

Return of Private Foundation

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

2018

Open to Public Inspection

Form **990-PF**

Department of the Treasury
Internal Revenue Service

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▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

For calendar year 2018 or tax year beginning **APR 1, 2018**, and ending **MAR 31, 2019**

Name of foundation OBICI HEALTHCARE FOUNDATION, INC.		A Employer identification number 51-0249728
Number and street (or P.O. box number if mail is not delivered to street address) 106 W. FINNEY AVENUE	Room/suite	B Telephone number 757.539.8810
City or town, state or province, country, and ZIP or foreign postal code SUFFOLK, VA 23434		C If exemption application is pending, check here ... <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here ... <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation ... <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ... <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 122,259,650.	J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ... <input type="checkbox"/>
(Part I, column (d) must be on cash basis.)		

Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received				
	2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	182,569.	182,569.		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	10,279,454.			
	b Gross sales price for all assets on line 6a	27,840,922.			
	7 Capital gain net income (from Part IV, line 2)		1,429,160.		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less: Cost of goods sold					
c Gross profit or (loss)					
11 Other income	18,733.	4,869,300.	0.	STATEMENT 1	
12 Total. Add lines 1 through 11	10,480,756.	6,481,029.	0.		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	297,899.	0.	0.	297,899.
	14 Other employee salaries and wages	347,100.	0.	0.	347,100.
	15 Pension plans, employee benefits	152,709.	0.	0.	148,040.
	16a Legal fees				
	b Accounting fees	48,957.	0.	0.	48,957.
	c Other professional fees	672,343.	672,343.	0.	0.
	17 Interest	51,117.	0.	0.	0.
	18 Taxes	415.	0.	0.	425.
	19 Depreciation and depletion	98,189.	0.	0.	
	20 Occupancy	34,157.	0.	0.	34,155.
	21 Travel, conferences, and meetings	37,419.	0.	0.	36,962.
	22 Printing and publications				
	23 Other expenses	1,135,210.	0.	0.	479,486.
	24 Total operating and administrative expenses. Add lines 13 through 23	2,875,515.	672,343.	0.	1,393,024.
	25 Contributions, gifts, grants paid	3,610,764.			3,601,097.
26 Total expenses and disbursements. Add lines 24 and 25	6,486,279.	672,343.	0.	4,994,121.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	3,994,477.				
b Net investment income (if negative, enter -0-)		5,808,686.			
c Adjusted net income (if negative, enter -0-)			0.		

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only.		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing	26,138.	24,790.	24,790.
	2 Savings and temporary cash investments	8,974,543.	5,894,805.	5,894,805.
	3 Accounts receivable			
	Less: allowance for doubtful accounts			
	4 Pledges receivable			
	Less: allowance for doubtful accounts			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable			
	Less: allowance for doubtful accounts			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges	64,866.	78,985.	78,985.
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock	STMT 7 8,806,976.	7,741,825.	7,741,825.
	c Investments - corporate bonds			
	11 Investments - land, buildings, and equipment: basis			
Less: accumulated depreciation				
12 Investments - mortgage loans				
13 Investments - other	STMT 8 103,147,461.	106,259,153.	106,259,153.	
14 Land, buildings, and equipment: basis	2,420,562.			
Less: accumulated depreciation	STMT 9 920,985.	1,585,015.	1,499,577.	
15 Other assets (describe)	STATEMENT 10 693,425.	760,515.	760,515.	
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	123,298,424.	122,259,650.	122,259,650.	
Liabilities	17 Accounts payable and accrued expenses	167,509.	31,855.	
	18 Grants payable	1,481,665.	1,275,226.	
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable	1,285,970.	1,204,658.	
	22 Other liabilities (describe)	STATEMENT 11 657,236.	575,969.	
23 Total liabilities (add lines 17 through 22)	3,592,380.	3,087,708.		
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	119,706,044.	119,171,942.	
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here	<input type="checkbox"/>		
	and complete lines 27 through 31.			
27 Capital stock, trust principal, or current funds				
28 Paid-in or capital surplus, or land, bldg., and equipment fund				
29 Retained earnings, accumulated income, endowment, or other funds				
30 Total net assets or fund balances	119,706,044.	119,171,942.		
31 Total liabilities and net assets/fund balances	123,298,424.	122,259,650.		

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	119,706,044.
2 Enter amount from Part I, line 27a	2	3,994,477.
3 Other increases not included in line 2 (itemize) PRIOR YEAR GRANTS RECOVERED	3	13,696.
4 Add lines 1, 2, and 3	4	123,714,217.
5 Decreases not included in line 2 (itemize) SEE STATEMENT 6	5	4,542,275.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	119,171,942.

Part IV Capital Gains and Losses for Tax on Investment Income

	(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a				
b	SEE ATTACHED STATEMENTS			
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	27,840,922.		26,411,762.	1,429,160.

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) FMV 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			1,429,160.

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	1,429,160.
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8	3	N/A

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes No
 If "Yes," the foundation doesn't qualify under section 4940(e). Do not complete this part.

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2017	5,353,624.	116,763,646.	.045850
2016	5,511,690.	107,219,885.	.051405
2015	5,681,173.	109,186,883.	.052032
2014	5,283,993.	113,701,688.	.046472
2013	4,524,276.	106,786,977.	.042367

2	Total of line 1, column (d)	2	.238126
3	Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	3	.047625
4	Enter the net value of noncharitable-use assets for 2018 from Part X, line 5	4	117,620,262.
5	Multiply line 4 by line 3	5	5,601,665.
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	58,087.
7	Add lines 5 and 6	7	5,659,752.
8	Enter qualifying distributions from Part XII, line 4	8	5,009,791.

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

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

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b		1	116,174.
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		2	0.
3 Add lines 1 and 2		3	116,174.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		4	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	116,174.
6 Credits/Payments:			
a 2018 estimated tax payments and 2017 overpayment credited to 2018	6a	183,509.	
b Exempt foreign organizations - tax withheld at source	6b	0.	
c Tax paid with application for extension of time to file (Form 8868)	6c	0.	
d Backup withholding erroneously withheld	6d	0.	
7 Total credits and payments. Add lines 6a through 6d	7	183,509.	
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	0.	
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	67,335.	
11 Enter the amount of line 10 to be: Credited to 2019 estimated tax <input type="checkbox"/> 67,335. Refunded <input type="checkbox"/>	11	0.	

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. <input type="checkbox"/> \$ 0. (2) On foundation managers. <input type="checkbox"/> \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input type="checkbox"/> \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	X	
b If "Yes," has it filed a tax return on Form 990-T for this year?	X	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	X	
8a Enter the states to which the foundation reports or with which it is registered. See instructions. <input type="checkbox"/> VA		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

Part VII-A Statements Regarding Activities (continued)

	Yes	No
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions		X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ HTTP://WWW.OBICIHCF.ORG/	X	
14 The books are in care of ▶ ANNETTE C. BEUHLER Telephone no. ▶ 757-539-8810 Located at ▶ 106 W. FINNEY AVENUE, SUFFOLK, VA ZIP+4 ▶ 23434		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year		N/A
16 At any time during calendar year 2018, 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? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶		X

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

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

	Yes	No
1a During the year, did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions		X
Organizations relying on a current notice regarding disaster assistance, check here ▶ <input type="checkbox"/>		
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2018?		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 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ _____, _____, _____, _____		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.) N/A		
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If "Yes," did it have excess business holdings in 2018 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 2018.) N/A		
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		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 2018?		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:		Yes	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions	N/A	5b	
Organizations relying on a current notice regarding disaster assistance, check here	<input type="checkbox"/>		
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?	N/A <input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		6b	X
If "Yes" to 6b, file Form 8870.			
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A	7b	
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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

1 List all officers, directors, trustees, and foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 12		297,898.	30,006.	0.

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
DIANE NELMS - 106 W. FINNEY AVENUE, SUFFOLK, VA 23434	COMMUNICATIONS DIRECTOR 40.00	73,886.	20,856.	0.
MELISSA EGGEN - 106 W. FINNEY AVENUE, SUFFOLK, VA 23434	PROGRAM OFFICER 40.00	78,229.	13,102.	0.
ANNA ROBERTS - 106 W. FINNEY AVENUE, SUFFOLK, VA 23434	EXECUTIVE ASSISTANT 40.00	53,973.	17,034.	0.
SARAH CROUCH - 106 W. FINNEY AVENUE, SUFFOLK, VA 23434	PROGRAM OFFICER 40.00	52,372.	7,987.	0.

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

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

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

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

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

Part IX-A Summary of Direct Charitable Activities

Table with 2 columns: Description of activity, Expenses. Includes entry 1 with N/A.

Part IX-B Summary of Program-Related Investments

Table with 2 columns: Description of investment, Amount. Includes entry 1 with N/A and entry 3 for other investments.

Total. Add lines 1 through 3 0.

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

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:			
a	Average monthly fair market value of securities	1a	113,017,035.
b	Average of monthly cash balances	1b	5,712,158.
c	Fair market value of all other assets	1c	682,240.
d	Total (add lines 1a, b, and c)	1d	119,411,433.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	119,411,433.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	1,791,171.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	117,620,262.
6	Minimum investment return. Enter 5% of line 5	6	5,881,013.

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

1	Minimum investment return from Part X, line 6	1	5,881,013.
2a	Tax on investment income for 2018 from Part VI, line 5	2a	116,174.
b	Income tax for 2018. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	116,174.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	5,764,839.
4	Recoveries of amounts treated as qualifying distributions	4	13,697.
5	Add lines 3 and 4	5	5,778,536.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	5,778,536.

Part XII Qualifying Distributions (see instructions)

1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:			
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	4,994,121.
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	15,670.
3 Amounts set aside for specific charitable projects that satisfy the:			
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	5,009,791.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	5,009,791.

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI, line 7				5,778,536.
2 Undistributed income, if any, as of the end of 2018:				
a Enter amount for 2017 only			4,917,477.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2018:				
a From 2013				
b From 2014				
c From 2015				
d From 2016				
e From 2017				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2018 from Part XII, line 4: ▶ \$ 5,009,791.				
a Applied to 2017, but not more than line 2a			4,917,477.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2018 distributable amount				92,314.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2017. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2018. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019				5,686,222.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0.			
8 Excess distributions carryover from 2013 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2014				
b Excess from 2015				
c Excess from 2016				
d Excess from 2017				
e Excess from 2018				

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

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling

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

Table with 5 columns: (a) 2018, (b) 2017, (c) 2016, (d) 2015, (e) Total. Rows include: 2 a Enter the lesser of the adjusted net income...; 2 b 85% of line 2a; 2 c Qualifying distributions from Part XII...; 2 d Amounts included in line 2c not used directly for active conduct of exempt activities; 2 e Qualifying distributions made directly for active conduct of exempt activities; 3 Complete 3a, b, or c for the alternative test relied upon; 3 a 'Assets' alternative test; 3 b 'Endowment' alternative test; 3 c 'Support' alternative test.

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

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

NONE

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

NONE

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here [] if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number or email address of the person to whom applications should be addressed: SEE STATEMENT 14

SEE STATEMENT 13

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

c Any submission deadlines:

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

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
ACCESS COLLEGE FOUNDATION 7300 NEWPORT AVENUE; SUITE 500 NORFOLK, VA 23505	NONE	PC	ACCESS TO HEALTH CARE IN WESTERN TIDEWATER THROUGH WORKFORCE DEVELOPMENT	200,000.
ALBEMARLE REGIONAL HEALTH SERVICES P. O. BOX 189 ELIZABETH CITY, NC 27907	NONE	PC	CREATING HEALTHY BEGINNINGS FOR GATES COUNTY FAMILIES	55,722.
ALS ASSOCIATION DC/MD/VA CHAPTER 8100 THREE CHOPT ROAD SUITE 147 RICHMOND, VA 23229	NONE	PC	HAMPTON ROADS WALK TO DEFEAT ALS	1,000.
ALZHEIMER'S ASSOCIATION - SOUTHEASTERN VIRGINIA 6350 CENTER DRIVE, SUITE 102 NORFOLK, VA 23502	NONE	PC	BRAIN SUMMIT: A RESEARCH CONFERENCE ON ALZHEIMER'S AND DEMENTIA	3,500.
AMERICAN DIABETES ASSOCIATION 870 GREENBRIER CIRCLE, SUITE 404 CHESAPEAKE, VA 23320	NONE	PC	DIABETES SELF-MANAGEMENT EDUCATION PROGRAM EXTENSION	36,196.
Total	SEE CONTINUATION SHEET(S)			3,601,097.
b Approved for future payment				
ALBEMARLE REGIONAL HEALTH SERVICES P. O. BOX 189 ELIZABETH CITY, NC 27907	NONE	PC	GATES COUNTY BEHAVIORAL HEALTH PROGRAM	33,814.
EASTERN VIRGINIA MEDICAL SCHOOL PO BOX 1980 NORFOLK, VA 23508	NONE	PC	EVMS STRELITZ DIABETES CENTER CLINIC AT WESTERN TIDEWATER FREE CLINIC	54,029.
HORIZON HEALTH SERVICES, INC. P.O. BOX 29 WAVERLY, VA 23890	NONE	PC	THE IVOR DENTAL CENTER	40,000.
Total	SEE CONTINUATION SHEET(S)			1,250,225.

