	26,231.
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.
SUFFOLK FAMILY YMCA 2769 GODWIN BLVD SUFFOLK, VA 23434		PC	TO PROVIDE POOL LIFTS THAT ALLOW PERSONS WITH PHYSICAL LIMITATIONS TO PARTICIPATE IN VARIOUS	27,000.
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.
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.
ACCESS PARTNERSHIP P. O. BOX 41093 NORFOLK, VA 23541		PC	TO PROVIDE DENTAL VOUCHERS FOR FINANCIALLY ELIGIBLE RESIDENTS OF WESTERN TIDEWATER TO RECEIVE	28,823.
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.
EASTERN VIRGINIA MEDICAL SCHOOL P.O. BOX 1980 NORFOLK, VA 23501		PC	TO DEVELOP COLLABORATIVE STRATEGIES THAT CREATE POLICY, SYSTEMS AND ENVIRONMENTAL CHANGES	30,962.
<b>Total from continuation sheets</b> .....				

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
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	33,750.
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.
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.	37,500.
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.	37,500.
CITY OF SUFFOLK 134 SOUTH 6TH STREET SUFFOLK, VA 23434		GOV	TO CONSTRUCT A MILE-LONG TRAIL LOCATED IN NORTH SUFFOLK FOR WALKERS AND BIKERS.	37,500.
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	37,500.
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.
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 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 ESTABLISH A PROGRAM THAT WILL ASSESS AND ASSIST INDIVIDUALS WITH BEHAVIORAL HEALTH DIAGNOSIS TO PREVENT	37,500.
<b>Total from continuation sheets</b> .....				

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
EASTERN VIRGINIA MEDICAL SCHOOL P.O. BOX 1980 NORFOLK, VA 23501		PC	TO PROVIDE ACCESS TO BASIC HEALTHCARE TO UNINSURED, WESTERN TIDEWATER FREE CLINIC PATENTS BY ENGAGING	40,500.
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.	50,000.
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	50,000.
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.	50,000.
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	50,270.
THE UP CENTER 222 W. 19TH ST. NORFOLK, VA 23517		PC	OR5603 - 11/09/17 10:58AM WORKSHEET PRIVATE FOUNDATION	52,996.
FRANKLIN CITY PUBLIC SCHOOLS 207 W. SECOND AVENUE FRANKLIN, VA 23851		GOV	TO PROVIDE STUDENTS AND FAMILIES OF FRANKLIN CITY PUBLIC SCHOOLS WITH ACCESS TO BEHAVIORAL HEALTH	56,250.
SUFFOLK MEALS ON WHEELS 2800 GODWIN BLVD SUFFOLK, VA 23434		PC	TO PROVIDE SHORT-TERM EMERGENCY MEALS TO AT-RISK PATIENTS TRANSITIONING HOME FROM THE HOSPITAL WITH	56,371.
ISLE OF WIGHT COUNTY DEPARTMENT OF SOCIAL SERVICES 17100 MONUMENT CIRCLE, SUITE A ISLE OF WIGHT, VA 23397		GOV	FOR A PROACTIVE OUTREACH PROGRAM TO INCREASE THE NUMBER OF CHILDREN AND FAMILIES ENROLLED IN MEDICAID	59,216.
CATHOLIC CHARITIES OF EASTERN VIRGINIA 5361 VIRGINIA BEACH BLVD. VIRGINIA BEACH, VA 23462		PC	DENTAL VOUCHERS WILL BE AVAILABLE FOR FINANCIALLY ELIGIBLE RESIDENTS OF WESTERN TIDEWATER TO RECEIVE	60,000.
<b>Total from continuation sheets</b> .....				

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
CITY OF SUFFOLK 134 SOUTH 6TH STREET SUFFOLK, VA 23434		GOV	TO BUILD A PAVED, QUARTER-MILE WALKING TRAIL AT LAKE KENNEDY PARK.	67,500.
HOPE FOCUS CENTER 318 HALL ST FRANKLIN, VA 23851		PC	TO RENOVATE THE ANNEX BUILDING OF THE EXPERIENCE CENTER INTO A SPORTSPLEX FACILITY THAT WILL PROVIDE	67,500.
VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY 440 MARKET ST.; P.O. BOX 218 SUFFOLK, VA 23439		GOV	TO FUND THE "COOKING MATTERS" EVIDENCED-BASED OBESITY PREVENTION CURRICULUM WITH	67,500.
EASTERN VIRGINIA MEDICAL SCHOOL P.O. BOX 1980 NORFOLK, VA 23501		PC	TO ESTABLISH A SPECIALTY CARE CENTER THAT WILL FOCUS ON TEH DETECTION, PREVENTION AND MANAGEMENT OF	69,171.
UNITED WAY OF SOUTH HAMPTON ROADS PO BOX 41069; 2515 WALMER AVE NORFOLK, VA 23541		PC	TO PROVIDE 2016 SUFFOLK SUMMER SCHOOL PARTICIPANTS WITH ACCESS TO ORAL AND BEHAVIOR HEALTH	81,827.
WESTERN TIDEWATER COMMUNITY SERVICES BOARD 5268 GODWIN BLVD SUFFOLK, VA 23434		PC	TO TRAIN PEER PROVIDERS WHO WILL EDUCATE, MONITOR AND ASSIST ENROLLED PEERS WITH CHRONIC DISEASE	83,544.
WESTERN TIDEWATER COMMUNITY SERVICES BOARD 5268 GODWIN BLVD SUFFOLK, VA 23434		PC	TO PROVIDE ON-SITE INTEGRATED OUTPATIENT COUNSELING BY TRAINED CLINICAL STAFF AT LOCAL SHELTERS,	98,312.
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	122,419.
WESTERN TIDEWATER HEALTH DISTRICT 135 HALL AVE, SUITE A SUFFOLK, VA 23434		GOV	TO IMPLEMENT A NATIONAL MODEL - NURSE FAMILY - TO IMPROVE PRENATAL HEALTH, CHILD HEALTH AND DEVELOPMENT	126,380.
SUFFOLK PARTNERSHIP FOR A HEALTHY COMMUNITY 1707 N. MAIN STREET SUFFOLK, VA 23434		PC	TO CREATE A CULTURE OF WELLNESS IN SUFFOLK BY WORKING AS A CONVENER AND WELLNESS ADVOCATE TO IMPLEMENT POLICY	147,868.
<b>Total from continuation sheets</b> .....				

**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
SOUTHEASTERN VIRGINIA HEALTH SYSTEM 1033 28TH ST. 2ND FLOOR NEWPORT NEWS, VA 23607		PC	TO PROVIDE ACCESS TO CONPREHENSIVE ORAL HEALTHCARE SERVICES FOR WESTERN TIDEWATER RESIDENTS.	180,000.
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	206,016.
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.
WESTERN TIDEWATER FREE CLINIC 2019 MEADE PARKWAY SUFFOLK, VA 23434		PC	TO PROVIDE OPERATIONAL SUPPORT FOR MEDICAL AND DENTAL CARE AND CHRONIC DISEASE	250,000.
WESTERN TIDEWATER FREE CLINIC 2019 MEADE PARKWAY SUFFOLK, VA 23434		PC	TO PROVIDE OPERATIONAL SUPPORT FOR MEDICAL AND DENTAL CARE AND CHRONIC DISEASE	250,000.
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.
<b>Total from continuation sheets</b> .....				



**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
HUMANKIND 150 LINDEN AVENUE LYNCHBURG, VA 24503		PC	TO PROVIDE RESIDENTS AND STAFF WITH WELLNESS EDUCATION, MANAGEMENT OF CHRONIC DISEASE AND THE	2,915.
SUFFOLK FAMILY YMCA 2769 GODWIN BLVD SUFFOLK, VA 23434		PC	TO PROVIDE POOL LIFTS THAT ALLOW PERSONS WITH PHYSICAL LIMITATIONS TO PARTICIPATE IN VARIOUS	3,000.
SENIOR SERVICES OF SOUTHEASTERN VIRGINIA 5 INTERSTATE CORPORATE CENTER, 6350 CENTER DR. SUITE 101 NORFOLK, VA 23502		PC	TO PROVIDE SENIORS AND PERSONS WITH DISABILITIES WITH OUTREACH SERVICES TO APPLY FOR ELIGIBLE	3,750.
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.
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	5,586.
THE UP CENTER 222 W. 19TH ST. NORFOLK, VA 23517		PC	TO PROVIDE INDIVIDUALS AND FAMILIES WITH TRAUMA INFORMED CARE AND COUNSELING SERVICES.	5,888.
FRANKLIN CITY PUBLIC SCHOOLS 207 W. SECOND AVENUE FRANKLIN, VA 23851		GOV	TO PROVIDE STUDENTS AND FAMILIES OF FRANKLIN CITY PUBLIC SCHOOLS WITH ACCESS TO BEHAVIORAL HEALTH	6,250.
SUFFOLK MEALS ON WHEELS 2800 GODWIN BLVD SUFFOLK, VA 23434		PC	TO PROVIDE SHORT-TERM EMERGENCY MEALS TO AT-RISK PATIENTS TRANSITIONING HOME FROM THE HOSPITAL WITH	6,263.
ISLE OF WIGHT COUNTY DEPARTMENT OF SOCIAL SERVICES 17100 MONUMENT CIRCLE, SUITE A ISLE OF WIGHT, VA 23397		GOV	FOR A PROACTIVE OUTREACH PROGRAM TO INCREASE THE NUMBER OF CHILDREN AND FAMILIES ENROLLED IN MEDICAID	6,580.
CITY OF SUFFOLK 442 W. WASHINGTON STREET SUFFOLK, VA 23439		GOV	TO BUILD A PAVED, QUARTER-MILE WALKING TRAIL AT LAKE KENNEDY PARK.	7,500.
<b>Total from continuation sheets</b>				<b>2,812,875.</b>

**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
HOPE FOCUS CENTER 318 HALL ST FRANKLIN, VA 23851		PC	TO RENOVATE TE ANNEX BUILDING OF THE EXPERIENCE CENTER INTO A SPORTSPLEX FACILITY THAT WILL PROVIDE	7,500.
VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY 440 MARKET ST.; P.O. BOX 218 SUFFOLK, VA 23439		GOV	TO FUND THE "COOKING MATTERS" EVIDENCED-BASED OBESITY PREVENTION CURRICULUM WITH	7,500.
WESTERN TIDEWATER COMMUNITY SERVICES BOARD 5268 GODWIN BLVD SUFFOLK, VA 23434		PC	TO TRAIN PEER PROVIDERS WHO WILL EDUCATE, MONITOR AND ASSIST ENROLLED PEERS WITH CHRONIC DISEASE	9,283.
WESTERN TIDEWATER COMMUNITY SERVICES BOARD 5268 GODWIN BLVD SUFFOLK, VA 23434		PC	TO PROVIDE ON-SITE INTEGRATED OUTPATIENT COUNSELING BY TRAINED CLINICAL STAFF AT LOCAL SHELTERS,	10,924.
SENTARA OBICI HOSPITAL 2800 GODWIN BLVD SUFFOLK, VA 23434		PC	TO PROVIDE HIGH RISK EXPECTANT FAMILIES AND NEW PARENTS WITH CASE MANAGEMENT AND HOME VISITING SUPPORT TO	13,602.
WESTERN TIDEWATER HEALTH DISTRICT 135 HALL AVE, SUITE A SUFFOLK, VA 23434		GOV	TO IMPLEMENT A NATIONAL MODEL - NURSE FAMILY - TO IMPROVE PRENATAL HEALTH, CHILD HEALTH AND DEVELOPMENT	14,042.
GIRL SCOUT COUNCIL OF THE COLONIAL COAST 912 CEDAR ROAD CHESAPEAKE, VA 23322		PC	TO SUPPORT CAPITAL IMPROVEMENTS TOT CAMP DARDEN'S ROPES COURSE AND NEW OUTDOOR CLIMBING WALL FOR	15,000.
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.	16,035.
SUFFOLK PARTNERSHIP FOR A HEALTHY COMMUNITY 1707 N. MAIN STREET SUFFOLK, VA 23434		PC	TO CREATE A CULTURE OF WELLNESS IN SUFFOLK BY WORKING AS A CONVENER AND WELLNESS ADVOCATE TO IMPLEMENT POLICY	16,430.
VOLUNTEER HAMPTON ROADS 1584 WESLEYAN DRIVE NORFOLK, VA 23502		PC	TO FUND A PROGRAM TO INCREASE THE EFFECTIVENESS AND EFFICIENCIES IN THE VOLUNTEER OPERATIONS	16,875.
<b>Total from continuation sheets</b> .....				

**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
AMERICAN DIABETES ASSOCIATION 870 GREENBRIER CIRCLE, SUITE 404 CHESAPEAKE, VA 23320		PC	TO TRAIN AMBASSADORS IN THE HIGH HEALTH-RISK COMMUNITIES IN FRANKLIN AND	17,653.
GIRLS ON THE RUN SOUTH HAMPTON ROADS 287 INDEPENDENCE BOULEVARD, PEMBROKE 2, STE 120 VIRGINIA BEACH, VA 23462		PC	TO SUPPORT THE EXPANSION OF THE PROGRAM IN WESTERN TIDEWATER TO SERVE 300 GIRLS WITH A FUN,	18,550.
SOUTHEASTERN VIRGINIA HEALTH SYSTEM 1033 28TH ST. 2ND FLOOR NEWPORT NEWS, VA 23607		PC	TO PROVIDE ACCESS TO COMPREHENSIVE ORAL HEALTHCARE SERVICES FOR WESTERN TIDEWATER RESIDENTS.	20,000.
EASTERN VIRGINIA MEDICAL SCHOOL P.O. BOX 1980 NORFOLK, VA 23501		PC	TO DEVELOPE COLLABORATIVE STRATEGIES THAT CREATE POLICY, SYSTEMS AND ENVIRONMENTAL CHANGES	20,635.
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	21,333.
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	22,500.
KABOOM! INC 4301 CONNECTICUT AVE ML-1 WASHINGTON, DC 20008		PC	TO SUPPORT THE BUILDING OF A COMMUNITY PLAYGROUND TO ENCOURAGE FRANKLIN, VA, CHILDREN TO ENJOY	25,000.
NURSING CAP, INC PO BOX 5593 SUFFOLK, VA 23435		PC	TO ENCOURAGE STUDENTS TO PRACTICE HEALTHY LIFESTYLES AND TO CHOOSE A HEALTHCARE RELATED CAREER PATH.	26,750.
RAM OF VIRGINIA 2200 STOCK CREEK BLVD ROCKFORD, TN 37853		PC	TO SUPPORT THE SOUTHSIDE REMOTE AREA MEDICAL (RAM) CLINIC WITH PROVIDING FREE PRIMARY MEDICAL CARE,	30,000.
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.
<b>Total from continuation sheets</b> .....				

**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
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	37,237.
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.	37,500.
CITY OF SUFFOLK 442 W. WASHINGTON STREET SUFFOLK, VA 23439		GOV	TO CONSTRUCT A MILE-LONG TRAIL LOCATED IN NORTH SUFFOLK FOR WALKERS AND BIKERS.	37,500.
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 ESTABLISH A PROGRAM THAT WILL ASSESS AND ASSIST INDIVIDUALS WITH BEHAVIORAL HEALTH DIAGNOSIS TO PREVENT	37,500.
HOPE FOCUS CENTER 318 HALL ST FRANKLIN, VA 23851		PC	TO RENOVATE THE INTERIOR STRUCTURE OF THE FACILITY TO PROVIDE SPACE FOR A COMMERCIAL KITCHEN	42,500.
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	45,000.
SUFFOLK MEALS ON WHEELS 2800 GODWIN BLVD SUFFOLK, VA 23434		PC	TO PROVIDE SHORT-TERM EMERGENCY MEALS TO AT-RISK PATIENTS TRANSITIONING HOME FROM THE HOSPITAL WITH	46,976.
COVER 3 FOUNDATION 125 S. COLLEGE DRIVE; P.O. BOX 456 FRANKLIN, VA 23851		PC	TO SUPPORT A REFRIGERATED VEHICLE AND UPDATED KITCHEN EQUIPMENT FOR FOOD SAFETY MEAL	50,000.
HORIZON HEALTH SERVICES, INC. P.O. BOX 29 WAVERLY, VA 23890		PC	TO PROVIDE DENTAL CARE AND SMOKING CESSATION SERVICES INT HE FRANKLIN, SOUTHAMPTON, ISLE OF WIGHT, SURRY	50,000.
<b>Total from continuation sheets</b> .....				

