



2010 Income Tax Returns

OBICI HEALTHCARE FOUNDATION, INC.



KPMG LLP
Suite 1200
1676 International Drive
McLean, VA 22102

Telephone 703-286-8000
Fax 703-286-8010

Private

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

Enclosed are the original and one copy of your income tax return(s) for the period ended March 31, 2011 for OBICI HEALTHCARE FOUNDATION, INC. as follows:

2010 990-PF - Return of Private Foundation
2010 Schedule B - Schedule of Contributors
2010 990-T - Exempt Organization Business Income Tax Return
2010 8453-EO - U.S. Individual Income Tax Declaration for e-filing

Each original should be dated, signed and filed in accordance with the filing instructions included with the copy of the return. This bound copy is for your use and should be retained for your files.

These returns were prepared from information provided by you or your representative. The preparation of tax returns does not include the independent verification of information used. Therefore, we recommend you review the returns before signing to ensure there are no omissions or misstatements. If you note anything which may require a change to the returns, please contact us before filing them.

Also enclosed are the original source documents you furnished, if any, for our use in preparing the return(s). Upon an audit of the return(s), requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records.

A tax-exempt organization is required to provide copies of Form 990PF if it receives such a request. A reasonable fee for providing such copies may be charged. Note that if an organization makes Form 990PF "widely available" an organization is not required to provide copies at any time. An example of "widely available" is posting the Form 990PF to an organization's internet address so that the general public can freely access and download it to print a copy. If someone visits an organization to inspect a Form 990PF in person, the organization must still allow inspection at the office; however, if the person requests a copy of Form 990PF, the organization can disclose the internet address from which he/she can print a copy of the Form 990PF.

Any act of self-dealing, the making or retaining of excess business holdings, or jeopardizing investments, and the making of taxable expenditures may subject the foundation to penalty excise taxes of from 5% to 200% of the amount of the prohibited transaction. Please contact us for further information if you have questions concerning any of these prohibited transactions.

We recommend that the return(s) be mailed by either registered or certified mail with the sender's receipt postmarked to prove filing before the due date.



OBICI HEALTHCARE FOUNDATION, INC.

We sincerely appreciate this opportunity to serve you. Please contact us if you have questions concerning the returns or if we may be of further assistance.

KPMG LLP

Enclosure(s)

Instructions for filing
OBICI HEALTHCARE FOUNDATION, INC.
Form 8453-EO - Exempt Org. Declaration & Signature for E-filing
for the period ended March 31, 2011

Signature...

The original Form 8453-EO should be signed (use full name) and dated by the taxpayer.

Filing...

Return your signed Form 8453-EO declaration to:

KPMG LLP
1676 International Drive
McLean VA 22102

Payment of tax...

A deposit in the amount of \$ 52,445. should be made using the Electronic Federal Tax Payment System. For deposits made by EFTPS to be on time, you must initiate the transaction at least 1 business day before the date the deposit is due. If you have any questions regarding the new electronic funds transfer requirements, we suggest that you contact our office or the Internal Revenue Service before transmitting payment.

To document the timely filing of your tax return(s), we suggest that you obtain and retain proof of mailing. Proof of mailing can be accomplished by sending the tax return(s) by registered or certified mail (metered by the U.S. Postal Service) or through the use of an IRS approved delivery method provided by an IRS designated private delivery service.

DO NOT separately file form 990PF with the Internal Revenue Service. Doing so will delay the processing of your return.

We must receive your signed form before we can electronically transmit your return which is due on February 15, 2012. We would appreciate your returning this form as soon as possible as this will expedite the processing of your return. The Internal Revenue Service will notify us when your return is accepted. Your return is not considered filed until the Internal Revenue Service confirms their acceptance, which may occur after the due

date of your return.

Cumulative e-File History 2010	
FED	
Locator:	6401CP
Taxpayer Name:	OBICI HEALTHCARE FOUNDATION, INC.
Return Type:	990
Submitted Date:	11/15/2011 11:32:23
Acknowledgement Date:	11/15/2011 12:02:05
Status:	Accepted
Submission ID:	54028020113195000002

Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation

2010

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

For calendar year **2010**, or tax year beginning **04/01**, **2010**, and ending **03/31, 2011**

G Check all that apply: Initial return Initial return of a former public charity Final return
 Amended return Address change Name change

Name of foundation: **OBICI HEALTHCARE FOUNDATION, INC.**

Number and street (or P.O. box number if mail is not delivered to street address): **106 W. FINNEY AVENUE**

Room/suite: _____

City or town, state, and ZIP code: **SUFFOLK, VA 23434**

A Employer identification number: **51-0249728**

B Telephone number (see page 10 of the instructions): **(757) 539-8810**

H Check type of organization: Section 501(c)(3) exempt private foundation
 Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation

I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ **107,217,893.**

J Accounting method: Cash Accrual
 Other (specify) _____
(Part I, column (d) must be on cash basis.)

C If exemption application is pending, check here

D 1. Foreign organizations, check here
2. Foreign organizations meeting the 85% test, check here and attach computation

E If private foundation status was terminated under section 507(b)(1)(A), check here

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see page 11 of the instructions).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	29,000.			
	2 Check <input 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	832,538.	832,538.		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	3,653,915.			
	b Gross sales price for all assets on line 6a 24,876,636.				
	7 Capital gain net income (from Part IV, line 2)		3,648,207.		
	8 Net short-term capital gain				
	9 Income modifications			11,793.	
	10 a Gross sales less returns and allowances				
b Less: Cost of goods sold					
c Gross profit or (loss) (attach schedule)					
11 Other income (attach schedule)	2,523,046.	912,061.		ATCH 1	
12 Total. Add lines 1 through 11	7,038,499.	5,392,806.	11,793.		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	341,872.			341,872.
	14 Other employee salaries and wages	148,665.			148,665.
	15 Pension plans, employee benefits	117,974.			118,576.
	16a Legal fees (attach schedule) ATCH 2	18,932.	0.	0.	18,932.
	b Accounting fees (attach schedule) ATCH 3	40,126.	0.	0.	40,126.
	c Other professional fees (attach schedule)	646,925.	602,888.		44,072.
	17 Interest	75,134.			
	18 Taxes (attach schedule) (see page 14 of the instructions) *	226,026.			4,859.
	19 Depreciation (attach schedule) and depletion	114,818.			
	20 Occupancy	25,189.			25,833.
	21 Travel, conferences, and meetings	48,039.			46,195.
	22 Printing and publications	13,611.			13,761.
	23 Other expenses (attach schedule) ATCH 6	591,070.	519,199.		57,519.
	24 Total operating and administrative expenses. Add lines 13 through 23	2,408,381.	1,122,087.	0.	860,410.
	25 Contributions, gifts, grants paid	1,406,178.			1,922,712.
26 Total expenses and disbursements. Add lines 24 and 25	3,814,559.	1,122,087.	0.	2,783,122.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	3,223,940.				
b Net investment income (if negative, enter -0-)		4,270,719.			
c Adjusted net income (if negative, enter -0-)			11,793.		

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2010, or tax year beginning 04/01, 2010, and ending 03/31, 20 11

2010

Department of the Treasury
Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

▶ See instructions on back.

Name of exempt organization

Employer identification number

OBICI HEALTHCARE FOUNDATION, INC.

51-0249728

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

Check the box for the type of return being filed with Form 8453-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 of 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-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here	<input type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	_____
2a	Form 990-EZ check here	<input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	_____
3a	Form 1120-POL check here	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	_____
4a	Form 990-PF check here	<input checked="" type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	<u>85,414.</u>
5a	Form 8868 check here	<input type="checkbox"/>	b	Balance due (Form 8868, line 3c)	5b	_____

Part II Declaration of Officer

6 I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) 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.

If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2010 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.

Sign Here ▶ *Margaret A. Bradshaw* | 11/8/2011 ▶ Executive Director
Signature of officer | Date | Title

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's signature ▶ <u><i>Margaret A. Bradshaw</i></u>	Date <u>11/15/11</u>	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN <u>P00501222</u>
	Firm's name (or yours if self-employed), address, and ZIP code ▶ <u>KPMG LLP</u> <u>1676 INTERNATIONAL DRIVE</u> <u>MCLEAN VA 22102</u>	EIN <u>13-5565207</u>	Phone no. <u>703-286-8000</u>		

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer's Use Only	Print/Type preparer's name <u>Margaret Bradshaw</u>	Preparer's signature <u><i>Margaret A. Bradshaw</i></u>	Date <u>11/15/11</u>	Check <input type="checkbox"/> if self-employed	PTIN <u>P00501222</u>
	Firm's name ▶ <u>KPMG LLP</u>	Firm's EIN ▶ _____			Phone no. <u>703-286-8000</u>
	Firm's address ▶ <u>1676 INTERNATIONAL DRIVE, MCLEAN, VA 22102</u>				

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash - non-interest-bearing	3,608.	9,914.	9,914.
	2	Savings and temporary cash investments	12,339,383.	5,179,807.	5,179,807.
	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 (attach schedule) (see page 15 of the instructions)			
	7	Other notes and loans receivable (attach schedule) ▶ Less: allowance for doubtful accounts ▶			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges	45,592.	46,143.	46,143.
	10 a	Investments - U.S. and state government obligations (attach schedule),			
	b	Investments - corporate stock (attach schedule) ATCH 7	20,417,309.	33,538,586.	33,538,586.
	c	Investments - corporate bonds (attach schedule) ATCH 8	5,152,396.	2,813,359.	2,813,359.
	11	Investments - land, buildings, and equipment: basis Less: accumulated depreciation (attach schedule) ▶			
	12	Investments - mortgage loans			
	13	Investments - other (attach schedule) ATCH 9	56,704,909.	62,726,764.	62,726,764.
	14	Land, buildings, and equipment: basis Less: accumulated depreciation (attach schedule) ▶	2,375,005. 167,308.	2,231,706. 2,207,697.	2,207,697.
15	Other assets (describe ▶ ATCH 11)	699,711.	695,623.	695,623.	
16	Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	97,594,614.	107,217,893.	107,217,893.	
Liabilities	17	Accounts payable and accrued expenses	132,392.	81,037.	
	18	Grants payable	1,790,528.	1,273,994.	
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)	1,850,000.	1,792,662.	
	22	Other liabilities (describe ▶ ATCH 12)	0.	199,059.	
23	Total liabilities (add lines 17 through 22)	3,772,920.	3,346,752.		
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	93,821,694.	103,871,141.	
	25	Temporarily restricted			
	26	Permanently restricted			
	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. <input type="checkbox"/>				
	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 (see page 17 of the instructions)	93,821,694.	103,871,141.		
31	Total liabilities and net assets/fund balances (see page 17 of the instructions)	97,594,614.	107,217,893.		

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	93,821,694.
2	Enter amount from Part I, line 27a	2	3,223,940.
3	Other increases not included in line 2 (itemize) ▶ ATTACHMENT 13	3	6,838,617.
4	Add lines 1, 2, and 3	4	103,884,251.
5	Decreases not included in line 2 (itemize) ▶ ATTACHMENT 14	5	13,110.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	103,871,141.

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 SEE PART IV SCHEDULE					
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					
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(i) 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					
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	3,648,207.	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions). If (loss), enter -0- in Part I, line 8, }			3		

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 page 18 of 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))
2009	5,568,576.	87,471,067.	0.063662
2008	5,862,506.	88,420,528.	0.066303
2007	4,585,183.	115,770,846.	0.039606
2006	717,008.	105,190,685.	0.006816
2005			
2 Total of line 1, column (d)			0.176387
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			0.044097
4 Enter the net value of noncharitable-use assets for 2010 from Part X, line 5			95,843,857.
5 Multiply line 4 by line 3			4,226,427.
6 Enter 1% of net investment income (1% of Part I, line 27b)			42,707.
7 Add lines 5 and 6			4,269,134.
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 on page 18.			2,922,574.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the instructions)

Table with 11 rows and 2 columns. Rows include: 1a Exempt operating foundations, b Domestic foundations, 2 Tax under section 511, 3 Add lines 1 and 2, 4 Subtitle A (income) tax, 5 Tax based on investment income, 6 Credits/Payments (6a-6d), 7 Total credits and payments, 8 Enter any penalty, 9 Tax due, 10 Overpayment, 11 Enter the amount of line 10 to be: Credited to 2011 estimated tax.

Part VII-A Statements Regarding Activities

Table with 10 rows and 3 columns (1a-10, Yes, No). Rows include: 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation... 1b Did it spend more than \$100 during the year... 1c Did the foundation file Form 1120-POL... 2 Has the foundation engaged in any activities... 3 Has the foundation made any changes... 4a Did the foundation have unrelated business gross income... 4b If "Yes," has it filed a tax return on Form 990-T... 5 Was there a liquidation, termination... 6 Are the requirements of section 508(e)... 7 Did the foundation have at least \$5,000 in assets... 8a Enter the states to which the foundation reports... 8b If the answer is "Yes" to line 7... 9 Is the foundation claiming status as a private operating foundation... 10 Did any persons become substantial contributors...