OBICI HEALTHCARE FOUNDATION, INC.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a BARES SMALL CAP SHORT	P	09/30/14	03/31/19
b SHAPIRO	P	07/23/14	03/31/19
c BIOMEDICAL OFFSHORE VAL FD J	P	06/29/16	06/30/18
d SPDR S&P OILGAS EXPLORATION FUND	P	02/02/15	06/20/18
e THE MANGROVE PRTNERS FD - 1A INITIAL	P	12/27/17	02/28/19
f TP PARTNERS FD CAYMAN LIQUID POOL	P	12/31/14	12/31/18
g TP PARTNERS FD SOMOS EDU SIDE POCKET	P	11/30/14	11/29/18
h TP PARTNERS SOMOS EDU SIDE POCKET II	P	04/30/15	11/29/18
i CEVIAN CAPITAL II LTD USD A-04/13	P	04/01/13	09/30/18
j HOUND PARTNERS LONG FUND CL A-1-1	P	12/27/13	12/31/18
k HOUND PARTNERS LONG FUND CL A-1-1	P	12/27/13	03/31/19
l LANCASTER EURO EQ LTD A A2 US\$ 1 201	P	12/27/13	02/01/19
m TENG YUE PARTNERS OFFSHORE FD LP	P	05/31/13	09/30/18
n VR GLOBAL OFFSHORE CL A SERIES 0599	P	01/01/16	06/30/18
o ACACIA INSTITUTIONAL PARTNERS, L.P.	P	03/30/07	10/01/18

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 2,030,749.		1,739,456.	291,293.
b 3,890,495.		3,602,412.	288,083.
c 1,000,000.		573,813.	426,187.
d 400,029.		452,693.	-52,664.
e 36,109.		37,125.	-1,016.
f 146,536.		623,841.	-477,305.
g 116,383.		86,693.	29,690.
h 503,023.		324,132.	178,891.
i 349,218.		225,625.	123,593.
j 2,384,524.		1,802,032.	582,492.
k 734,546.		545,760.	188,786.
l 2,000,000.		1,667,189.	332,811.
m 798,843.		600,000.	198,843.
n 1,000,000.		679,235.	320,765.
o 2,800,000.		2,375,864.	424,136.

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

(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
a			291,293.
b			288,083.
c			426,187.
d			-52,664.
e			-1,016.
f			-477,305.
g			29,690.
h			178,891.
i			123,593.
j			582,492.
k			188,786.
l			332,811.
m			198,843.
n			320,765.
o			424,136.

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

OBICI HEALTHCARE FOUNDATION, INC.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a BLUESTEM PARTNERS, L.P.	P	12/27/07	09/28/18
b 1607 CAPITAL GLOBAL EX US FUND, LP	P	03/20/15	12/31/18
c AG NET LEASE REALTY FUND III, LP	P	03/10/14	02/21/19
d BLUESTEM PARTNERS, L.P.	P	12/27/07	09/28/18
e BROADVAIL CAPITAL PARTNERS FUND I, LP	P	08/14/17	03/28/19
f CEDAR ROCK CAPITAL PARTNERS, LLC	P	09/28/06	03/29/19
g IR&M INTERMEDIATE FUND, LLC	P	09/06/16	02/01/19
h MERCED PARTNERS IV, LP	P	04/01/14	03/18/19
i MERCED PARTNERS V, LP	P	01/25/17	09/28/18
j NEXUS SPECIAL SITUATIONS II, LP	P	09/26/18	01/16/19
k PARTNERS FOR GROWTH IV, LP	P	06/06/14	03/22/19
l REALTY ASSOCIATES FD X UPT, LP	P	10/15/13	01/15/19
m REGIMENT CAP SPEC SITUATIONS FUND V, LP	P	01/01/17	11/23/18
n TAILWATER ENERGY FUND III, LP	P	09/26/18	01/16/19
o VORTUS INVESTMENTS II, LP	P	08/28/17	11/20/18

(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 4,026,991.		5,452,416.	-1,425,425.
b 20,724.		20,724.	0.
c 262,950.		262,950.	0.
d 758,446.		758,446.	0.
e 245,405.		245,405.	0.
f 44,097.		44,097.	0.
g 19,852.		19,852.	0.
h 204,000.		204,000.	0.
i 566.		566.	0.
j 3,464.		3,464.	0.
k 2,583,740.		2,583,740.	0.
l 623,425.		623,425.	0.
m 211,811.		211,811.	0.
n 364,114.		364,114.	0.
o 277,861.		277,861.	0.

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

(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
a			-1,425,425.
b			0.
c			0.
d			0.
e			0.
f			0.
g			0.
h			0.
i			0.
j			0.
k			0.
l			0.
m			0.
n			0.
o			0.

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 }	2	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8	3	

OBICI HEALTHCARE FOUNDATION, INC.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a VY CAPITAL HOLDINGS EXCESS CASH	P	02/01/18	01/23/19
b WHITMAN PETERSON PARTNERS III, LP	P	08/23/17	10/23/18
c			
d			
e			
f			
g			
h			
i			
j			
k			
l			
m			
n			
o			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 1,263.		1,263.	0.
b 1,758.		1,758.	0.
c			
d			
e			
f			
g			
h			
i			
j			
k			
l			
m			
n			
o			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
(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			0.
b			0.
c			
d			
e			
f			
g			
h			
i			
j			
k			
l			
m			
n			
o			

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	1,429,160.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8	3	N/A

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
AMERICAN FOUNDATION FOR SUICIDE PREVENTION 120 WALL STREET 29TH FLOOR NEW YORK, NY 10005	NONE	PC	AMERICAN FOUNDATION FOR SUICIDE PREVENTION OUT OF THE DARKNESS WALK SUFFOLK, VA	1,250.
AMERICAN HEART ASSOCIATION 4601 NORTH FAIRFAX DRIVE, SUITE 700 ARLINGTON, VA 22203	NONE	PC	SIMPLE COOKING WITH HEART MOBILE KITCHEN IN FRANKLIN	20,158.
ASSOCIATION OF FUNDRAISING PROFESSIONALS - HAMPTON ROADS PO BOX 2338 NORFOLK, VA 23501	NONE	NC	NATIONAL PHILANTHROPY DAY - WEDNESDAY, NOVEMBER 28, 2018 THE MAIN IN NORFOLK	1,000.
BOYS AND GIRLS CLUBS OF SOUTHEAST VIRGINIA 1300 DIAMOND SPRINGS ROAD, SUITE 300 VIRGINIA BEACH, VA 23455	NONE	PC	TRIPLE PLAY: MIND, BODY, AND SOUL	30,000.
CATHOLIC CHARITIES OF EASTERN VIRGINIA 5361 VIRGINIA BEACH BLVD. VIRGINIA BEACH, VA 23462	NONE	PC	WESTERN TIDEWATER DENTAL VOUCHER PROGRAM	163,071.
CEREBRAL PALSY OF VIRGINIA 5825 ARROWHEAD DRIVE SUITE 201 VIRGINIA BEACH, VA 23462	NONE	PC	WINNING THE GRANT WRITING GAME 2018: A FOUR-PART SERIES ON WRITING, RESEARCHING, EVALUATING & REPORTING	280.
CHILDREN'S LITERACY OF SUFFOLK 908 VIRGINIA AVENUE SUFFOLK, VA 23434	NONE	PC	BOOK BUDDIES AND KINDER BUDDIES	16,172.
CITY OF FRANKLIN 207 W. SECOND AVE. FRANKLIN, VA 23851	NONE	GOV	ARMORY DRIVE RECREATIONAL PARK TENNIS COURT RENOVATION	50,000.
CITY OF FRANKLIN 207 W. SECOND AVE. FRANKLIN, VA 23851	NONE	GOV	FUTURE PARKS AND RECREATIONAL OPPORTUNITIES PARTNERSHIP	5,000.
CITY OF FRANKLIN POLICE DEPARTMENT 1018 PRETLOW ST FRANKLIN, VA 23851	NONE	GOV	EMERGENCY MEDICAL DISPATCH PURCHASE AND IMPLEMENTATION	5,000.
Total from continuation sheets				3,304,679.

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
CITY OF SUFFOLK 442 W. WASHINGTON STREET SUFFOLK, VA 23439	NONE	GOV	INCLUSIVE PLAYGROUND AT LAKE MEADE PARK	50,000.
CITY OF SUFFOLK 442 W. WASHINGTON STREET SUFFOLK, VA 23439	NONE	GOV	PLAYGROUND AT BOOKER T. WASHINGTON JOINT USE RECREATION CENTER	45,000.
COMMUNITIES IN SCHOOLS OF HAMPTON ROADS P.O. BOX 1668 NORFOLK, VA 23501	NONE	PC	GOLFING FOR KIDS TOURNAMENT	5,000.
COVER 3 FOUNDATION 125 S. COLLEGE DRIVE P.O. BOX 456 FRANKLIN, VA 23851	NONE	PC	C3'S KID'S MEALS	5,000.
EASTERN VIRGINIA MEDICAL SCHOOL PO BOX 1980 NORFOLK, VA 23501	NONE	PC	EVMS STRELITZ DIABETES CENTER CLINIC AT WESTERN TIDEWATER FREE CLINIC	81,044.
EASTERN VIRGINIA MEDICAL SCHOOL PO BOX 1980 NORFOLK, VA 23501	NONE	PC	EVMS CONTINUITY OF CARE FOR WESTERN TIDEWATER	45,000.
EASTERN VIRGINIA MEDICAL SCHOOL PO BOX 1980 NORFOLK, VA 23501	NONE	PC	SPECIALTY CARE CLINIC: SUFFOLK	131,675.
EASTERN VIRGINIA MEDICAL SCHOOL PO BOX 1980 NORFOLK, VA 23501	NONE	PC	EVMS CINCH- ASTHMA & ALLERGY SCHOOL NURSE EXPERT PROGRAM (A2)	3,600.
FORKIDS, INC. 4200 COLLEY AVENUE, SUITE A NORFOLK, VA 23508	NONE	PC	CHILDREN'S OUTDOOR RECREATION AND GARDENING PROJECT	4,500.
FORKIDS, INC. 4200 COLLEY AVENUE, SUITE A NORFOLK, VA 23508	NONE	PC	HEALTHCARE SUPPORT FOR HOMELESS FAMILIES	12,000.
Total from continuation sheets				