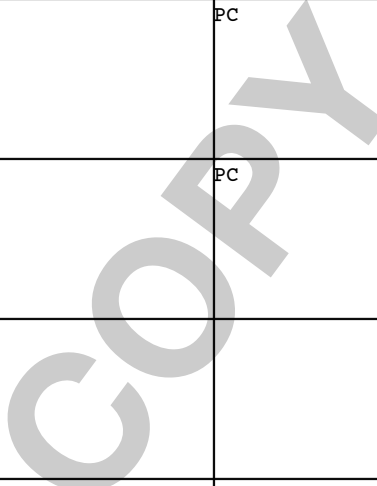
**Part XV** Supplementary Information**3 Grants and Contributions Approved for Future Payment (Continuation)**

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.	50,000.
YMCA OF SOUTH HAMPTON ROADS 920 CORPORATE LANE CHESAPEAKE, VA 23320		PC	TO SUPPORT CENTER-WIDE RENOVATION TO BETTER SERVE MEMBERS THROUGH WELLNESS PROGRAMS, OBESITY PREVENTION,	50,000.
UNITED WAY OF SOUTH HAMPTON ROADS PO BOX 41069; 2515 WALMER AVE NORFOLK, VA 23541		PC	TO SUPORT A LEARNING AND ENRICHMENT SIX-WEEK SUMMER SHCOOL FOR LOW ACADEMIC LEVEL SUFFOLK ELEMENTARY	54,551.
WESTERN TIDEWATER COMMUNITY SERVICES BOARD 5268 GODWIN BLVD SUFFOLK, VA 23434		PC	TO TRAIN PEER PROVIDERS WHO WILL EDUCATE, MONITOR AND ASSIST ENROLLED PEERS WITH CHRONIC DISEASE	61,885.
THE GENIEVE SHELTER 157 N. MAIN ST., 2ND FLOOR, STE R3 SUFFOLK, VA 23434		PC	TO PROVIDE CAPITAL SUPPORT IN THE REPLACEMENT OF TWO VEHICLES.	65,000.
SENTARA OBICI HOSPITAL 2800 GODWIN BLVD SUFFOLK, VA 23434		PC	TO PROVIDE CRITICALLY CHRONIC ILL PATIENTS ACCESS TO A STABLE MEDICAL HOME AND FOSTER PATIENT	65,229.
SENTARA OBICI HOSPITAL 2800 GODWIN BLVD SUFFOLK, VA 23434		PC	TO PROVIDE HIGH RISK EXPECTANT FAMILIES AND NEW PARENTS WITH CASE MANAGEMENT AND HOME VISITING SUPPORT TO	90,681.
THE UP CENTER 222 W. 19TH ST. NORFOLK, VA 23517		PC	TO CONTINUE PROVIDING INDIVIDUALS AND FAMILIES WITH TRAUMA INFORMED CARE AND COUNSELING SERVICES IN	100,000.
WESTERN TIDEWATER HEALTH DISTRICT 135 HALL AVE, SUITE A SUFFOLK, VA 23434		GOV	TO ADDRESS HIGH-RISK, LOW-INCOME, FIRST-TIME PREGNANCIES WITH MATERNAL/INFANT/CHILD EVIDENCED-BASED HOME	140,422.
CATHOLIC CHARITIES OF EASTERN VIRGINIA 5361 VIRGINIA BEACH BLVD. VIRGINIA BEACH, VA 23462		PC	DENTAL VOUCHERS WILL BE AVAILABLE FOR FINANCIALLY ELIGIBLE RESIDENTS OF WESTERN TIDEWATER TO RECEIVE	163,071.
<b>Total from continuation sheets</b> .....				

**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
SUFFOLK PARTNERSHIP FOR A HEALTHY COMMUNITY 1707 N. MAIN STREET SUFFOLK, VA 23434		PC	TO FUND POLICY CHANGE, COMMUNITY ENGAGEMENT, PHILANTHROPY, ORGANIZATION STRUCTURE, STAFFING,	164,298.
SOUTHEASTERN VIRGINIA HEALTH SYSTEM 1033 28TH ST. 2ND FLOOR NEWPORT NEWS, VA 23607		PC	TO PROVIDE ACCESS TO COMPREHENSIVE ORAL HEALTHCARE SERVICES FOR WESTERN TIDEWATER RESIDENTS.	200,000.
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.
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 COMMUNITY SERVICES BOARD 5268 GODWIN BLVD SUFFOLK, VA 23434		PC	TO PROVIDE UNINSURED AND UNDER INSURED ADULTS WITH ACCESS TO COMMUNITY BASED PSYCHIATRIC SERVICES	268,395.
<b>Total from continuation sheets</b> .....				



**Part XV** Supplementary Information

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

NAME OF RECIPIENT - RELAY FOR LIFE OF SUFFOLK

TO SUPPORT THE RELAY FOR LIFE TAM FUNDRAISING EVENT TO RAISE FUNDS FOR THE AMERICAN CANCER SOCIETY'S PROGRAMS BENEFITTING THOSE AFFECTED WITH CANCER, CANCER RESEARCH AND CANCER INFORMATION CENTERS.

NAME OF RECIPIENT - SUFFOLK EDUCATION FOUNDATION

TO ELIMINATE LONELINESS AND FOSTER FRINDSHIP ON THE ELEMENTARY SCHOOL PLAYGROUNDS. BUDDY BENCHES WILL BE PLACED ON TEH ELEVEL ELEMENTARY SCHOOL PLAYGROUNDS OF SUFFOLK PUBLIC SCHOOLS.

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 - ALS ASSOCIATION DC/MD/VA CHAPTER

TO PROVIDE THE NECESSARY FUNDING AND SUPPORT FOR ALS PATIENTS IN THE AREA WITH THE WALK TO DEFEAT ALS EVENT.

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

TO SUPPORT THE WALK TO END ALZHEIMER'S EVENT TO RAISE AWARENESS AND FUNDS FOR ALZHEIMER'S CARE, SUPPORT AND RESEARCH.

NAME OF RECIPIENT - AMERICAN CANCER SOCIETY

TO SUPPORT THE RELAY FOR LIFE FOR THE AMERICAN CANCER SOCIETY, BENEFITS THOSE AFFECTED WITH CANCER, CANCER RESEARCH, AND CANCER INFORMATION CENTERS.

**Part XV** Supplementary Information

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

NAME OF RECIPIENT - AMERICAN CANCER SOCIETY

TO SUPPORT THE RELAY FOR LIFE FOR THE AMERICAN CANCER SOCIETY, BENEFITS THOSE AFFECTED WITH CANCER, CANCER RESEARCH, AND CANCER INFORMATION CENTERS.

NAME OF RECIPIENT - EDMARC, INC.

TO RAISE AWARENESS OF THE NEED FOR PEDIATRIC HOSPICE/PALLIATIVE CARE AND TO HELP RAISE THE FUNDS NEEDED TO DELIVER THIS SPECIALIZED CARE FOR CHILDREN WITH LIFE-THREATENING ILLNESSES AND THEIR FAMILIES.

NAME OF RECIPIENT - NATIONAL KIDNEY FOUNDATION SERVING VIRGINIA

TO SUPPORT THE 2016

HAMPTON ROADS KIDNEY WALK, A COMMUNITY EVENT THAT RAISES AWARENESS, AND FUNDS LIFESAVING PROGRAMS FOR THOSE AT RISK FOR KIDNEY DISEASE.

NAME OF RECIPIENT - NURSING CAP, INC

TO EDUCATE MIDDLE AND HIGH SCHOOL AGED STUDENTS ON CAREERS IN NURSING AND OTHER HEALTH AND SCIENCE RELATED FIELDS THROUGH MENTORING, TUTORING, CREATING PARTNERSHIPS WITH COMMUNITY HEALTHCARE CENTERS, AND PROMOTING HEALTHY AND ACTIVE LIVING IN AN ATMOSPHERE OF COMPREHENSIVE DEVELOPMENT.

NAME OF RECIPIENT - SUFFOLK BREAST CANCER SOCIETY, INC.

TO DISPLAY SUPPORT, COURAGE AND HOPE AS 24 CANCER SURVIVORS ARE HONORED AND ACKNOWLEDGED AS OUR 2016 UNSUNG HEROES.

NAME OF RECIPIENT - SUFFOLK REDEVELOPMENT AND HOUSING AUTHORITY



**Part XV** Supplementary Information

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

TO SUPPORT THE 45TH ANNIVERSARY CELEBRATION TAKING PLACE APRIL 2016.  
 THE PRIMARY PURPOSES OF THE SRHA EMPOWERMENT FUND IS TO PROVIDE  
 SCHOLARSHIPS, GRANTS AND HOUSING-RELATED ASSISTANCE SERVICES FOR  
 PERSONS FROM OR RESIDING IN SUFFOLK.

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.

NAME OF RECIPIENT - SUSAN G. KOMEN TIDEWATER

TO GATHER TOGETHER - OVER 10,000 PARTICIPANTS, VOLUNTEERS AND  
 SPECTATORS TO JOIN THE BATTLE AGAINST BREAST CANCER AT THE 16TH ANNUAL  
 SUSAN G. KOMEN TIDEWATER RACE FOR THE CURE .

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

TO REMOVE THE MANY BARRIERS TO MEDICAL CARE EXPERIENCED BY FAMILIES WHO  
 MUST TRAVEL TO RICHMOND, VA FOR DIAGNOSTICS AND TREATMENT BECAUSE THE  
 CARE THEY NEED ISN'T AVAILABLE WHERE THEY LIVE.

NAME OF RECIPIENT - VIRGINIA FAITH BASED OUTREACH INITIATIVE

TO PROMOTE AND EDUCATE THE PUBLIC OF THE CAUSES, RISK FACTORS AND  
 PREVENTION OF DIABETES AND ITS RELATIONSHIP TO OTHER DISEASES (IE,  
 HEART, DENTAL, EYES, VASCULAR AND KIDNEY DISEASES)

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

TO EDUCATE THE COMMUNITY ON WHAT OUR PROGRAM DOES FOR THE ABUSED AND

**Part XV** Supplementary Information

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

NEGLECTED CHILDREN IN THE 5TH JUDICIAL DISTRICT COURT SYSTEM.

NAME OF RECIPIENT - WALK IN IT, INC.

TO SUPPORT THE WALK IN IT PINK AND BLACK FUNDRAISING GALA AN ANNUAL FUNDRAISING EVENT TO RAISE AWARENESS OF THE ORGANIZATION'S EFFORTS AND TO RAISE FUNDS TO SUPPORT THE ORGANIZATION'S INITIATIVES.

NAME OF RECIPIENT - PRECIOUS G.E.M.S. INC

TO BRING TOGETHER CITIZENS AND ORGANIZATIONS TO RAISE AWARENESS TO VIRGINIAN'S WHO HAVE A FORM OF AUTISM AND THEIR STRUGGLE TO MAINTAIN OVERALL WELLNESS.

NAME OF RECIPIENT - PROVIDENTIAL CREDIT CARE MANAGEMENT, INC.

TO BRING TOGETHER MEMBERS OF THE RURAL COMMUNITY IN WESTERN TIDEWATER FEATURING A VAST ARRAY OF POLICY, HEALTH, CIVIC AND FAITH-BASED LEADERS WITH SPECIFIC EXPERTISE IN HEALTH DISPARITIES AMONG PERSONS OF COLOR LIVING IN RURAL SETTINGS.

NAME OF RECIPIENT - RX PARTNERSHIP

TO CENVENE AND BRING TOGETHER MEMBERS OF RURAL COMMUNITY IN WESTERN TIDEWATER FEATURING A VAST ARRAY OF POLICY, HEALTH, CIVIC AND FAITH-ASED LEADERS WITH SPECIFIC EXPERTISE IN HEALTH DISPARITIES AMONG PERSONS OF COLOR LIVING IN RURAL SETTINGS.

NAME OF RECIPIENT - THE FRIENDS OF THE SUFFOLK PUBLIC LIBRARY

TO ENCOURAGE THE COMMUNITY TO STAY PHYSICALLY AND MENTALLY ACTIVE OVER THE SUMMER MONTHS BY PROMOTING READING, EXERCISE, AND HEALTH LIVING.

**Part XV** Supplementary Information

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

NAME OF RECIPIENT - THE LINKS FOUNDATION, INC

TO PROVIDE AN INTERACTIVE HEALTH FAIR FOR THE WESTERN TIDEWATER  
COMMUNITY INCLUDING AREAS OF SUFFOLK, SMITHFIELD, SURRY, FRANKLIN AND  
ISLE OF WIGHT.

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.

NAME OF RECIPIENT - AMERICAN DIABETES ASSOCIATION

TO SUPPORT THE 2017 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 - GRAZ'N ACRES

TO PROVIDE AT RISK STUDENTS THE ACCESS TO AN ALTERNATIVE LEARNING  
ENVIRONMENT THAT ADDRESSES EMOTIONAL AND BEHAVIORAL MENTAL HEALTH  
ISSUES.

NAME OF RECIPIENT - HAMPTON ROADS COMMUNITY HEALTH CENTER

TO INCREASE ACCESS TO DENTAL CARE SUFFOLK PUBLIC SCHOOLS AND HEALTHY  
SMILES DENTAL CENTER OF THE HAMPTON ROADS COMMUNITY HEALTH CENTER HAVE  
CREATED A PARTNERSHIP TO INCREASE ACCESS TO DENTAL SERVICES TO  
LOW-INCOME CHILDREN IN THE SUFFOLK PUBLIC SCHOOLS SYSTEM THROUGH THE

**Part XV** Supplementary Information

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

LEAP PROGRAM.

NAME OF RECIPIENT - HUMANKIND

TO SUPPORT COSTS ASSOCIATED WITH MEDICAL APPOINTMENTS AND NEEDS NOT COVERED BY MEDICAID, INSURANCE OR OTHER FUNDING SOURCES FOR RESIDENTS IN HUMAN KIND'S ADULT RESIDENTIAL CARE PROGRAM FOR ADULTS WITH INTELLECTUAL DISABILITIES IN ZUNI, VA.

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

TO EXPOSE AND EDUCATE NONPROFIT PROFESSIONALS, VOLUNTEERS AND FUNDER ON DONOR TRENDS AND NEW TECHNOLOGIES TO RAISE MORE PROFIT.

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

TO PRODUCE A PROMOTIONAL VIDEO AND PURCHASE COMPUTERS, PHONES, AND OFFICE EQUIPMENT TO EFFECTIVELY SERVE THE LARGE NUMBER OF REQUESTS WE RECEIVE FOR ASSISTANCE FROM THE COMMUNITY.

NAME OF RECIPIENT - EASTERN VIRGINIA MEDICAL SCHOOL

TO INCREASE THE NUMBER OF MEDICAL ENCOUNTERS AT THE WESTERN TIDEWATER FREE CLINIC BY SCHEDULING APPOINTMENTS WITH FAMILY MEDICINE RESIDENTS, PHYSICIAN

NAME OF RECIPIENT - CITY OF SUFFOLK

TO PROVIDE LIFE-SAVING MEDICAL AID TO SUBJECTS THAT HAVE OVERDOSED ON HEROIN OR OTHER OPIOID SUBSTANCES.

NAME OF RECIPIENT - ALBEMARLE DEVELOPMENT CORP.

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

TO PROVIDE HOME DELIVERED MEALS (MEALS ON WHEELS) TO OLDER ADULTS (60+) WHO ARE CURRENTLY ON A WAITING LIST FOR HOME DELIVERED MEALS IN GATES COUNTY.

NAME OF RECIPIENT - PENINSULA COMMUNITY FOUNDATION OF VIRGINIA

TO ENGAGE THE ENTIRE HAMPTON ROADS COMMUNITY IN PHILANTHROPY FOR 24 HOURS FOR LOCAL NONPROFITS.

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 - SMART BEGINNINGS WESTERN TIDEWATER

TO FUND A PART-TIME DEVELOPMENT COORDINATOR TO PRODUCE GREATER FINANCIAL SUSTAINABILITY AND FOCUS ON HEALTH CARE ACCESS AND PREVENTION NEEDS IN WESTERN TIDEWATER.

NAME OF RECIPIENT - SUFFOLK PARTNERSHIP FOR A HEALTHY COMMUNITY

TO BUILD THE PROGRAM CAPACITY OF THE SUFFOLK COMMUNITY GARDEN NETWORK THROUGH CREATING AN EXPANDED AND MORE SUSTAINABLE PROGRAM INFRASTRUCTURE.

NAME OF RECIPIENT - THE HEALING PLACE OF HAMPTON ROADS

TO PLAN FOR THE CREATION OF RESIDENTIAL COMMUNITY RESOURCE TO FILL THE GAP FOR THOSE CITIZENS NEEDING ADDICTION RECOVERY SERVICES.

NAME OF RECIPIENT - THE SUFFOLK FOUNDATION

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

TO EDUCATE THE SUFFOLK AND WESTERN TIDEWATER COMMUNITIES ABOUT HOW THE SUFFOLK FOUNDATION POSITIVELY IMPACTS ITS OVERALL HEALTH, WELL-BEING, AND QUALITY OF LIFE.

NAME OF RECIPIENT - WESTERN TIDEWATER TENNIS ASSOCIATION

THE ACE OBESITY IN SCHOOLS PROGRAM WILL TARGET THIRD GRADE STUDENTS IN WESTERN TIDEWATER AREA SCHOOLS. THE GOAL OF THE PROGRAM IS OBESITY PREVENTION BY ENCOURAGING YOUNG KIDS TO GET MOVING AND PLAY TENNIS.

NAME OF RECIPIENT - WINDSOR CASTLE PARK FOUNDATION

TO PROVIDE A PLAYSCAPE NATURAL PLAYGROUND IN WINDSOR CASTLE PARK. PLAYSCAPE IS A MUCH-NEEDED AND MUCH-ANTICIPATED AMENITY FOR THE ENTIRE COMMUNITY.

NAME OF RECIPIENT - ISLE OF WIGHT COUNTY DEPARTMENT OF SOCIAL SERVICES FOR A PROACTIVE OUTREACH PROGRAM TO INCREASE THE NUMBER OF CHILDREN AND FAMILIES ENROLLED IN MEDICAID AND FAMIS IN ISLE OF WIGHT COUNTY.

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 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.

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

NAME OF RECIPIENT - THE KING'S DAUGHTERS

TO FUND A PEDIATRIC NEONATAL-INTENSIVE MEDICAL TRANSPORT UNIT EQUIPPED  
IN STATE-OF-THE-ART TECHNOLOGY.

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 - WESTERN TIDEWATER COMMUNITY SERVICES BOARD

TO TRAIN PEER PROVIDERS WHO WILL EDUCATE, MONITOR AND ASSIST ENROLLED  
PEERS WITH CHRONIC DISEASE MANAGEMENT

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 - 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 - 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.

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

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

NAME OF RECIPIENT - TIDEWATER COMMUNITY COLLEGE'S ACADEMY FOR NONPROFIT  
 EXCELLENCE  
 TO PROVIDE CAPACITY BUILDING SUBJECT MATTER INTENDED FOR SENIOR LEVEL  
 STAFF OF LOCAL NONPROFIT AGENCIES.