Part VII-A Statements Regarding Activities (continued)

11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions) 11 X
12 Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008? 12 X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? 13 X
Website address HTTP://WWW.OBICIHCF.ORG/
14 The books are in care of MICHAEL BRINKLEY Telephone no. 757-539-8810
Located at 106 W. FINNEY AVENUE SUFFOLK, VA ZIP + 4 23434
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here 15
16 At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? 16 Yes No X
See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22.1. 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.

1a During the year did the foundation (either directly or indirectly):
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes X No
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? X Yes No
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? Yes X No
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) Yes X No
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)? 1b X
Organizations relying on a current notice regarding disaster assistance check here
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 2010? 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 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2010? Yes X No
If "Yes," list the years
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see page 22 of the instructions.) 2b
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? Yes X No
b If "Yes," did it have excess business holdings in 2010 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 2010.) 3b
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? 4a X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010? 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 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the 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 page 22 of the instructions)? **5b**

Organizations relying on a current notice regarding disaster assistance check here

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? Yes No
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 **6b** X
If "Yes" to 6b, file Form 8870.

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes No

b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? Yes No **7b**

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 (see page 22 of the instructions).

(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
ATTACHMENT 15		341,872.	65,544.	0.

2 Compensation of five highest-paid employees (other than those included on line 1 - see page 23 of the instructions). 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

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 (see page 23 of the instructions). If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
ATTACHMENT 16		564,907.
Total number of others receiving over \$50,000 for professional services ▶		0

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 N/A	
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see page 24 of the instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 NONE	
2	
All other program-related investments. See page 24 of the instructions.	
3 NONE	
Total. Add lines 1 through 3 ▶	

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see page 24 of the 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	93,772,062.
b	Average of monthly cash balances	1b	2,862,106.
c	Fair market value of all other assets (see page 25 of the instructions)	1c	669,240.
d	Total (add lines 1a, b, and c)	1d	97,303,408.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	97,303,408.
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see page 25 of the instructions)	4	1,459,551.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	95,843,857.
6	Minimum investment return. Enter 5% of line 5	6	4,792,193.

Part XI Distributable Amount (see page 25 of the 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	4,792,193.
2a	Tax on investment income for 2010 from Part VI, line 5	2a	85,414.
b	Income tax for 2010. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	85,414.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	4,706,779.
4	Recoveries of amounts treated as qualifying distributions	4	11,793.
5	Add lines 3 and 4	5	4,718,572.
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	4,718,572.

Part XII Qualifying Distributions (see page 25 of the 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	2,783,122.
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	139,452.
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	0.
b	Cash distribution test (attach the required schedule)	3b	0.
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	2,922,574.
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 (see page 26 of the instructions)	5	N/A
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	2,922,574.

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 page 26 of the instructions)

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI, line 7				4,718,572.
2 Undistributed income, if any, as of the end of 2010:				
a Enter amount for 2009 only			2,818,617.	
b Total for prior years: 20 08, 20 07, 20 06				
3 Excess distributions carryover, if any, to 2010:				
a From 2005				0.
b From 2006				0.
c From 2007				0.
d From 2008				0.
e From 2009				0.
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2010 from Part XII, line 4: ► \$ 2,922,574.				
a Applied to 2009, but not more than line 2a			2,818,617.	
b Applied to undistributed income of prior years (Election required - see page 26 of the instructions)				
c Treated as distributions out of corpus (Election required - see page 26 of the instructions)				
d Applied to 2010 distributable amount				103,957.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2010 (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:	0.			
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0.			
b Prior years' undistributed income. Subtract line 4b from line 2b				
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				
d Subtract line 6c from line 6b. Taxable amount - see page 27 of the instructions				
e Undistributed income for 2009. Subtract line 4a from line 2a. Taxable amount - see page 27 of the instructions				
f Undistributed income for 2010. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2011				4,614,615.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions)				
8 Excess distributions carryover from 2005 not applied on line 5 or line 7 (see page 27 of the instructions)				
9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2006				0.
b Excess from 2007				0.
c Excess from 2008				0.
d Excess from 2009				0.
e Excess from 2010				0.

Part XIV Private Operating Foundations (see page 27 of the instructions and Part VII-A, question 9) NOT APPLICABLE

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 2010, 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: Tax year (a) 2010, (b) 2009, (c) 2008, (d) 2007, (e) Total. Rows include 2a (Adjusted net income), 2b (85% of line 2a), 2c (Qualifying distributions from Part XII), 2d (Amounts included in line 2c), 2e (Qualifying distributions made directly), 3 (Alternative tests: Assets, Endowment, Support).

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 page 28 of the 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).

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 page 28 of the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number of the person to whom applications should be addressed: ATTACHMENT 17

b The form in which applications should be submitted and information and materials they should include: ATTACHMENT 18

c Any submission deadlines: ATTACHMENT 19

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors: ATTACHMENT 20

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<p>a <i>Paid during the year</i></p> <p>ATTACHMENT 21</p>				
<p>Total ▶ 3a</p>				1,922,712.
<p>b <i>Approved for future payment</i></p> <p>ATTACHMENT 22</p>				
<p>Total ▶ 3b</p>				1,273,994.

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

Table with 5 columns: (a) Business code, (b) Amount, (c) Exclusion code, (d) Amount, (e) Related or exempt function income. Rows include Program service revenue, Membership dues and assessments, Interest on savings and temporary cash investments, Dividends and interest from securities, Net rental income or (loss) from real estate, Net rental income or (loss) from personal property, Other investment income, Gain or (loss) from sales of assets other than inventory, Net income or (loss) from special events, Gross profit or (loss) from sales of inventory, Other revenue, Subtotal, and Total.

(See worksheet in line 13 instructions on page 29 to verify calculations.)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Table with 2 columns: Line No. and Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See page 29 of the instructions.)

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

- 1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code... a Transfers from the reporting foundation to a noncharitable exempt organization of: (1) Cash (2) Other assets b Other transactions: (1) Sales of assets to a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets (4) Reimbursement arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundraising solicitations c Sharing of facilities, equipment, mailing lists, other assets, or paid employees d If the answer to any of the above is "Yes," complete the following schedule.

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Header row contains 'N/A' for all columns.

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code... [] Yes [X] No

b If "Yes," complete the following schedule.

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship.

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 or fiduciary) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer or trustee | Date | Title

Paid Preparer Use Only

Print/Type preparer's name, Preparer's signature, Date, Check [] if self-employed, PTIN P00501222, Firm's name KPMG LLP, Firm's address 1676 INTERNATIONAL DRIVE MCLEAN, VA 22102, Firm's EIN 13-5565207, Phone no. 703-286-8000

**FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME**

Kind of Property		Description				P or D	Date acquired	Date sold
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj. basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)	
22191008.		PUBLICLY TRADED SECURITIES 20082402.					2,108,606.	
		ACACIA INSTITUTIONAL PARTNERS, LP K-1					88,832.	
		BLUESTEM PARTNERS, LP K-1					548,534.	
		CARDINAL MID-CAP VALUE EQUITY LP, K-1					998,986.	
		CEDAR ROCK CAPITAL PARTNERS, LLC K-1					-10,587.	
		1607 CAPITAL INTERNATIONAL EQUITY FD K-1					85,084.	
		THE HIGHCLERE INTL INVESTORS FD K-1					79,220.	
		THE SANDERSON INTERNATIONAL VALUE FD K-1					93,186.	
2,656,371.		SR PHOENICIA INC SHARE 3,000,000.					-343,629.	
29,257.		TORY INTERNATIONAL OFFSHORE 29,282.					-25.	
TOTAL GAIN (LOSS)							<u>3,648,207.</u>	

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

2010

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

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 501(c)() (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

- For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization **OBICI HEALTHCARE FOUNDATION, INC.**

Employer identification number
51-0249728

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	SENTARA LOUISE OBICI MEMORIAL HOSPITAL 2800 GODWIN BLVD SUFFOLK, VA 23434	\$ 24,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	C.W. BRINKLEY, INC. 3005 CORPORATE LANE, SUITE 100 SUFFOLK, VA 23434	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **OBICI HEALTHCARE FOUNDATION, INC.**

Employer identification number
51-0249728

Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	TITLE TO CEMETERY PLOT _____ _____ _____	\$ 24,000.	08/01/2010
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

FORM 990PF, PART I - OTHER INCOME

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>NET INVESTMENT INCOME</u>
PASSTHROUGH K-1 INCOME	877,767.	912,061.
EQUITY PICKUP FOREIGN CORPORATIONS	1,645,279.	
TOTALS	<u>2,523,046.</u>	<u>912,061.</u>

ATTACHMENT 2

FORM 990PF, PART I - LEGAL FEES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>NET INVESTMENT INCOME</u>	<u>ADJUSTED NET INCOME</u>	<u>CHARITABLE PURPOSES</u>
LEGAL SERVICES FOR CORPORATE MATTERS, DEFENDING LAWSUIT	18,932.			18,932.
TOTALS	<u>18,932.</u>	<u>0.</u>	<u>0.</u>	<u>18,932.</u>

FORM 990PF, PART I - ACCOUNTING FEES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>NET INVESTMENT INCOME</u>	<u>ADJUSTED NET INCOME</u>	<u>CHARITABLE PURPOSES</u>
TAX COMPLIANCE AND AUDIT SVCS	40,126.			40,126.
TOTALS	<u>40,126.</u>	<u>0.</u>	<u>0.</u>	<u>40,126.</u>

FORM 990PF, PART I - OTHER PROFESSIONAL FEES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>NET INVESTMENT INCOME</u>	<u>CHARITABLE PURPOSES</u>
INVESTMENT MANAGMENT FEES	602,888.	602,888.	
CONSULTANT FEES	44,037.		44,072.
TOTALS	<u>646,925.</u>	<u>602,888.</u>	<u>44,072.</u>

FORM 990PF, PART I - TAXES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>CHARITABLE PURPOSES</u>
EXCISE TAXES	221,217.	
OTHER FEES AND TAXES	4,809.	4,859.
TOTALS	<u>226,026.</u>	<u>4,859.</u>

FORM 990PF, PART I - OTHER EXPENSES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>NET INVESTMENT INCOME</u>	<u>CHARITABLE PURPOSES</u>
INVESTMENT FEES (PARTNERSHIPS)	519,199.	519,199.	
ADVERTISING	13,489.		13,141.
MAINTENANCE AGREEMENTS	15,935.		16,046.
ARTWORK RESTORATION	12,450.		
INSURANCE	9,173.		9,173.
OFFICE EXPENSES	18,352.		19,159.
AMORTIZATION	2,472.		
TOTALS	<u>591,070.</u>	<u>519,199.</u>	<u>57,519.</u>

ATTACHMENT 7FORM 990PF, PART II - CORPORATE STOCK

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>ENDING FMV</u>
ACCURAY INC	192,126.	192,126.
ANALOG DEVICES INC.	358,358.	358,358.
APPLE INC	402,526.	402,526.
ASCENA RETAIL GROUP INC	375,956.	375,956.
AUTOMATIC DATA PROCESSING INC	282,205.	282,205.
AVNET INC	359,649.	359,649.
BABCOCK & WILCOX CO	467,320.	467,320.
BARRETT BILL CORP	478,920.	478,920.
BRINKER INTL INC	422,510.	422,510.
C H ROBINSON WORLDWIDE INC	296,520.	296,520.
CABOT MICROELECTRONICS CORP	344,850.	344,850.
CALGON CARBON CORP	112,748.	112,748.
CELGENE CORP	341,132.	341,132.
CENOVUS ENERGY INC	220,528.	220,528.
CHECKPOINT SYS INC	509,172.	509,172.
CME GROUP INC	271,395.	271,395.
CONSTELLATION BRANDS INC	452,244.	452,244.
COOPER COS INC	187,515.	187,515.
CORELOGIC INC	186,850.	186,850.
CREE INC	287,346.	287,346.
CROWN HOLDINGS INC.	360,723.	360,723.
CSX CORP	316,365.	316,365.
DEVON ENERGY CORP	316,606.	316,606.
DONALDSON INC	306,450.	306,450.
ENCANA CORP	429,898.	429,898.
EXPRESS SCRIPTS INC	289,172.	289,172.
EXXON MOBIL CORP	227,151.	227,151.
FMI LARGE CAP	7,166,118.	7,166,118.
FREEMPORT-MCMORAN COPPER & GOLD	368,019.	368,019.