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
FORKIDS, INC. 4200 COLLEY AVENUE, SUITE A NORFOLK, VA 23508	NONE	PC	SUFFOLK REGIONAL SERVICES CENTER AND THE CENTER FOR CHILDREN AND FAMILIES	25,000.
FORKIDS, INC. 4200 COLLEY AVENUE, SUITE A NORFOLK, VA 23508	NONE	PC	STRENGTHENING THE SAFETY NET	30,000.
FRANKLIN CITY PUBLIC SCHOOLS 207 W. SECOND AVENUE FRANKLIN, VA 23851	NONE	GOV	2018-2019 SCHOOL DIVISION PARTNERSHIP GRANTS	5,228.
GIRLS ON THE RUN HAMPTON ROADS 287 INDEPENDENCE BLVD SUITE 120 VIRGINIA BEACH, VA 23462	NONE	PC	HEALTHY, JOYFUL, CONFIDENT GIRLS IN WESTERN TIDEWATER	34,893.
GIRLS ON THE RUN HAMPTON ROADS 287 INDEPENDENCE BLVD SUITE 120 VIRGINIA BEACH, VA 23462	NONE	PC	SERVICE EXPANSION TO FRANKLIN AND TO SOUTHAMPTON, SURRY, AND GATES COUNTIES	17,515.
HAMPTON ROADS COMMUNITY HEALTH CENTER 664 LINCOLN ST PORTSMOUTH, VA 23704	NONE	PC	LEAP = LEARNING & ENRICHMENT FOR ACADEMIC PROGRESS	5,000.
HORIZON HEALTH SERVICES, INC. 8314 MAIN STREET PO BOX 210 IVOR, VA 23866	NONE	PC	THE IVOR DENTAL CENTER	100,000.
ISLE OF WIGHT COUNTY PUBLIC SCHOOLS 802 WEST MAIN ST. SMITHFIELD, VA 23430	NONE	GOV	2018-2019 SCHOOL DIVISION PARTNERSHIP GRANTS	5,039.
KIDS KAB, INC P.O. BOX 124 BOYKINS, VA 23827	NONE	PC	KIDS OF THE YEAR CELEBRATION	5,000.
LAKE PRINCE WOODS 100 ANNA GOODE WAY SUFFOLK, VA 23434	NONE	SO1	4PAWS 5K AND 1 MILE FUN RUN TO BENEFIT LAKE PRINCE WOODS AND SUFFOLK HUMANE SOCIETY	2,000.
Total from continuation sheets				

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
NATIONAL KIDNEY FOUNDATION SERVING VIRGINIA 1622 EAST PARHAM ROAD RICHMOND, VA 23228	NONE	PC	2019 HAMPTON ROADS KIDNEY WALK	1,500.
NURSING CAP, INC. P.O. BOX 5593 SUFFOLK, VA 23435	NONE	PC	TIDEWATER COMMUNITY COLLEGE ACADEMY OF NONPROFIT EXCELLENCE CLASSES COMPLETED	345.
NURSING CAP, INC. P.O. BOX 5593 SUFFOLK, VA 23435	NONE	PC	ENCOURAGING STUDENTS TO CHOOSE HEALTHY LIFESTYLES AND A HEALTH RELATED CAREER PATH	20,063.
PENINSULA COMMUNITY FOUNDATION OF VIRGINIA 48 W. QUEENS WAY HAMPTON, VA 23669	NONE	PC	GIVE LOCAL 757 PROGRAM	5,000.
PRECIOUS G.E.M.S. INC 3543 DUNEDIN DR. APT 101 CHESAPEAKE, VA 23321	NONE	PC	PRECIOUS G.E.M.S., INC. 6TH ANNUAL AUTISM AWARENESS WALK	1,750.
RELAY FOR LIFE OF ISLE OF WIGHT/SURRY 4240 PARK PLACE CT GLEN ALLEN, VA 23060	NONE	PC	RELAY FOR LIFE OF ISLE OF WIGHT/SURRY	2,500.
RELAY FOR LIFE OF SUFFOLK 4416 EXPRESSWAY DRIVE VIRGINIA BEACH, VA 23452	NONE	PC	THE RELAY FOR LIFE OF SUFFOLK	3,000.
SENTARA OBICI HOSPITAL 2800 GODWIN BLVD SUFFOLK, VA 23434	NONE	PC	COMMUNITY CARE COORDINATION GRANT	48,922.
SENTARA OBICI HOSPITAL 2800 GODWIN BLVD SUFFOLK, VA 23434	NONE	PC	ANNUAL SENTARA OBICI AUXILIARY HOSPITAL GOLF TOURNAMENT	3,000.
SMART BEGINNINGS SOUTHEAST 209 E CAWSON ST HOPEWELL, VA 23860	NONE	PC	EARLY CHILDHOOD FOOD INSECURITY COLLABORATIVE	5,000.
Total from continuation sheets				

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
SMART BEGINNINGS WESTERN TIDEWATER 601 NORTH MECHANIC STREET SUITE 301 FRANKLIN, VA 23851	NONE	PC	STARTING LIFE HEALTHY AND READY TO LEARN	13,044.
SOUTHAMPTON COUNTY PUBLIC SCHOOLS 21308 PLANK ROAD, P. O. BOX 96 COURTLAND, VA 23837	NONE	GOV	2018-2019 SCHOOL DIVISION PARTNERSHIP GRANTS	11,894.
SOUTHEASTERN VIRGINIA HEALTH SYSTEM 1033 28TH ST. 2ND FLOOR NEWPORT NEWS, VA 23607	NONE	PC	MAIN STREET DENTAL PROGRAM	200,000.
SUFFOLK ART LEAGUE P.O. BOX 1086 (118 BOSLEY AVE.) SUFFOLK, VA 23439-1086	NONE	PC	ART THERAPY WORKSHOPS AT WESTERN TIDEWATER COMMUNITY SERVICES BOARD'S "TIDEWATER HOUSE"	900.
SUFFOLK CENTER FOR CULTURAL ARTS 110 W. FINNEY AVE. SUFFOLK, VA 23434	NONE	PC	PINKALICIOUS THE MUSICAL	4,000.
SUFFOLK EDUCATION FOUNDATION P. O. BOX 394 SUFFOLK, VA 23439-0394	NONE	PC	HEALTH SAFETY ITEMS FOR THE TEACHER STORE	1,978.
SUFFOLK FAMILY YMCA 2769 GODWIN BLVD SUFFOLK, VA 23434	NONE	PC	YMCA HEALTHY CHOICES PROGRAM	5,000.
SUFFOLK FAMILY YMCA 2769 GODWIN BLVD SUFFOLK, VA 23434	NONE	PC	ALL KIDS SWIM	5,000.
SUFFOLK HUMANE SOCIETY 412 KINGS FORK ROAD SUFFOLK, VA 23434	NONE	PC	HUMAN-ANIMAL BOND PROJECT	5,000.
SUFFOLK MEALS ON WHEELS 2800 GODWIN BLVD SUFFOLK, VA 23434	NONE	PC	EMERGENCY MEALS FOR NEED-BASED RECIPIENTS	23,488.
Total from continuation sheets				

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
SUFFOLK PARTNERSHIP FOR A HEALTHY COMMUNITY, INC 425 N MAIN STREET, SUITE 4 SUFFOLK, VA 23434	NONE	PC	CATALYSTS FOR WELLNESS	82,149.
SUFFOLK PROJECT LIFESAVER SEARCH AND RESCUE 300 KINGS FORK ROAD SUFFOLK, VA 23434	NONE	PC	SUFFOLK PROJECT LIFESAVER SEARCH AND RESCUE KENTUCKY DERBY FUNDRAISER	1,000.
SUFFOLK PUBLIC SCHOOLS 100 N. MAIN ST. SUFFOLK, VA 23434	NONE	GOV	LEARNING & ENRICHMENT FOR ACADEMIC PROGRESS (LEAP)	65,000.
SUFFOLK PUBLIC SCHOOLS 100 N. MAIN ST. SUFFOLK, VA 23434	NONE	GOV	2018-2019 SCHOOL DIVISION PARTNERSHIP GRANTS	20,895.
SUFFOLK PUBLIC SCHOOLS 100 N. MAIN ST. SUFFOLK, VA 23434	NONE	GOV	WELLNESS INITIATIVES FOR A HAPPY, HEALTHY, PRODUCTIVE STAFF	5,000.
SURRY COUNTY PO BOX 65 SURRY, VA 23883	NONE	GOV	COMMUNITY WELLNESS PROGRAM	25,000.
SURRY COUNTY PO BOX 65 SURRY, VA 23883	NONE	GOV	HEALTHY FOOD ACCESS INITIATIVE	50,000.
SURRY COUNTY PUBLIC SCHOOLS PO BOX 317 SURRY, VA 23883	NONE	GOV	2018-2019 SCHOOL DIVISION PARTNERSHIP GRANTS	4,659.
SUSAN G. KOMEN TIDEWATER 420 N. CENTER DR. SUITE 143 NORFOLK, VA 23502	NONE	PC	SUSAN G. KOMEN TIDEWATER'S RACE FOR THE CURE AND PINK-O DE MAYO	2,500.
THE CHILDREN'S CENTER 700 CAMPBELL AVENUE FRANKLIN, VA 23851	NONE	PC	SUFFOLK CLASSROOM EXPANSION	25,000.
Total from continuation sheets				

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
THE FOODBANK OF SOUTHEASTERN VIRGINIA AND THE EASTERN SHORE 800 TIDEWATER DRIVE NORFOLK, VA 23504	NONE	PC	COMMUNITY PRODUCE HUB	100,000.
THE IMPROVEMENT ASSOCIATION 1750 E. ATLANTIC ST. EMPORIA, VA 23847	NONE	PC	EARLY CHILDHOOD LEARNING AND WORKFORCE CENTER PLAYGROUND	50,000.
THE PLANNING COUNCIL 5365 ROBIN HOOD ROAD SUITE 700 NORFOLK, VA 23513	NONE	PC	FARM2CHILDCARE	11,377.
THE SUFFOLK FOUNDATION 110 W. FINNEY AVE. SUFFOLK, VA 23434	NONE	PC	2018 FALL FORUM & LUNCHEON	5,000.
THE UP CENTER 150 BOUSH STREET, SUITE 500 NORFOLK, VA 23510	NONE	PC	WESTERN TIDEWATER TRAUMA INFORMED COUNSELING COLLABORATIVE PARTNERSHIP	75,000.
UNIVERSITY OF VIRGINIA P.O. BOX 400195 CHARLOTTESVILLE, VA 22904-4195	NONE	PC	ASSIGNMENT: IMPACT! CREATING A FOUNDATION FOR SUCCESS IN WESTERN TIDEWATER	500,000.
VIRGINIA LEGAL AID SOCIETY P.O. BOX 6200 LYNCHBURG, VA 24504	NONE	PC	MEDICAL ACCESS PROJECT (MAP)	40,000.
VIRGINIA LEGAL AID SOCIETY P.O. BOX 6200 LYNCHBURG, VA 24504	NONE	PC	MEDICAID ACCESS IN A TRANSITION YEAR FOR VIRGINIA	90,000.
VIRGINIA SUPPORTIVE HOUSING P. O. BOX 8585 RICHMOND, VA 23226	NONE	PC	SUPPORTIVE SERVICES FOR SUFFOLK AND ISLE OF WIGHT RESIDENTS	3,970.
VOICES FOR KIDS CASA PROGRAM OF SOUTHEAST VIRGINIA P. O. BOX 949, 409 MAIN STREET SMITHFIELD, VA 23431	NONE	PC	FIFTH ANNUAL VOICES FOR KIDS GALA	2,000.
Total from continuation sheets				

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
WALK IN IT INC. PO BOX 1447 SUFFOLK, VA 23439	NONE	PC	LADIES OF DISTINCTION	30,000.
WESTERN TIDEWATER COMMUNITY SERVICES BOARD 7025 HARBOUR VIEW BLVD, SUITE 119 SUFFOLK, VA 23435	NONE	PC	OUTPATIENT MEDICAL DETOX	30,000.
WESTERN TIDEWATER COMMUNITY SERVICES BOARD 7025 HARBOUR VIEW BLVD, SUITE 119 SUFFOLK, VA 23435	NONE	PC	INTEGRATED PSYCHIATRY AND WRAP AROUND CARE COORDINATION	67,440.
WESTERN TIDEWATER FREE CLINIC 2019 MEADE PARKWAY SUFFOLK, VA 23434	NONE	PC	ACCESS TO COMPREHENSIVE HEALTHCARE	357,000.
WESTERN TIDEWATER FREE CLINIC 2019 MEADE PARKWAY SUFFOLK, VA 23434	NONE	PC	EXPAND ACCESS TO COMPREHENSIVE CARE	212,000.
WESTERN TIDEWATER FREE CLINIC 2019 MEADE PARKWAY SUFFOLK, VA 23434	NONE	PC	2019 MEDICAID EXPANSION	41,458.
WESTERN TIDEWATER HEALTH DISTRICT 135 HALL AVE, SUITE A SUFFOLK, VA 23434-4654	NONE	GOV	NURSE-FAMILY PARTNERSHIP	84,253.
WESTERN TIDEWATER HEALTH DISTRICT 135 HALL AVE, SUITE A SUFFOLK, VA 23434-4654	NONE	GOV	NURSE-FAMILY PARTNERSHIP	56,169.
WESTERN TIDEWATER TENNIS ASSOCIATION 136 WYNNWOOD DRIVE FRANKLIN, VA 23851	NONE	PC	"ACE OBESITY IN SCHOOLS" TENNIS PROGRAM	2,000.
Total from continuation sheets				