NAME OF RECIPIENT - SUFFOLK REDEVELOPMENT AND HOUSING AUTHORITY  
 TO RAISE AWARENESS AMONG RESIDENTS OF PUBLIC HOUSING COMMUNITIES IN  
 SUFFOLK ABOUT THE HEALTH HAZARDS FROM EXPOSURE TO SECONDHAND SMOKE IN  
 PUBLIC PLACES AND REDUCE THE NUMBER OF SMOKERS.

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 - AMERICAN DIABETES ASSOCIATION  
 TO TRAIN AMBASSADORS IN THE HIGH HEALTH-RISK COMMUNITIES IN FRANKLIN  
 AND SOUTHAMPTON COUNTY, TO RAISE AWARENESS OF DIABETES AND TO STRESS  
 THE IMPORTANCE OF EARLY DETECTION AND DISEASE MANAGEMENT.

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



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

NAME OF RECIPIENT - GIRLS ON THE RUN SOUTH HAMPTON ROADS

TO SUPPORT THE EXPANSION OF THE PROGRAM IN WESTERN TIDEWATER TO SERVE  
300 GIRLS WITH A FUN, EXPERIENCE-BASED CURRICULUM THAT CREATIVELY  
INTEGRATES RUNNING.

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 - THE CHILDREN'S CENTER

TO RENOVATE A COVERED WOODEN DECK THAT ALLOWS PRESCHOOLERS TO PLAY  
OUTSIDE PARTICULARLY ON RAINY DAYS WHEN PLAYGROUND EQUIPMENT IS  
UNUSABLE.

NAME OF RECIPIENT - VOLUNTEER HAMPTON ROADS

TO FUND A PROGRAM TO INCREASE THE EFFECTIVENESS AND EFFICIENCIES IN THE  
VOLUNTEER OPERATIONS OF THREE NONPROFIT ORGANIZATIONS FOR THE BENEFIT  
OF THE COMMUNITY THEY SERVE.

NAME OF RECIPIENT - EASTERN VIRGINIA MEDICAL SCHOOL

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

NAME OF RECIPIENT - THE PLANNING COUNCIL

TO IMPLEMENT A WELL-RESEARCHED MODEL THAT CONNECTS LOCAL PRODUCERS OF

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

FRESH FRUITS AND VEGETABLES TO CHILDCARE PROGRAMS IN WESTERN TIDEWATER.

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 - 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 REDEVELOPMENT AND HOUSING AUTHORITY

TO RAISE AWARENESS AMONG RESIDENTS OF PUBLIC HOUSING COMMUNITIES IN SUFFOLK ABOUT THE HEALTH HAZARDS FROM EXPOSURE TO SECONDHAND SMOKE IN PUBLIC PLACES AND REDUCE THE NUMBER OF SMOKERS.

NAME OF RECIPIENT - WINDSOR ATHLETIC ASSOCIATION

TO INSTALL PLAYGROUND EQUIPMENT FOR CHILDREN AGES 2-12 ADJACENT TO THE WINDSOR ATHLETIC ASSOCIATION BASEBALL DIAMONDS.

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 - GIRLS ON THE RUN SOUTH HAMPTON ROADS

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

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

NAME OF RECIPIENT - CITY OF SUFFOLK

TO FUND A PLANNING GRANT TO DRAFT THE SCOPE OF WORK FOR A NEW CITY  
POSITION OF COMMUNITY WELLNESS PROGRAM COORDINATOR.

NAME OF RECIPIENT - FOODBANK OF SOUTHEASTERN VIRGINIA

TO FUND THE DEVELOPMENT OF A FIVE-YEAR STRATEGIC PLAN THAT WILL PROMOTE  
DIET-RELATED GOOD HEALTH TO WESTERN TIDEWATER'S LOW INCOME POPULATION  
THAT MAY TRANSITION CLIENT TO SELF-SUSTAINABILITY.

NAME OF RECIPIENT - THE PLANNING COUNCIL

TO FUND A PLANNING GRANT TO ASSESS AND UNDERSTAND THE ORAL HEALTHCARE  
NEEDS OF CHILDREN AGES 0-5 YEARS IN EARLY CHILDCARE PROGRAMS IN WESTERN  
TIDEWATER.

NAME OF RECIPIENT - WALK IN IT, INC.

TO FUND AN AFTER-SCHOOL PROGRAM THAT ENCOURAGES HEALTHY SELF-ESTEEM,  
HEALTHY DECISION MAKING SKILLS AND HEALTHY LIFESTYLES BY EDUCATING FOR  
BETTER FOOD CHOICES, REGULAR EXERCISE AND THE IMPORTANCE OF ACADEMICS  
AND SCHOOL ATTENDANCE.

NAME OF RECIPIENT - HUMANKIND

TO PROVIDE RESIDENT AND STAFF WITH WELLNESS EDUCATION, MANAGEMENT OF  
CHRONIC DISEASE AND THE BENEFITS OF PHYSICAL ACTIVITY.

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

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

SOUTHAMPTON COUNTY.

NAME OF RECIPIENT - SUFFOLK FAMILY YMCA

TO PROVIDE POOL LIFTS THAT ALLOW PERSONS WITH PHYSICAL LIMITATIONS TO PARTICIPATE IN VARIOUS WATER AEROBIC ACTIVITIES AT CAMP ARROWHEAD AND THE SUFFOLK FAMILY YMCA.

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 - 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 - ACCESS PARTNERSHIP

TO PROVIDE DENTAL VOUCHERS FOR FINANCIALLY ELIGIBLE RESIDENTS OF WESTERN TIDEWATER TO RECEIVE ACUTE DENTAL CARE AT PARTICIPATING DENTAL CLINICS, HEALTH CENTERS AND PRIVATE PRACTICES.

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 - EASTERN VIRGINIA MEDICAL SCHOOL

TO DEVELOP COLLABORATIVE STRATEGIES THAT CREATE POLICY, SYSTEMS AND

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

ENVIRONMENTAL CHANGES THAT WILL RESULT IN HEALTHY FOOD CHOICES AND  
 PHYSICAL ACTIVITY IN CHURCHES, PUBLIC HOUSING AND COMMUNITY  
 ORGANIZATIONS.

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

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

NAME OF RECIPIENT - WESTERN TIDEWATER COMMUNITY SERVICES BOARD

TO ESTABLISH A PROGRAM THAT WILL ASSESS AND ASSIST INDIVIDUALS WITH BEHAVIORAL HEALTH DIAGNOSIS TO PREVENT INCARCERATION, RECEIVE TREATMENT AND CASE MANAGEMENT IN A PLACE-BASED SETTING.

NAME OF RECIPIENT - EASTERN VIRGINIA MEDICAL SCHOOL

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

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 - 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 OF RECIPIENT - FRANKLIN CITY PUBLIC SCHOOLS

TO PROVIDE STUDENTS AND FAMILIES OF FRANKLIN CITY PUBLIC SCHOOLS WITH ACCESS TO BEHAVIORAL HEALTH SERVICES.

NAME OF RECIPIENT - SUFFOLK MEALS ON WHEELS

TO PROVIDE SHORT-TERM EMERGENCY MEALS TO AT-RISK PATIENTS TRANSITIONING HOME FROM THE HOSPITAL WITH ONE OR MORE HEALTH ISSUES.

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

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

FOR A PROACTIVE OUTREACH PROGRAM TO INCREASE THE NUMBER OF CHILDREN AND FAMILIES ENROLLED IN MEDICAID AND FAMIS IN ISLE OF WIGHT COUNTY.

NAME OF RECIPIENT - CATHOLIC CHARITIES OF EASTERN VIRGINIA

DENTAL VOUCHERS WILL BE AVAILABLE FOR FINANCIALLY ELIGIBLE RESIDENTS OF WESTERN TIDEWATER TO RECEIVE ACUTE DENTAL CARE AT PARTICIPATING DENTAL CLINICS, HEALTH CENTERS AND PRIVATE PRACTICES.

NAME OF RECIPIENT - HOPE FOCUS CENTER

TO RENOVATE THE ANNEX BUILDING OF THE EXPERIENCE CENTER INTO A SPORTSPLEX FACILITY THAT WILL PROVIDE EXERCISE AND RECREATION FOR THE RESIDENTS OF FRANKLIN.

NAME OF RECIPIENT - VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY

TO FUND THE "COOKING MATTERS" EVIDENCED-BASED OBESITY PREVENTION CURRICULUM WITH IN-STORE SHOPPING, PRODUCT LABEL READING, TOOLS TO STRETCH FOOD BUDGETS AND THE HANDS-ON COOKING OF HEALTHY MEALS.

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 - UNITED WAY OF SOUTH HAMPTON ROADS

TO PROVIDE 2016 SUFFOLK SUMMER SCHOOL PARTICIPANTS WITH ACCESS TO ORAL AND BEHAVIOR HEALTH SERVICES.

NAME OF RECIPIENT - WESTERN TIDEWATER COMMUNITY SERVICES BOARD

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

TO TRAIN PEER PROVIDERS WHO WILL EDUCATE, MONITOR AND ASSIST ENROLLED PEERS WITH CHRONIC DISEASE MANAGEMENT

NAME OF RECIPIENT - WESTERN TIDEWATER COMMUNITY SERVICES BOARD

TO PROVIDE ON-SITE INTEGRATED OUTPATIENT COUNSELING BY TRAINED CLINICAL STAFF AT LOCAL SHELTERS, COMMUNITY HEALTH CENTERS AND CLINICS

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 - WESTERN TIDEWATER HEALTH DISTRICT

TO IMPLEMENT A NATIONAL MODEL - NURSE FAMILY - TO IMPROVE PRENATAL HEALTH, CHILD HEALTH AND DEVELOPMENT THROUGH AGE TWO IN FRANKLIN, SUFFOLK AND ISLE OF WIGHT COUNTY.

NAME OF RECIPIENT - SUFFOLK PARTNERSHIP FOR A HEALTHY COMMUNITY

TO CREATE A CULTURE OF WELLNESS IN SUFFOLK BY WORKING AS A CONVENER AND WELLNESS ADVOCATE TO IMPLEMENT POLICY CHANGE AT THE MUNICIPAL AND COMMUNITY LEVELS.

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



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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 - WESTERN TIDEWATER FREE CLINIC

TO PROVIDE OPERATIONAL SUPPORT FOR MEDICAL AND DENTAL CARE AND CHRONIC  
DISEASE MANAGMENT OF UNINURED PATIENTS.

NAME OF RECIPIENT - WESTERN TIDEWATER FREE CLINIC

TO PROVIDE OPERATIONAL SUPPORT FOR MEDICAL AND DENTAL CARE AND CHRONIC  
DISEASE MANAGMENT OF UNINURED PATIENTS.

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.

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NAME OF RECIPIENT - VOLUNTEER HAMPTON ROADS

TO FUND A PROGRAM TO INCREASE THE EFFECTIVENESS AND EFFICIENCIES IN THE VOLUNTEER OPERATIONS OF THREE NONPROFIT ORGANIZATIONS FOR THE BENEFIT OF THE COMMUNITY THEY SERVE.

NAME OF RECIPIENT - SUFFOLK REDEVELOPMENT AND HOUSING AUTHORITY

TO RAISE AWARENESS AMONG RESIDENTS OF PUBLIC HOUSING COMMUNITIES IN SUFFOLK ABOUT THE HEALTH HAZARDS FROM EXPOSURE TO SECONDHAND SMOKE IN PUBLIC PLACES AND REDUCE THE NUMBER OF SMOKERS.

NAME OF RECIPIENT - WINDSOR ATHLETIC ASSOCIATION

TO INSTALL PLAYGROUND EQUIPMENT FOR CHILDREN AGES 2-12 ADJACENT TO THE WINDSOR ATHLETIC ASSOCIATION BASEBALL DIAMONDS.

NAME OF RECIPIENT - HUMANKIND

TO PROVIDE RESIDENTS AND STAFF WITH WELLNESS EDUCATION, MANAGEMENT OF CHRONIC DISEASE AND THE BENEFITS OF PHYSICAL ACTIVITY.

NAME OF RECIPIENT - SUFFOLK FAMILY YMCA

TO PROVIDE POOL LIFTS THAT ALLOW PERSONS WITH PHYSICAL LIMITATIONS TO PARTICIPATE IN VARIOUS WATER AEROBIC ACTIVITIES AT CAMP ARROWHEAD AND THE SUFFOLK FAMILY YMCA.

NAME OF RECIPIENT - SENIOR SERVICES OF SOUTHEASTERN VIRGINIA

TO PROVIDE SENIORS AND PERSONS WITH DISABILITIES WITH OUTREACH SERVICES TO APPLY FOR ELIGIBLE BENEFITS THROUGH MEDICARE AND MEDICAID.

NAME OF RECIPIENT - EASTERN VIRGINIA MEDICAL SCHOOL

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

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 - 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 OF RECIPIENT - FRANKLIN CITY PUBLIC SCHOOLS

TO PROVIDE STUDENTS AND FAMILIES OF FRANKLIN CITY PUBLIC SCHOOLS WITH ACCESS TO BEHAVIORAL HEALTH SERVICES.

NAME OF RECIPIENT - SUFFOLK MEALS ON WHEELS

TO PROVIDE SHORT-TERM EMERGENCY MEALS TO AT-RISK PATIENTS TRANSITIONING HOME FROM THE HOSPITAL WITH ONE OR MORE HEALTH ISSUES.

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

FOR A PROACTIVE OUTREACH PROGRAM TO INCREASE THE NUMBER OF CHILDREN AND FAMILIES ENROLLED IN MEDICAID AND FAMIS IN ISLE OF WIGHT COUNTY.

NAME OF RECIPIENT - HOPE FOCUS CENTER

TO RENOVATE THE ANNEX BUILDING OF THE EXPERIENCE CENTER INTO A SPORTSPLEX FACILITY THAT WILL PROVIDE EXERCISE AND RECREATION FOR THE RESIDENTS OF FRANKLIN.

NAME OF RECIPIENT - VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY

TO FUND THE "COOKING MATTERS" EVIDENCED-BASED OBESITY PREVENTION

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CURRICULUM WITH IN-STORE SHOPPING, PRODUCT LABEL READING, TOOLS TO  
STRETCH FOOD BUDGETS AND THE HANDS-ON COOKING OF HEALTHY MEALS.

NAME OF RECIPIENT - WESTERN TIDEWATER COMMUNITY SERVICES BOARD  
TO TRAIN PEER PROVIDERS WHO WILL EDUCATE, MONITOR AND ASSIST ENROLLED  
PEERS WITH CHRONIC DISEASE MANAGEMENT.

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

NAME OF RECIPIENT - SENTARA OBICI HOSPITAL  
TO PROVIDE HIGH RISK EXPECTANT FAMILIES AND NEW PARENTS WITH CASE  
MANAGEMENT AND HOME VISITING SUPPORT TO INCREASE INFANT SURVIVAL RATE.

NAME OF RECIPIENT - WESTERN TIDEWATER HEALTH DISTRICT  
TO IMPLEMENT A NATIONAL MODEL - NURSE FAMILY - TO IMPROVE PRENATAL  
HEALTH, CHILD HEALTH AND DEVELOPMENT THROUGH AGE TWO IN FRANKLIN,  
SUFFOLK AND ISLE OF WIGHT COUNTY.

NAME OF RECIPIENT - GIRL SCOUT COUNCIL OF THE COLONIAL COAST  
TO SUPPORT CAPITAL IMPROVEMENTS TOT CAMP DARDEN'S ROPES COURSE AND NEW  
OUTDOOR CLIMBING WALL FOR CARDIO AND STRENGTH TRAINING FOR GIRL SCOUTS  
AND ADULTS FROM WESTERN TIDEWATER.

NAME OF RECIPIENT - SUFFOLK PARTNERSHIP FOR A HEALTHY COMMUNITY  
TO CREATE A CULTURE OF WELLNESS IN SUFFOLK BY WORKING AS A CONVENER AND  
WELLNESS ADVOCATE TO IMPLEMENT POLICY CHANGE AT THE MUNICIPAL AND

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COMMUNITY LEVELS.

NAME OF RECIPIENT - VOLUNTEER HAMPTON ROADS

TO FUND A PROGRAM TO INCREASE THE EFFECTIVENESS AND EFFICIENCIES IN THE VOLUNTEER OPERATIONS OF THREE NONPROFIT ORGANIZATIONS FOR THE BENEFIT OF THE COMMUNITY THEY SERVE.

NAME OF RECIPIENT - AMERICAN DIABETES ASSOCIATION

TO TRAIN AMBASSADORS IN THE HIGH HEALTH-RISK COMMUNITIES IN FRANKLIN AND SOUTHAMPTON COUNTY, TO RAISE AWARENESS OF DIABETES AND TO STRESS THE IMPORTANCE OF EARLY DETECTION AND DISEASE MANAGEMENT.

NAME OF RECIPIENT - GIRLS ON THE RUN SOUTH HAMPTON ROADS

TO SUPPORT THE EXPANSION OF THE PROGRAM IN WESTERN TIDEWATER TO SERVE 300 GIRLS WITH A FUN, EXPERIENCE-BASED CURRICULUM THAT CREATIVELY INTEGRATES RUNNING.

NAME OF RECIPIENT - EASTERN VIRGINIA MEDICAL SCHOOL

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

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 - FORKIDS, INC.

TO IMPROVE THE HEALTH OF POOR AND HOMELESS FAMILIES IN WESTERN

**Part XV** Supplementary Information

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

TIDEWATER THROUGH INTENSIVE CASE MANAGEMENT AND REFERRALS TO COMMUNITY RESOURCES.

NAME OF RECIPIENT - KABOOM! INC

TO SUPPORT THE BUILDING OF A COMMUNITY PLAYGROUND TO ENCOURAGE FRANKLIN, VA, CHILDREN TO ENJOY ACTIVE LIFESTYLES AND EXERCISE.