ATTACHMENT 7 (CONT'D)FORM 990PF, PART II - CORPORATE STOCK

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>ENDING FMV</u>
GENERAC HLDGS INC	97,392.	97,392.
GEN-PROBE INC	199,050.	199,050.
HANESBRANDS INC	481,312.	481,312.
HAYNES INTL INC	65,930.	65,930.
HERTZ GLOBAL HLDGS	360,272.	360,272.
IDEXX LABS INC	108,108.	108,108.
INTEL CORP	201,800.	201,800.
INTERNATIONAL BUSINESS MACHS	326,955.	326,955.
INTL FLAVORS & FRAGRANCES INC	404,950.	404,950.
JOHN BEAN TECHNOLOGIES	413,445.	413,445.
JOHNSON CTLS INC	330,482.	330,482.
KAR AUCTION SVCS INC	312,936.	312,936.
LIVE NATION ENTERTAINMENT INC	381,000.	381,000.
METTLER-TOLEDO INTL INC	240,800.	240,800.
MOSAIC CO	336,656.	336,656.
NALCO HLDG CO	480,656.	480,656.
NEUBERGER BERMAN EQUITY-I	2,733,314.	2,733,314.
NV ENERGY INC	268,020.	268,020.
ORITANI FINL CORP	323,987.	323,987.
PATTERSON COS INC	177,045.	177,045.
PENSKE AUTOMOTIVE GRP INC	452,452.	452,452.
PETSMART INC	176,085.	176,085.
PHARMERICA CORP	137,280.	137,280.
STRATEGY-I	3,296,026.	3,296,026.
REPUBLIC SVCS	319,926.	319,926.
SCOTTS MIRACLE-GRO	360,116.	360,116.
SGS S A ADR	268,800.	268,800.
SONOVA HLDG AG SPONS	62,860.	62,860.
SOUTHWESTERN ENERGY CO	321,201.	321,201.

ATTACHMENT 7 (CONT'D)

FORM 990PF, PART II - CORPORATE STOCK

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>ENDING FMV</u>
STILLWATER MINING CO	363,440.	363,440.
STRYKER CORP	218,880.	218,880.
TECHNE CORP	200,452.	200,452.
TIDEWATER INC	412,965.	412,965.
UNITED STATES CELLULAR CORP	437,665.	437,665.
VARIAN MEDICAL SYS INC	257,032.	257,032.
VCA ANTECH INC	447,170.	447,170.
VERISK ANALYTICS INC	163,800.	163,800.
WHIRLPOOL CORP	330,770.	330,770.
XEROX CORP	321,631.	321,631.
ZEBRA TECHNOLOGIES CORP	415,553.	415,553.
TOTALS	<u>33,538,586.</u>	<u>33,538,586.</u>

ATTACHMENT 8

FORM 990PF, PART II - CORPORATE BONDS

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>ENDING FMV</u>
RIDGEWORTH FD TOTAL RETURN BD	1,860,420.	1,860,420.
PIMCO GLOBAL BOND FUND	952,939.	952,939.
TOTALS	<u>2,813,359.</u>	<u>2,813,359.</u>

ATTACHMENT 9FORM 990PF, PART II - OTHER INVESTMENTS

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>ENDING FMV</u>
THE TORRY DEVELOPMENT OFFSHORE FUND	8,233.	8,233.
HIGHCLERE INTERNATION SMALL CO FUND	6,426,015.	6,426,015.
CEDAR ROCK CAPITAL PARTNERS LLC	8,444,185.	8,444,185.
1607 CAPITAL PARTNERS	6,159,905.	6,159,905.
BLUESTEM PARTNERS LP	7,742,623.	7,742,623.
SR GLOBAL FD INC EMERGING MKT-1	4,026,817.	4,026,817.
WINSTON HEDGED EQUITY	5,683,399.	5,683,399.
ACACIA INST. PARTNERS	6,572,064.	6,572,064.
REDWOOD OFFSHORE FUND LTD	4,741,392.	4,741,392.
SANDERSON INTERNATIONAL VALUE FUND	6,019,875.	6,019,875.
KYLIN OFFSHORE LTD-CCC SER 1 INITIAL	3,451,567.	3,451,567.
MERCHANTS GATE OFFSHORE LTD CL B-NR1	3,450,689.	3,450,689.
TOTALS	<u>62,726,764.</u>	<u>62,726,764.</u>

LAND, BUILDINGS, EQUIPMENT NOT HELD FOR INVESTMENT

ATTACHMENT 10

ASSET DESCRIPTION	METHOD/ CLASS	FIXED ASSET DETAIL				ACCUMULATED DEPRECIATION DETAIL			
		BEGINNING BALANCE	ADDITIONS	DISPOSALS	ENDING BALANCE	BEGINNING BALANCE	ADDITIONS	DISPOSALS	ENDING BALANCE
LAND	L	102,507.			102,507.				
LAND-CONSTRUCTION		349,632.			349,632.	1,513.	18,243.		19,756.
LAND IMPR FENCE	SL	1,300.			1,300.	0.	162.		162.
BRONZE SIGN	SL	3,449.			3,449.	0.	229.		229.
LANDSCAPING CONTRAE	SL	54,997.			54,997.	0.	4,583.		4,583.
CIVIL CONSTRUCTIONF	SL	2,373.			2,373.	0.	31.		31.
FINAL UNDERCUTTING	SL	1,524.			1,524.	0.	59.		59.
REVIEW OF FINAL DR	SL	210.			210.	0.	3.		3.
ORIGINAL CONSTRUCT		1,594,184.			1,594,184.	4,828.	57,954.		62,782.
STAIRS & CABINETS	SL	7,431.			7,431.	0.	165.		165.
CONSTRUCTION ADMN	SL	4,653.			4,653.	0.	60.		60.
SNOW GUARDS	SL	10,200.			10,200.	0.	0.		0.
COMPUTER	SL	1,447.			1,447.	941.	289.		1,230.
COPIER	SL	6,100.			6,100.	3,965.	1,220.		5,185.
2 COMPUTER MONITOR	SL	3,423.			3,423.	2,225.	685.		2,910.
BROTHER LASER PRIN	SL	707.			707.	460.	141.		601.
COMPUTER EQUIPMENT	SL	980.			980.	636.	196.		832.
3 COMPUTER MONITOR	SL	5,308.			5,308.	3,450.	1,062.		4,512.

ATTACHMENT 10

LAND, BUILDINGS, EQUIPMENT NOT HELD FOR INVESTMENT

ATTACHMENT 10 (CONT'D)

ASSET DESCRIPTION	METHOD/ CLASS	FIXED ASSET DETAIL				ACCUMULATED DEPRECIATION DETAIL			
		BEGINNING BALANCE	ADDITIONS	DISPOSALS	ENDING BALANCE	BEGINNING BALANCE	ADDITIONS	DISPOSALS	ENDING BALANCE
COMPUTER EQUIPMENT	SL	912.			912.	593.	182.		775.
PHONE SYSTEM	SL	2,939.			2,939.	1,329.	419.		1,748.
PHONES	SL	591.			591.	267.	84.		351.
PHONE - VOICEMAIL	SL	2,601.			2,601.	1,177.	372.		1,549.
PRINTER	SL	657.			657.	416.	131.		547.
SOFTWARE	SL	730.			730.	730.			730.
SOFTWARE	SL	452.			452.	452.			452.
SOFTWARE	SL	849.			849.	849.			849.
LABTOP COMPUTER	SL	1,344.			1,344.	784.	269.		1,053.
PROJECTOR	SL	1,302.			1,302.	760.	260.		1,020.
GIFTS MGT SOFTWAREG	SL	14,960.			14,960.	14,129.	831.		14,960.
3 POWER POINT SOFT	SL	595.			595.	562.	33.		595.
AVAYA PHONE- LISA	SL	435.			435.	165.	62.		227.
2 ADOBE DREAM WEAV	SL	1,065.			1,065.	947.	118.		1,065.
2 ADOBE CREATIVE S	SL	837.			837.	697.	140.		837.
DESKTOP COMPUTER	SL	2,066.			2,066.	723.	413.		1,136.
MICROSOFT OFFICE P	SL	897.			897.	449.	299.		748.
FILE ROOM SYSTEM	SL	1,300.			1,300.	1,300.	0.		1,300.

LAND, BUILDINGS, EQUIPMENT NOT HELD FOR INVESTMENTATTACHMENT 10 (CONT'D)

ASSET DESCRIPTION	METHOD/ CLASS	FIXED ASSET DETAIL				ACCUMULATED DEPRECIATION DETAIL			
		BEGINNING BALANCE	ADDITIONS	DISPOSALS	ENDING BALANCE	BEGINNING BALANCE	ADDITIONS	DISPOSALS	ENDING BALANCE
DOCUMENTS MANAGER	SL	3,156.			3,156.	877.	1,052.		1,929.
ESSENTIAL'S GIFTS	SL	13,720.			13,720.	1,143.	4,573.		5,716.
BUILDING PROJECT	SL	52,195.			52,195.	527.	6,326.		6,853.
2 HP DESKTOP COMP	SL	2,596.			2,596.	0.	389.		389.
WIRELESS KEYBOARD	SL	351.			351.	0.	29.		29.
FURNITURE	SL	5,255.			5,255.	2,502.	751.		3,253.
CONFERENCE TABLE	SL	4,370.			4,370.	1,353.	624.		1,977.
8 CONFERENCE CHAIR	SL	1,253.			1,253.	388.	179.		567.
2 LEATHER MESH CHA	SL	713.			713.	170.	102.		272.
DESK & FILE CABINED	SL	781.			781.	149.	74.		223.
CONFERENCE TABLE	SL	1,750.			1,750.	21.	21.		42.
DESK, FILE CABINET	SL	3,386.			3,386.	63.	63.		126.
OFFICE CHAIR	SL	362.			362.	13.	13.		26.
BUILDING PROJECT C	SL	98,435.			98,435.	938.	11,254.		12,192.
SAFE	SL	582.			582.	0.	62.		62.
OAK BASE TABLE	SL	600.			600.	0.	21.		21.
TASK CHAIR & KEYBO	SL	543.			543.	0.	19.		19.
TOTALS		<u>2,375,005.</u>			<u>2,375,005.</u>	<u>52,491.</u>			<u>166,738.</u>

ATTACHMENT 10

ATTACHMENT 11

FORM 990PF, PART II - OTHER ASSETS

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>ENDING FMV</u>
ART COLLECTION	653,240.	653,240.
CEMETERY LOTS	24,000.	24,000.
ACCRUED INTEREST ON INVESTMENTS	18,283.	18,283.
DEPOSITS	100.	100.
TOTALS	<u>695,623.</u>	<u>695,623.</u>

FORM 990PF, PART II - OTHER LIABILITIES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>
DEFERRED EXCISE TAXES PAYABLE	199,059.
TOTALS	<u>199,059.</u>

ATTACHMENT 13FORM 990PF, PART III - OTHER INCREASES IN NET WORTH OR FUND BALANCES

<u>DESCRIPTION</u>	<u>AMOUNT</u>
UNREALIZED GAINS IN INVESTMENTS	2,841,285.
UNREALIZED GAIN IN PARTNERSHIPS AND FOREIGN INVESTMENTS	3,985,539.
PRIOR YEAR GRANTS RECOVERED	11,793.
TOTAL	<u>6,838,617.</u>

FORM 990PF, PART III - OTHER DECREASES IN NET WORTH OR FUND BALANCES

<u>DESCRIPTION</u>	<u>AMOUNT</u>
PRIOR YEAR ACCRUAL ADJUSTMENT	13,110.
TOTAL	<u>13,110.</u>

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

ATTACHMENT 15

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u>	<u>EXPENSE ACCT AND OTHER ALLOWANCES</u>
GEORGE Y BIRDSONG 1514 HOLLAND ROAD, SUITE 104 SUFFOLK, VA 23434	CHAIRMAN 1.00	0.	0.	0.
J SAMUEL GLASSCOCK 1514 HOLLAND ROAD, SUITE 104 SUFFOLK, VA 23434	VICE CHAIRMAN 1.00	0.	0.	0.
ROBERT M HAYES 1514 HOLLAND ROAD, SUITE 104 SUFFOLK, VA 23434	SECRETARY/TREASURER 1.00	0.	0.	0.
GINA PITRONE 1514 HOLLAND ROAD, SUITE 104 SUFFOLK, VA 23434	EXECUTIVE DIRECTOR 40.00	160,208.	18,975.	0.
MICHAEL HAMMOND 1514 HOLLAND ROAD, SUITE 104 SUFFOLK, VA 23434	CFO 40.00	101,369.	26,840.	0.
RICK SPENCER 1514 HOLLAND ROAD, SUITE 104 SUFFOLK, VA 23434	SENIOR PROGRAM OFFICER 40.00	80,295.	19,729.	0.
	GRAND TOTALS	<u>341,872.</u>	<u>65,544.</u>	<u>0.</u>