Part XV Supplementary Information

3 Grants and Contributions Approved for Future Payment (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
SOUTHEASTERN VIRGINIA HEALTH SYSTEM 1033 28TH STREET, 2ND FLOOR NEWPORT NEWS, VA 23607	NONE	PC	MAIN STREET DENTAL PROGRAM	50,000.
SUFFOLK MEALS ON WHEELS 2800 GOODWIN BLVD SUFFOLK, VA 23434	NONE	PC	EMERGENCY MEALS FOR NEED-BASED RECIPIENTS	5,872.
THE FOODBANK OF SOUTHEASTERN VIRGINIA AND THE EASTERN SHORE 800 TIDEWATER DRIVE NORFOLK, VA 23504	NONE	PC	COMMUNITY PRODUCE HUB	200,000.
THE UP CENTER 150 BOUSH STREET, SUITE 500 NORFOLK, VA 23510	NONE	PC	WESTERN TIDEWATER TRAUMA INFORMED COUNSELING COLLABORATIVE PARTNERSHIP	18,750.
UNIVERSITY OF VIRGINIA P.O. BOX 400195 CHARLOTTESVILLE, VA 22904-4195	NONE	PC	ASSIGNMENT: IMPACT! CREATING A FOUNDATION FOR SUCCESS IN WESTERN	500,000.
VIRGINIA LEGAL AID SOCIETY P.O. BOX 6200 LYNCHBURG, VA 24505	NONE	PC	MEDICAID ACCESS IN A TRANSITION YEAR FOR VIRGINIA	60,000.
WESTERN TIDEWATER COMMUNITY SERVICES BOARD 7025 HARBOUR VIEW BLVD, SUITE 119 SUFFOLK, VA 23435	NONE	PC	INTEGRATED PSYCHIATRY AND WRAP AROUND CARE COORDINATION	44,960.
WESTERN TIDEWATER FREE CLINIC 2019 MEADE PARKWAY SUFFOLK, VA 23434	NONE	PC	ACCESS TO COMPREHENSIVE HEALTHCARE	238,000.
WESTERN TIDEWATER HEALTH DISTRICT 135 HALL AVE., SUITE A SUFFOLK, VA 23434	NONE	GOV	NURSE-FAMILY PARTNERSHIP	4,800.
Total from continuation sheets				1,122,382.

FORM 990-PF	OTHER INCOME		STATEMENT	1
DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	
PARTNERSHIP INCOME	0.	4,869,300.		
OTHER INCOME	1,120.	0.		
EXCISE & UBIT TAXES REFUND	17,613.	0.		
TOTAL TO FORM 990-PF, PART I, LINE 11	18,733.	4,869,300.		

FORM 990-PF	ACCOUNTING FEES			STATEMENT	2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
TAX COMPLIANCE AND AUDIT SERVICES	48,957.	0.	0.	48,957.	
TO FORM 990-PF, PG 1, LN 16B	48,957.	0.	0.	48,957.	

FORM 990-PF	OTHER PROFESSIONAL FEES			STATEMENT	3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
INVESTMENT FEES	672,343.	672,343.	0.	0.	
TO FORM 990-PF, PG 1, LN 16C	672,343.	672,343.	0.	0.	

FORM 990-PF	TAXES			STATEMENT	4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
OTHER FEES & TAXES	415.	0.	0.	425.	
TO FORM 990-PF, PG 1, LN 18	415.	0.	0.	425.	

FORM 990-PF	OTHER EXPENSES			STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
DUES & SUBSCRIPTIONS	25,581.	0.	0.	25,581.	
COMMUNICATIONS	37,870.	0.	0.	37,254.	
INSURANCE	14,157.	0.	0.	17,917.	
MISCELLANEOUS	3,762.	0.	0.	3,941.	
OFFICE EXPENSES	15,426.	0.	0.	16,001.	
BUILDING & GROUNDS MAINTENANCE	43,045.	0.	0.	43,822.	
TECHNOLOGY EXPENSE	47,055.	0.	0.	96,662.	
CONTRACTED SERVICES AND RECRUITING EXPENSES	6,780.	0.	0.	22,202.	
PARTNERSHIP UNRELATED BUSINESS INCOME LOSS	939,062.	0.	0.	0.	
GRANT PROGRAM EXPENSES	0.	0.	0.	216,106.	
AMORTIZATION	2,472.	0.		0.	
TO FORM 990-PF, PG 1, LN 23	1,135,210.	0.		479,486.	

FORM 990-PF	OTHER DECREASES IN NET ASSETS OR FUND BALANCES	STATEMENT	6
DESCRIPTION		AMOUNT	
UNREALIZED LOSSES IN INVESTMENTS, PARTNERSHIPS & FOREIGN INVESTMENTS		4,542,275.	
TOTAL TO FORM 990-PF, PART III, LINE 5		4,542,275.	

FORM 990-PF

CORPORATE STOCK

STATEMENT 7

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
ALARM.COM HOLDINGS INC	436,452.	436,452.
ALLSCRIPTS HEALTHCARE SOLUTIONS INC	147,870.	147,870.
AMC NETWORKS	130,548.	130,548.
ACUSHNET HOLDINGS CORP	155,038.	155,038.
AXALTA COATING SYSTEMS LTD	176,470.	176,470.
BOX INC	747,220.	747,220.
BWX TECHNOLOGIES INC	183,446.	183,446.
CAESARS ENTERTAINMENT CORP.	179,883.	179,883.
CHANNELADVISOR CORP	112,056.	112,056.
CIENA CORP	93,350.	93,350.
CIMPRESS NV	139,586.	139,586.
COMPASS MINERALS INTERNATIONAL INC	168,547.	168,547.
COMSCORE INC	289,271.	289,271.
DESPEGAR.COM CORP	78,970.	78,970.
ELF BEAUTY INC	111,671.	111,671.
ELEMENT SOLUTIONS INC	768,792.	768,792.
ENTEGRIS INC	146,329.	146,329.
FIREEYE INC	179,653.	179,653.
GRAPHIC PACKAGING CORP	205,869.	205,869.
GREENSKY INC CL A	163,044.	163,044.
HANES BRANDS INC	216,348.	216,348.
IMAX CORP	183,708.	183,708.
ISHARES RUSSELL 2000 VALUE ETF	71,940.	71,940.
LIBERTY BRAVES GROUP CL A	55,880.	55,880.
LIBERTY BRAVES GROUP CL C	41,655.	41,655.
LIONS GATE ENTMT CORP	172,578.	172,578.
LIVE NATION ENTERTAINMENT, INC.	85,779.	85,779.
LIVENT CORP	33,156.	33,156.
MAXAR TECHNOLOGIES LTD	20,040.	20,040.
PAPA JOHNS INTL INC	462,889.	462,889.
PQ GROUP HOLDINGS INC	112,258.	112,258.
SEMGROUP CORPORATION	57,486.	57,486.
SPDR S&P OILGAS EXPLORATION FUND	1,315,549.	1,315,549.
VALVOLINE INC	128,064.	128,064.
WPX ENERGY INC	170,430.	170,430.
TOTAL TO FORM 990-PF, PART II, LINE 10B	7,741,825.	7,741,825.

FORM 990-PF	OTHER INVESTMENTS	STATEMENT	8
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
ALTERNATIVE INVESTMENTS - FOREIGN CORPORATIONS	FMV	50,978,195.	50,978,195.
ALTERNATIVE INVESTMENTS - LIMITED PARTNERSHIPS AND CORPORATIONS	FMV	55,280,958.	55,280,958.
TOTAL TO FORM 990-PF, PART II, LINE 13		106,259,153.	106,259,153.

FORM 990-PF	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	9
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND	102,507.	0.	102,507.
SITWORK	301,205.	136,796.	164,409.
REMOVE WATER LAT.	5,367.	2,436.	2,931.
PAVERS / COLORED SIDEWALK	8,415.	5,096.	3,319.
WELL	16,499.	7,494.	9,005.
FENCING	4,498.	4,498.	0.
LANDSCAPING	1,686.	1,533.	153.
WHEEL STOPS	1,169.	708.	461.
PARKING LOT UNDERCUTTING	6,289.	3,807.	2,482.
TREE PRUNING	695.	420.	275.
SIDEWALK DESIGN	2,090.	1,264.	826.
LOC - CITY OF SUFFOLK			
LANDSCAPING	1,250.	749.	501.
SIGN FOR NEW CONSTRUCTION	468.	283.	185.
FENCE - AIR HANDLER	1,300.	1,300.	0.
BRONZE SIGN	3,449.	2,070.	1,379.
LANDSCAPING CONTRACT	54,997.	48,582.	6,415.
CIVIL CONSTRUCTION DRAWINGS	2,373.	454.	1,919.
FINAL UNDERCUTTING	1,524.	874.	650.
REVIEW OF FINAL DRAWINGS	210.	41.	169.
LANDSCAPING - NEAR CAC (ADOPT-A-SPOT)	6,008.	4,507.	1,501.
LOCATION SIGN (MAIN STREET)	1,680.	793.	887.
LANDSCAPING - MAIN & FINNEY	4,993.	3,494.	1,499.
VITEX TREES (2)	680.	425.	255.
COMMUNITY GARDEN BOX (MATERIALS & LABOR)	3,844.	2,404.	1,440.
REPLACE SERVICE BERRIES ALONG MAIN STREET	2,057.	618.	1,439.
BUILDING SHELL	1,098,759.	221,787.	876,972.
CARPET	14,868.	14,868.	0.
PAINTING	43,570.	43,570.	0.

ELEVATOR	57,065.	25,916.	31,149.
FIRE PROTECTION	39,557.	17,966.	21,591.
PLUMBING	43,957.	19,964.	23,993.
HVAC	80,106.	36,380.	43,726.
GEOHERMAL SYSTEM	64,356.	29,229.	35,127.
ELECTRICAL	151,944.	69,007.	82,937.
STAIRS AND CABINETS	7,431.	1,486.	5,945.
CONSTRUCTION ADMINISTRATION	4,653.	886.	3,767.
SNOW GUARDS	10,200.	1,815.	8,385.
PAINT FRONT PORCH	3,450.	2,645.	805.
BATHROOM HEATERS (4-INSTALLED)	1,700.	1,162.	538.
2 CS3 ADOBE CREATIVE SUITE			
DESIGN SOFTWARE	837.	837.	0.
RANGE AND DISWASHER	1,443.	1,310.	133.
REFRIGERATOR	1,462.	1,327.	135.
VOICE AND DATA CABLING			
EQUIPMENT	8,607.	3,908.	4,699.
ACCESS CONTROL SYSTEM	4,355.	1,979.	2,376.
SECURITY SYSTEM EQUIPMENT	2,790.	1,269.	1,521.
CCTV SYSTEM	6,374.	5,788.	586.
CS5 SOFTWARE (3)	1,832.	1,832.	0.
COMPUTER PROJECTOR	917.	917.	0.
DELL DESKTOP COMPUTER (RS TO INTERN)	1,400.	1,400.	0.
DESK SCANNER (EXECUTIVE ASSISTANT)	430.	430.	0.
SHARP 80" TV (BOARD ROOM)	5,399.	5,399.	0.
PRINTER, LASERJET PRO (DIRECTOR OF FINANCE)	210.	210.	0.
LAPTOP COMPUTER 10" (DOF)	950.	950.	0.
SERVER HP PROLIANT ML	3,500.	3,500.	0.
CANOPY TENT	520.	520.	0.
GOOGLE CHROME TABLET (FOR SURVEYS)	317.	300.	17.
SURFACE PRO TABLET (EXECUTIVE DIRECTOR)	1,106.	921.	185.
HEATING/COOLING UNIT (OUTDOOR FOR SERVER ROOM)	4,200.	3,430.	770.
VACUUM CLEANER WINDSOR S12 COMMERCIAL	569.	446.	123.
COMPUTER(COMM/PROG SPECIALIST)	1,407.	1,007.	400.
COMPUTER (FOUNDATION ASSISTANT)	1,407.	1,007.	400.
TV - LG 55LF6100 LCD HDTV (CONF ROOM)	992.	677.	315.
COMPUTER (PRO TAMMIE)	1,100.	660.	440.
IPAD PRO & KEYBD APPLE (EXECUTIVE DIRECTOR)	1,192.	734.	458.
IPAD PRO & KEYBD APPLE (COMM/PROG SPECIALIST)	1,192.	734.	458.
SURFACE PRO TABLET (FINANCE DIRECTOR)	1,409.	869.	540.
SURFACE PRO TABLET (FOUNDATION ASSISTANT)	1,409.	869.	540.