NAME OF RECIPIENT - RAM OF VIRGINIA

TO SUPPORT THE SOUTHSIDE REMOTE AREA MEDICAL (RAM) CLINIC WITH PROVIDING FREE PRIMARY MEDICAL CARE, MENTAL HEALTH SERVICES, DENTAL SERVICES, VISION SERVICES, PRESCRIPTION ASSISTANCE, AND NUTRITION AND HEALTH EDUCATION TO THE COMMUNITY.

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.

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 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

**Part XV** Supplementary Information

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

TO ESTABLISH A PROGRAM THAT WILL ASSESS AND ASSIST INDIVIDUALS WITH BEHAVIORAL HEALTH DIAGNOSIS TO PREVENT INCARCERATION, RECEIVE TREATMENT AND CASE MANAGEMENT IN PLACE-BASED SETTING.

NAME OF RECIPIENT - HOPE FOCUS CENTER

TO RENOVATE THE INTERIOR STRUCTURE OF THE FACILITY TO PROVIDE SPACE FOR A COMMERCIAL KITCHEN THAT WILL SUPPORT HEALTHY LIVING ACTIVITIES FOR TH RESIDENTS OF FRANKLIN.

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 - SUFFOLK MEALS ON WHEELS

TO PROVIDE SHORT-TERM EMERGENCY MEALS TO AT-RISK PATIENTS TRANSITIONING HOME FROM THE HOSPITAL WITH ONE OR MORE HEALTH ISSUES.

NAME OF RECIPIENT - COVER 3 FOUNDATION

TO SUPPORT A REFRIGERATED VEHICLE AND UPDATED KITCHEN EQUIPMENT FOR FOOD SAFETY MEAL PREPARATION AND DELIVERY TO FEED CHILDREN IN AFTER-SCHOOL AND SUMMER USDA PROGRAMS.

NAME OF RECIPIENT - HORIZON HEALTH SERVICES, INC.

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

NAME OF RECIPIENT - YMCA OF SOUTH HAMPTON ROADS

**Part XV** Supplementary Information

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

TO SUPPORT CENTER-WIDE RENOVATION TO BETTER SERVE MEMBERS THROUGH WELLNESS PROGRAMS, OBESITY PREVENTION, CHRONIC DISEASE MANAGEMENT AND EXERCISE.

NAME OF RECIPIENT - UNITED WAY OF SOUTH HAMPTON ROADS

TO SUPORT A LEARNING AND ENRICHMENT SIX-WEEK SUMMER SHCOOL FOR LOW ACADEMIC LEVEL SUFFOLK ELEMENTARY CHILRED THAT INCLUDES HEALTHY MEALS, PHYSICAL FITNESS, ACCESS TO BASIC HEARING, VISION AND ORAL HEALTH CARE, BEHAVIORAL HEALTH ASSESSMENT AND INTERVENTION, AND STAFF DEVELOPMENT ON TRAUMA-INFORMED CARE OF STUDENTS.

NAME OF RECIPIENT - WESTERN TIDEWATER COMMUNITY SERVICES BOARD

TO TRAIN PEER PROVIDERS WHO WILL EDUCATE, MONITOR AND ASSIST ENROLLED PEERS WITH CHRONIC DISEASE MANAGEMENT.

NAME OF RECIPIENT - SENTARA OBICI HOSPITAL

TO PROVIDE CRITICALLY CHRONIC ILL PATIENTS ACCESS TO A STABLE MEDICAL HOME AND FOSTER PATIENT ENGAGEMENT VIA CHRONIC DISEASE MANAGEMENT USING A CASE MANAGEMENT MODEL.

NAME OF RECIPIENT - SENTARA OBICI HOSPITAL

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

NAME OF RECIPIENT - THE UP CENTER

TO CONTINUE PROVIDING INDIVIDUALS AND FAMILIES WITH TRAUMA INFORMED CARE AND COUNSELING SERVICES IN WESTERN TIDEWATER.



**Part XV** Supplementary Information

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

NAME OF RECIPIENT - WESTERN TIDEWATER HEALTH DISTRICT

TO ADDRESS HIGH-RISK, LOW-INCOME, FIRST-TIME PREGNANCIES WITH MATERNAL/INFANT/CHILD EVIDENCED-BASED HOME NURSE VISITATION SERVICE FOR MOTHERS IN SUFFOLK, FRANKLIN AND ILE OF WIGHT COUNTY.

NAME OF RECIPIENT - CATHOLIC CHARITIES OF EASTERN VIRGINIA

DENTAL VOUCHERS WILL BE AVAILABLE FOR FINANCIALLY ELIGIBLE RESIDENTS OF WESTERN TIDEWATER TO RECEIVE ACUTE DENTAL CARE AT PARTICIPATING DENTAL CLINICS, HEALTH CENTERS AND PRIVATE PRACTICES.

NAME OF RECIPIENT - SUFFOLK PARTNERSHIP FOR A HEALTHY COMMUNITY

TO FUND POLICY CHANGE, COMMUNITY ENGAGEMENT, PHILANTHROPY, ORGANIZATION STRUCTURE, STAFFING, THE FORMATION OF A HELATH COALITION AND GROWTH STRATEGIES FOR A CULTURE OF HEALTH IN SUFFOLK.

NAME OF RECIPIENT - EASTERN VIRGINIA MEDICAL SCHOOL

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

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 COMMUNITY SERVICES BOARD

TO PROVIDE UNINSURED AND UNDER INSURED ADULTS WITH ACCESS TO COMMUNITY BASED PSYCHIATRIC SERVICES FOR BEHAVIORAL HEALTH CARE.

FORM 990-PF	OTHER INCOME		STATEMENT	1
DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	
PARTNERSHIP INCOME	0.	2,153,680.		
PARTNERSHIP INCOME - UBTI	143,095.	0.		
OTHER INCOME	1,322.	0.		
TOTAL TO FORM 990-PF, PART I, LINE 11	144,417.	2,153,680.		

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	11,920.	0.	0.	32,770.
TO FM 990-PF, PG 1, LN 16A	11,920.	0.	0.	32,770.

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	49,511.	0.	0.	49,511.
TO FORM 990-PF, PG 1, LN 16B	49,511.	0.	0.	49,511.

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	605,282.	605,282.	0.	0.	
CONSULTING FEES	33,830.	0.	0.	33,035.	
TO FORM 990-PF, PG 1, LN 16C	639,112.	605,282.	0.	33,035.	

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.	
EXCISE AND UBIT TAXES	325,706.	0.	0.	0.	
TO FORM 990-PF, PG 1, LN 18	326,101.	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	18,706.	0.	0.	20,206.	
FOOD & CATERING	14,139.	0.	0.	14,139.	
REPAIRS & MAINTENANCE	32,712.	0.	0.	27,143.	
INSURANCE	13,810.	0.	0.	13,810.	
OFFICE EXPENSES	19,697.	0.	0.	20,204.	
MISCELLANEOUS	11,193.	0.	0.	11,308.	
FACILITY RENTAL	1,771.	0.	0.	1,771.	
TECHNOLOGY EXPENSE	44,100.	0.	0.	45,170.	
AMORTIZATION	2,472.	0.		0.	
TO FORM 990-PF, PG 1, LN 23	158,600.	0.		153,751.	



FORM 990-PF	OTHER INVESTMENTS	STATEMENT	9
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
ALTERNATIVE INVESTMENTS - LIMITED PARTNERSHIPS AND CORPORATIONS	FMV	45,653,937.	45,653,937.
ALTERNATIVE INVESTMENTS - FOREIGN CORPORATIONS	FMV	56,942,186.	56,942,186.
TOTAL TO FORM 990-PF, PART II, LINE 13		102,596,123.	102,596,123.

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.	106,676.	194,529.
REMOVE WATER LAT.	5,367.	1,900.	3,467.
PAVERS / COLORED SIDEWALK	8,415.	3,974.	4,441.
WELL	16,499.	5,844.	10,655.
FENCING	4,498.	3,982.	516.
LANDSCAPING	1,686.	1,195.	491.
WHEEL STOPS	1,169.	552.	617.
PARKING LOT UNDERCUTTING	6,289.	2,969.	3,320.
TREE PRUNING	695.	328.	367.
SIDEWALK DESIGN	2,090.	986.	1,104.
LOC - CITY OF SUFFOLK			
LANDSCAPING	1,250.	583.	667.
SIGN FOR NEW CONSTRUCTION	468.	221.	247.
FENCE - AIR HANDLER	1,300.	1,139.	161.
BRONZE SIGN	3,449.	1,610.	1,839.
LANDSCAPING CONTRACT	54,997.	37,582.	17,415.
CIVIL CONSTRUCTION DRAWINGS	2,373.	348.	2,025.
FINAL UNDERCUTTING	1,524.	670.	854.
REVIEW OF FINAL DRAWINGS	210.	31.	179.
LANDSCAPING - NEAR CAC (ADOPT-A-SPOT)	6,008.	3,305.	2,703.
LOCATION SIGN (MAIN STREET)	1,680.	569.	1,111.
LANDSCAPING - MAIN & FINNEY	4,993.	2,496.	2,497.
VITEX TREES (2)	680.	289.	391.
COMMUNITY GARDEN BOX (MATERIALS & LABOR)	3,844.	1,442.	2,402.
REPLACE SERVICE BERRIES ALONG MAIN STREET	2,057.	206.	1,851.
BUILDING SHELL	1,098,759.	172,953.	925,806.
CARPET	14,868.	14,868.	0.
PAINTING	43,570.	43,570.	0.

ELEVATOR	57,065.	20,210.	36,855.
FIRE PROTECTION	39,557.	14,010.	25,547.
PLUMBING	43,957.	15,568.	28,389.
HVAC	80,106.	28,370.	51,736.
GEOHERMAL SYSTEM	64,356.	22,793.	41,563.
ELECTRICAL	151,944.	53,813.	98,131.
STAIRS AND CABINETS	7,431.	1,156.	6,275.
CONSTRUCTION ADMINISTRATION	4,653.	680.	3,973.
SNOW GUARDS	10,200.	1,361.	8,839.
PAINT FRONT PORCH	3,450.	1,265.	2,185.
BATHROOM HEATERS (4-INSTALLED)	1,700.	482.	1,218.
2 CS3 ADOBE CREATIVE SUITE			
DESIGN SOFTWARE	837.	837.	0.
RANGE AND DISWASHER	1,443.	1,022.	421.
REFRIGERATOR	1,462.	1,035.	427.
VOICE AND DATA CABLING			
EQUIPMENT	8,607.	3,048.	5,559.
ACCESS CONTROL SYSTEM	4,355.	1,543.	2,812.
SECURITY SYSTEM EQUIPMENT	2,790.	989.	1,801.
CCTV SYSTEM	6,374.	4,514.	1,860.
WIRELESS KEYBOARD AND MOUSE -			
BOARD ROOM	351.	351.	0.
CS5 SOFTWARE (3)	1,832.	1,832.	0.
COMPUTER PROJECTOR	917.	917.	0.
DELL DESKTOP COMPUTER (RS TO			
INTERN)	1,400.	1,400.	0.
COMPUTER MONITOR	240.	240.	0.
DESK SCANNER (EXECUTIVE			
ASSISTANT)	430.	423.	7.
SHARP 80" TV (BOARD ROOM)	5,399.	4,590.	809.
PRINTER, LASERJET PRO			
(DIRECTOR OF FINANCE)	210.	175.	35.
DESKTOP COMPUTER HP Z400 (BD			
RM TO CONF RM))	950.	728.	222.
LAPTOP COMPUTER 10" (DOF)	950.	728.	222.
SERVER HP PROLIANT ML	3,500.	2,625.	875.
COMPUTER HP (TOWER ONLY)			
(DOF)	1,595.	1,010.	585.
CANOPY TENT	520.	347.	173.
GOOGLE CHROME TABLET (FOR			
SURVEYS)	317.	174.	143.
DESKTOP COMPUTER (GRANTS			
ADMINISTRATOR)	1,417.	684.	733.
SURFACE PRO TABLET (EXECUTIVE			
DIRECTOR)	1,106.	479.	627.
HEATING/COOLING UNIT (OUTDOOR			
FOR SERVER ROOM)	4,200.	1,750.	2,450.
MONITOR 22" LCD (FOUNDATION			
ASSISTANT)	170.	65.	105.
DUAL MONITOR STAND (FOUNDATION			
ASSISTANT)	257.	98.	159.
VACUUM CLEANER WINDSOR S12			
COMMERCIAL	569.	218.	351.
COMPUTER (EXECUTIVE DIRECTOR)	1,407.	445.	962.

COMPUTER (COMM/PROG SPECIALIST)	1,407.	445.	962.
COMPUTER (FOUNDATION ASSISTANT)	1,407.	445.	962.
COMPUTER MONITOR (PROGRAM RESOURCE OFFICER)	255.	81.	174.
COMPUTER MONITOR (PROGRAM RESOURCE OFFICER)	255.	81.	174.
TV - LG 55LF6100 LCD HDTV (CONF ROOM)	992.	281.	711.
COMPUTER MONITOR DELL 24" (PRO RICK)	169.	40.	129.
COMPUTER MONITOR VIEWSONIC (PRO TAMMIE)	138.	33.	105.
COMPUTER (PRO TAMMIE)	1,100.	220.	880.
IPAD PRO & KEYBD APPLE (EXECUTIVE DIRECTOR)	1,192.	258.	934.
IPAD PRO & KEYBD APPLE (COMM/PROG SPECIALIST)	1,192.	258.	934.
SURFACE PRO TABLET (FINANCE DIRECTOR)	1,409.	305.	1,104.
SURFACE PRO TABLET (FOUNDATION ASSISTANT)	1,409.	305.	1,104.
MINI LAPTOP LENOVO (PRO RICK)	1,166.	233.	933.
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.	1,542.	208.
DESK, FILE CABINET & BOOKCASE FINANCE	3,386.	3,028.	358.
OFFICE CHAIR	362.	337.	25.
INTERIOR DESIGN FEES (3 ) 5 DRW , LATERAL FILE CABINETS	13,675.	9,687.	3,988.
FINANCE SHELVING - FILE ROOM	3,421.	3,421.	0.
CREDENZA	861.	610.	251.
TABLE - FINANCE OFFICE	963.	963.	0.
DESK ADM FILE ROOM	704.	704.	0.
( 10 ) OFFICE SIDE CHAIRS	357.	357.	0.
SIDE TABLE - ED OFFICE	6,035.	6,035.	0.
LECTERN - BOARD ROOM	340.	340.	0.
( 3 ) BUFFET CREDENZAS	1,843.	1,843.	0.
SIDE TABLE - BOARD ROOM	7,616.	7,616.	0.
CONFERENCE TABLE - BOARD ROOM	929.	929.	0.
( 18 ) BOARD ROOM CHAIRS	10,421.	7,381.	3,040.
WINDOW TREATMENTS	13,778.	9,760.	4,018.
OBICI ROOM WOOD TABLES ( 3 )	24,827.	17,586.	7,241.
OBICI ROOM AREA RUG	3,339.	3,339.	0.
OBICI ROOM FRIEZE WALL COVERING	1,470.	1,470.	0.
UPHOLSTER SOFA & BOARD ROOM CHAIRS	1,140.	807.	333.
OBICI ROOM TILE / FIREPLACE	3,934.	3,934.	0.
	163.	115.	48.

MOVING OFFICE FURNITURE & EQUIPMENT	1,820.	1,289.	531.
RENTAL OF SPACE - CONSTRUCTION MEETINGS	800.	567.	233.
SAFE	582.	561.	21.
OAK BASE TABLE	600.	536.	64.
TASK CHAIR AND KEYBOARD PLATFORM	544.	486.	58.
CHAIR (PROGRAM OFFICER)	366.	309.	57.
BOOKCASE (PROGRAM ASSOCIATE)	224.	181.	43.
TASK CHAIR (EXECUTIVE ASSISTANT)	387.	313.	74.
FOUNDERS PLAQUE (ENTRANCE HALLWAY)	549.	431.	118.
DESK HUTCH	458.	327.	131.
WIRE SHELVING (3 - 48")	825.	590.	235.
PRINTER STAND	377.	270.	107.
LATERAL FILE CABINETS (2 - 42")	2,430.	1,735.	695.
EXECUTIVE CHAIRS (2 - MESHBACK)	817.	584.	233.
ROUND TABLE (2ND FLOOR HALLWAY)	519.	370.	149.
PADDED FOLDING CHAIRS (8) (KITCHEN)	560.	393.	167.
GUEST CHAIRS, ROLLED ARM (2) (PROGRAM ASSOCIATE)	2,262.	1,561.	701.
GUEST CHAIRS, WOOD FRAME, CHARCOAL (2) (CREDIT FOR ERROR)	722.	490.	232.
GUEST CHAIRS, WOOD FRAME, CRANBERRY (4) (DOF)	2,507.	1,731.	776.
CRENDENZA (ED)	2,898.	2,001.	897.
SOFA TABLE (PROGRAM ASSOCIATE)	519.	358.	161.
OPEN BOOKCASE UNIT (PROGRAM ASSOCIATE)	1,031.	711.	320.
GUEST CHAIRS, OPEN WOOD BACK (2) (ED) (TEA LEAVE FABRIC)	1,248.	846.	402.
ROUND TABLE (DIRECTOR OF FINANCE)	846.	554.	292.
RUGS, AREA (4 ON 2ND, 2 ON 1ST)	7,051.	4,196.	2,855.
SOFA TABLE (GRANTS ASSOCIATE)	519.	309.	210.
LATERAL FILES, 2-DRAWER, ED (2)	3,137.	1,830.	1,307.
STAND-UP TABLE (ED)	1,855.	1,060.	795.
BOOKCASE 3-SHELF (PO)	579.	331.	248.
LATERAL FILE 2-DRAWER (PO)	1,623.	696.	927.
EXECUTIVE DESK W/ BRIDGE (PROG RESOUR OFFICER)	4,870.	2,088.	2,782.
PORCH FURNITURE ADIRONDACK 5-PIECE	1,402.	384.	1,018.
DESK SET 3-PIECE (FOUNDATION ASSISTANT)	3,844.	961.	2,883.