990PF, PART VIII- COMPENSATION OF THE FIVE HIGHEST PAID PROFESSIONALSATTACHMENT 16

<u>NAME AND ADDRESS</u>	<u>TYPE OF SERVICE</u>	<u>COMPENSATION</u>
CORNERSTONE PARTNERS LLC 675 PETER JEFFERSON PARKWAY CHARLOTTESVILLE, VA 22911	INVESTMENT MGMT	412,950.
PETER B CANNELL & CO. INC 645 MADISON AVENUE NEW YORK, NY 10022	INVESTMENT MGMT	76,138.
SHAPIRO CAPITAL MANAGEMENT LLC 3060 PEACHTREE ROAD NW, SUITE 1555 ATLANTA, GA 30305	INVESTMENT MGMT	75,819.
	TOTAL COMPENSATION	<u>564,907.</u>

FORM 990PF, PART XV - NAME, ADDRESS AND PHONE FOR APPLICATIONS

CATHY HUBAND
106 W. FINNEY AVENUE
SUFFOLK, VA 23434
757-539-8810

990PF, PART XV - FORM AND CONTENTS OF SUBMITTED 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

990PF, PART XV - SUBMISSION DEADLINES

RENEWALS - AUGUST 6 OF EACH YEAR
GRANTS - AUGUST 6 OF EACH YEAR

990PF, PART XV - RESTRICTIONS OR LIMITATIONS ON AWARDS

RESTRICTIONS:

- LOBBYING OR POLITICAL ACTIVITIES
- CLINICAL RESEARCH
- MEETINGS AND CONFERENCES UNLESS THEY ARE ESSENTIAL TO A LARGER PROJECT
- DIRECT FUNDING FOR DIRECT MEDICAL OR SOCIAL SERVICES THAT ARE ALREADY FUNDED THROUGH EXISTING THIRD-PARTY REIMBURSEMENT SOURCES