MINI LAPTOP LENOVO (PRO RICK)	1,166.	699.	467.
FURNITURE	5,255.	5,255.	0.
CONFERENCE TABLE	4,370.	4,370.	0.
8 CONFERENCE CHAIRS	1,253.	1,253.	0.
2 LEATHER MESH CHAIRS	713.	713.	0.
DESK AND FILE CABINET	781.	781.	0.
CONFERENCE TABLE	1,750.	1,542.	208.
DESK, FILE CABINET & BOOKCASE			
FINANCE	3,386.	3,028.	358.
OFFICE CHAIR	362.	337.	25.
INTERIOR DESIGN FEES	13,675.	12,423.	1,252.
(3) 5 DRW , LATERAL FILE			
CABINETS	3,421.	3,421.	0.
FINANCE SHELVING - FILE ROOM	861.	782.	79.
CREDENZA	963.	963.	0.
TABLE - FINANCE OFFICE	704.	704.	0.
DESK ADM FILE ROOM	357.	357.	0.
(10) OFFICE SIDE CHAIRS	6,035.	6,035.	0.
SIDE TABLE - ED OFFICE	340.	340.	0.
LECTERN - BOARD ROOM	1,843.	1,843.	0.
(3) BUFFET CREDENZAS	7,616.	7,616.	0.
SIDE TABLE - BOARD ROOM	929.	929.	0.
CONFERENCE TABLE - BOARD ROOM	10,421.	9,465.	956.
(18) BOARD ROOM CHAIRS	13,778.	12,516.	1,262.
WINDOW TREATMENTS	24,827.	22,552.	2,275.
OBICI ROOM WOOD TABLES (3)	3,339.	3,339.	0.
OBICI ROOM AREA RUG	1,470.	1,470.	0.
OBICI ROOM FRIEZE WALL			
COVERING	1,140.	1,035.	105.
UPHOLSTER SOFA & BOARD ROOM			
CHAIRS	3,934.	3,934.	0.
OBICI ROOM TILE / FIREPLACE	163.	147.	16.
MOVING OFFICE FURNITURE &			
EQUIPMENT	1,820.	1,653.	167.
RENTAL OF SPACE - CONSTRUCTION			
MEETINGS	800.	727.	73.
SAFE	582.	582.	0.
OAK BASE TABLE	600.	600.	0.
TASK CHAIR AND KEYBOARD			
PLATFORM	544.	544.	0.
CHAIR (PROGRAM OFFICER)	366.	366.	0.
BOOKCASE (PROGRAM ASSOCIATE)	224.	224.	0.
TASK CHAIR (EXECUTIVE			
ASSISTANT)	387.	387.	0.
FOUNDERS PLAQUE (ENTRANCE			
HALLWAY)	549.	549.	0.
DESK HUTCH	458.	457.	1.
WIRE SHELVING (3 - 48")	825.	825.	0.
PRINTER STAND	377.	377.	0.
LATERAL FILE CABINETS (2 -			
42")	2,430.	2,429.	1.
EXECUTIVE CHAIRS (2 -			
MESHBACK)	817.	817.	0.
ROUND TABLE (2ND FLOOR			
HALLWAY)	519.	518.	1.

PADDED FOLDING CHAIRS (8) (KITCHEN)	560.	553.	7.
GUEST CHAIRS, ROLLED ARM (2) (PROGRAM ASSOCIATE)	2,262.	2,207.	55.
GUEST CHAIRS, WOOD FRAME, CHARCOAL (2) (CREDIT FOR ERROR)	722.	696.	26.
GUEST CHAIRS, WOOD FRAME, CRANBERRY (4) (DOF)	2,507.	2,447.	60.
CRENDENZA (ED)	2,898.	2,829.	69.
SOFA TABLE (PROGRAM ASSOCIATE)	519.	506.	13.
OPEN BOOKCASE UNIT (PROGRAM ASSOCIATE)	1,031.	1,005.	26.
GUEST CHAIRS, OPEN WOOD BACK (2) (ED) (TEA LEAVE FABRIC)	1,248.	1,202.	46.
ROUND TABLE (DIRECTOR OF FINANCE)	846.	796.	50.
RUGS, AREA (4 ON 2ND, 2 ON 1ST)	7,051.	6,210.	841.
SOFA TABLE (GRANTS ASSOCIATE)	519.	457.	62.
LATERAL FILES, 2-DRAWER, ED (2)	3,137.	2,726.	411.
STAND-UP TABLE (ED)	1,855.	1,590.	265.
BOOKCASE 3-SHELF (PO)	579.	497.	82.
LATERAL FILE 2-DRAWER (PO)	1,623.	1,160.	463.
EXECUTIVE DESK W/ BRIDGE (PROG RESOUR OFFICER)	4,870.	3,480.	1,390.
PORCH FURNITURE ADIRONDACK 5-PIECE	1,402.	784.	618.
DESK SET 3-PIECE (FOUNDATION ASSISTANT)	3,844.	2,059.	1,785.
KITCHEN TABLE 36X84 OVAL	802.	366.	436.
TABLE - SUFFOLK FOUNDATION	1,689.	643.	1,046.
CHAIR - SUFFOLK FOUNDATION	564.	216.	348.
RUG, FIRST FLOOR HALLWAY	4,058.	1,257.	2,801.
CHAIR - PRESIDENT	563.	167.	396.
TABLE, ROUND, JASPER (PRESIDENT)	1,817.	520.	1,297.
DESK, DOUBLE PED, JASPER (PRESIDENT)	3,903.	1,116.	2,787.
PRINTER, HP OFFICE JET (PRESIDENT)	138.	81.	57.
DISHWASHER, BOSCH	1,007.	420.	587.
TELEPHONE EQUIPMENT, TOSHIBA	6,465.	2,595.	3,870.
COMPUTER (DOF)	1,288.	516.	772.
COMPUTER (GRANTS ADMIN)	1,288.	516.	772.
TABLE DESK W/CPU CABINET (JASPER) (BD RM)	1,542.	293.	1,249.
LATERAL FILE CABINET 3-DRAWER (GEORGIAN) (CEO)	1,949.	324.	1,625.
CONFERENCE ROOM AREA RUG	3,158.	301.	2,857.
OFFICE FURNITURE-CRENDENZA BRIDGE PED DESK AND CENTER DRAWER	3,551.	254.	3,297.

AMAZON CPU FOR EXEC ASSISTANT	950.	158.	792.
AMAZON CPU FOR CROUCH	1,299.	173.	1,126.
MICROSOFT SURFACE PRO- A.			
BEUCHLER	1,971.	230.	1,741.
DELL XPS 8920 CPU- F. CHARLES	1,089.	109.	980.
CISCO MERAKI MXX67 SECURITY APPLICANCE WITH 5 YEAR ADVANCED SECURITY	2,015.	34.	1,981.
2018 PREMIUM HP 17.3" BUSINESS LAPTOP- CONF ROOM	829.	14.	815.
LENOVA 2018 YOGA 730 LAPTOP- ASSIST DIR OF FINANCE & GRANTS	808.	13.	795.
TOTAL TO FM 990-PF, PART II, LN 14	2,420,561.	920,981.	1,499,580.

FORM 990-PF OTHER ASSETS STATEMENT 10

DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
ART COLLECTION	658,240.	658,240.	658,240.
CEMETERY LOTS	24,000.	24,000.	24,000.
ACCRUED INTEREST ON INVESTMENTS	11,085.	11,445.	11,445.
DEPOSITS	100.	100.	100.
EXCISE TAXES RECEIVABLE	0.	66,730.	66,730.
TO FORM 990-PF, PART II, LINE 15	693,425.	760,515.	760,515.

FORM 990-PF OTHER LIABILITIES STATEMENT 11

DESCRIPTION	BOY AMOUNT	EOY AMOUNT
DEFERRED EXCISE TAXES PAYABLE	657,236.	575,969.
TOTAL TO FORM 990-PF, PART II, LINE 22	657,236.	575,969.

<u>BILL PEAK</u>		BOARD OF DIRECTORS			
106 W. FINNEY AVENUE		1.00	0.	0.	0.
SUFFOLK, VA 23434					
<u>JANICE WHITE</u>		BOARD OF DIRECTORS			
106 W. FINNEY AVENUE		1.00	0.	0.	0.
SUFFOLK, VA 23434					
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII			<u>297,898.</u>	<u>30,006.</u>	<u>0.</u>

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION STATEMENT 13
PART XV, LINES 2A THROUGH 2D

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

GRANTS MANAGER
106 W. FINNEY AVENUE
SUFFOLK, VA 23434

TELEPHONE NUMBER

757-539-8810

FORM AND CONTENT OF APPLICATIONS

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

IN ADDITION:

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

ANY SUBMISSION DEADLINES

PRIORITY GRANTS- DEADLINES VARY PER RFP'S ON OBICI WEBSITE
COMMUNITY ENGAGEMENT GRANTS- NO DEADLINES

RESTRICTIONS AND LIMITATIONS ON AWARDS

RESTRICTIONS:

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

FORM 990-PF

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

STATEMENT 14

RESTRICTIONS AND LIMITATIONS ON AWARDS

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

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	LAND	03/01/10	L				102,507.				102,507.			0.	
2	SITWORK	03/01/10	SL	20.00		16	301,205.				301,205.	121,736.		15,060.	136,796.
3	REMOVE WATER LAT.	03/01/10	SL	20.00		16	5,367.				5,367.	2,168.		268.	2,436.
4	PAVERS / COLORED SIDEWALK	03/01/10	SL	15.00		16	8,415.				8,415.	4,535.		561.	5,096.
5	WELL	03/01/10	SL	20.00		16	16,499.				16,499.	6,669.		825.	7,494.
6	FENCING	03/01/10	SL	8.00		16	4,498.				4,498.	4,498.		0.	4,498.
7	LANDSCAPING	03/01/10	SL	10.00		16	1,686.				1,686.	1,364.		169.	1,533.
8	WHEEL STOPS	03/01/10	SL	15.00		16	1,169.				1,169.	630.		78.	708.
9	PARKING LOT UNDERCUTTING	03/01/10	SL	15.00		16	6,289.				6,289.	3,388.		419.	3,807.
10	TREE PRUNING	03/01/10	SL	15.00		16	695.				695.	374.		46.	420.
11	SIDEWALK DESIGN	03/01/10	SL	15.00		16	2,090.				2,090.	1,125.		139.	1,264.
12	LOC - CITY OF SUFFOLK LANDSCAPING	03/01/10	SL	15.00		16	1,250.				1,250.	666.		83.	749.
13	SIGN FOR NEW CONSTRUCTION	03/01/10	SL	15.00		16	468.				468.	252.		31.	283.
14	FENCE - AIR HANDLER	04/09/10	SL	8.00		16	1,300.				1,300.	1,300.		0.	1,300.
15	BRONZE SIGN	04/12/10	SL	15.00		16	3,449.				3,449.	1,840.		230.	2,070.
16	LANDSCAPING CONTRACT	05/13/10	SL	10.00		16	54,997.				54,997.	43,082.		5,500.	48,582.
17	CIVIL CONSTRUCTION DRAWINGS	08/31/10	SL	45.00		16	2,373.				2,373.	401.		53.	454.
18	FINAL UNDERCUTTING	09/01/10	SL	15.00		16	1,524.				1,524.	772.		102.	874.