KITCHEN TABLE 36X84 OVAL	802.	136.	666.
TABLE - SUFFOLK FOUNDATION	1,689.	161.	1,528.
CHAIR - SUFFOLK FOUNDATION	564.	54.	510.
RUG, FIRST FLOOR HALLWAY	4,058.	97.	3,961.
CHAIR - PRESIDENT	563.	7.	556.
TABLE, ROUND, JASPER (PRESIDENT)	1,817.	0.	1,817.
DESK, DOUBLE PED, JASPER (PRESIDENT)	3,903.	0.	3,903.
PRINTER, HP OFFICE JET (PRESIDENT)	138.	25.	113.
DISHWASHER, BOSCH	1,007.	132.	875.
TELEPHONE EQUIPMENT, TOSHIBA	6,465.	154.	6,311.
<b>TOTAL TO FM 990-PF, PART II, LN 14</b>	<b>2,406,028.</b>	<b>729,239.</b>	<b>1,676,789.</b>

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	4,017.	1,369.	1,369.
DEPOSITS	100.	100.	100.
DEFERRED FINANCING COSTS	9,952.	0.	0.
<b>TO FORM 990-PF, PART II, LINE 15</b>	<b>696,309.</b>	<b>683,709.</b>	<b>683,709.</b>

FORM 990-PF OTHER LIABILITIES STATEMENT 12

DESCRIPTION	BOY AMOUNT	EOY AMOUNT
DEFERRED EXCISE TAXES PAYABLE	347,722.	588,272.
<b>TOTAL TO FORM 990-PF, PART II, LINE 22</b>	<b>347,722.</b>	<b>588,272.</b>

FORM 990-PF

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

STATEMENT 13

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
J. SAMUEL GLASSCOCK 106 W. FINNEY AVENUE SUFFOLK, VA 23434	CHAIRMAN 1.00	0.	0.	553.
R. SCOTT CARR 106 W. FINNEY AVENUE SUFFOLK, VA 23434	VICE CHAIRMAN 1.00	0.	0.	553.
LULA B. HOLLAND 106 W. FINNEY AVENUE SUFFOLK, VA 23434	SECRETARY 1.00	0.	0.	553.
FRANK A. SPADY, III 106 W. FINNEY AVENUE SUFFOLK, VA 23434	TREASURER 1.00	0.	0.	553.
ROBERT C. BARCLAY, IV 106 W. FINNEY AVENUE SUFFOLK, VA 23434	BOARD OF DIRECTORS 1.00	0.	0.	553.
PAT EDWARDS 106 W. FINNEY AVENUE SUFFOLK, VA 23434	BOARD OF DIRECTORS 1.00	0.	0.	553.
RALPH HOWELL, JR 106 W. FINNEY AVENUE SUFFOLK, VA 23434	BOARD OF DIRECTORS 1.00	0.	0.	553.
WILLIAM G. JACKSON, MD 106 W. FINNEY AVENUE SUFFOLK, VA 23434	BOARD OF DIRECTORS 1.00	0.	0.	554.
CLARISSA MCADOO 106 W. FINNEY AVENUE SUFFOLK, VA 23434	BOARD OF DIRECTORS 1.00	0.	0.	554.
PASTOR EMANUEL MYRICK 106 W. FINNEY AVENUE SUFFOLK, VA 23434	BOARD OF DIRECTORS 1.00	0.	0.	554.
LYNNE RABIL 106 W. FINNEY AVENUE SUFFOLK, VA 23434	BOARD OF DIRECTORS 1.00	0.	0.	554.

THOMAS WOODWARD, III 106 W. FINNEY AVENUE SUFFOLK, VA 23434	BOARD OF DIRECTORS 1.00	0.	0.	554.
ANNETTE C. BEUCHLER 106 W. FINNEY AVENUE SUFFOLK, VA 23434	PRESIDENT & CEO 40.00	34,872.	3,675.	92.
ANGELICA D. LIGHT 106 W. FINNEY AVENUE SUFFOLK, VA 23434	INTERIM EXECUTIVE DIRECTOR 24.00	136,246.	0.	461.
MICHAEL K. BRINKLEY 106 W. FINNEY AVENUE SUFFOLK, VA 23434	DIRECTOR OF FINANCE 21.89	70,907.	3,545.	553.
GINA L. PITRONE 106 W. FINNEY AVENUE SUFFOLK, VA 23434	FORMER EXECUTIVE DIRECTOR 1.00	167,188.	11,096.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		<u>409,213.</u>	<u>18,316.</u>	<u>7,747.</u>

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 SUBMITTEDGRANTS MANAGER  
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

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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.	91,616.		15,060.	106,676.
3	REMOVE WATER LAT.	03/01/10	SL	20.00		16	5,367.				5,367.	1,632.		268.	1,900.
4	PAVERS / COLORED SIDEWALK	03/01/10	SL	15.00		16	8,415.				8,415.	3,413.		561.	3,974.
5	WELL	03/01/10	SL	20.00		16	16,499.				16,499.	5,019.		825.	5,844.
6	FENCING	03/01/10	SL	8.00		16	4,498.				4,498.	3,420.		562.	3,982.
7	LANDSCAPING	03/01/10	SL	10.00		16	1,686.				1,686.	1,026.		169.	1,195.
8	WHEEL STOPS	03/01/10	SL	15.00		16	1,169.				1,169.	474.		78.	552.
9	PARKING LOT UNDERCUTTING	03/01/10	SL	15.00		16	6,289.				6,289.	2,550.		419.	2,969.
10	TREE PRUNING	03/01/10	SL	15.00		16	695.				695.	282.		46.	328.
11	SIDEWALK DESIGN	03/01/10	SL	15.00		16	2,090.				2,090.	847.		139.	986.
12	LOC - CITY OF SUFFOLK LANDSCAPING	03/01/10	SL	15.00		16	1,250.				1,250.	500.		83.	583.
13	SIGN FOR NEW CONSTRUCTION	03/01/10	SL	15.00		16	468.				468.	190.		31.	221.
14	FENCE - AIR HANDLER	04/09/10	SL	8.00		16	1,300.				1,300.	976.		163.	1,139.
15	BRONZE SIGN	04/12/10	SL	15.00		16	3,449.				3,449.	1,380.		230.	1,610.
16	LANDSCAPING CONTRACT	05/13/10	SL	10.00		16	54,997.				54,997.	32,082.		5,500.	37,582.
17	CIVIL CONSTRUCTION DRAWINGS	08/31/10	SL	45.00		16	2,373.				2,373.	295.		53.	348.
18	FINAL UNDERCUTTING	09/01/10	SL	15.00		16	1,524.				1,524.	568.		102.	670.

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19	REVIEW OF FINAL DRAWINGS	09/01/10	SL	45.00		16	210.				210.	26.		5.	31.
20	LANDSCAPING - NEAR CAC (ADOPT-A-SPOT)	10/03/11	SL	10.00		16	6,008.				6,008.	2,704.		601.	3,305.
21	LOCATION SIGN (MAIN STREET)	03/06/12	SL	15.00		16	1,680.				1,680.	457.		112.	569.
22	LANDSCAPING - MAIN & FINNEY	03/28/12	SL	10.00		16	4,993.				4,993.	1,997.		499.	2,496.
23	VITEX TREES (2)	01/31/13	SL	10.00		16	680.				680.	221.		68.	289.
24	COMMUNITY GARDEN BOX (MATERIALS & LABOR)	04/23/14	SL	8.00		16	3,844.				3,844.	961.		481.	1,442.
25	REPLACE SERVICE BERRIES ALONG MAIN STREET	03/31/16	SL	10.00		16	2,057.				2,057.			206.	206.
26	BUILDING SHELL	03/01/10	SL	45.00		16	1,098,759.				1,098,759.	148,536.		24,417.	172,953.
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.	17,357.		2,853.	20,210.
30	FIRE PROTECTION	03/01/10	SL	20.00		16	39,557.				39,557.	12,032.		1,978.	14,010.
31	PLUMBING	03/01/10	SL	20.00		16	43,957.				43,957.	13,370.		2,198.	15,568.
32	HVAC	03/01/10	SL	20.00		16	80,106.				80,106.	24,365.		4,005.	28,370.
33	GEOHERMAL SYSTEM	03/01/10	SL	20.00		16	64,356.				64,356.	19,575.		3,218.	22,793.
34	ELECTRICAL	03/01/10	SL	20.00		16	151,944.				151,944.	46,216.		7,597.	53,813.
35	STAIRS AND CABINETS	09/01/10	SL	45.00		16	7,431.				7,431.	991.		165.	1,156.
36	CONSTRUCTION ADMINISTRATION	09/01/10	SL	45.00		16	4,653.				4,653.	577.		103.	680.

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37	SNOW GUARDS	03/10/11	SL	45.00		16	10,200.				10,200.	1,134.		227.	1,361.
38	PAINT FRONT PORCH	05/21/15	SL	5.00		16	3,450.				3,450.	575.		690.	1,265.
39	BATHROOM HEATERS (4-INSTALLED)	11/10/15	SL	5.00		16	1,700.				1,700.	142.		340.	482.
40	(D)COMPUTER	12/18/06	SL	5.00		16	1,447.				1,447.	1,447.		0.	1,447.
41	(D)COPIER	12/18/06	SL	5.00		16	6,100.				6,100.	6,100.		0.	6,100.
42	(D)2 COMPUTER MONITORS	12/18/06	SL	5.00		16	3,423.				3,423.	3,423.		0.	3,423.
43	(D)BROTHER LASER PRINTER	12/18/06	SL	5.00		16	707.				707.	707.		0.	707.
44	(D)COMPUTER EQUIPMENT	12/18/06	SL	5.00		16	980.				980.	980.		0.	980.
45	(D)3 COMPUTER MONITORS	01/02/07	SL	5.00		16	5,308.				5,308.	5,308.		0.	5,308.
46	(D)COMPUTER EQUIPMENT	01/02/07	SL	5.00		16	912.				912.	912.		0.	912.
47	(D)PHONE SYSTEM AND PHONES	01/19/07	SL	7.00		16	3,529.				3,529.	3,529.		0.	3,529.
48	(D)PHONE - VOICEMAIL	02/14/07	SL	7.00		16	2,601.				2,601.	2,601.		0.	2,601.
49	(D)PRINTER	02/15/07	SL	5.00		16	657.				657.	657.		0.	657.
50	(D)SOFTWARE	03/31/07	SL	3.00		16	2,031.				2,031.	2,031.		0.	2,031.
51	(D)LABTOP COMPUTER	04/23/07	SL	5.00		16	1,344.				1,344.	1,344.		0.	1,344.
52	(D)PROJECTOR	04/23/07	SL	5.00		16	1,302.				1,302.	1,302.		0.	1,302.
53	(D)GIFTS MANAGEMENT SOFTWARE (ESSENTIAL)	06/01/07	SL	3.00		16	14,960.				14,960.	14,960.		0.	14,960.
54	(D)3 POWER POINT SOFTWARE	06/01/07	SL	3.00		16	595.				595.	595.		0.	595.



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55	(D)AVAYA PHONE- LISA	07/13/07	SL	7.00		16	435.				435.	435.		0.	435.
56	(D)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	(D)DESKTOP COMPUTER / HP PROGRAM OFFICER	08/06/08	SL	5.00		16	2,066.				2,066.	2,066.		0.	2,066.
59	(D)MICROSOFT OFFICE PROF PLUS SOFTWARE ( 5 )	09/22/08	SL	3.00		16	897.				897.	897.		0.	897.
60	(D)FILE ROOM SYSTEM	10/03/08	SL	10.00		16	1,300.				1,300.	1,300.		0.	1,300.
61	(D)DOCUMENTS MANAGER SOFTWARE - GIFTS	06/02/09	SL	3.00		16	3,156.				3,156.	3,156.		0.	3,156.
62	(D)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	1,443.				1,443.	878.		144.	1,022.
64	REFRIGERATOR	03/01/10	SL	10.00		16	1,462.				1,462.	889.		146.	1,035.
65	VOICE AND DATA CABLING EQUIPMENT	03/01/10	SL	20.00		16	8,607.				8,607.	2,618.		430.	3,048.
67	ACCESS CONTROL SYSTEM	03/01/10	SL	20.00		16	4,355.				4,355.	1,325.		218.	1,543.
68	SECURITY SYSTEM EQUIPMENT	03/01/10	SL	20.00		16	2,790.				2,790.	849.		140.	989.
69	CCTV SYSTEM	03/01/10	SL	10.00		16	6,374.				6,374.	3,877.		637.	4,514.
70	(D)ADDITION TO AVAYA PHONE SYSTEM	03/01/10	SL	7.00		16	4,656.				4,656.	4,046.		554.	4,600.
71	(D)HP DESKTOP COMPUTER GP TO CONFERENCE ROOM	06/11/10	SL	5.00		16	1,298.				1,298.	1,298.		0.	1,298.
73	WIRELESS KEYBOARD AND MOUSE - BOARD ROOM	11/05/10	SL	5.00		16	351.				351.	351.		0.	351.
74	CS5 SOFTWARE (3)	04/06/11	SL	3.00		16	1,832.				1,832.	1,832.		0.	1,832.

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76	(D)ADOBE COTRIBUTE LICENSES (3)	05/01/11	SL	3.00		16	339.				339.	339.		0.	339.
78	(D)SONIC WALL (COMPUTER EQUIPMENT)	08/25/11	SL	5.00		16	1,115.				1,115.	1,022.		93.	1,115.
79	COMPUTER PROJECTOR	08/26/11	SL	5.00		16	917.				917.	840.		77.	917.
80	(D)I-PAD (& APPS) ED	09/26/11	SL	5.00		16	650.				650.	585.		0.	585.
81	DELL DESKTOP COMPUTER (RS TO INTERN)	03/26/12	SL	5.00		16	1,400.				1,400.	1,120.		280.	1,400.
83	COMPUTER MONITOR	03/26/12	SL	5.00		16	240.				240.	192.		48.	240.
84	DESK SCANNER (EXECUTIVE ASSISTANT)	04/26/12	SL	5.00		16	430.				430.	337.		86.	423.
85	SHARP 80" TV (BOARD ROOM)	12/26/12	SL	5.00		16	5,399.				5,399.	3,510.		1,080.	4,590.
86	PRINTER, LASERJET PRO (DIRECTOR OF FINANCE)	02/05/13	SL	5.00		16	210.				210.	133.		42.	175.
87	DESKTOP COMPUTER HP Z400 (BD RM TO CONF RM))	05/31/13	SL	5.00		16	950.				950.	538.		190.	728.
88	LAPTOP COMPUTER 10" (DOF)	05/31/13	SL	5.00		16	950.				950.	538.		190.	728.
89	(D)SOFTWARE MICROSOFT OFFICE (B ROOM, ED, EA)	05/31/13	SL	3.00		16	660.				660.	623.		37.	660.
90	SERVER HP PROLIENT ML	06/18/13	SL	5.00		16	3,500.				3,500.	1,925.		700.	2,625.
91	(D)SOFTWARE SERVER LICENSE	06/26/13	SL	3.00		16	317.				317.	291.		26.	317.
92	COMPUTER HP (TOWER ONLY) (DOF)	02/07/14	SL	5.00		16	1,595.				1,595.	691.		319.	1,010.
93	CANOPY TENT	11/26/13	SL	5.00		16	520.				520.	243.		104.	347.
95	GOOGLE CHROME TABLET (FOR SURVEYS)	06/26/14	SL	5.00		16	317.				317.	111.		63.	174.
96	DESKTOP COMPUTER (GRANTS ADMINISTRATOR)	11/03/14	SL	5.00		16	1,417.				1,417.	401.		283.	684.

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97	SURFACE PRO TABLET (EXECUTIVE DIRECTOR)	01/26/15	SL	5.00		16	1,106.				1,106.	258.		221.	479.
98	HEATING/COOLING UNIT (OUTDOOR FOR SERVER ROOM)	02/26/15	SL	5.00		16	4,200.				4,200.	910.		840.	1,750.
99	MONITOR 22" LCD (FOUNDATION ASSISTANT)	04/22/15	SL	5.00		16	170.				170.	31.		34.	65.
100	DUAL MONITOR STAND (FOUNDATION ASSISTANT)	04/22/15	SL	5.00		16	257.				257.	47.		51.	98.
101	VACUUM CLEANER WINDSOR S12 COMMERCIAL	04/26/15	SL	5.00		16	569.				569.	104.		114.	218.
102	COMPUTER (EXECUTIVE DIRECTOR)	08/21/15	SL	5.00		16	1,407.				1,407.	164.		281.	445.
103	COMPUTER (COMM/PROG SPECIALIST)	08/21/15	SL	5.00		16	1,407.				1,407.	164.		281.	445.
104	COMPUTER (FOUNDATION ASSISTANT)	08/21/15	SL	5.00		16	1,407.				1,407.	164.		281.	445.
105	COMPUTER MONITOR (PROGRAM RESOURCE OFFICER)	09/15/15	SL	5.00		16	255.				255.	30.		51.	81.
106	COMPUTER MONITOR (PROGRAM RESOURCE OFFICER)	09/15/15	SL	5.00		16	255.				255.	30.		51.	81.
107	TV - LG 55LF6100 LCD HDTV (CONF ROOM)	11/05/15	SL	5.00		16	992.				992.	83.		198.	281.
108	COMPUTER MONITOR DELL 24" (PRO RICK)	01/26/16	SL	5.00		16	169.				169.	6.		34.	40.
109	COMPUTER MONITOR VIEWSONIC (PRO TAMMIE)	01/26/16	SL	5.00		16	138.				138.	5.		28.	33.
110	COMPUTER (PRO TAMMIE)	03/31/16	SL	5.00		16	1,100.				1,100.			220.	220.
111	IPAD PRO & KEYBD APPLE (EXECUTIVE DIRECTOR)	02/26/16	SL	5.00		16	1,192.				1,192.	20.		238.	258.
112	IPAD PRO & KEYBD APPLE (COMM/PROG SPECIALIST)	02/26/16	SL	5.00		16	1,192.				1,192.	20.		238.	258.
113	SURFACE PRO TABLET (FINANCE DIRECTOR)	02/26/16	SL	5.00		16	1,409.				1,409.	23.		282.	305.
114	SURFACE PRO TABLET (FOUNDATION ASSISTANT)	02/26/16	SL	5.00		16	1,409.				1,409.	23.		282.	305.