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 21

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
THE GENIEVE SHELTER 1548 C HOLLAND RD. SUFFOLK, VA 23434	NONE 501(C)(3)	ASSISTANCE WITH WOMEN'S HEALTH FORUM ON 5/12/10	350.
LUTER YMCA 259 JAMES STREET SMITHFIELD, VA 23430	NONE 501(C)(3)	TO INCREASE CHILD AND FAMILY WELLNESS THROUGH FAMILY FUN AND FITNESS NIGHTS, PHYSICAL AND NUTRITION EDUCATION, AN EXPANDED AFTERSCHOOL PROGRAM AND IMPROVEMENTS TO ISLE OF WIGHT COUNTY PARK FACILITIES, EQUIPMENT AND STAFF.	89,642.
WESTERN TIDEWATER FREE CLINIC 2019 MEADE PARKWAY SUFFOLK, VA 23434	NONE 501(C)(3)	TO EXPAND CLINICAL SERVICES TO A BROADER POPULATION WITH ATTENTION TO PROVIDING A MEDICAL HOME WITH CONSISTANT CARE FOR INDIVIDUALS WITH CHRONIC MEDICAL CONDITIONS.	150,000.
SQUARE ONE 287 INDEPENDENCE BLVD. PEMBROKE TWO, SUITE 120 VIRGINIA BEACH, VA 23462	NONE 501(C)(3)	DEVELOPMENT OF "ONLINE" PROFESSIONAL DEVELOPMENT TRAINING COURSES WHICH WILL ENHANCE THE SKILL LEVELS OF EARLY CHILDHOOD EDUCATORS, HOME VISITORS, HEALTHCARE WORKERS AND OTHERS WHO WORK WITH CHILDREN.	4,000.
AMERICAN CANCER SOCIETY 4416 EXPRESSWAY DR. VIRGINIA BEACH, VA 23452	NONE 501(C)(3)	TO OUTREACH TO CANCER PATIENTS AND THEIR CAREGIVERS, PROVIDE PATIENT SUPPORT SERVICES AND ESTABLISH A LOCAL CANCER RESOURCE NETWORK IN THE FOUNDATION'S SERVICE AREA.	3,350.
ACCESS AIDS 222 WEST 21ST ST. SUITE F-308 NORFOLK, VA 23517	NONE 501(C)(3)	TO CONTINUE SUFFOLK SISTAS A PROGRAM DESIGNED TO PREVENT THE SPREAD OF HIV AND OTHER SEXUALLY TRANSMITTED DISEASES IN SUFFOLK.	22,049.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 21 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
CHESAPEAKE SERVICE SYSTEMS 1100 EXECUTIVE BLVD. CHESAPEAKE, VA 23320	NONE 501(C)(3)	TO CONTINUE THE HEALTH AND WELLNESS PROGRAM FOR DEVELOPMENTALLY DELAYED ADULTS RESIDING IN THE FOUNDATION'S SERVICE AREA.	7,833.
EASTERN VIRGINIA MEDICAL SCHOOL P.O. BOX 1980 NORFOLK, VA 23501-1980	NONE 501(C)(3)	TO CREATE AND EVALUATE A VIDEO-BASED INTERVENTION IN SUFFOLK, FRANKLIN AND THE COUNTIES OF ISLE OF WIGHT AND SOUTHAMPTON. THE FOCUS IS TO INCREASE CHILDREN'S SAFETY IN MOTOR VEHICLES.	4,077.
THE GENIEVE SHELTER 1548 C HOLLAND RD. SUFFOLK, VA 23434	NONE 501(C)(3)	TO CONTINUE PREVENTION AND WELLNESS ACTIVITIES AND ACUTE AND CHRONIC CARE TREATMENT FOR DOMESTIC VIOLENCE VICTIMS IN THE FOUNDATION'S SERVICE AREA.	40,001.
ISLE OF WIGHT CHRISTIAN OUTREACH PROGRAM 12210 WATERVIEW TRAIL CARROLLTON, VA 23314	NONE 501(C)(3)	TO CONTINUE RENTAL ASSISTANCE FOR THIS VOLUNTEER-LED AGENCY SERVING THE MEDICALLY INDIGIENT IN ISLE OF WIGHT COUNTY.	5,400.
LET'S TALK 818 GAMMON RD. VIRGINIA BEACH, VA 23464	NONE 501(C)(3)	TO CONTINUE A NUTRITION, EDUCATION, EFFECTIVE COMMUNICATION AND DANCE PROGRAM FOR TEEN BOYS AND GIRLS OF THE SUFFOLK AND FRANKLIN BOYS AND GIRLS CLUBS AND OTHER COMMUNITY SETTINGS.	13,600.
PENINSULA INSTITUTE FOR COMMUNITY HEALTH 1033 28TH ST. 2ND FLOOR NEWPORT NEWS, VA 23607	NONE 501(C)(3)	TO CONTINUE SUPPORT OF THE MAIN STREET DENTAL CLINIC IN SUFFOLK.	62,736.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 21 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
ROANOKE CHOWAN COMMUNITY HEALTH CENTER 113 B HERTFORD COUNTY HIGH RD. AHOSKIE, NC 27910	NONE 501(C)(3)	TO FUND THE GATES COUNTY ADOLESCENT CARE CLINIC, INCLUDING NUTRITIONAL EDUCATION, FOR GATES COUNTY MEDICAL CENTER PATIENTS AND FOR GATES COUNTY AFRICAN AMERICAN CHURCH ATTENDEE WITH CHRONIC DISEASES.	39,149.
SMART BEGINNINGS WESTERN TIDEWATER 207 WEST SECOND AVENUE P.O. BOX 179 FRANKLIN, VA 23851	NONE 501(C)(3)	TO INCREASE EARLY CARE AND EDUCATION PROGRAMS AND TO INCREASE THE NUMBER OF FAMILIES PARTICIPATING IN RAISING A READER PROGRAM.	18,250.
SUFFOLK MEALS ON WHEELS 2800 GODWIN BLVD. P.O. BOX 1545 SUFFOLK, VA 23434	NONE 501(C)(3)	TO PROVIDE FUNDS FOR A TEMPERATURE CONTROLLED MEAL DELIVERY VAN AND TO PROVIDE HOT/COLD MEAL DELIVERY EXPANSION IN ISLE OF WIGHT COUNTY, ORBIT, CENTRAL HILL, SMITHFIELD AND THE SURROUNDING AREAS.	4,462.
SUFFOLK PARTNERSHIP FOR A HEALTHY COMMUNITY P.O. BOX 6082 SUFFOLK, VA 23433	NONE 501(C)(3)	TO DETERMINE THE COMMUNITY'S HEALTH AND WELLNESS RELATED ASSETS AND CAPACITIES AND TO ORGANIZE THEM THROUGH ACTIONABLE STEPS.	3,900.
SUFFOLK PARTNERSHIP FOR A HEALTHY COMMUNITY P.O. BOX 6082 SUFFOLK, VA 23433	NONE 501(C)(3)	TO HIRE AN EXECUTIVE DIRECTOR TO IMPLEMENT A COMMUNITY HEALTH ACTION PLAN, INCLUDING SUFFOLK ON THE MOVE!, THE SUFFOLK COMMUNITY GARDEN PROJECT, AND THE MAPP COMMUNITY HEALTH ASSESSMENT.	16,400.
THE UP CENTER 222 W. 19TH ST. NORFOLK, VA 23517	NONE 501(C)(3)	TO CONTINUE OUTPATIENT CLINICAL COUNSELING SERVICES FOR SUFFOLK AND THE SURROUNDING AREAS.	21,986.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 21 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
THE UP CENTER 222 W. 19TH ST. NORFOLK, VA 23517	NONE 501(C)(3)	TO CONTINUE IN-HOME COUNSELING SERVICES FOR CHILDREN AT-RISK OF OUT-OF-HOME PLACEMENT IN SUFFOLK AND THE SURROUNDING AREAS.	18,873.
VIRGINIA LEGAL AID SOCIETY P.O. BOX 6200 LYNCHBURG, VA 24505	NONE 501(C)(3)	TO CONTINUE THE HEALTH, EDUCATION, ADVOCACY AND LAW PROJECT, A MEDICAL-LEGAL COLLABORATION DESIGNED TO ENSURE BASIC NEEDS OF LOW-INCOME FAMILIES IN THE FOUNDATION'S SERVICE AREA.	20,000.
WESTERN TIDEWATER HEALTH DISTRICT SUFFOLK HEALTH DEPARTMENT 135 HALL AVE, SUITE A SUFFOLK, VA 23434-4654	NONE 501(C)(3)	TO EXPAND MATERNAL AND CHILD HEALTH AND FAMILY PLANNING SERVICES THAT ADDRESS TEEN PREGNANCY RATES, PRENATAL CARE AND PREGNANCY	5,209.
FORKIDS, INC. 4000 COLLEY AVE. SUITE 300, P.O. BOX 6044 NORFOLK, VA 23508	NONE 501(C)(3)	TO PROVIDE FUNDS FOR A VAN AND ADULT AND CHILDREN'S CASE MANAGEMENT, INCLUDING MEDICAL AND DENTAL SERVICES, COUNSELING, LIFE SKILLS AND FOOD.	57,486.
WESTERN TIDEWATER HEALTH DISTRICT SUFFOLK HEALTH DEPARTMENT 135 HALL AVE, SUITE A SUFFOLK, VA 23434-4654	NONE 501(C)(3)	TO EXPAND MATERNAL AND CHILD HEALTH AND FAMILY PLANNING SERVICES THAT ADDRESS TEEN PREGNANCY RATES, PRENATAL CARE AND PREGNANCY OUTCOMES.	76,206.
WESTERN TIDEWATER FREE CLINIC 2019 MEADE PARKWAY SUFFOLK, VA 23434	NONE 501(C)(3)	TO PROVIDE MATCHING CAPITAL FUNDS FOR A PERMANENT FACILITY AND TO PROVIDE ONGOING OPERATIONAL SUPPORT.	37,933.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 21 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
THE PLANNING COUNCIL 5365 ROBIN HOOD ROAD SUITE 700 NORFOLK, VA 23513	NONE 501 (C) (3)	OUTCOME MEASUREMENT PROGRAM FOR OBICI HEALTHCARE FOUNDATION GRANTEEES	5,000.
GATES PARTNERS FOR HEALTH 29 MEDIAL CENTER ROAD GATES, NC 27937	NONE 501 (C) (3)	TO SUPPORT FAMILY FUN AND FITNESS DAY	1,000.
ACCESS PARTNERSHIP P. O. BOX 41093 NORFOLK, VA 23451	NONE 501 (C) (3)	WORKING TO BRING MEDICAL AND DENTAL PROFESSIONALS TO PROVIDE CARE TO WTFC PATIENTS ON WAITING LIST.	2,500.
HORIZON HEALTH SERVICES WAVERLY MEDICAL CENTER P.O. BOX 29 WAVERLY, VA 23890	NONE 501 (C) (3)	TO FUND A NEW DENTAL SITE AT THE IVOR MEDICAL FACILITY IN SOUTHAMPTON COUNTY AND INSTITUTE ELECTRONIC MEDICAL RECORDS AT THE IVOR, WAVERLY AND SURRY PRIMARY CARE SITES.	67,500.
SENIOR SERVICES OF SOUTHEASTERN VA. 5 INTERSTATE CORPORATE CENTER 6350 CENTER DR., SUITE 101 NORFOLK, VA 23502	NONE 501 (C) (3)	TO SUPPORT A MEDICATION AND CARE ACCESS RESOURCE SPECIALIST TO ASSIST LOW-INCOME OLDER AND DISABLED MEDICARE ELIGIBLE RESIDENTS OF WESTERN TIDEWATER IN SELECTING MEDICARE PART D BENEFITS	7,268.
SUFFOLK FAMILY YMCA 2769 GODWIN BLVD SUFFOLK, VA 23434	NONE 501 (C) (3)	TO PROVIDE AN AFTER-SCHOOL PROGRAM FOR SUFFOLK YOUTH AT-RISK FOR OBESITY AND FITNESS SCHOLARSHIPS FOR THE CHILDREN AND THEIR PARENTS.	25,000.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 21 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
WESTERN TIDEWATER CONTINUUM OF CARE P. O. BOX 1311 SMITHFIELD, VA 23431	NONE 501 (C) (3)	HOMELESS ASSIST DAY 2010	3,500.
ACCESS PARTNERSHIP P. O. BOX 41093 NORFOLK, VA 23451	NONE 501 (C) (3)	TO DEVELOP TRAINING MODULES FOR COMMUNITY HEALTH WORKERS WHO WILL LINK MEDICALLY UNDERSERVED PEOPLE WITH HEALTHCARE PROVIDERS.	2,500.
ACCESS PARTNERSHIP P. O. BOX 41093 NORFOLK, VA 23451	NONE 501 (C) (3)	TO PROVIDE LOW-INCOME, UNINSURED RESIDENTS WITH EXPANDED ACCESS TO MEDICAL SERVICES	34,729.
ACCESS AIDS 222 WEST 21ST ST. SUITE F-308 NORFOLK, VA 23517	NONE 501 (C) (3)	TO PROVIDE FREE, CONFIDENTIAL HIV TESTING TO PARTICIPANTS IN SISTAS CLASSES AND OTHER COMMUNITY MEMBERS IDENTIFIED THROUGH RECRUITMENT ACTIVITIES.	28,657.
VOICES FOR KIDS CASA PROGRAM P.O. BOX 80 ISLE OF WIGHT, VA 23397	NONE 501 (C) (3)	TO RECRUIT AND TRAIN COURT-APPOINTED VOLUNTEERS WHO WILL ADVOCATE FOR FRANKLIN AND ISLE OF WIGHT COUNTY CHILDREN WHO HAVE BEEN ABUSED AND NEGLECTED	10,750.
CATHOLIC CHARITIES OF EASTERN VIRGINIA 5361 VIRGINIA BEACH BLVD. VIRGINIA BEACH, VA 23462	NONE 501 (C) (3)	TO PROVIDE LIFE COACHES AT SENTARA OBICI HOSPITAL TO WORK WITH UNINSURED OR UNDERINSURED PATIENTS WHO USE THE EMERGENCY DEPARTMENT FOR PRIMARY CARE SERVICES	47,620.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 21 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
CATHOLIC CHARITIES OF EASTERN VIRGINIA 5361 VIRGINIA BEACH BLVD. VIRGINIA BEACH, VA 23462	NONE 501 (C) (3)	TO WORK WITH UNINSURED PREGNANT WOMEN AND FAMILIES OF CHILDREN WHO DO NOT HAVE HEALTH INSURANCE	18,961.
SENTARA LOUISE OBICI MEMORIAL HOSPITAL 2800 GODWIN BLVD SUFFOLK, VA 23434	NONE 501 (C) (3)	TO COORDINATE A CONTINUUM OF SERVICES FOR FIRST-TIME FAMILIES BY IDENTIFYING NEEDS AND LINKING FAMILIES TO RESOURCES THAT WILL ENABLE THEM TO BECOME SELF-SUFFICIENT.	31,695.
SENTARA LOUISE OBICI MEMORIAL HOSPITAL 2800 GODWIN BLVD SUFFOLK, VA 23434	NONE 501 (C) (3)	TO PROVIDE CHRONIC DISEASE MANAGEMENT BY ENSURING THAT VULNERABLE, INDIGENT PATIENTS UNDERSTAND HIS OR HER MEDICAL PLAN OF CARE AND HAVE KNOWLEDGE, RESOURCES AND SOCIAL SUPPORT TO FOLLOW THOSE INSTRUCTIONS.	39,827.
FORKIDS, INC. 4000 COLLEY AVE. SUITE 300, P.O. BOX 6044 NORFOLK, VA 23508	NONE 501 (C) (3)	TO HELP HOMELESS FAMILIES IN NEED OF EMERGENCY SHELTER ACCESS INSURANCE AND HEALTHCARE SERVICES.	33,365.
GATES COUNTY MEDICAL CENTER P. O. BOX 297 GATESVILLE, NC 27938	NONE 501 (C) (3)	TO PROVIDE COMPREHENSIVE HEALTH SERVICES TO GATES COUNTY YOUTH WITH A FOCUS ON THE MEDICALLY UNDERSERVED.	47,739.
ISLE OF WIGHT CHRISTIAN OUTREACH PROGRAM 12210 WATERVIEW TRAIL CARROLLTON, VA 23314	NONE 501 (C) (3)	TO PROVIDE ORAL HEALTH CARE SERVICES TO POOR, UNINSURED SENIORS IN ISLE OF WIGHT COUNTY	7,750.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 21 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
JAMES L. CAMP, JR. FAMILY YMCA 300 CRESCENT DR. FRANKLIN, VA 23851	NONE 501(C)(3)	TO IMPLEMENT THE Y-CHANGE PROGRAM, WHICH IS A TEAM-ORIENTED CURRICULUM THAT ADDRESSES BEHAVIORAL CHANGE, BASIC NUTRITION, PHYSICAL FITNESS AND STRESS MANAGEMENT.	12,850.
LUTER YMCA 259 JAMES STREET SMITHFIELD, VA 23430	NONE 501(C)(3)	TO SUPPORT HEALTHY WEIGHT AND LIFESTYLE AMONG OVERWEIGHT OR OBESE ADULTS BY OFFERING ASSESSMENTS, EXERCISE AND NUTRITION EDUCATION.	28,145.
SENIOR SERVICES OF SOUTHEASTERN VIRGINIA 5 INTERSTATE CORPORATE CENTER 6350 CENTER DR. SUITE 101 NORFOLK, VA 23502	NONE 501(C)(3)	TO PROVIDE COMMUNITY EDUCATION, COUNSELING AND ASSISTANCE TO ELIGIBLE BENEFICIARIES OF MEDICARE PARTS B AND D, THE PART D "EXTRA HELP" BENEFIT, MEDICAID AND OTHER COMMUNITY RESOURCES FOR HEALTHCARE AND PRESCRIPTION DRUG COVERAGE	28,913.
SENTARA HEALTHCARE 6015 POPLAR HALL DRIVE SUITE #308 NORFOLK, VA 23502	NONE 501(C)(3)	TO AIRLIFT CRITICALLY ILL PATIENTS VIA NIGHTINGALE AIR SENTARA'S NIGHTINGALE AIR AMBULANCE PROGRAM FROM WESTERN TIDEWATER AND GATES COUNTY TO THE ONLY LEVEL I TRAUMA PROGRAM IN THE REGION.	25,000.
SMART BEGINNINGS WESTERN TIDEWATER 207 WEST SECOND AVENUE P.O. BOX 179 FRANKLIN, VA 23851	NONE 501(C)(3)	TO INCREASE THE NUMBER OF WESTERN TIDEWATER CHILDREN ENROLLED IN FAMIS.	21,615.
SUFFOLK DEPARTMENT OF SOCIAL SERVICES 135 HALL AVENUE SUFFOLK, VA 23434	NONE 501(C)(3)	TO INCREASE THE ENROLLMENT OF CHILDREN AND FAMILIES WHO ARE UNINSURED YET ELIGIBLE FOR MEDICAID AND FAMIS.	18,645.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 21 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
SUFFOLK PARTNERSHIP FOR A HEALTHY COMMUNITY P.O. BOX 6082 SUFFOLK, VA 23433	NONE 501(C)(3)	TO EXPAND COMMUNITY EDUCATION, TRAINING AND OUTREACH ACTIVITIES OF THE SUFFOLK ON THE MOVE AND THE COMMUNITY GARDENS PROJECTS.	37,500.
SUFFOLK PUBLIC SCHOOLS 100 N. MAIN ST. P.O. BOX 1549 SUFFOLK, VA 23434	NONE 501(C)(3)	TO DEVELOP A STRATEGIC HEALTH ACTION AND WELLNESS PLAN THAT WILL REDUCE THE OBESITY RATE AMONG STUDENTS, PARENTS AND STAFF.	40,798.
SUFFOLK SALVATION ARMY CORPS 400 BANK ST. SUFFOLK, VA 23434	NONE 501(C)(3)	TO CONSTRUCT A 22,500 SQUARE FOOT BUILDING THAT WILL OFFER EXERCISE AND POSITIVE LIFESTYLE EDUCATION TO SUFFOLK YOUTH AND SENIORS.	25,000.
THE UP CENTER 222 W. 19TH ST. NORFOLK, VA 23517	NONE 501(C)(3)	TO MEET THE BEHAVIORAL HEALTHCARE NEEDS OF RESIDENTS OF WESTERN TIDEWATER BY PROVIDING COUNSELING SERVICES THAT CONSIST OF TELEMENTAL HEALTH, FATHERHOOD DEVELOPMENT, SERVICES FOR CHILDREN WITH AUTISM AND THEIR PARENTS AND ADOLESCENT ANGER MANAGEMENT.	38,750.
VIRGINIA DIABETES COUNCIL 224 MOOREGATE COURT CHESAPEAKE, VA 23322	NONE 501(C)(3)	TO PROVIDE AN EVIDENCE-BASED, SELF-MANAGEMENT PROGRAM FOR TYPE 2 DIABETICS AND PROMOTE HEALTHY DINING CHOICES AND ACTIVE LIFESTYLE.	23,838.
VIRGINIA LEGAL AID SOCIETY P.O. BOX 6200 LYNCHBURG, VA 24505	NONE 501(C)(3)	TO HELP DISABLED PERSONS OBTAIN MEDICAID OR MEDICARE AT THE EARLIEST POSSIBLE POINT.	37,500.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 21 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
WESTERN TIDEWATER FREE CLINIC 2019 MEADE PARKWAY SUFFOLK, VA 23434	NONE 501(C)(3)	TO ESTABLISH AN IN-HOUSE PHARMACY THAT WILL INCREASE AND IMPROVE ACCESS TO PRESCRIPTION MEDICATIONS.	37,388.
YMCA OF SOUTH HAMPTON ROADS 250 W. BRAMBLETON AVE. SUITE 100 NORFOLK, VA 23510	NONE 501(C)(3)	TO BUILD AN ALPINE CLIMBING TOWER TO BE PART OF A REGIONAL DAY CAMP AND FAMILY CENTER THAT WILL SERVE SUFFOLK, FRANKLIN AND GREATER SOUTH HAMPTON ROADS.	25,000.
NEW ENERGY YOUTH RUNNING CLUB 204 1/2 BEDFORD PLACE SUFFOLK, VA 23434	NONE 501(C)(3)	TO ASSIST WITH THE PROMOTION AND EXPANSION OF NEW ENERGY THROUGHOUT UNDERSERVED AREAS IN HAMPTON ROADS, AS WELL AS TO REDUCE COSTS OF THE PROGRAM TO THE TIDEWATER STRIDERS.	4,500.
LUTER YMCA 259 JAMES STREET SMITHFIELD, VA 23430	NONE 501(C)(3)	TO INCREASE CHILD AND FAMILY WELLNESS THROUGH FAMILY FUN AND FITNESS NIGHTS, PHYSICAL AND NUTRITION EDUCATION, AN EXPANDED AFTERSCHOOL PROGRAM AND IMPROVEMENTS TO ISLE OF WIGHT COUNTY PARK FACILITIES	22,407.
RX PARTNERSHIP 2924 EMERYWOOD PKWY SUITE 300 RICHMOND, VA 23294	NONE 501(C)(3)	TO SUPPORT WESTERN TIDEWATER FREE CLINIC'S PROJECT TO OPEN A PHARMACY AND STOCK MEDICATION THROUGH RX PARTNERSHIP	5,000.
VOLUNTEER HAMPTON ROADS 400 WEST OLNEY ROAD, SUITE B NORFOLK, VA 23507	NONE 501(C)(3)	TO PROMOTE CORPORATE SOCIAL RESPONSIBILITY AND DEVELOP NONPROFIT RESOURCES	5,000.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 21 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
ACCESS AIDS 222 WEST 21ST ST. SUITE F-308 NORFOLK, VA 23517	NONE 501(C)(3)	TO CONTINUE SUFFOLK SISTAS A PROGRAM DESIGNED TO PREVENT THE SPREAD OF HIV AND OTHER SEXUALLY TRANSMITTED DISEASES IN SUFFOLK.	5,000.
CHESAPEAKE SERVICE SYSTEMS 1100 EXECUTIVE BLVD. CHESAPEAKE, VA 23320	NONE 501(C)(3)	TO CONTINUE THE HEALTH AND WELLNESS PROGRAM FOR DEVELOPMENTALLY DELAYED ADULTS RESIDING IN THE FOUNDATION'S SERVICE AREA.	2,188.
ISLE OF WIGHT CHRISTIAN OUTREACH PROGRAM 12210 WATERVIEW TRAIL CARROLLTON, VA 23314	NONE 501(C)(3)	TO CONTINUE RENTAL ASSISTANCE FOR THIS VOLUNTEER-LED AGENCY SERVING THE MEDICALLY INDIGIENT IN ISLE OF WIGHT COUNTY.	1,350.
LET'S TALK 818 GAMMON RD. VIRGINIA BEACH,, VA 23464	NONE 501(C)(3)	TO CONTINUE A NUTRITION, EDUCATION, EFFECTIVE COMMUNICATION AND DANCE PROGRAM FOR TEEN BOYS AND GIRLS OF THE SUFFOLK AND FRANKLIN BOYS AND GIRLS CLUBS AND OTHER COMMUNITY SETTINGS.	3,400.
ROANOKE CHOWAN COMMUNITY HEALTH CENTER 113 B HERTFORD COUNTY HIGH RD. AHOSKIE, NC 27910	NONE 501(C)(3)	TO FUND THE GATES COUNTY ADOLESCENT CARE CLINIC, INCLUDING NUTRITIONAL DUCATION, FOR GATES COUNTY MEDICAL CENTER PATIENTS AND FOR GATES COUNTY AFRICAN AMERICAN CHURCH ATTENDEE WITH CHRONIC DISEASES.	8,780.
SMART BEGINNINGS WESTERN TIDEWATER 207 WEST SECOND AVENUE P.O. BOX 179 FRANKLIN, VA 23851	NONE 501(C)(3)	TO INCREASE EARLY CARE AND EDUCATION PROGRAMS AND TO INCREASE THE NUMBER OF FAMILIES PARTICIPATING IN RAISING A READER PROGRAM.	4,563.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 21 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
SUFFOLK PARTNERSHIP FOR A HEALTHY COMMUNITY P.O. BOX 6082 SUFFOLK, VA 23434	NONE 501(C)(3)	TO HIRE AN EXECUTIVE DIRECTOR TO IMPLEMENT A COMMUNITY HEALTH ACTION PLAN, INCLUDING SUFFOLK ON THE MOVE!, THE SUFFOLK COMMUNITY GARDEN PROJECT, AND THE MAPP COMMUNITY HEALTH ASSESSMENT.	642.
THE UP CENTER 222 W. 19TH ST. NORFOLK, VA 23517	NONE 501(C)(3)	TO CONTINUE OUTPATIENT CLINICAL COUNSELING SERVICES FOR SUFFOLK AND THE SURROUNDING AREAS.	5,496.
VIRGINIA LEGAL AID SOCIETY P. O. BOX 6200 LYNCHBURG, VA 24505	NONE 501(C)(3)	TO CONTINUE THE HEALTH, EDUCATION, ADVOCACY AND LAW PROJECT, A MEDICAL-LEGAL COLLABORATION DESIGNED TO ENSURE BASIC NEEDS OF LOW-INCOME FAMILIES IN THE FOUNDATION'S SERVICE AREA.	5,000.
THE UP CENTER 222 W. 19TH ST. NORFOLK, VA 23517	NONE 501(C)(3)	TO CONTINUE IN-HOME COUNSELING SERVICES FOR CHILDREN AT-RISK OF OUT-OF-HOME PLACEMENT IN SUFFOLK AND THE SURROUNDING AREAS.	4,719.
PENINSULA INSTITUTE FOR COMMUNITY HEALTH 1033 28TH ST. , 2ND FLOOR NEWPORT NEWS, VA 23607	NONE 501(C)(3)	TO CONTINUE SUPPORT OF THE MAIN STREET DENTAL CLINIC IN SUFFOLK.	15,684.
WESTERN TIDEWATER FREE CLINIC 2019 MEADE PARKWAY SUFFOLK, VA 23434	NONE 501(C)(3)	TO EXPAND CLINICAL SERVICES TO A BROADER POPULATION WITH ATTENTION TO PROVIDING A MEDICAL HOME WITH CONSISTANT CARE FOR INDIVIDUALS WITH CHRONIC MEDICAL CONDITIONS.	120,000.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 21 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
FORKIDS, INC. 4000 COLLEY AVE. , SUITE 300 P.O. BOX 6044 NORFOLK, VA 23508	NONE 501(C)(3)	TO PROVIDE FUNDS FOR A VAN AND ADULT AND CHILDREN'S CASE MANAGEMENT, INCLUDING MEDICAL AND DENTAL SERVICES, COUNSELING, LIFE SKILLS AND FOOD.	14,372.
VIRGINIA DIABETES COUNCIL 224 MOOREGATE COURT CHESAPEAKE, VA 23322	NONE 501(C)(3)	TO PROVIDE AN EVIDENCE-BASED, SELF-MANAGEMENT PROGRAM FOR TYPE 2 DIABETICS AND PROMOTE HEALTHY DINING CHOICES AND ACTIVE LIFESTYLE.	8,000.
AMERICAN DIABETES ASSOCIATION 870 GREENBRIER CIRCLE, SUITE 404 CHESAPEAKE, VA 23320	NONE 501(C)(3)	TO SUPPORT HAMPTON ROADS CORPORATE VOLUNTEER EXCELLENCE AWARDS	2,500.
SENTARA LOUISE OBICI MEMORIAL HOSPITAL 2800 GODWIN BLVD SUFFOLK, VA 23434	NONE 501(C)(3)	TO CONTINUE THE COMMUNITY HEALTH OUTREACH PROGRAM, A PROGRAM TO IMPROVE ACCESS TO CHRONIC CARE SERVICES FOR THE MEDICALLY INDIGENT AND FOR HEALTHY FAMILIES AND FIRST STEPS, TWO PROGRAMS THAT OFFER HELP TO FIRST TIME MOTHERS AND FAMILIES.	94,516.
CHAPLAIN SERVICE PRISON MINISTRY OF VIRGINIA, INC. 2317 WESTWOOD AVE. 103A RICHMOND, VA 23230	NONE 501(C)(3)	PROVIDE SUPPORT TO THE ASSISTED LIVING UNIT AT THE DEERFIELD CORRECTIONAL CENTER.	3,000.
SMITHFIELD AND IOW CONVENTION AND VISITOR BUREAU 319B MAIN STREET SMITHFIELD, VA 23430	NONE 501(C)(3)	TO SUPPORT FARMER'S MARKET	5,000.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 21 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
SUFFOLK PROJECT LIFESAVER SEARCH AND RESCUE 300 KINGS FORK ROAD SUFFOLK, VA 23434	NONE 501 (C) (3)	FUNDING FOR PREVENTION PROGRAM THAT KEEPS WANDERERS FROM GETTING LOST BY THE PURCHASE OF TRANSMITTERS, BATTERIES AND BRACELETS FOR PATIENTS, TRAINING TRACKERS AND CAREGIVERS OF PATIENTS AND TO PURCHASE TRACKING EQUIPMENT FOR FIRE DEPARTMENT.	5,000.
AMERICAN CANCER SOCIETY 4416 EXPRESSWAY DR. VIRGINIA BEACH, VA 23452	NONE 501 (C) (3)	TO SUPPORT SUFFOLK RELAY FOR LIFE	500.
ASSOCIATION OF FUNDRAISING PROFESSIONALS VA, HAMPTON ROADS CHAPTER P. O. BOX 2338 NORFOLK, VA 23502	NONE 501 (C) (3)	BOARD LEADERSHIP TRAINING	400.
THE PLANNING COUNCIL 5365 ROBIN HOOD ROAD, SUITE 700 NORFOLK, VA 23513	NONE 501 (C) (3)	TO HIRE A HEALTH ANALYST TO ANALYZE EXISTING DATABASES AT THE WESTERN TIDEWATER HEALTH DISTRICT.	36,000.
UNITED WAY OF SOUTH HAMPTON ROADS PO BOX 41069 2515 WALMER AVE NORFOLK, VA 23541	NONE 501 (C) (3)	TO SUPPORT NEEDY FAMILIES DURING THE HOLIDAY SEASON.	500.
TOTAL CONTRIBUTIONS PAID			<u>1,922,712.</u>