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19	REVIEW OF FINAL DRAWINGS	09/01/10	SL	45.00		16	210.				210.	36.		5.	41.
20	LANDSCAPING - NEAR CAC (ADOPT-A-SPOT)	10/03/11	SL	10.00		16	6,008.				6,008.	3,906.		601.	4,507.
21	LOCATION SIGN (MAIN STREET)	03/06/12	SL	15.00		16	1,680.				1,680.	681.		112.	793.
22	LANDSCAPING - MAIN & FINNEY	03/28/12	SL	10.00		16	4,993.				4,993.	2,995.		499.	3,494.
23	VITEX TREES (2)	01/31/13	SL	10.00		16	680.				680.	357.		68.	425.
24	COMMUNITY GARDEN BOX (MATERIALS & LABOR)	04/23/14	SL	8.00		16	3,844.				3,844.	1,923.		481.	2,404.
25	REPLACE SERVICE BERRIES ALONG MAIN STREET	03/31/16	SL	10.00		16	2,057.				2,057.	412.		206.	618.
26	BUILDING SHELL	03/01/10	SL	45.00		16	1,098,759.				1,098,759.	197,370.		24,417.	221,787.
27	CARPET	03/01/10	SL	5.00		16	14,868.				14,868.	14,868.		0.	14,868.
28	PAINTING	03/01/10	SL	5.00		16	43,570.				43,570.	43,570.		0.	43,570.
29	ELEVATOR	03/01/10	SL	20.00		16	57,065.				57,065.	23,063.		2,853.	25,916.
30	FIRE PROTECTION	03/01/10	SL	20.00		16	39,557.				39,557.	15,988.		1,978.	17,966.
31	PLUMBING	03/01/10	SL	20.00		16	43,957.				43,957.	17,766.		2,198.	19,964.
32	HVAC	03/01/10	SL	20.00		16	80,106.				80,106.	32,375.		4,005.	36,380.
33	GEOHERMAL SYSTEM	03/01/10	SL	20.00		16	64,356.				64,356.	26,011.		3,218.	29,229.
34	ELECTRICAL	03/01/10	SL	20.00		16	151,944.				151,944.	61,410.		7,597.	69,007.
35	STAIRS AND CABINETS	09/01/10	SL	45.00		16	7,431.				7,431.	1,321.		165.	1,486.
36	CONSTRUCTION ADMINISTRATION	09/01/10	SL	45.00		16	4,653.				4,653.	783.		103.	886.

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37	SNOW GUARDS	03/10/11	SL	45.00		16	10,200.				10,200.	1,588.		227.	1,815.
38	PAINT FRONT PORCH	05/21/15	SL	5.00		16	3,450.				3,450.	1,955.		690.	2,645.
39	BATHROOM HEATERS (4-INSTALLED)	11/10/15	SL	5.00		16	1,700.				1,700.	822.		340.	1,162.
57	2 CS3 ADOBE CREATIVE SUITE DESIGN SOFTWARE	09/21/07	SL	3.00		16	837.				837.	837.		0.	837.
63	RANGE AND DISWASHER	03/01/10	SL	10.00		16	1,443.				1,443.	1,166.		144.	1,310.
64	REFRIGERATOR	03/01/10	SL	10.00		16	1,462.				1,462.	1,181.		146.	1,327.
65	VOICE AND DATA CABLING EQUIPMENT	03/01/10	SL	20.00		16	8,607.				8,607.	3,478.		430.	3,908.
67	ACCESS CONTROL SYSTEM	03/01/10	SL	20.00		16	4,355.				4,355.	1,761.		218.	1,979.
68	SECURITY SYSTEM EQUIPMENT	03/01/10	SL	20.00		16	2,790.				2,790.	1,129.		140.	1,269.
69	CCTV SYSTEM	03/01/10	SL	10.00		16	6,374.				6,374.	5,151.		637.	5,788.
74	CS5 SOFTWARE (3)	04/06/11	SL	3.00		16	1,832.				1,832.	1,832.		0.	1,832.
79	COMPUTER PROJECTOR	08/26/11	SL	5.00		16	917.				917.	917.		0.	917.
81	DELL DESKTOP COMPUTER (RS TO INTERN)	03/26/12	SL	5.00		16	1,400.				1,400.	1,400.		0.	1,400.
84	DESK SCANNER (EXECUTIVE ASSISTANT)	04/26/12	SL	5.00		16	430.				430.	430.		0.	430.
85	SHARP 80" TV (BOARD ROOM)	12/26/12	SL	5.00		16	5,399.				5,399.	5,399.		0.	5,399.
86	PRINTER, LASERJET PRO (DIRECTOR OF FINANCE)	02/05/13	SL	5.00		16	210.				210.	210.		0.	210.
88	LAPTOP COMPUTER 10" (DOF)	05/31/13	SL	5.00		16	950.				950.	918.		32.	950.
90	SERVER HP PROLIENT ML	06/18/13	SL	5.00		16	3,500.				3,500.	3,325.		175.	3,500.

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93	CANOPY TENT	11/26/13	SL	5.00		16	520.				520.	451.		69.	520.
95	GOOGLE CHROME TABLET (FOR SURVEYS)	06/26/14	SL	5.00		16	317.				317.	237.		63.	300.
97	SURFACE PRO TABLET (EXECUTIVE DIRECTOR)	01/26/15	SL	5.00		16	1,106.				1,106.	700.		221.	921.
98	HEATING/COOLING UNIT (OUTDOOR FOR SERVER ROOM)	02/26/15	SL	5.00		16	4,200.				4,200.	2,590.		840.	3,430.
101	VACUUM CLEANER WINDSOR S12 COMMERCIAL	04/26/15	SL	5.00		16	569.				569.	332.		114.	446.
102	(D)COMPUTER (EXECUTIVE DIRECTOR)	08/21/15	SL	5.00		16	1,407.				1,407.	726.		281.	1,007.
103	COMPUTER(COMM/PROG SPECIALIST)	08/21/15	SL	5.00		16	1,407.				1,407.	726.		281.	1,007.
104	COMPUTER (FOUNDATION ASSISTANT)	08/21/15	SL	5.00		16	1,407.				1,407.	726.		281.	1,007.
107	TV - LG 55LF6100 LCD HDTV (CONF ROOM)	11/05/15	SL	5.00		16	992.				992.	479.		198.	677.
110	COMPUTER (PRO TAMMIE)	03/31/16	SL	5.00		16	1,100.				1,100.	440.		220.	660.
111	IPAD PRO & KEYBD APPLE (EXECUTIVE DIRECTOR)	02/26/16	SL	5.00		16	1,192.				1,192.	496.		238.	734.
112	IPAD PRO & KEYBD APPLE (COMM/PROG SPECIALIST)	02/26/16	SL	5.00		16	1,192.				1,192.	496.		238.	734.
113	SURFACE PRO TABLET (FINANCE DIRECTOR)	02/26/16	SL	5.00		16	1,409.				1,409.	587.		282.	869.
114	SURFACE PRO TABLET (FOUNDATION ASSISTANT)	02/26/16	SL	5.00		16	1,409.				1,409.	587.		282.	869.
116	MINI LAPTOP LENOVO (PRO RICK)	03/26/16	SL	5.00		16	1,166.				1,166.	466.		233.	699.
117	FURNITURE	12/07/06	SL	7.00		16	5,255.				5,255.	5,255.		0.	5,255.
118	CONFERENCE TABLE	02/01/08	SL	7.00		16	4,370.				4,370.	4,370.		0.	4,370.
119	8 CONFERENCE CHAIRS	02/01/08	SL	7.00		16	1,253.				1,253.	1,253.		0.	1,253.

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120	2 LEATHER MESH CHAIRS	08/04/08	SL	7.00		16	713.				713.	713.		0.	713.
121	DESK AND FILE CABINET	08/01/08	SL	7.00		16	781.				781.	781.		0.	781.
122	CONFERENCE TABLE	03/01/10	SL	7.00		16	1,750.				1,750.	1,542.		0.	1,542.
123	DESK, FILE CABINET & BOOKCASE FINANCE	12/14/09	SL	7.00		16	3,386.				3,386.	3,028.		0.	3,028.
124	OFFICE CHAIR	01/01/10	SL	7.00		16	362.				362.	337.		0.	337.
125	INTERIOR DESIGN FEES	03/01/10	SL	10.00		16	13,675.				13,675.	11,055.		1,368.	12,423.
126	(3) 5 DRW , LATERAL FILE CABINETS	03/01/10	SL	7.00		16	3,421.				3,421.	3,421.		0.	3,421.
127	FINANCE SHELVING - FILE ROOM	03/01/10	SL	10.00		16	861.				861.	696.		86.	782.
128	CREDENZA	03/01/10	SL	7.00		16	963.				963.	963.		0.	963.
129	TABLE - FINANCE OFFICE	03/01/10	SL	7.00		16	704.				704.	704.		0.	704.
130	DESK ADM FILE ROOM	03/01/10	SL	7.00		16	357.				357.	357.		0.	357.
131	(10) OFFICE SIDE CHAIRS	03/01/10	SL	7.00		16	6,035.				6,035.	6,035.		0.	6,035.
132	SIDE TABLE - ED OFFICE	03/01/10	SL	7.00		16	340.				340.	340.		0.	340.
133	LECTERN - BOARD ROOM	03/01/10	SL	7.00		16	1,843.				1,843.	1,843.		0.	1,843.
134	(3) BUFFET CREDENZAS	03/01/10	SL	7.00		16	7,616.				7,616.	7,616.		0.	7,616.
135	SIDE TABLE - BOARD ROOM	03/01/10	SL	7.00		16	929.				929.	929.		0.	929.
136	CONFERENCE TABLE - BOARD ROOM	03/01/10	SL	10.00		16	10,421.				10,421.	8,423.		1,042.	9,465.
137	(18) BOARD ROOM CHAIRS	03/01/10	SL	10.00		16	13,778.				13,778.	11,138.		1,378.	12,516.

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138	WINDOW TREATMENTS	03/01/10	SL	10.00		16	24,827.				24,827.	20,069.		2,483.	22,552.
139	OBICI ROOM WOOD TABLES (3)	03/01/10	SL	7.00		16	3,339.				3,339.	3,339.		0.	3,339.
140	OBICI ROOM AREA RUG	03/01/10	SL	5.00		16	1,470.				1,470.	1,470.		0.	1,470.
141	OBICI ROOM FRIEZE WALL COVERING	03/01/10	SL	10.00		16	1,140.				1,140.	921.		114.	1,035.
142	UPHOLSTER SOFA & BOARD ROOM CHAIRS	03/01/10	SL	7.00		16	3,934.				3,934.	3,934.		0.	3,934.
143	OBICI ROOM TILE / FIREPLACE	03/01/10	SL	10.00		16	163.				163.	131.		16.	147.
144	MOVING OFFICE FURNITURE & EQUIPMENT	03/01/10	SL	10.00		16	1,820.				1,820.	1,471.		182.	1,653.
145	RENTAL OF SPACE - CONSTRUCTION MEETINGS	03/01/10	SL	10.00		16	800.				800.	647.		80.	727.
146	SAFE	07/02/10	SL	7.00		16	582.				582.	582.		0.	582.
147	OAK BASE TABLE	12/20/10	SL	7.00		16	600.				600.	600.		0.	600.
148	TASK CHAIR AND KEYBOARD PLATFORM	01/10/11	SL	7.00		16	544.				544.	544.		0.	544.
149	CHAIR (PROGRAM OFFICER)	05/12/11	SL	7.00		16	366.				366.	361.		5.	366.
150	BOOKCASE (PROGRAM ASSOCIATE)	07/18/11	SL	7.00		16	224.				224.	213.		11.	224.
151	TASK CHAIR (EXECUTIVE ASSISTANT)	08/01/11	SL	7.00		16	387.				387.	368.		19.	387.
152	FOUNDERS PLAQUE (ENTRANCE HALLWAY)	10/01/11	SL	7.00		16	549.				549.	509.		40.	549.
153	DESK HUTCH	03/19/12	SL	7.00		16	458.				458.	392.		65.	458.
154	WIRE SHELVING (3 - 48")	03/19/12	SL	7.00		16	825.				825.	708.		117.	825.
155	PRINTER STAND	03/19/12	SL	7.00		16	377.				377.	324.		53.	377.