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115	(D)MINI LAPTOP TOSHIBA (PRO TAMMIE)	02/26/16	SL	5.00		16	1,272.				1,272.	21.		191.	212.
116	MINI LAPTOP LENOVO (PRO RICK)	03/26/16	SL	5.00		16	1,166.				1,166.			233.	233.
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.	713.		0.	713.
121	DESK AND FILE CABINET	08/01/08	SL	7.00		16	781.				781.	781.		0.	781.
122	CONFERENCE TABLE	03/01/10	SL	7.00		16	1,750.				1,750.	1,292.		250.	1,542.
123	DESK, FILE CABINET & BOOKCASE FINANCE	12/14/09	SL	7.00		16	3,386.				3,386.	2,544.		484.	3,028.
124	OFFICE CHAIR	01/01/10	SL	7.00		16	362.				362.	285.		52.	337.
125	INTERIOR DESIGN FEES	03/01/10	SL	10.00		16	13,675.				13,675.	8,319.		1,368.	9,687.
126	(3 ) 5 DRW , LATERAL FILE CABINETS	03/01/10	SL	7.00		16	3,421.				3,421.	2,973.		448.	3,421.
127	FINANCE SHELVING - FILE ROOM	03/01/10	SL	10.00		16	861.				861.	524.		86.	610.
128	CREDENZA	03/01/10	SL	7.00		16	963.				963.	837.		126.	963.
129	TABLE - FINANCE OFFICE	03/01/10	SL	7.00		16	704.				704.	612.		92.	704.
130	DESK ADM FILE ROOM	03/01/10	SL	7.00		16	357.				357.	310.		47.	357.
131	( 10 ) OFFICE SIDE CHAIRS	03/01/10	SL	7.00		16	6,035.				6,035.	5,245.		790.	6,035.
132	SIDE TABLE - ED OFFICE	03/01/10	SL	7.00		16	340.				340.	296.		44.	340.

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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
133	LECTERN - BOARD ROOM	03/01/10	SL	7.00		16	1,843.				1,843.	1,601.		242.	1,843.
134	( 3 ) BUFFET CREDENZAS	03/01/10	SL	7.00		16	7,616.				7,616.	6,618.		998.	7,616.
135	SIDE TABLE - BOARD ROOM	03/01/10	SL	7.00		16	929.				929.	808.		121.	929.
136	CONFERENCE TABLE - BOARD ROOM	03/01/10	SL	10.00		16	10,421.				10,421.	6,339.		1,042.	7,381.
137	( 18 ) BOARD ROOM CHAIRS	03/01/10	SL	10.00		16	13,778.				13,778.	8,382.		1,378.	9,760.
138	WINDOW TREATMENTS	03/01/10	SL	10.00		16	24,827.				24,827.	15,103.		2,483.	17,586.
139	OBICI ROOM WOOD TABLES ( 3 )	03/01/10	SL	7.00		16	3,339.				3,339.	2,902.		437.	3,339.
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.	693.		114.	807.
142	UPHOLSTER SOFA & BOARD ROOM CHAIRS	03/01/10	SL	7.00		16	3,934.				3,934.	3,419.		515.	3,934.
143	OBICI ROOM TILE / FIREPLACE	03/01/10	SL	10.00		16	163.				163.	99.		16.	115.
144	MOVING OFFICE FURNITURE & EQUIPMENT	03/01/10	SL	10.00		16	1,820.				1,820.	1,107.		182.	1,289.
145	RENTAL OF SPACE - CONSTRUCTION MEETINGS	03/01/10	SL	10.00		16	800.				800.	487.		80.	567.
146	SAFE	07/02/10	SL	7.00		16	582.				582.	478.		83.	561.
147	OAK BASE TABLE	12/20/10	SL	7.00		16	600.				600.	450.		86.	536.
148	TASK CHAIR AND KEYBOARD PLATFORM	01/10/11	SL	7.00		16	544.				544.	408.		78.	486.
149	CHAIR (PROGRAM OFFICER)	05/12/11	SL	7.00		16	366.				366.	257.		52.	309.
150	BOOKCASE (PROGRAM ASSOCIATE)	07/18/11	SL	7.00		16	224.				224.	149.		32.	181.

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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
151	TASK CHAIR (EXECUTIVE ASSISTANT)	08/01/11	SL	7.00		16	387.				387.	258.		55.	313.
152	FOUNDERS PLAQUE (ENTRANCE HALLWAY)	10/01/11	SL	7.00		16	549.				549.	353.		78.	431.
153	DESK HUTCH	03/19/12	SL	7.00		16	458.				458.	262.		65.	327.
154	WIRE SHELVING (3 - 48")	03/19/12	SL	7.00		16	825.				825.	472.		118.	590.
155	PRINTER STAND	03/19/12	SL	7.00		16	377.				377.	216.		54.	270.
156	LATERAL FILE CABINETS (2 - 42")	03/19/12	SL	7.00		16	2,430.				2,430.	1,388.		347.	1,735.
157	EXECUTIVE CHAIRS (2 - MESHBACK)	03/19/12	SL	7.00		16	817.				817.	467.		117.	584.
158	ROUND TABLE (2ND FLOOR HALLWAY)	04/12/12	SL	7.00		16	519.				519.	296.		74.	370.
159	PADDED FOLDING CHAIRS (8) (KITCHEN)	05/02/12	SL	7.00		16	560.				560.	313.		80.	393.
160	GUEST CHAIRS, ROLLED ARM (2) (PROGRAM ASSOCIATE)	05/24/12	SL	7.00		16	2,262.				2,262.	1,238.		323.	1,561.
161	GUEST CHAIRS, WOOD FRAME, CHARCOAL (2) (CREDIT FOR ERR	06/27/12	SL	7.00		16	722.				722.	387.		103.	490.
162	GUEST CHAIRS, WOOD FRAME, CRANBERRY (4) (DOF)	05/24/12	SL	7.00		16	2,507.				2,507.	1,373.		358.	1,731.
163	CRENDENZA (ED)	05/24/12	SL	7.00		16	2,898.				2,898.	1,587.		414.	2,001.
164	SOFA TABLE (PROGRAM ASSOCIATE)	05/24/12	SL	7.00		16	519.				519.	284.		74.	358.
165	OPEN BOOKCASE UNIT (PROGRAM ASSOCIATE)	05/24/12	SL	7.00		16	1,031.				1,031.	564.		147.	711.
166	GUEST CHAIRS, OPEN WOOD BACK (2) (ED) (TEA LEAVE FABRIC)	06/27/12	SL	7.00		16	1,248.				1,248.	668.		178.	846.
167	ROUND TABLE (DIRECTOR OF FINANCE)	08/29/12	SL	7.00		16	846.				846.	433.		121.	554.
168	RUGS, AREA (4 ON 2ND, 2 ON 1ST)	02/18/13	SL	7.00		16	7,051.				7,051.	3,189.		1,007.	4,196.

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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
169	SOFA TABLE (GRANTS ASSOCIATE)	02/01/13	SL	7.00		16	519.				519.	235.		74.	309.
170	LATERAL FILES, 2-DRAWER, ED (2)	03/06/13	SL	7.00		16	3,137.				3,137.	1,382.		448.	1,830.
171	STAND-UP TABLE (ED)	07/31/13	SL	7.00		16	1,855.				1,855.	795.		265.	1,060.
172	BOOKCASE 3-SHELF (PO)	11/14/13	SL	7.00		16	579.				579.	248.		83.	331.
173	LATERAL FILE 2-DRAWER (PO)	03/31/14	SL	7.00		16	1,623.				1,623.	464.		232.	696.
174	EXECUTIVE DESK W/ BRIDGE (PROG RESOUR OFFICER)	04/29/14	SL	7.00		16	4,870.				4,870.	1,392.		696.	2,088.
175	PORCH FURNITURE ADIRONDACK 5-PIECE	04/26/15	SL	7.00		16	1,402.				1,402.	184.		200.	384.
176	DESK SET 3-PIECE (FOUNDATION ASSISTANT)	08/01/15	SL	7.00		16	3,844.				3,844.	412.		549.	961.
177	KITCHEN TABLE 36X84 OVAL	02/02/16	SL	7.00		16	802.				802.	19.		117.	136.
178	TABLE - SUFFOLK FOUNDATION	08/05/16	SL	7.00		16	1,689.				1,689.			161.	161.
179	(D)RANGE AND DISHWASHER	03/01/10	SL	7.00		16	1,443.				1,443.	878.		12.	890.
180	CHAIR - SUFFOLK FOUNDATION	08/05/16	SL	7.00		16	564.				564.			54.	54.
191	RUG, FIRST FLOOR HALLWAY	02/04/17	SL	7.00		16	4,058.				4,058.			97.	97.
192	CHAIR - PRESIDENT	02/21/17	SL	7.00		16	563.				563.			7.	7.
193	TABLE, ROUND, JASPER (PRESIDENT)	03/20/17	SL	7.00		16	1,817.				1,817.			0.	0.
194	DESK, DOUBLE PED, JASPER (PRESIDENT)	03/20/17	SL	7.00		16	3,903.				3,903.			0.	0.
195	PRINTER, HP OFFICE JET (PRESIDENT)	04/26/16	SL	5.00		16	138.				138.			25.	25.
196	DISHWASHER, BOSCH	04/26/16	SL	7.00		16	1,007.				1,007.			132.	132.

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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
197	TELEPHONE EQUIPMENT, TOSHIBA	02/07/17	SL	7.00		16	6,465.				6,465.			154.	154.
	* TOTAL 990-PF PG 1 DEPR						2,486,313.				2,486,313.	704,957.		102,833.	807,790.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						2,466,109.			0.	2,466,109.	704,957.			807,160.
	ACQUISITIONS						20,204.			0.	20,204.	0.			630.
	DISPOSITIONS						80,285.			0.	80,285.	77,638.			78,551.
	ENDING BALANCE						2,406,028.			0.	2,406,028.	627,319.			729,239.
	ENDING ACCUM DEPR LESS DISPOSITIONS											729,239.			
	ENDING BOOK VALUE										1,676,789.				



# 2017 ESTIMATED TAX FILING INSTRUCTIONS

FORM 990-W

FOR THE YEAR ENDING

MARCH 31, 2018

<b>Prepared for</b>	OBICI HEALTHCARE FOUNDATION, INC. 106 W. FINNEY AVENUE SUFFOLK, VA 23434																											
<b>Prepared by</b>	DIXON HUGHES GOODMAN LLP 701 TOWN CENTER DRIVE, SUITE 700 NEWPORT NEWS, VA 23606-4295																											
<b>Amount of tax</b>	<table><tr><td>Total Estimated Tax</td><td>\$</td><td>40,000</td></tr><tr><td>Less credit from prior year</td><td>\$</td><td>30,000</td></tr><tr><td>Less amount already paid on 2017 estimate</td><td>\$</td><td>0</td></tr><tr><td>Balance due</td><td>\$</td><td>10,000</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>\$ NONE REQUIRED</td><td></td></tr><tr><td>No. 3</td><td>\$ NONE REQUIRED</td><td></td></tr><tr><td>No. 4</td><td>\$ 10,000</td><td>MARCH 15, 2018</td></tr></tbody></table>	Total Estimated Tax	\$	40,000	Less credit from prior year	\$	30,000	Less amount already paid on 2017 estimate	\$	0	Balance due	\$	10,000	Installment	Amount	Due Date	No. 1	\$ NONE REQUIRED		No. 2	\$ NONE REQUIRED		No. 3	\$ NONE REQUIRED		No. 4	\$ 10,000	MARCH 15, 2018
Total Estimated Tax	\$	40,000																										
Less credit from prior year	\$	30,000																										
Less amount already paid on 2017 estimate	\$	0																										
Balance due	\$	10,000																										
Installment	Amount	Due Date																										
No. 1	\$ NONE REQUIRED																											
No. 2	\$ NONE REQUIRED																											
No. 3	\$ NONE REQUIRED																											
No. 4	\$ 10,000	MARCH 15, 2018																										
<b>Make check payable to</b>	PAYMENTS SHOULD BE MADE USING THE ELECTRONIC FEDERAL TAX PAYMENT SYSTEM (EFTPS).																											
<b>Mail voucher and check (if applicable) to</b>	NOT APPLICABLE																											
<b>Special Instructions</b>																												

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**

**2017**

Keep for your records. Do not send to the Internal Revenue Service.

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. <b>Note:</b> 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 2016 return. See instructions. <b>Caution:</b> 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	38,667.
c	<b>2017 Estimated Tax.</b> 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	40,000.
			<b>ADJUSTED TO</b>
		(a)	(b)
		(c)	(d)
11	Installment due dates. See instructions .....	11	03/15/18
12	Required installments. Enter 25% of line 10c in columns (a) through (d). But see instructions if the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization." .....	12	40,000.
13	2016 Overpayment. See instructions .....	13	30,000.
14	Payment due (Subtract line 13 from line 12) .....	14	10,000.

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2017)

ESTIMATED TAX	40,000.
OVERPAYMENT APPLIED	30,000.
AMOUNT DUE	10,000.

# TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING

MARCH 31, 2017

<b>Prepared for</b>	OBICI HEALTHCARE FOUNDATION, INC. 106 W. FINNEY AVENUE SUFFOLK, VA 23434
<b>Prepared by</b>	DIXON HUGHES GOODMAN LLP 701 TOWN CENTER DRIVE, SUITE 700 NEWPORT NEWS, VA 23606-4295
<b>Amount due or refund</b>	OVERPAYMENT OF \$47,653 WITH \$30,000 APPLIED TO THE ESTIMATED TAX PAYMENTS AND THE BALANCE OF \$17,653 REFUNDED.
<b>Make check payable to</b>	NO AMOUNT IS DUE.
<b>Mail tax return and check (if applicable) to</b>	DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027
<b>Return must be mailed on or before</b>	FEBRUARY 15, 2018
<b>Special Instructions</b>	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 2016 or other tax year beginning APR 1, 2016, and ending MAR 31, 2017

**2016**

Department of the Treasury  
Internal Revenue Service

▶ Information about Form 990-T and its instructions is available at [www.irs.gov/form990t](http://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

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

**C** Book value of all assets at end of year: **116,482,923.**

**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
<b>1a</b> Gross receipts or sales			
<b>b</b> Less returns and allowances			
<b>c</b> Balance	<b>1c</b>		
<b>2</b> Cost of goods sold (Schedule A, line 7)	<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b>		
<b>4a</b> Capital gain net income (attach Schedule D)	<b>4a</b> 3,439.		3,439.
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4b</b>		
<b>c</b> Capital loss deduction for trusts	<b>4c</b>		
<b>5</b> Income (loss) from partnerships and S corporations (attach statement)	<b>5</b> 139,656.	STMT 16	139,656.
<b>6</b> Rent income (Schedule C)	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Schedule E)	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	<b>8</b>		
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	<b>9</b>		
<b>10</b> Exploited exempt activity income (Schedule I)	<b>10</b>		
<b>11</b> Advertising income (Schedule J)	<b>11</b>		
<b>12</b> Other income (See instructions; attach schedule)	<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12	<b>13</b> 143,095.		143,095.

**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.)

<b>14</b> Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>	
<b>15</b> Salaries and wages	<b>15</b>	
<b>16</b> Repairs and maintenance	<b>16</b>	
<b>17</b> Bad debts	<b>17</b>	
<b>18</b> Interest (attach schedule)	<b>18</b>	
<b>19</b> Taxes and licenses	<b>19</b>	
<b>20</b> Charitable contributions (See instructions for limitation rules)	<b>20</b>	
<b>21</b> Depreciation (attach Form 4562)	<b>21</b>	
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>	<b>22b</b>
<b>23</b> Depletion	<b>23</b>	
<b>24</b> Contributions to deferred compensation plans	<b>24</b>	
<b>25</b> Employee benefit programs	<b>25</b>	
<b>26</b> Excess exempt expenses (Schedule I)	<b>26</b>	
<b>27</b> Excess readership costs (Schedule J)	<b>27</b>	
<b>28</b> Other deductions (attach schedule)	<b>28</b>	
<b>29 Total deductions.</b> Add lines 14 through 28	<b>29</b>	0.
<b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	<b>30</b>	143,095.
<b>31</b> Net operating loss deduction (limited to the amount on line 30)	<b>31</b>	
<b>32</b> Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	<b>32</b>	143,095.
<b>33</b> Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	<b>33</b>	1,000.
<b>34 Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	<b>34</b>	142,095.

**Part III Tax Computation**

<b>35 Organizations Taxable as Corporations.</b> See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:		
<b>a</b> Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):		
(1) \$	(2) \$	(3) \$
<b>b</b> Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$		
(2) Additional 3% tax (not more than \$100,000) \$		
<b>c</b> Income tax on the amount on line 34		<b>35c</b> 38,667.
<b>36 Trusts Taxable at Trust Rates.</b> 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)		
<b>37 Proxy tax.</b> See instructions		<b>37</b>
<b>38 Alternative minimum tax</b>		<b>38</b>
<b>39 Tax on Non-Compliant Facility Income.</b> See instructions		<b>39</b>
<b>40 Total.</b> Add lines 37, 38 and 39 to line 35c or 36, whichever applies		<b>40</b> 38,667.