FORM 990PF, PART XV - CONTRIBUTIONS APPROVED FOR FUTURE PAYMENTATTACHMENT 22

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
SENTARA OBICI HOSPITAL 2800, GODWIN BLVD SUFFOLK, VA 23434	NONE 501 (C) (3)	CASE MANAGEMENT TO LOW INCOME UNINSURED RESIDENTS	39,827.
WESTERN TIDEWATER FREE CLINIC 2019 MEADE PARKWAY SUFFOLK, VA 23434	NONE 501 (C) (3)	SUPPORT FOR THE WESTERN TIDEWATER FREE CLINIC	30,000.
WESTERN TIDEWATER FREE CLINIC 2019 MEADE PARKWAY SUFFOLK, VA 23434	NONE 501 (C) (3)	SUPPORT FOR WESTERN TIDEWATER FREE CLINIC	37,387.
VIRGINIA LEGAL AID SOCIETY P.O. BOX 6200, 513 CHURCH STREET LYNCHBURG, VA 23505	NONE 501 (C) (3)	MEDICAL LEGAL COLLABORATION TO ENSURE NEEDS OF LOW INCOME FAMILIES	37,500.
VIRGINIA DIABETES COUNCIL 224 MOOREGATE COURT CHESAPEAKE, VA 23320	NONE 501 (C) (3)	DINING WITH DIABETES PROVIDES AN EVIDENCE-BASED, SELF-MANAGEMENT PROGRAM FOR TYPE 2 DIABETES, TO PROMOTE HEALTHY DINING CHOICES	15,878.
CANDII, INC 222 WEST 21ST ST. SUITE F-308 NORFOLK, VA 23517	NONE 501 (C) (3)	HIV/STD PREVENTION PROGRAM	28,657.

FORM 990PF, PART XV - CONTRIBUTIONS APPROVED FOR FUTURE PAYMENTATTACHMENT 22 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
CATHOLIC CHARITES OF EASTERN VIRGINIA 5361 VIRGINIA BEACH BLVD VIRGINIA BEACH, VA 23462	NONE 501 (C) (3)	SUPPORT FOR A FAMIS OUTREACH WORKER TO WORK WITH UNINSURED CHILDREN	18,960.
CATHOLIC CHARITIES OF EASTERN VIRGINIA 5361 VIRGINIA BEACH BLVD VIRGINIA BEACH, VA 23462	NONE 501 (C) (3)	SUPPORT FOR TWO LIFE COACHES TO WORK WITH UNINSURED, UNDERINSURED OR INDIGENT PATIENTS WHO USE THE SENTARA OBICI HOSPITAL EMERGENCY ROOM AS THEIR PRIMARY CARE FACILITY	47,620.
YOUNG MEN'S CHRISTIAN ASSOCIATION OF SOUTH HAMPTON 250 WEST BRAMBLETON AVENUE, SUITE 100, NORFOLK, VA 23510	NONE 501 (C) (3)	SUPPORT FOR CONSTRUCTION OF AN ALPINE CLIMBING TOWER TO BE PART OF A REGIONAL DAY CAMP AND FAMILY CENTER THAT WILL SERVE SUFFOLK, FRANKLIN, AND GREATER SOUTH ROADS.	25,000.
SMART BEGINNINGS WESTERN TIDEWATER 207 WEST SECOND AVENUE PO BOX 179 FRANKLIN, VA 23851	NONE 501 (C) (3)	INCREASE THE NUMBER OF CHILDREN IN WESTERN TIDEWATER ENROLLED IN FAMIS	21,615.
THE UP CENTER 222 W. 19TH ST. NORFOLK, VA 23541	NONE 501 (C) (3)	PROVIDE OUTPATIENT COUNSELING SERVICES INCLUDING TELEMENTAL HEALTH, FATHERHOOD DEVELOPMENT, SERVICES FOR CHILDREN WITH AUTISM	38,750.
SUFFOLK DEPT OF SOCIAL SERVICES 135 HALL AVENUE SUFFOLK, VA 23434	NONE 501 (C) (3)	SUPPORT FOR COMMUNITY OUTREACH INITIATIVE TO INCREASE ENROLLMENT OF CHILDREN AND FAMILIES WHO ELIGIBLE FOR MEDICAID AND FAMIS.	18,645.