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156	LATERAL FILE CABINETS (2 - 42")	03/19/12	SL	7.00		16	2,430.				2,430.	2,082.		347.	2,430.
157	EXECUTIVE CHAIRS (2 - MESHBACK)	03/19/12	SL	7.00		16	817.				817.	701.		116.	817.
158	ROUND TABLE (2ND FLOOR HALLWAY)	04/12/12	SL	7.00		16	519.				519.	444.		74.	519.
159	PADDED FOLDING CHAIRS (8) (KITCHEN)	05/02/12	SL	7.00		16	560.				560.	473.		80.	553.
160	GUEST CHAIRS, ROLLED ARM (2) (PROGRAM ASSOCIATE)	05/24/12	SL	7.00		16	2,262.				2,262.	1,884.		323.	2,207.
161	GUEST CHAIRS, WOOD FRAME, CHARCOAL (2) (CREDIT FOR ERR)	06/27/12	SL	7.00		16	722.				722.	593.		103.	696.
162	GUEST CHAIRS, WOOD FRAME, CRANBERRY (4) (DOF)	05/24/12	SL	7.00		16	2,507.				2,507.	2,089.		358.	2,447.
163	CRENDENZA (ED)	05/24/12	SL	7.00		16	2,898.				2,898.	2,415.		414.	2,829.
164	SOFA TABLE (PROGRAM ASSOCIATE)	05/24/12	SL	7.00		16	519.				519.	432.		74.	506.
165	OPEN BOOKCASE UNIT (PROGRAM ASSOCIATE)	05/24/12	SL	7.00		16	1,031.				1,031.	858.		147.	1,005.
166	GUEST CHAIRS, OPEN WOOD BACK (2) (ED) (TEA LEAVE FABRIC)	06/27/12	SL	7.00		16	1,248.				1,248.	1,024.		178.	1,202.
167	ROUND TABLE (DIRECTOR OF FINANCE)	08/29/12	SL	7.00		16	846.				846.	675.		121.	796.
168	RUGS, AREA (4 ON 2ND, 2 ON 1ST)	02/18/13	SL	7.00		16	7,051.				7,051.	5,203.		1,007.	6,210.
169	SOFA TABLE (GRANTS ASSOCIATE)	02/01/13	SL	7.00		16	519.				519.	383.		74.	457.
170	LATERAL FILES, 2-DRAWER, ED (2)	03/06/13	SL	7.00		16	3,137.				3,137.	2,278.		448.	2,726.
171	STAND-UP TABLE (ED)	07/31/13	SL	7.00		16	1,855.				1,855.	1,325.		265.	1,590.
172	BOOKCASE 3-SHELF (PO)	11/14/13	SL	7.00		16	579.				579.	414.		83.	497.
173	LATERAL FILE 2-DRAWER (PO)	03/31/14	SL	7.00		16	1,623.				1,623.	928.		232.	1,160.

2018 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
174	EXECUTIVE DESK W/ BRIDGE (PROG RESOUR OFFICER)	04/29/14	SL	7.00		16	4,870.				4,870.	2,784.		696.	3,480.
175	PORCH FURNITURE ADIRONDACK 5-PIECE	04/26/15	SL	7.00		16	1,402.				1,402.	584.		200.	784.
176	DESK SET 3-PIECE (FOUNDATION ASSISTANT)	08/01/15	SL	7.00		16	3,844.				3,844.	1,510.		549.	2,059.
177	KITCHEN TABLE 36X84 OVAL	02/02/16	SL	7.00		16	802.				802.	251.		115.	366.
178	TABLE - SUFFOLK FOUNDATION	08/05/16	SL	7.00		16	1,689.				1,689.	402.		241.	643.
180	CHAIR - SUFFOLK FOUNDATION	08/05/16	SL	7.00		16	564.				564.	135.		81.	216.
191	RUG, FIRST FLOOR HALLWAY	02/04/17	SL	7.00		16	4,058.				4,058.	677.		580.	1,257.
192	CHAIR - PRESIDENT	02/21/17	SL	7.00		16	563.				563.	87.		80.	167.
193	TABLE, ROUND, JASPER (PRESIDENT)	03/20/17	SL	7.00		16	1,817.				1,817.	260.		260.	520.
194	DESK, DOUBLE PED, JASPER (PRESIDENT)	03/20/17	SL	7.00		16	3,903.				3,903.	558.		558.	1,116.
195	PRINTER, HP OFFICE JET (PRESIDENT)	04/26/16	SL	5.00		16	138.				138.	53.		28.	81.
196	DISHWASHER, BOSCH	04/26/16	SL	7.00		16	1,007.				1,007.	276.		144.	420.
197	TELEPHONE EQUIPMENT, TOSHIBA	02/07/17	SL	7.00		16	6,465.				6,465.	1,671.		924.	2,595.
198	COMPUTER (DOF)	04/10/17	SL	5.00		16	1,288.				1,288.	258.		258.	516.
199	COMPUTER (GRANTS ADMIN)	04/10/17	SL	5.00		16	1,288.				1,288.	258.		258.	516.
200	(D)A/C UNIT MINI-SPLIT (2ND FLOOR ELEVATOR ROOM)	04/10/17	SL	5.00		16	4,200.				4,200.	840.		840.	1,680.
201	TABLE DESK W/CPU CABINET (JASPER) (BD RM)	11/28/17	SL	7.00		16	1,542.				1,542.	73.		220.	293.
202	LATERAL FILE CABINET 3-DRAWER (GEORGIAN) (CEO)	02/09/18	SL	7.00		16	1,949.				1,949.	46.		278.	324.

2018 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
213	CONFERENCE ROOM AREA RUG	08/03/18	SL	7.00		16	3,158.				3,158.			301.	301.
214	OFFICE FURNITURE-CREDENZA BRIDGE PED DESK AND CENTER D	09/24/18	SL	7.00		16	3,551.				3,551.			254.	254.
215	AMAZON CPU FOR EXEC ASSISTANT	05/26/18	SL	5.00		16	950.				950.			158.	158.
216	AMAZON CPU FOR CROUCH	07/26/18	SL	5.00		16	1,299.				1,299.			173.	173.
217	MICROSOFT SURFACE PRO- A. BEUCHLER	08/26/18	SL	5.00		16	1,971.				1,971.			230.	230.
218	DELL XPS 8920 CPU- F. CHARLES	09/26/18	SL	5.00		16	1,089.				1,089.			109.	109.
219	CISCO MERAKI MXX67 SECURITY APPLICANCE WITH 5 YEAR ADVAN	02/26/19	SL	5.00		16	2,015.				2,015.			34.	34.
220	2018 PREMIUM HP 17.3" BUSINESS LAPTOP- CONF ROOM	02/26/19	SL	5.00		16	829.				829.			14.	14.
221	LENOVA 2018 YOGA 730 LAPTOP- ASSIST DIR OF FINANCE & GRA	02/26/19	SL	5.00		16	808.				808.			13.	13.
	* TOTAL 990-PF PG 1 DEPR						2,426,168.				2,426,168.	825,479.		98,189.	923,671.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						2,410,498.			0.	2,410,498.	825,479.			922,385.
	ACQUISITIONS						15,670.			0.	15,670.	0.			1,286.
	DISPOSITIONS						5,607.			0.	5,607.	1,566.			2,687.
	ENDING BALANCE						2,420,561.			0.	2,420,561.	823,913.			920,984.
	ENDING ACCUM DEPR LESS DISPOSITIONS											920,984.			
	ENDING BOOK VALUE											1,499,577.			

TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING

MARCH 31, 2019

Prepared for	OBICI HEALTHCARE FOUNDATION, INC. 106 W. FINNEY AVENUE SUFFOLK, VA 23434
Prepared by	BROWN, EDWARDS & COMPANY, LLP 701 TOWN CENTER DRIVE NEWPORT NEWS, VA 23606
Amount due or refund	NO AMOUNT IS DUE.
Make check payable to	NO AMOUNT IS DUE.
Mail tax return and check (if applicable) to	DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027
Return must be mailed on or before	FEBRUARY 18, 2020
Special Instructions	THE RETURN SHOULD BE SIGNED AND DATED.

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

2018

For calendar year 2018 or other tax year beginning **APR 1, 2018**, and ending **MAR 31, 2019**.

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury
Internal Revenue Service

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

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

C Book value of all assets at end of year: **122,259,650.**

F Group exemption number (See instructions.) ▶

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

H Enter the number of the organization's unrelated trades or businesses. ▶ **1** Describe the only (or first) unrelated trade or business here ▶ **DEBT FINANCED PROPERTY**. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

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

J The books are in care of ▶ **ANNETTE C. BEUHLER** Telephone number ▶ **757-539-8810**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
c	Balance ▶	1c		
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit. Subtract line 2 from line 1c	3		
4a	Capital gain net income (attach Schedule D)	4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from a partnership or an S corporation (attach statement)	5	-939,062.	STMT 15
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7		
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11		
12	Other income (See instructions; attach schedule)	12		
13	Total. Combine lines 3 through 12	13	-939,062.	-939,062.

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

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)	21	
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	22b
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule)	28	
29	Total deductions. Add lines 14 through 28	29	0.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-939,062.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	31	
32	Unrelated business taxable income. Subtract line 31 from line 30	32	-939,062.

Part III Total Unrelated Business Taxable Income			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	-939,062.
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) STMT 16	35	0.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34	36	-939,062.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36	38	-939,062.

Part IV Tax Computation			
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	40	
41	Proxy tax. See instructions	41	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	0.

Part V Tax and Payments			
45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a	
b	Other credits (see instructions)	45b	
c	General business credit. Attach Form 3800	45c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d	
e	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	0.
47	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)	48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.
50a	Payments: A 2017 overpayment credited to 2018	50a	
b	2018 estimated tax payments	50b	
c	Tax deposited with Form 8868	50c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d	
e	Backup withholding (see instructions)	50e	
f	Credit for small employer health insurance premiums (attach Form 8941)	50f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	50g	
51	Total payments. Add lines 50a through 50g	51	
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	55	

Part VI Statements Regarding Certain Activities and Other Information (see instructions)		Yes	No
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
58	Enter the amount of tax-exempt interest received or accrued during the tax year \$		

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

Sign Here

Signature of officer: _____ Date: _____ Title: **PRESIDENT**

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

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	JEFF SMITH	JEFF SMITH	12/20/19		P00446095
	Firm's name BROWN, EDWARDS & COMPANY, LLP	Firm's EIN 54-0504608			
	701 TOWN CENTER DRIVE				
	Firm's address NEWPORT NEWS, VA 23606		Phone no. (757) 873-1033		

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

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

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

(see instructions)

1. Description of property

(1)	
(2)	
(3)	
(4)	

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ►

(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ... ► 0.

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

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

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

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

Nonexempt Controlled Organizations

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

			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals			0.	0.

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

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

		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
Totals		0.		0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

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

		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).		Enter here and on page 1, Part II, line 26.
Totals		0.	0.		0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

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

Totals (carry to Part II, line (5))		0.	0.			0.
--	--	----	----	--	--	----

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

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col. (A). 0.	Enter here and on page 1, Part I, line 11, col. (B). 0.				Enter here and on page 1, Part II, line 27. 0.

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

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

FORM 990-T	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 15
DESCRIPTION		NET INCOME OR (LOSS)
BLUESTEM PARTNERS - ORDINARY BUSINESS INCOME (LOSS)		204,555.
MERCED IV - ORDINARY BUSINESS INCOME (LOSS)		1,837.
ALPINE INVESTORS VI - ORDINARY BUSINESS INCOME (LOSS)		-145,593.
PARTNERS FOR GROWTH IV - ORDINARY BUSINESS INCOME (LOSS)		70,018.
PARTNERS FOR GROWTH V - ORDINARY BUSINESS INCOME (LOSS)		41,448.
TAILWATER ENERGY FUND - ORDINARY BUSINESS INCOME (LOSS)		-765,761.
VORTUS INVESTMENTS II - ORDINARY BUSINESS INCOME (LOSS)		-82,028.
BROADVAIL CAPITAL PARTNERS - ORDINARY BUSINESS INCOME (LOSS)		17,963.
MERCED V - ORDINARY BUSINESS INCOME (LOSS)		-259,318.
WHITMAN-PETERSON PARTNERS III - ORDINARY BUSINESS INCOME (LOSS)		-22,183.
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5		-939,062.

FORM 990-T	NET OPERATING LOSS DEDUCTION			STATEMENT 16
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
03/31/18	49,830.	0.	49,830.	49,830.
NOL CARRYOVER AVAILABLE THIS YEAR			49,830.	49,830.