**Part IV Tax and Payments**

<b>41a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>41a</b>	
<b>b</b> Other credits (see instructions)	<b>41b</b>	
<b>c</b> General business credit. Attach Form 3800	<b>41c</b>	
<b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>41d</b>	
<b>e Total credits.</b> Add lines 41a through 41d	<b>41e</b>	
<b>42</b> Subtract line 41e from line 40	<b>42</b>	38,667.
<b>43</b> 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)	<b>43</b>	
<b>44 Total tax.</b> Add lines 42 and 43	<b>44</b>	38,667.
<b>45a</b> Payments: A 2015 overpayment credited to 2016	<b>45a</b>	19,569.
<b>b</b> 2016 estimated tax payments	<b>45b</b>	66,751.
<b>c</b> Tax deposited with Form 8868	<b>45c</b>	
<b>d</b> Foreign organizations: Tax paid or withheld at source (see instructions)	<b>45d</b>	
<b>e</b> Backup withholding (see instructions)	<b>45e</b>	
<b>f</b> Credit for small employer health insurance premiums (Attach Form 8941)	<b>45f</b>	
<b>g</b> Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other	<b>45g</b>	Total
<b>46 Total payments.</b> Add lines 45a through 45g	<b>46</b>	86,320.
<b>47</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	<b>47</b>	
<b>48 Tax due.</b> If line 46 is less than the total of lines 44 and 47, enter amount owed	<b>48</b>	
<b>49 Overpayment.</b> If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	<b>49</b>	47,653.
<b>50</b> Enter the amount of line 49 you want: Credited to 2017 estimated tax 30,000.   Refunded	<b>50</b>	17,653.

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

<b>51</b> At any time during the 2016 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
<b>52</b> 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
<b>53</b> Enter the amount of tax-exempt interest received or accrued during the tax year \$		

**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 \_\_\_\_\_ Date \_\_\_\_\_ **DIRECTOR OF FINANCE** Title \_\_\_\_\_

May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	LESLIE F. ROBERTS				P00040492
	Firm's name <b>DIXON HUGHES GOODMAN LLP</b>	Firm's address <b>701 TOWN CENTER DRIVE, SUITE 700 NEWPORT NEWS, VA 23606-4295</b>			Firm's EIN <b>56-0747981</b>
				Phone no. <b>757.873.1033</b>	

**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	<b>Cost of goods sold.</b> 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 (attach schedule) .....	4a							
b	Other costs (attach schedule) .....	4b							
5	<b>Total.</b> Add lines 1 through 4b .....	5							

**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

(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)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total

(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)		%		
<b>Totals</b> .....			Enter here and on page 1, Part I, line 7, column (A). 0.	Enter here and on page 1, Part I, line 7, column (B). 0.
<b>Total dividends-received deductions</b> 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)				

			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
<b>Totals</b> .....			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)				

		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
<b>Totals</b> .....		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)						

		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).		Enter here and on page 1, Part II, line 26.
<b>Totals</b> .....		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)						

<b>Totals</b> (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)						
<b>Totals from Part I</b> .....	<b>0.</b>	<b>0.</b>				<b>0.</b>
<b>Totals, Part II (lines 1-5)</b> .....	Enter here and on page 1, Part I, line 11, col. (A). <b>0.</b>	Enter here and on page 1, Part I, line 11, col. (B). <b>0.</b>				Enter here and on page 1, Part II, line 27. <b>0.</b>

**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)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14 .....			<b>0.</b>





**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](http://www.irs.gov/form4626).

**2016**

Name <b>OBICI HEALTHCARE FOUNDATION, INC.</b>		Employer identification number <b>51-0249728</b>
<b>Note:</b> 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	<b>142,095.</b>
2	<b>Adjustments and preferences:</b>	
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	<b>142,095.</b>
4	<b>Adjusted current earnings (ACE) adjustment:</b>	
a	ACE from line 10 of the ACE worksheet in the instructions	<b>142,095.</b>
b	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount. See instructions	<b>0.</b>
c	Multiply line 4b by 75% (0.75). 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. <b>Note:</b> You <b>must</b> enter an amount on line 4d (even if line 4b is positive)	
e	ACE adjustment. <ul style="list-style-type: none"> <li>If line 4b is zero or more, enter the amount from line 4c</li> <li>If line 4b is less than zero, enter the <b>smaller</b> of line 4c or line 4d as a negative amount</li> </ul>	<b>0.</b>
5	Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT	<b>142,095.</b>
6	Alternative tax net operating loss deduction. See instructions	
7	<b>Alternative minimum taxable income.</b> Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions	<b>142,095.</b>
8	<b>Exemption phase-out</b> (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-	<b>0.</b>
b	Multiply line 8a by 25% (0.25)	<b>0.</b>
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-	<b>40,000.</b>
9	Subtract line 8c from line 7. If zero or less, enter -0-	<b>102,095.</b>
10	Multiply line 9 by 20% (0.20)	<b>20,419.</b>
11	Alternative minimum tax foreign tax credit (AMTFTC). See instructions	
12	Tentative minimum tax. Subtract line 11 from line 10	<b>20,419.</b>
13	Regular tax liability before applying all credits except the foreign tax credit	<b>38,667.</b>
14	<b>Alternative minimum tax.</b> 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	<b>0.</b>

JWA For Paperwork Reduction Act Notice, see separate instructions.

Form 4626 (2016)

**Adjusted Current Earnings (ACE) Worksheet**

▶ See ACE Worksheet Instructions.

1 Pre-adjustment AMTI. Enter the amount from line 3 of Form 4626 .....		1	142,095.
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 (as affected by P.L. 113-295, Div. A, section 221(a)(41)(A), Dec. 19, 2014, 128 Stat. 4043) .....	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	<b>Adjusted current earnings.</b> Combine lines 1, 2c, 3f, 4f, and 5f through 9. Enter the result here and on line 4a of Form 4626 .....	10	142,095.

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FORM 990-T	INCOME (LOSS) FROM PARTNERSHIPS AND S CORPORATIONS	STATEMENT 16
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DESCRIPTION	AMOUNT
BLUESTEM PARTNERS	-6,911.
MERCED IV OIL & GAS	7,291.
MERCED IV OTHER	-25,156.
PARTNERS FOR GROWTH IV	164,432.
TOTAL TO FORM 990-T, PAGE 1, LINE 5	139,656.

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**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](http://www.irs.gov/form1120).

**2016**

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)
<b>1a</b> 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				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked	1,545.			1,545.
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked				
<b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37				4
<b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824				5
<b>6</b> Unused capital loss carryover (attach computation)				6 ( )
<b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h				7 1,545.

**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)
<b>8a</b> 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				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked	1,894.			1,894.
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked				
<b>11</b> Enter gain from Form 4797, line 7 or 9				11
<b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37				12
<b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824				13
<b>14</b> Capital gain distributions				14
<b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h				15 1,894.

**Part III Summary of Parts I and II**

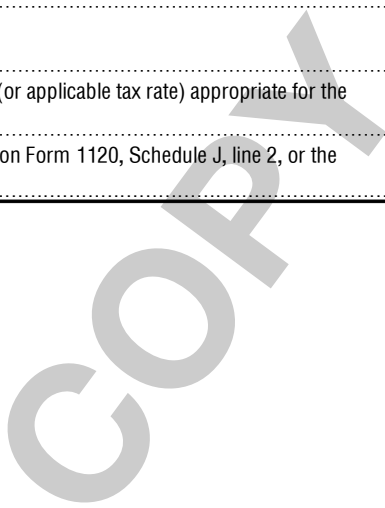
<b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16	1,545.
<b>17</b> Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	1,894.
<b>18</b> Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns. If the corporation has qualified timber gain, also complete Part IV	18	3,439.

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

**Part IV Alternative Tax for Corporations with Qualified Timber Gain.** Complete Part IV **only** if the corporation has qualified timber gain under section 1201(b). Skip this part if you are filing Form 1120-RIC. See instructions.

<b>19</b> Enter qualified timber gain (as defined in section 1201(b)(2)) .....	<b>19</b>		
<b>20</b> Enter taxable income from Form 1120, page 1, line 30, or the applicable line of your tax return .....	<b>20</b>		
<b>21</b> Enter the smallest of: (a) the amount on line 19; (b) the amount on line 20; or (c) the amount on Part III, line 17 .....	<b>21</b>		
<b>22</b> Multiply line 21 by 23.8% (0.238) .....		<b>22</b>	
<b>23</b> Subtract line 17 from line 20. If zero or less, enter -0- .....	<b>23</b>		
<b>24</b> Enter the tax on line 23, figured using the Tax Rate Schedule (or applicable tax rate) appropriate for the return with which Schedule D (Form 1120) is being filed .....		<b>24</b>	
<b>25</b> Add lines 21 and 23 .....	<b>25</b>		
<b>26</b> Subtract line 25 from line 20. If zero or less, enter -0- .....	<b>26</b>		
<b>27</b> Multiply line 26 by 35% (0.35) .....		<b>27</b>	
<b>28</b> Add lines 22, 24, and 27 .....		<b>28</b>	
<b>29</b> Enter the tax on line 20, figured using the Tax Rate Schedule (or applicable tax rate) appropriate for the return with which Schedule D (Form 1120) is being filed .....		<b>29</b>	
<b>30</b> Enter the smaller of line 28 or line 29. Also enter this amount on Form 1120, Schedule J, line 2, or the applicable line of your tax return .....		<b>30</b>	

Schedule D (Form 1120) 2016





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 **wasn't** 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 <b>Note</b> 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). <b>See instructions.</b>		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	BLUESTEM PARTNERS LP K-1			1,894.				1,894.
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g) and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 8b</b> (if <b>Box D</b> above is checked), <b>line 9</b> (if <b>Box E</b> above is checked), or <b>line 10</b> (if <b>Box F</b> above is checked) ▶				1,894.				1,894.

**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.

**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](http://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 <b>OBICI HEALTHCARE FOUNDATION, INC.</b>	Identifying number (see instructions) <b>51-0249728</b>
--	--

- 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) <b>BIOMEDICAL OFFSHORE VALUE FUND, LTD.</b>	4a Identifying number, if any
---	-------------------------------

5 Address (including country) <b>75 ST. STEPEHN'S GREEN    DUBLIN, IRELAND</b>	4b Reference ID number <b>BMOVF0001</b>
---	--

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	06/29/2016		2,500,000.		
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):

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**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 .0000 % (b) After .0144 %

**10** Type of nonrecognition transaction (see instructions) ▶ \_\_\_\_\_

**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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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COPY

**AMENDED AND RESTATED BYLAWS  
OF  
OBICI HEALTHCARE FOUNDATION, INC.**

**ARTICLE I  
NAME**

The name of this corporation is Obici Healthcare Foundation, Inc. (the "Foundation").

**ARTICLE II  
PLACE OF BUSINESS**

The Foundation shall have its principal office in the City of Suffolk, Virginia and may have such other offices either within or outside the Commonwealth of Virginia as the Board of Directors may from time to time determine.

**ARTICLE III  
FISCAL YEAR**

The fiscal year of the Foundation shall be April 1 through March 31.

**ARTICLE IV  
PURPOSES**

The Foundation is organized and shall be operated exclusively for charitable, educational and scientific purposes as defined by its Articles of Incorporation.

**ARTICLE V  
BOARD OF DIRECTORS**

5.1 **Management.** The business and the affairs of the Foundation shall be managed under the direction of its Board of Directors, which shall be the governing body of the Foundation. The Board of Directors shall have the duty and authority to do and perform all acts consistent with these Bylaws, the Articles of Incorporation of the corporation and any amendments thereto, and the laws of the Commonwealth of Virginia.

5.2 **Number and Terms of Office.** The Board of Directors shall consist of twelve (12) persons. The directors shall be divided into three groups that are approximately equal in number, with the terms of office of one such group ending each year. Directors shall serve for three-year terms and shall be eligible for re-election except that a director who has served three (3) full consecutive terms shall not be eligible for re-election until at least one (1) year after the expiration of his or her most recent term of office. For that purpose, a director elected to a term of more than eighteen months shall be considered to have served a full term. All directors shall retain their respective offices as directors until their successors shall be duly elected and qualified.

5.3 Election of Directors. Directors shall be elected by the Board of Directors at the Board's annual meeting. All directors, including those directors whose terms are soon due to expire, shall be eligible to vote at the annual meeting of the Board of Directors. No individual shall be named or elected as a director without his or her prior consent. Members of the original Board of Directors may be elected as Directors Emeritus upon cessation of their service as active members of the Board. Directors Emeritus shall have no vote.

5.4 Removal of Directors. Directors may be removed from office, with or without cause, at any annual, regular or special meeting by the Board of Directors by affirmative vote of a majority of the directors in office. The meeting notice shall provide that the purpose or one of the purposes of the meeting is the removal of the director.

5.5 Vacancies on the Board of Directors. All vacancies on the Board of Directors shall be filled by a vote of the Board of Directors at any annual or regular meeting, or at a special meeting called for such purpose. A director elected to fill a vacancy shall serve for the unexpired portion of the term.

5.6 Resignation of Directors. Any director may resign from office by delivering a written statement of resignation to the Secretary of the Foundation. Any such resignation shall take effect immediately upon its receipt by the Secretary of the Foundation, unless a later effective time or date for the resignation is specified in the notice of resignation.

5.7 Annual Meetings of the Board of Directors. The annual meeting of the Board of Directors of the Foundation shall be held on such date and at such time and place as the Board of Directors shall determine for the purpose of election of directors and officers and the transaction of such other business as may properly be brought before the meeting. If less than a quorum of directors appears for an annual meeting of the Board of Directors, the holding of such annual meeting shall not be required, and matters that might have been taken up at the annual meeting may be taken up at any later regular, special or annual meeting or by consent resolution.

5.8 Regular and Special Meetings of the Board of Directors. Regular meetings of the Board of Directors shall be held at a specified time and place designated by the Board. The Board of Directors shall meet as often as necessary to transact the business of the Foundation but not less than quarterly. Notice of regular meetings shall be provided as prescribed by the Board by resolution. Special meetings of the Board of Directors may be called by the Chair of the Board or the President or may be called at the request of not less than one-third (1/3) of the members of the Board of Directors. Notice of special meetings shall be mailed, sent by electronic communication or delivered to each director not less than five (5) days before the date of such meeting. Notice of special meetings shall state the purpose or purposes for the special meeting, and at such meeting no other business than that stated in the notice shall be transacted as official business.

5.9 Waiver of Notice. Any meeting of the Board of Directors may be deemed to have been validly and legally called if all of the directors entitled to vote on the day of the meeting sign either a written or electronic waiver of notice, either before or after the meeting. Attendance of a director at any meeting shall constitute a waiver of notice of that meeting, and no written waiver need be obtained from that director except when the director attends the meeting for the express purpose of objecting at the commencement of the meeting or promptly upon the director's arrival to holding or transacting business at the meeting and does not thereafter vote for or assent to action taken at the meeting. All such waivers, consents or approvals shall be filed with the corporate records.

5.10 Actions by Unanimous Signed Consents. Any action required or permitted at any meeting of the directors may be taken without a meeting, without prior notice and without a vote, if all of the directors entitled to vote thereon sign consents describing the action taken. For purposes of this section, the giving of consent and the signing thereof may be accomplished by one or more electronic transmissions. Any such signed consents shall be filed with the minutes of the proceedings and shall have the same effect as a vote for all purposes.

5.11 Voting and Quorum of Directors for Transacting Business. A majority of directors and a majority of the voting members of any committee of the Board shall constitute a quorum for the transaction of business. Whenever less than a quorum is present at any duly noticed meeting of the Board or of any committee of the Board, a majority of those present may adjourn the meeting without notice, other than by announcement at the meeting, until a quorum is present. Each director shall have one vote on each matter submitted to the Board of Directors for their vote, consent, waiver, release or other action. The vote of a majority of the directors or committee members present at any meeting at which there is a quorum shall be the acts of the Board or of the committee except as a larger vote may be required by the laws of the Commonwealth of Virginia, these Bylaws or the Articles of Incorporation of the Foundation. A director who is present at a meeting of the Board of Directors or of a Committee of the Board when corporate action is taken is deemed to have assented to the action taken unless the director objects at the beginning of the meeting, or promptly upon the director's arrival, to holding or transacting specified business at the meeting or votes against or abstains from the action taken.

5.12 Conference Communication. A member of the Board or of a committee designated by the Board may participate in a meeting by any means of communication by which all persons participating in the meeting may simultaneously hear one another. Participation in a meeting in this manner constitutes presence in person at the meeting.

5.13 Compensation. A director shall not be entitled to any compensation for his or her services as a director. The foregoing shall not prevent the Board of Directors from providing reasonable compensation to a director for services which are beyond the scope of his or her duties as a director or from reimbursing any director for expenses actually and necessarily incurred in the performance of his or her duties as a director or from entering into a contract, directly or indirectly, with a director for the providing of goods or services to the Foundation subject to any conflict of interest policy adopted by the Board of Directors.

5.14 Powers of the Board of Directors. The Foundation may, whenever its general interests require the same, borrow money and issue its promissory note or bond for the repayment thereof with interest, and may in like case mortgage its property for security for its debts or otherwise lawful engagements. In addition to and not in limitation of all powers, express or implied, now or hereafter conferred upon Boards of Directors of Virginia nonstock corporations, and in addition to the powers mentioned and implied above, the Board of Directors shall have the power to authorize the borrowing or raising of money for corporate purposes, the issuance of bonds or notes, the securing of such obligations by mortgage or other lien upon any and all of the property of the Foundation, whether at the time owned or thereafter acquired, and/or being jointly or jointly and severally liable for the guaranteeing of debt of any affiliated or subsidiary corporation or other entity, whenever the same shall be in the interests of the Foundation as shall be conclusively determined by the Board of Directors of this Foundation.