FORM 990PF, PART XV - CONTRIBUTIONS APPROVED FOR FUTURE PAYMENTATTACHMENT 22 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
SUFFOLK SALVATION ARMY CORPS 400 BANK STREET SUFFOLK, VA 23434	NONE 501 (C) (3)	SUPPORT TO BUILD A FACILITY FOR PHYSICAL EXERCISE AND POSITIVE LIFESTYLES EDUCATION	25,000.
JAMES L. CAMP, JR. FAMILY YMCA 300 CRESCENT DR. FRANKLIN, VA 23851	NONE 501 (C) (3)	IMPLEMENT THE Y-CHANGE PROGRAM, WHICH IS A TEAM-ORIENTED CURRICULUM THAT ADDRESSES BEHAVIORAL CHANGE, BASIC NUTRITION, AND PHYSICAL FITNESS	12,849.
GATES COUNTY MEDICAL MEDICAL CENTER PO BOX 297 GATESVILLE, NC 27938	NONE 501 (C) (3)	PROVIDE OPERATIONAL SUPPORT TO THE ADOLESCENT CARE CENTER, A SCHOOL-BASED HEALTH CENTER LOCATED ON THE CAMPUS OF GATES COUNTY HIGH SCHOOL, IN GATESVILLE, NC	47,739.
THE CHILDREN'S CENTER 700 CAMPBELL AVENUE FRANKLIN, VA 23851	NONE 501 (C) (3)	PHYSICAL/OCCUPATIONAL THERAPIST FUNDING FOR INFANT THERAPY SERVICES	6,229.
SUFFOLK PUBLIC SCHOOLS 100 N MAIN ST. P.O. BOX 1549 SUFFOLK, VA 23433	NONE 501 (C) (3)	SUPPORT TO SUFFOLK PUBLIC SCHOOLS TO DEVELOP A STRATEGIC HEALTH ACTION AND WELLNESS PLAN TO REDUCE THE OBESITY RATE AMONG STUDENTS	40,798.
VOICES FOR KIDS CASA PROGRAM P O BOX 80 ISLE OF WIGHT, VA 23397	NONE 501 (C) (3)	SUPPORT FOR RECRUITMENT OF VOLUNTEERS TO ASSIST ABUSED AND NEGLECTED CHILDREN WHO REQUIRE COURT INTERVENTION	10,750.

FORM 990PF, PART XV - CONTRIBUTIONS APPROVED FOR FUTURE PAYMENTATTACHMENT 22 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
SENTARA LOUISE OBICI HOSPITAL 2800 GODWIN BLVD SUFFOLK, VA 23434	NONE 501 (C) (3)	HEALTHY FAMILIES	31,695.
ACCESS PARTNERSHIP P O BOX 41093 NORFOLK, VA 23451	NONE 501 (C) (3)	SUPPORT FOR THE COMMUNITY ACCESS TO CARE PROGRAM - A COMMUNITY BASED INITIATIVE TO EXPAND ACCESS TO MEDICAL SERVICES FOR LOW-INCOME, UNINSURED RESIDENTS	34,729.
EASTERN VIRGINIA MEDICAL SCHOOL FOUNDATION, P.O. BOX 5 NORFOLK, VA 23501	NONE 501 (C) (3)	LOAN FORGIVENESS PROGRAM FOR UNDER-REPRESENTED MINORITY MEDICAL STUDENTS AND PHYSICIANS	120,000.
SOUTHEASTERN VIRGINIA AREAWIDE MODEL PROGRAM 5 INTERSTATE CORPORATE CENTER, STE 101, 6350 CENTER DR. NORFOLK, VA 23502	NONE 501 (C) (3)	FUNDING FOR STAFF TO HELP LOW INCOME OLDER & DISABLED MEDICARE ELIGIBLE PERSONS ENROLL IN CORRECT INSURANCE AND GET FREE PHARMACEUTICALS	28,912.
ACCESS PARTNERSHIP P O BOX 41093 NORFOLK, VA 23451	NONE 501 (C) (3)	SUPPORT FOR RECRUITMENT OF MEDICAL AND DENTAL PROFESSIONALS TO PROVIDE CARE TO THE WESTERN TIDEWATER FREE CLINIC PATIENTS ON WAITING LIST	2,500.
SENTARA HEALTHCARE 6015 POPULAR HALL DRIVE SUITE #308 NORFOLK, VA 23502	NONE 501 (C) (3)	OPERATIONAL SUPPORT FOR SENTARA'S NIGHTINGALE AIR AMBULANCE PROGRAM FOR WESTERN TIDEWATER PATIENTS	25,000.

FORM 990PF, PART XV - CONTRIBUTIONS APPROVED FOR FUTURE PAYMENTATTACHMENT 22 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
ISLE OF WIGHT CHRISTIAN OUTREACH 12210 WATERVIEW TRIAL CARROLTON, VA 23314	NONE 501 (C) (3)	PROVIDE ASSISTANCE TO UNINSURED SENIORS IN ISLE OF WIGHT COUNTY TO OBTAIN ORAL HEALTH SERVICES	7,750.
THE PLANNING COUNCIL 5365 ROBIN HOOD ROAD SUITE 700 NORFOLK, VA 23541	NONE 501 (C) (3)	FUNDING FOR HEALTH ANALYST TO ANALYZE EXISTING DATA BASES AT THE WESTERN TIDEWATER HEALTH DISTRICT	36,000.
WESTERN TIDEWATER HEALTH DISTRICT SUFFOLK HEALTH DEPT. 1217 N. MAIN STREET SUFFOLK, VA 23434	NONE 501 (C) (3)	EXPANSION OF MATERNAL & CHILD HEALTH AND FAMILY PLANNING SERVICES	76,206.
PENINSULA METROPOLITAN YMCA 259 JAMES STREET SMITHFIELD, VA 23430	NONE 501 (C) (3)	EXPANSION OF AFTER SCHOOL PROGRAM, WILL PROMOTE HEALTHY WEIGHT AND LIFE STYLE THROUGH EXERCISE AND NUTRITION EDUCATION	28,145.
SUFFOLK PARTNERSHIP FOR A HEALTHY COMMUNITY P.O. BOX 6082 SUFFOLK, VA 23433	NONE 501 (C) (3)	DEVELOP A POSITIVE LIFESTYLE COMMITMENT PROGRAM	37,500.
FOR KIDS, INC. 4000 COLLEY AVE. SUITE 300 P.O. BOX 6044 NOFOLK, VA 23508	NONE 501 (C) (3)	FUNDS FOR CHILDREN AND ADULT CASE MANAGEMENT, INCLUDING MEDICAL AND DENTAL SERVICES, COUNSELING, LIFE SKILLS AND FOOD	33,364.

FORM 990PF, PART XV - CONTRIBUTIONS APPROVED FOR FUTURE PAYMENT

ATTACHMENT 22 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
HORIZON HEALTH SERVICES WAVERLY MEDICAL CENTER PO BOX 29 WAVERLY, VA 23890	NONE 501 (C) (3)	OPERATIONAL SUPPORT FOR DENTAL CLINIC IN IVOR, VA.	95,400.
VCU 520 N. 12 ST. P.O. BOX 980566 RICHMOND, VA 23298	NONE 501 (C) (3)	FUNDS TO INCREASE UNDERREPRESENTED MINORITIES WORKING AS DENTISTS IN UNDERSERVED AREAS.	213,589.
TOTAL CONTRIBUTIONS APPROVED			<u>1,273,994.</u>

FORM 990-PF, PART XVI-A - ANALYSIS OF OTHER REVENUE

ATTACHMENT 23

<u>DESCRIPTION</u>	<u>BUSINESS CODE</u>	<u>AMOUNT</u>	<u>EXCLUSION CODE</u>	<u>AMOUNT</u>	<u>RELATED OR EXEMPT FUNCTION INCOME</u>
PASSTHROUGH PARTNERSHIP K-1	900099	-34,294.	14	912,061.	
EQUITY PICKUP FOREIGN CORPORATIONS			14	1,645,279.	
TOTALS		<u>-34,294.</u>		<u>2,557,340.</u>	

Underpayment of Estimated Tax by Corporations

2010

▶ See separate instructions.
 ▶ Attach to the corporation's tax return.

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

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38 on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual Payment

1	Total tax (see instructions)	1	85,414.
2a	Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1		
b	Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method		
c	Credit for federal tax paid on fuels (see instructions)		
d	Total. Add lines 2a through 2c	2d	
3	Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty	3	85,414.
4	Enter the tax shown on the corporation's 2009 income tax return (see instructions). Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5	4	3,558.
5	Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3	5	3,558.

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

- 6** The corporation is using the adjusted seasonal installment method.
- 7** The corporation is using the annualized income installment method.
- 8** The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment

	(a)	(b)	(c)	(d)
9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9 08/15/2010	09/15/2010	12/15/2010	03/15/2011
10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% of line 5 above in each column	10 890.	890.	890.	888.
11 Estimated tax paid or credited for each period (see instructions). For column (a) only, enter the amount from line 11 on line 15	11 32,969.			
Complete lines 12 through 18 of one column before going to the next column.				
12 Enter amount, if any, from line 18 of the preceding column	12	32,079.	31,189.	30,299.
13 Add lines 11 and 12	13	32,079.	31,189.	30,299.
14 Add amounts on lines 16 and 17 of the preceding column	14			
15 Subtract line 14 from line 13. If zero or less, enter -0-	15 32,969.	32,079.	31,189.	30,299.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16			
17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17			
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18 32,079.	31,189.	30,299.	

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

For Paperwork Reduction Act Notice, see separate instructions.

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 3rd month after the close of the tax year, whichever is earlier (see instructions). <i>(Form 990-PF and Form 990-T filers: Use 5th month instead of 3rd month.)</i>	19			
20 Number of days from due date of installment on line 9 to the date shown on line 19.	20			
21 Number of days on line 20 after 4/15/2010 and before 7/1/2010	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21}}{365}$ x 4%	22			
23 Number of days on line 20 after 6/30/2010 and before 10/1/2010	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23}}{365}$ x 4%	24			
25 Number of days on line 20 after 9/30/2010 and before 1/1/2011	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25}}{365}$ x 4%	26			
27 Number of days on line 20 after 12/31/2010 and before 4/1/2011	27			
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27}}{365}$ x 3%	28			
29 Number of days on line 20 after 3/31/2011 and before 7/1/2011	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29}}{365}$ x %	30			
31 Number of days on line 20 after 6/30/2011 and before 10/1/2011	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31}}{365}$ x %	32			
33 Number of days on line 20 after 9/30/2011 and before 1/1/2012	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33}}{365}$ x %	34			
35 Number of days on line 20 after 12/31/2011 and before 2/16/2012	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35}}{366}$ x %	36			
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36.	37			
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 33; or the comparable line for other income tax returns				38

*Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

Return of Certain Excise Taxes Under Chapters 41 and 42 of the Internal Revenue Code

Department of the Treasury
Internal Revenue Service

(Sections 170(f)(10), 664(c)(2), 4911, 4912, 4941, 4942, 4943, 4944, 4945, 4955, 4958, 4965, 4966, and 4967)

2010

▶ See separate Instructions.

For calendar year 2010 or other tax year beginning 04/01 , 2010, and ending 03/31 , 2011	
Name of organization or entity OBICI HEALTHCARE FOUNDATION, INC.	Employer identification number 51-0249728
Number, street, and room or suite no. (or P.O. box if mail is not delivered to street address) 106 W. FINNEY AVENUE	Check box for type of annual return: <input type="checkbox"/> Form 990 <input type="checkbox"/> Form 990-EZ <input checked="" type="checkbox"/> Form 990-PF <input type="checkbox"/> Form 5227
City or town, state, and ZIP code SUFFOLK VA 23434	

	Yes	No
A Is the organization a foreign private foundation within the meaning of section 4948(b)?		
B Has corrective action been taken on any taxable event that resulted in Chapter 42 taxes being reported on this form? (Enter "N/A" if not applicable)		

If "Yes," attach a detailed description and documentation of the corrective action taken and, if applicable, enter the fair market value of any property recovered as a result of the correction ▶ \$ _____. If "No," (i.e., any uncorrected acts, or transactions), attach an explanation (see page 4 of the instructions).

Part I Taxes on Organization (Sections 170(f)(10), 664(c)(2), 4911(a), 4912(a), 4942(a), 4943(a), 4944(a)(1), 4945(a)(1), 4955(a)(1), 4965(a)(1), and 4966(a)(1))

1	Tax on undistributed income - Schedule B, line 4	1	
2	Tax on excess business holdings - Schedule C, line 7	2	
3	Tax on investments that jeopardize charitable purpose - Schedule D, Part I, column (e)	3	
4	Tax on taxable expenditures - Schedule E, Part I, column (g)	4	
5	Tax on political expenditures - Schedule F, Part I, column (e)	5	0.
6	Tax on excess lobbying expenditures - Schedule G, line 4	6	
7	Tax on disqualifying lobbying expenditures - Schedule H, Part I, column (e)	7	
8	Tax on premiums paid on personal benefit contracts	8	
9	Tax on being a party to prohibited tax shelter transactions - Schedule J, Part I, column (h)	9	
10	Tax on taxable distributions - Schedule K, Part I, column (f)	10	
11	Tax on a charitable remainder trust's unrelated business taxable income. Attach schedule	11	
12	Total (add lines 1-11)	12	0.

Part II-A Taxes on Managers, Self-Dealers, Disqualified Persons, Donors, Donor Advisors, and Related Persons (Sections 4912(b), 4941(a), 4944(a)(2), 4945(a)(2), 4955(a)(2), 4958(a), 4965(a)(2), 4966(a)(2), and 4967(a))

(a) Name and address of person subject to tax		(b) Taxpayer identification number	
a			
b			
c			
d			
	(c) Tax on self-dealing - Schedule A, Part II, col. (d), and Part III, col. (d)	(d) Tax on investments that jeopardize charitable purpose - Schedule D, Part II, col. (d)	(e) Tax on taxable expenditures - Schedule E, Part II, col. (d)
a			
b			
c			
d			
Total			
	(g) Tax on disqualifying lobbying expenditures - Schedule H, Part II, col. (d)	(h) Tax on excess benefit transactions - Schedule I, Part II, col. (d), and Part III, col. (d)	(i) Tax on being a party to prohibited tax shelter transactions - Schedule J, Part II, col. (d)
a			
b			
c			
d			
Total			
	(k) Tax on prohibited benefits - Sch L, Part II, col. (d), and Part III, col. (d)	(l) Total - Add cols. (c) through (k)	
a			
b			
c			
d			
Total			

Part II-B Summary of Taxes (See **Tax Payments** on page 3 of the instructions.)

1 Enter the taxes listed in Part II-A, column (l), that apply to managers, self-dealers, disqualified persons, donors, donor advisors, and related persons who sign this form. If all sign, enter the total amount from Part II-A, column (l)	1	
2 Total tax. Add Part I, line 12, and Part II-B, line 1. (Make check(s) or money order(s) payable to the United States Treasury.) If payment was made with Form 8868, see the instructions	2	0.

SCHEDULE A - Initial Taxes on Self-Dealing (Section 4941)

Part I Acts of Self-Dealing and Tax Computation

(a) Act number	(b) Date of act	(c) Description of act	
1			
2			
3			
4			
5			

(d) Question number from Form 990-PF, Part VII-B, or Form 5227, Part VI-B, applicable to the act	(e) Amount involved in act	(f) Initial tax on self-dealing (10% of col. (e))	(g) Tax on foundation managers (if applicable) (lesser of \$20,000 or 5% of col. (e))

Part II Summary of Tax Liability of Self-Dealers and Proration of Payments

(a) Names of self-dealers liable for tax	(b) Act no. from Part I, col. (a)	(c) Tax from Part I, col. (f), or prorated amount	(d) Self-dealer's total tax liability (add amounts in col. (c)) (see page 6 of the instructions)

Part III Summary of Tax Liability of Foundation Managers and Proration of Payments

(a) Names of foundation managers liable for tax	(b) Act no. from Part I, col. (a)	(c) Tax from Part I, col. (g), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see page 7 of the instructions)

SCHEDULE B - Initial Tax on Undistributed Income (Section 4942)

1 Undistributed income for years before 2009 (from Form 990-PF for 2010, Part XIII, line 6d)	1	
2 Undistributed income for 2009 (from Form 990-PF for 2010, Part XIII, line 6e)	2	
3 Total undistributed income at end of current tax year beginning in 2010 and subject to tax under section 4942 (add lines 1 and 2)	3	
4 Tax - Enter 30% of line 3 here and on page 1, Part I, line 1	4	

SCHEDULE C - Initial Tax on Excess Business Holdings (Section 4943)

Business Holdings and Computation of Tax

If you have taxable excess holdings in more than one business enterprise, attach a separate schedule for each enterprise. Refer to the instructions on page 7 for each line item before making any entries.

Name and address of business enterprise

Employer identification number ▶

Form of enterprise (corporation, partnership, trust, joint venture, sole proprietorship, etc.) ▶

		(a) Voting stock (profits interest or beneficial interest)	(b) Value	(c) Nonvoting stock (capital interest)
1	Foundation holdings in business enterprise	1	%	%
2	Permitted holdings in business enterprise	2	%	%
3	Value of excess holdings in business enterprise	3		
4	Value of excess holdings disposed of within 90 days; or, other value of excess holdings not subject to section 4943 tax (attach explanation)	4		
5	Taxable excess holdings in business enterprise - line 3 minus line 4	5		
6	Tax - Enter 10% of line 5	6		
7	Total tax - Add amounts on line 6, columns (a), (b), and (c); enter total here and on page 1, Part I, line 2	7		

SCHEDULE D - Initial Taxes on Investments That Jeopardize Charitable Purpose (Section 4944)

Part I Investments and Tax Computation

(a) Investment number	(b) Date of investment	(c) Description of investment	(d) Amount of investment	(e) Initial tax on foundation (10% of col. (d))	(f) Initial tax on foundation managers (if applicable) - (lesser of \$10,000 or 10% of col. (d))
1					
2					
3					
4					
5					
Total - column (e). Enter here and on page 1, Part I, line 3					
Total - column (f). Enter total (or prorated amount) here and in Part II, column (c), below					

Part II Summary of Tax Liability of Foundation Managers and Proration of Payments

(a) Names of foundation managers liable for tax	(b) Investment no. from Part I, col. (a)	(c) Tax from Part I, col. (f), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see page 10 of the instructions)

SCHEDULE E - Initial Taxes on Taxable Expenditures (Section 4945)

Part I Expenditures and Computation of Tax

(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Name and address of recipient	(e) Description of expenditure and purposes for which made
1				
2				
3				
4				
5				
(f) Question number from Form 990-PF, Part VII-B, or Form 5227, Part VI-B, applicable to the expenditure			(g) Initial tax imposed on foundation (20% of col. (b))	(h) Initial tax imposed on foundation managers (if applicable) - (lesser of \$10,000 or 5% of col. (b))
Total - column (g). Enter here and on page 1, Part I, line 4				
Total - column (h). Enter total (or prorated amount) here and in Part II, column (c), below				

Part II Summary of Tax Liability of Foundation Managers and Proration of Payments

(a) Names of foundation managers liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (h), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see page 10 of the instructions)

SCHEDULE F - Initial Taxes on Political Expenditures (Section 4955)

Part I Expenditures and Computation of Tax

(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Description of political expenditure	(e) Initial tax imposed on organization or foundation (10% of col. (b))	(f) Initial tax imposed on managers (if applicable) (lesser of \$5,000 or 2 1/2% of col. (b))
1					
2					
3					
4					
5					
Total - column (e). Enter here and on page 1, Part I, line 5				0 .	
Total - column (f). Enter total (or prorated amount) here and in Part II, column (c), below					0 .

Part II Summary of Tax Liability of Organization Managers or Foundation Managers and Proration of Payments

(a) Names of organization managers or foundation managers liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (f), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see page 11 of the instructions)

SCHEDULE G - Tax on Excess Lobbying Expenditures (Section 4911)

1	Excess of grassroots expenditures over grassroots nontaxable amount (from Schedule C (Form 990 or 990-EZ), Part II-A, column (b), line 1h). (See page 11 of the instructions before making entry.)	1
2	Excess of lobbying expenditures over lobbying nontaxable amount (from Schedule C (Form 990 or 990-EZ), Part II-A, column (b), line 1i). (See page 11 of the instructions before making entry.)	2
3	Taxable lobbying expenditures - enter the larger of line 1 or line 2	3
4	Tax - Enter 25% of line 3 here and on page 1, Part I, line 6	4

SCHEDULE H - Taxes on Disqualifying Lobbying Expenditures (Section 4912)

Part I Expenditures and Computation of Tax

(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Description of lobbying expenditures	(e) Tax imposed on organization (5% of col. (b))	(f) Tax imposed on organization managers (if applicable) - (5% of col. (b))
1					
2					
3					
4					
5					
Total - column (e). Enter here and on page 1, Part I, line 7					

Total - column (f). Enter total (or prorated amount) here and in Part II, column (c), below

Part II Summary of Tax Liability of Organization Managers and Proration of Payments

(a) Names of organization managers liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (f), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see page 11 of the instructions)

SCHEDULE I - Initial Taxes on Excess Benefit Transactions (Section 4958)

Part I Excess Benefit Transactions and Tax Computation

(a) Transaction number	(b) Date of transaction	(c) Description of transaction
1		
2		
3		
4		
5		
(d) Amount of excess benefit	(e) Initial tax on disqualified persons (25% of col. (d))	(f) Tax on organization managers (if applicable) (lesser of \$20,000 or 10% of col. (d))

SCHEDULE I - Initial Taxes on Excess Benefit Transactions (Section 4958) Continued

Part II Summary of Tax Liability of Disqualified Persons and Proration of Payments

(a) Names of disqualified persons liable for tax	(b) Trans. no. from Part I, col. (a)	(c) Tax from Part I, col. (e), or prorated amount	(d) Disqualified person's total tax liability (add amounts in col. (c)) (see page 13 of the instructions)

Part III Summary of Tax Liability of 501(c)(3), (c)(4) & (29) Organization Managers and Proration of Payments

(a) Names of 501(c)(3), (c)(4) & (29) organization managers liable for tax	(b) Trans. no. from Part I, col. (a)	(c) Tax from Part I, col. (f), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see page 13 of the instructions)

SCHEDULE J - Taxes on Being a Party to Prohibited Tax Shelter Transactions (Section 4965)

Part I Prohibited Tax Shelter Transactions (PTST) and Tax Imposed on the Tax-Exempt Entity
(see page 13 of the instructions)

(a) Transaction number	(b) Transaction date	(c) Type of transaction 1 - Listed 2 - Subsequently listed 3 - Confidential 4 - Contractual protection	(d) Description of transaction		
1					
2					
3					
4					
5					
(e) Did the tax-exempt entity know or have reason to know this transaction was a PTST when it became a party to the trans.? Answer Yes or No		(f) Net income attributable to the PTST	(g) 75% of proceeds attributable to the PTST	(h) Tax imposed on the tax-exempt entity (see page 14 of the instructions)	
Total - column (h). Enter here and on page 1, Part I, line 9					

Part II Tax Imposed on Entity Managers (Section 4965) Continued

(a) Name of entity manager	(b) Transaction number from Part I, col. (a)	(c) Tax - enter \$20,000 for each transaction listed in col. (b) for each manager in col. (a)	(d) Manager's total tax liability (add amounts in col. (c))

SCHEDULE K - Taxes on Taxable Distributions of Sponsoring Organizations Maintaining Donor Advised Funds (Section 4966). See page 14 of the instructions.

Part I Taxable Distributions and Tax Computation

(a) Item number	(b) Name of sponsoring organization and donor advised fund	(c) Description of distribution	
1			
2			
3			
4			
(d) Date of distribution	(e) Amount of distribution	(f) Tax imposed on organization (20% of col. (e))	(g) Tax on fund managers (lesser of 5% of col. (e) or \$10,000)
Total - column (f). Enter here and on page 1, Part I, line 10 . . .			
Total - column (g). Enter total (or prorated amount) here and in Part II, column (c), below . . .			

Part II Summary of Tax Liability of Fund Managers and Proration of Payments

(a) Name of fund managers liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (g) or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)

SCHEDULE L - Taxes on Prohibited Benefits Distributed From Donor Advised Funds (Section 4967).
See page 14 of the instructions.

Part I Prohibited Benefits and Tax Computation

(a) Item number	(b) Date of prohibited benefit	(c) Description of benefit
1		
2		
3		
4		
5		
(d) Amount of prohibited benefit	(e) Tax on prohibited benefit (125% of col. (d)) (see instructions)	(f) Tax on fund managers (if applicable) (lesser of 10% of col. (d) or \$10,000) (see instructions)

Part II Summary of Tax Liability of Donors, Donor Advisors, Related Persons and Proration of Payments

(a) Names of donors, donor advisor, or related persons liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (e) or prorated amount	(d) Donor, donor advisor, or related persons total tax liability (add amounts in col. (c)) (see instructions)

Part III Tax Liability of Fund Managers and Proration of Payments

(a) Names of fund managers liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (f) or prorated amount	(d) Fund managers total tax liability (add amounts in col. (c)) (see instructions)

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

Sign Here

Signature of officer or trustee	Title	Date
Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor advisor, or related person		Date
Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor advisor, or related person		Date
Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor advisor, or related person		Date
Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor advisor, or related person		Date

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00501222
Firm's name ▶	KPMG LLP		Firm's EIN ▶	13-5565207
Firm's address ▶	1676 INTERNATIONAL DRIVE MCLEAN, VA 22102		Phone no.	703-286-8000