5.15 Execution of Conveyances and Mortgages. All conveyances and mortgages of real estate and assignments or discharges of mortgages shall be executed and, if need be, acknowledged in the name of the Foundation by both (A) the Chair, Vice Chair or President and (B) the Secretary, Treasurer, Assistant Secretary or Assistant Treasurer. No person may execute, acknowledge or verify any instrument in more than one capacity.

## **ARTICLE VI OFFICERS**

6.1 Officers. The officers of the Foundation shall consist of a Chair, a Vice Chair, a President, a Secretary, a Treasurer and such other officers with such duties as may be authorized and determined by the Board of Directors.

6.2 Election and Terms of Office. The officers of the Foundation shall be elected by the Board of Directors at the annual meeting of the Board of Directors. The terms of office to be held by said officers thus elected shall be for one year or until their successors are duly elected and qualified. The officers thus elected and qualified shall serve as the officers of the Foundation.

6.3 Removal. Any officer may be removed, either with or without cause, by the affirmative vote of a majority of the directors at any annual, regular or special meeting of the Board of Directors.

6.4 Vacancies. In the event of a death, resignation, removal or other inability to serve of any officer, the Board of Directors shall elect a successor who shall serve until the expiration of the normal term of such officer or until his or her successor shall be elected.

6.5 Chair. The Chair shall preside at all meetings of the Board of Directors and shall be an ex officio member of all committees. The Chair shall sign and execute on behalf of the Foundation, all corporate records, documents, and instruments, unless otherwise delegated to another officer by these Bylaws or resolution of the Board of Directors. He or she shall have and exercise all



powers usually incident to the office of Chair of a non stock corporation and shall perform such other duties as may be delegated by the Board of Directors.

6.6 Vice Chair. The Vice Chair shall act as Chair in the absence or inability of the Chair to act, and when so acting the Vice Chair shall have all of the powers and authority of the Chair. The Vice Chair shall also perform such other duties and functions as may be delegated by the Board of Directors.

6.7 President. Subject to such supervisory powers, if any, as may be given by the Board of Directors to the Chair and to the control of the Board of Directors, the President (i) shall have general supervision, direction and control of the business and affairs of the Foundation (ii) shall have the general powers and duties of management usually vested in the office of President and as may be prescribed by the Board of Directors and by these Bylaws, and (iii) may employ such agents and employees, other than officers, as the President may deem advisable. The President may define the duties of any such agents and employees, fix their compensation and dismiss them. The President is authorized, on behalf of the corporation, to execute any agency, employment, or other such agreements which may be necessary and proper to effect the employment of such agents or employees. The President shall preside at meetings of the Board of Directors in the absence of the Chair and Vice Chair or if no Chair or Vice Chair has been elected, and shall be privileged to attend and participate without vote in the meetings of all committees of which the President is not otherwise a member. Acting under the direction of the Board of Directors and, on its behalf, the President shall perform all acts and take all steps authorized by the Board in order to effectuate the actions and policies of the Board.

6.8 Secretary. The Secretary shall attend all meetings of the Board of Directors. He or she shall preserve in record books the full and correct minutes of the proceedings of all such meetings. He or she shall be custodian of the corporate Articles of Incorporation, Bylaws, and minute books. It shall be the duty of the Secretary to sign and execute all corporate documents and instruments whereupon his or her signature may be lawfully required. He or she shall also serve all notices required by law, these Bylaws, or by resolution of the Board of Directors and it shall be his or her duty to cause to be prepared and filed with appropriate bodies, official reports and documents required by law.. He or she shall also perform such other duties as may be delegated by the Board of Directors.

6.9 Treasurer. The Treasurer shall keep or cause to be kept in books belonging to the Foundation complete and accurate accounts of all receipts and disbursements, resources and liabilities and shall deposit all monies and funds and other valuable effects of the Foundation, in the name of and to the credit of the Foundation, in such depository or depositories as may be designated by the Board of Directors. He or she shall disburse the funds of the Foundation in payment of its obligations, taking proper vouchers and receipts for such disbursements. The Treasurer shall render to the Chair and to the directors at the meetings of the directors, or whenever otherwise requested, correct statements and reports showing the financial condition of the Foundation. He or she may sign corporate documents and instruments as necessary. The



Treasurer shall arrange for the performance of an annual audit and for the preparation of annual audited financial statements by a certified public accountant on behalf of the Foundation.

6.10 Assistant Secretary and Treasurer. The President may appoint an Assistant Secretary and/or Assistant Treasurer to assist the Secretary and/or the Treasurer in the performance of their duties. An Assistant Secretary or Assistant Treasurer shall carry out those responsibilities that are delegated to him or her by the President, or by the Secretary or Treasurer respectively, and shall report to the Secretary or Treasurer respectively. The Assistant Secretary or Assistant Treasurer shall act in the place of the Secretary or Treasurer respectively in his or her absence, disability or in the event of a vacancy in the office.

6.11 Delegation of Duties to President. The Board of Directors may delegate to the President by appropriate resolution, rule or regulation, such part or portions of the duties and obligations enumerated above as the Board of Directors acting in its sole judgment and discretion may direct.

## ARTICLE VII COMMITTEES OF THE BOARD OF DIRECTORS

7.1 Committees. The Board of Directors shall maintain standing Audit, Finance, Investment, Governance and Grants Committees and appoint such other special committees of the Board from time to time as it may deem appropriate to conduct the activities of the Foundation and to advise the Board and shall define the powers and responsibilities of such committees. The members and chairs of all committees shall be elected by the Board of Directors, acting by a majority of the directors in office, for a one-year term or until their successors are duly elected but shall be subject to removal at any time by vote of a majority of the Board of Directors then in office. No committee appointed by the Board shall consist of fewer than three (3) directors. Persons other than directors may be appointed as committee members by the Board of Directors. The voting rights of committee members other than directors shall be specified by the Board of Directors in its action designating such persons as committee members.

7.2 Executive Committee. The Board of Directors may elect from their number, by action of a majority of the directors in office, an Executive Committee consisting of at least the Chair of the Board, who shall serve as chair, and the chairs of the standing committees, for the transaction of such affairs of the Foundation as may require its attention between meetings of the Board of Directors. Except as limited by 7.3 below, the Executive Committee shall have the authority of the full Board of Directors. All affairs transacted by the Executive Committee shall be submitted to and approved by the Board of Directors at its next regular meeting.

7.3 Powers of a Committee. A committee may have such specific powers and responsibilities as may be determined by the Board of Directors, except that it shall not have the power:

- (a) To amend these Bylaws or the Articles of Incorporation;

(b) To fill vacancies on the Board or any committee;

(c) To approve a plan of merger;

(d) To approve any action or exercise any authority requiring the approval of more than a majority of a quorum of the Board of Directors under the laws of the Commonwealth of Virginia, the Articles of Incorporation or these Bylaws; or

(e) To take any other action which may not be delegated to it under the laws of the Commonwealth of Virginia or under the provisions of the Articles of Incorporation or these Bylaws.

## **ARTICLE VIII CHECKS, CONTRACTS, LOANS, DEPOSITS AND INVESTMENTS**

8.1 Checks and Contracts. All checks, drafts, or orders for the payment of money, shall be executed in the name of the Foundation by the Chair, Vice Chair, President or Treasurer or such officer or officers or employees as the Board of Directors shall authorize by resolution.

8.2. Contracts. When the execution of any contracts, conveyances or other instruments has been authorized without specifying the executing officers, the Chair, Vice Chair or President may execute the same in the name and on behalf of this Foundation. Unless authorized by the preceding sentence or otherwise authorized by the Board, no officer, agent or employee shall have any power or authority to bind the Foundation by any contract or engagement or to pledge the Foundation's credit or to render the Foundation liable for any purpose.

8.3 Loans. No loans shall be contracted on behalf of the Foundation and to no evidence of indebtedness shall be issued in its name unless authorized by a resolution of the Board of Directors. Such authority may be general or confined to specific instances.

8.4 Deposits. All funds of the Foundation not otherwise employed shall be deposited from time to time to the credit of the Foundation in such banks, trust companies or other depositories as the Board of Directors may select.

8.5 Investments. Pursuant to the direction of the Investment Committee, the President shall be authorized to vote shares or interests in other entities, to enter into subscription agreements and to take such other action as may be necessary to effect the investment policy adopted by the Board of Directors.

## **ARTICLE IX MISCELLANEOUS**

9.1 Seal. The seal of this Foundation shall consist of a flat-faced circular die with the name of the Foundation and the state of its incorporation cut or engraved thereon. Any agreement, instrument, certificate or other document that has been duly executed on behalf of the Foundation

shall be valid, binding and enforceable as to the Foundation even though the seal of the Foundation has not been affixed thereto.

9.2 Gender. Where the masculine gender is used in these Bylaws, such usage is for convenience only. Any usage of specific gender terminology shall be deemed to include references to both genders, and any title involving gender may be used in an alternative form for another gender.

9.3 Grammatical Usage. Whenever used herein, all designations in the singular shall include the plural and the plural the singular.

### ARTICLE XI AMENDMENTS

10.1 Amendments to Bylaws. These Bylaws may be altered, amended, repealed or restated by the affirmative vote of two-thirds of the directors then in office. Notice of any proposed amendments to these Bylaws shall be given to the Board of Directors at least five (5) days in advance of any meeting in which a vote on such amendment is to be taken.

### ARTICLE XII ADOPTION AND EFFECTIVE DATE

These Amended and Restated Bylaws were adopted by the Board of Directors of the Foundation at a meeting held on the 1st day of February, 2017, pursuant to resolutions adopted by said Board of Directors, restating Bylaws adopted on March 29, 2006 and subsequently amended.

**FOR OBICI HEALTHCARE FOUNDATION, INC.**

February 1, 2017  
Date

[Signature]  
Chair

February 1, 2017  
Date

[Signature]  
Secretary

# 2016 TAX RETURN FILING INSTRUCTIONS

VIRGINIA FORM 500

FOR THE YEAR ENDING

MARCH 31, 2017

<b>Prepared for</b>	OBICI HEALTHCARE FOUNDATION, INC. 106 W. FINNEY AVENUE SUFFOLK, VA 23434
<b>Prepared by</b>	DIXON HUGHES GOODMAN LLP 701 TOWN CENTER DRIVE, SUITE 700 NEWPORT NEWS, VA 23606-4295
<b>To be signed and dated by</b>	NOT APPLICABLE
<b>Amount of tax</b>	Total tax \$ 8,526.00 Less: payments and credits \$ 15,900.00 Plus: other amount \$ 0.00 Plus: interest and penalties \$ 0.00 OVERPAYMENT \$ 7,374.00
<b>Overpayment</b>	Credited to your estimated tax \$ 7,374.00 Other amount \$ 0.00 Refunded to you \$ 0.00
<b>Make check payable to</b>	NOT APPLICABLE
<b>Mail tax return and check (if applicable) to</b>	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.
<b>Return must be mailed on or before</b>	NOT APPLICABLE
<b>Special Instructions</b>	

**2016 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, 2016 ; Ending Date MARCH 31, 2017  
 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 <b>51-0249728</b>		<b>Check all that apply:</b> <input type="checkbox"/> Initial Filer <input type="checkbox"/> Name Change <input type="checkbox"/> Mailing Address Change <input type="checkbox"/> Physical Address Change	
Name <b>OBICI HEALTHCARE FOUNDATION, INC.</b>			
Mailing Address <b>106 W. FINNEY AVENUE</b>			
City or Town <b>SUFFOLK</b>		State <b>VA</b>	ZIP Code <b>23434</b>
Physical Address (if different from Mailing Address)		Entity Type Code <b>NP</b>	
Physical City or Town		State	ZIP Code
		NAICS <b>525990</b>	
Date Incorporated <b>02/01/2006</b>	State or Country of Incorporation <b>VIRGINIA</b>	Description of Business Activity <b>DEBT FINANCED PROPERTY</b>	

<b>Check Applicable Boxes</b> <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  Enter number of affiliates _____	<b>Final Return</b> <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 _____	<b>Corporate Telecommunications Company</b> Enter amount from Form 500T, Line 7: _____ .00  <b>Noncorporate Telecommunications Company</b> Check box and enter amount from Form 500T, Line 10: <input type="checkbox"/> _____ .00  <b>Electric Supplier Company</b> Enter amount from Sch. 500EL, Line 7 or 14: _____ .00
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<b>Amended Return</b> Complete Form 500 and Schedule 500ADJ. Attach an explanation of changes to income and modifications.  <b>DO NOT FILE THIS FORM TO CARRY BACK A NET OPERATING LOSS. File Form 500NOLD.</b>	<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.)

**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**

**2016 Virginia**

**Form 500**

FEIN 51-0249728

Page 2



**INCOME**

1	Federal taxable income (from attached federal return) .....	1	<u>142095.00</u>
2	Total additions from Schedule 500ADJ, Section A, Line 7 .....	2	<u>.00</u>
3	Total (add Lines 1 and 2) .....	3	<u>142095.00</u>
4	Total subtractions from Schedule 500ADJ, Section B, Line 10 .....	4	<u>.00</u>
5	Balance (subtract Line 4 from Line 3) .....	5	<u>142095.00</u>
6	Savings and Loan Association's Bad Debt Deduction (see Instructions) .....	6	<u>.00</u>
7	<b>Virginia taxable income</b> (subtract Line 6 from Line 5) .....	7	<u>142095.00</u>

**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)	<u>.00</u>
(b)	Apportionment factor percentage from Schedule 500A, Section B, Line 1 or Line 2(g) .....	8(b)	<u>%</u>
(c)	Nonapportionable investment function income from Schedule 500A, Section B, Line 3(c) .....	8(c)	<u>.00</u>
(d)	Nonapportionable investment function loss from Schedule 500A, Section B, Line 3(e) .....	8(d)	<u>.00</u>
9	<b>Income tax</b> (6% of Line 7 or 6% of Line 8(a)) .....	9	<u>8526.00</u>

**PAYMENTS AND CREDITS**

10	Nonrefundable tax credits: Enter the amount from Schedule 500CR, Section 2, Part 1, Line 1B .....	10	<u>.00</u>
11	Adjusted corporate tax (subtract Line 10 from Line 9) .....	11	<u>8526.00</u>
12	2016 estimated Virginia income tax payments including overpayment credit from 2015 .....	12	<u>15900.00</u>
13	Extension payment .....	13	<u>.00</u>
14	Refundable tax credits from Schedule 500CR, Section 4, Part 1, Line 1A .....	14	<u>.00</u>
15	Pass-Through Entity total withholding from Schedule 500ADJ, Section D .....	15	<u>.00</u>
16	<b>Total payments and credits</b> (add Lines 12 through 15) .....	16	<u>15900.00</u>

**REFUND OR TAX DUE**

17	Tax owed (if Line 11 is greater than Line 16, subtract Line 16 from Line 11) .....	17	<u>.00</u>
18	Penalty (see Instructions) .....	18	<u>.00</u>
19	Interest (see Instructions) .....	19	<u>.00</u>
20	Additional charge from Form 500C, Line 17 (attach Form 500C) .....	20	<u>.00</u>
21	<b>Total due</b> (add Lines 17 through 20) .....	21	<u>.00</u>
22	Overpayment (if Line 16 is greater than Line 11, subtract Line 11 from Line 16) .....	22	<u>7374.00</u>
23	Amount to be credited to 2017 estimated tax .....	23	<u>7374.00</u>
24	<b>Amount to be refunded</b> (subtract Line 23 from Line 22) .....	24	<u>.00</u>

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 <b>DIRECTOR OF FINANCE</b>
Printed Name of Officer <b>MICHAEL K BRINKLEY</b>		Phone Number
Print Preparer's Name and Firm Name <b>LESLIE F. ROBERTS DIXON HUGHES GOODMAN LLP</b>		Phone Number <b>757.873.1033</b>
Date	Individual or Firm, Signature of Preparer	Address of Preparer <b>701 TOWN CENTER DRIVE, SUIT NEWPORT NEWS, VA 23606-4295</b>
Preparer's FEIN, PTIN, or SSN <b>P00040492</b>		Approved Vendor Code <b>1019</b>

**IMPORTANT: INCLUDE A COPY OF YOUR FEDERAL RETURN WITH THIS RETURN.**

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>143095</u> .00
3. Net Operating Loss Deduction .....	3	.00
4. Special Deductions .....	4	<u>1000</u> .00
5. Federal Taxable Income after NOL and Special Deductions .....	5	<u>142095</u> .00

**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
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**Form 5884**

9. Salaries and Wages not deducted due to the WOTC .....	9	.00
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**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>102833</u> .00

**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
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**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!**

<b>Corporation Name</b>	<b>Federal ID Number</b>
OBICI HEALTHCARE FOUNDATION, INC.	51-0249728

**Part I Tax Return Information**

1. Federal Taxable Income (Form 500, Page 2, Line 1)	1.	142,095.
2. Virginia Taxable Income (Form 500, Page 2, Line 7)	2.	142,095.
3. Income tax (Form 500, Page 2, Line 9)	3.	8,526.
4. Total payments and credits (Form 500, Page 2, Line 16)	4.	15,900.
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**

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 2016 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 2016 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.

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.

**Officer's e-File PIN: check one box only**

I authorize the ERO named below to enter my e-File PIN 23606 as my signature on the corporation's 2016 electronic Virginia corporation income tax return. Do not enter all zeros  
**DIXON HUGHES GOODMAN LLP**

**ERO Firm Name**

I will enter my e-File PIN as my signature on the corporation's 2016 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. 54921823606  
Do not enter all zeros

I certify that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2016 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.

ERO's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Form VA-8879C (REV 10/16)**