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

OMB No. 1545-0026

▶ Go to www.irs.gov/Form926 for instructions and the latest information.
 ▶ Attach to your income tax return for the year of the transfer or distribution.

Attachment
 Sequence No. **128**

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

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

- 1** Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation? Yes No
- 2** If the transferor was a corporation, complete questions 2a through 2d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations? Yes No
- b** Did the transferor remain in existence after the transfer? Yes No
- If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

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

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(4) been made? Yes No

- 3** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.
- a** List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership

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

Part II Transferee Foreign Corporation Information (see instructions)

4 Name of transferee (foreign corporation) GOBI CONCENTRATED FUND LTD.	5a Identifying number, if any
--	-------------------------------

6 Address (including country) PALM GROVE HOUSE TOTOLA, VI 00000	5b Reference ID number 0001660843
---	---

7 Country code of country of incorporation or organization
VI

8 Foreign law characterization (see instructions)
CORPORATION

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

Part III Information Regarding Transfer of Property (see instructions)

Section A - Cash

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	STMT 17				

10 Was cash the only property transferred? Yes No
 If "Yes," skip the remainder of Part III and go to Part IV.

Section B - Other Property (other than intangible property subject to section 367(d))

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
Totals					

- 11** Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed? Yes No
- 12 a** Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation? Yes No
 If "Yes," go to line 12b.
- b** Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation? Yes No
 If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.
- c** Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? Yes No
 If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.
- d** Enter the transferred loss amount included in gross income as required under section 91 ► \$ _____
- 13** Did the transferor transfer property described in section 367(d)(4)? Yes No
 If "No," skip Section C and questions 14a through 15.

Section C - Intangible Property Subject to Section 367(d)

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
Totals						

- 14 a** Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years? Yes No
- b** At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? Yes No
- c** Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? Yes No
- d** If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ▶ \$ _____
- 15** Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? Yes No

Supplemental Part III Information Required To Be Reported (see instructions)

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

- 16** Enter the transferor's interest in the transferee foreign corporation before and after the transfer.
(a) Before 0.870 % **(b)** After 1.130 %
- 17** Type of nonrecognition transaction (see instructions) ▶ SECTION 351
- 18** Indicate whether any transfer reported in Part III is subject to any of the following.
 - a** Gain recognition under section 904(f)(3) Yes No
 - b** Gain recognition under section 904(f)(5)(F) Yes No
 - c** Recapture under section 1503(d) Yes No
 - d** Exchange gain under section 987 Yes No
- 19** Did this transfer result from a change in entity classification? Yes No
- 20 a** Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) Yes No
If "Yes," complete lines 20b and 20c.
- b** Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ▶ \$ _____
- c** Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? Yes No
- 21** Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions Yes No

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

OMB No. 1545-0026

▶ Go to www.irs.gov/Form926 for instructions and the latest information.
 ▶ Attach to your income tax return for the year of the transfer or distribution.

Attachment
 Sequence No. **128**

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

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

- 1** Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation? Yes No
- 2** If the transferor was a corporation, complete questions 2a through 2d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations? Yes No
- b** Did the transferor remain in existence after the transfer? Yes No
 If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

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

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(4) been made? Yes No

- 3** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.
- a** List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership

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

Part II Transferee Foreign Corporation Information (see instructions)

4 Name of transferee (foreign corporation) VY CAPITAL HOLDINGS LIMITED	5a Identifying number, if any
6 Address (including country) TRIDENT CHAMBERS, P.O. BOX 146 ROAD TOWN, TORTOLA, BRITISH VIRGIN ISLANDS	5b Reference ID number 0001619788
7 Country code of country of incorporation or organization VI	
8 Foreign law characterization (see instructions) CORPORATION	
9 Is the transferee foreign corporation a controlled foreign corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Part III Information Regarding Transfer of Property (see instructions)

Section A - Cash

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	07/01/2018		800,692.		

10 Was cash the only property transferred? **Yes** **No**
 If "Yes," skip the remainder of Part III and go to Part IV.

Section B - Other Property (other than intangible property subject to section 367(d))

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
Totals					

11 Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed? **Yes** **No**

12 a Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation? **Yes** **No**
 If "Yes," go to line 12b.

b Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation? **Yes** **No**
 If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.

c Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? **Yes** **No**
 If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.

d Enter the transferred loss amount included in gross income as required under section 91 ► \$ _____

13 Did the transferor transfer property described in section 367(d)(4)? **Yes** **No**
 If "No," skip Section C and questions 14a through 15.

Section C - Intangible Property Subject to Section 367(d)

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
Totals						

- 14 a** Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years? Yes No
- b** At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? Yes No
- c** Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? Yes No
- d** If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ▶ \$ _____
- 15** Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? Yes No

Supplemental Part III Information Required To Be Reported (see instructions)

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

- 16** Enter the transferor's interest in the transferee foreign corporation before and after the transfer.
(a) Before 0.083 % (b) After 0.137 %
- 17** Type of nonrecognition transaction (see instructions) ▶ SECTION 351
- 18** Indicate whether any transfer reported in Part III is subject to any of the following.
 - a** Gain recognition under section 904(f)(3) Yes No
 - b** Gain recognition under section 904(f)(5)(F) Yes No
 - c** Recapture under section 1503(d) Yes No
 - d** Exchange gain under section 987 Yes No
- 19** Did this transfer result from a change in entity classification? Yes No
- 20 a** Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) Yes No
If "Yes," complete lines 20b and 20c.
- b** Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ▶ \$ _____
- c** Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? Yes No
- 21** Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions Yes No

CASH

(A) DATE OF TRANSFER	(C) FAIR MARKET VALUE ON DATE OF TRANSFER
08/01/2018	800,000.
10/01/2018	800,000.
	<u>1,600,000.</u>

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Enter filer's identifying number	
Type or print	Name of exempt organization or other filer, see instructions. OBICI HEALTHCARE FOUNDATION, INC.	Employer identification number (EIN) or 51-0249728
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 106 W. FINNEY AVENUE	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SUFFOLK, VA 23434	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 4

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

ANNETTE C. BEUCLER

- The books are in the care of ▶ **106 W. FINNEY AVENUE - SUFFOLK, VA 23434**
Telephone No. ▶ **757-539-8810** Fax No. ▶ **757-539-8887**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **FEBRUARY 15, 2020**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **APR 1, 2018**, and ending **MAR 31, 2019**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	118,319.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Enter filer's identifying number	
Type or print	Name of exempt organization or other filer, see instructions. OBICI HEALTHCARE FOUNDATION, INC.	Employer identification number (EIN) or 51-0249728
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 106 W. FINNEY AVENUE	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SUFFOLK, VA 23434	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 7

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

ANNETTE C. BEUCLER

- The books are in the care of ▶ **106 W. FINNEY AVENUE - SUFFOLK, VA 23434**
Telephone No. ▶ **757-539-8810** Fax No. ▶ **757-539-8887**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **FEBRUARY 15, 2020**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **APR 1, 2018**, and ending **MAR 31, 2019**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

2018 TAX RETURN FILING INSTRUCTIONS

VIRGINIA FORM 500

FOR THE YEAR ENDING

MARCH 31, 2019

Prepared for	OBICI HEALTHCARE FOUNDATION, INC. 106 W. FINNEY AVENUE SUFFOLK, VA 23434
Prepared by	BROWN, EDWARDS & COMPANY, LLP 701 TOWN CENTER DRIVE NEWPORT NEWS, VA 23606
To be signed and dated by	NOT APPLICABLE
Amount of tax	Total tax \$ 0.00 Less: payments and credits \$ 0.00 Plus: other amount \$ 0.00 Plus: interest and penalties \$ 0.00 NO PMT REQUIRED \$
Overpayment	Credited to your estimated tax \$ 0.00 Other amount \$ 0.00 Refunded to you \$ 0.00
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE VADOT, PLEASE SIGN, DATE AND RETURN VA-8879C TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE VADOT. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE VADOT.
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	

**2018 Virginia Corporation
 Income Tax Return**



FISCAL or Attention: Return must be filed electronically. Use this form only if you have an approved waiver.
 SHORT Year Filer: Beginning Date APRIL 1, 2018 ; Ending Date MARCH 31, 2019
 Short Year Return Change in Accounting Period

Official Use Only

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

Check Applicable Boxes	Final Return	Corporate Telecommunications Company
<input type="checkbox"/> Consolidated - Sch. 500AC Enclosed <input type="checkbox"/> Combined - Sch. 500AC Enclosed <input type="checkbox"/> Change in Filing Status <input type="checkbox"/> Sch. 500A Enclosed <input type="checkbox"/> Schedule 500AB Enclosed <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Certified Company Apportionment - Sch. 500AP Enclosed Enter number of affiliates _____	<input type="checkbox"/> Final Return - Check here and applicable boxes below. <input type="checkbox"/> Withdrawn <input type="checkbox"/> Dissolved - No longer liable for tax. Dissolved Date _____ <input type="checkbox"/> Merged Merger Date _____ Merged FEIN # _____ <input type="checkbox"/> S Corp Effective _____	Enter amount from Form 500T, Line 7: _____ .00 <hr/> Noncorporate Telecommunications Company Check box and enter amount from Form 500T, Line 10: <input type="checkbox"/> _____ .00 <hr/> Electric Supplier Company Enter amount from Sch. 500EL, Line 7 or 14: _____ .00 <hr/> Home Service Contract Provider Enter amount from Form 500HS, Line 10: <input type="checkbox"/> Check box if a noncorporate HSCP. _____ .00
Amended Return (Do not file this form to carry back a net operating loss. Use Form 500NOLD) <input type="checkbox"/> Amended Return - Check here and other applicable boxes. <input type="checkbox"/> Federal Audit - Enclose copy of IRS final determination. <input type="checkbox"/> Schedule 500A Changes <input type="checkbox"/> Schedule 500ADJ Changes <input type="checkbox"/> Nonrefundable or Refundable Credit Change <input type="checkbox"/> Schedule 500AB Changes <input type="checkbox"/> Capital Loss Carryback <input type="checkbox"/> Other - Enclose explanation.		

Questions and Related Information

A. Have you made any payments to an affiliated corporation, a related individual, or other related entity for interest, royalties or other expenses related to intangible property (patents, trademarks, copyrights, and similar intangible property)? If yes, complete and enclose Schedule 500AB.
 Enter exception amount from Schedule 500AB, Line 8. **A.** _____ **.00**

B. Coalfield Employment Enhancement Tax Credit earned from 2018 Form 306, Line 11. **B.** _____ **.00**

C. If a net operating loss deduction was claimed in computing federal taxable income on the U.S. Corporation Income Tax Return, provide the requested information. If a NOL resulted from a merger, enter the FEIN of the company generating the NOL prior to the merger date.
(1) Year of Loss _____
(2) Federal NOL _____
(3) Percent of federal NOL used this year _____ %

(If there are NOLs for more than one year, enclose a schedule for each year with the information requested in Section C.)

D. If pass-through entity withholding is claimed, enter the number of Schedules VK-1 and complete and enclose Schedule 500ADJ, Page 2. **D.** _____

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

F. Location of corporation's books 106 W. FINNEY AVENUE, SUFFOLK

Contact for corporation's books ANNETTE C. BEUCLER Contact Phone Number 757-539-8810

2018 Virginia Form 500

Page 2

FEIN
51-0249728



INCOME

1. Federal taxable income (from enclosed federal return)	1.	-939062 .00
2. Total additions from Schedule 500ADJ, Section A, Line 7	2.	.00
3. Total (add Lines 1 and 2)	3.	-939062 .00
4. Total subtractions from Schedule 500ADJ, Section B, Line 10	4.	.00
5. Balance (subtract Line 4 from Line 3)	5.	-939062 .00
6. Savings and Loan Association's Bad Debt Deduction (see instructions)	6.	.00
7. Virginia taxable income (subtract Line 6 from Line 5)	7.	-939062 .00

TAX COMPUTATION

8. Apportionable Income (Schedule 500A Filers) - Complete Lines 8(a) through 8(d). See instructions.		
(a) Income subject to Virginia tax from Schedule 500A, Section B, Line 3(j)	8(a)	.00
(b) Apportionment factor percentage from Schedule 500A, Section B, Line 1 or Line 2(g)	8(b)	%
(c) Nonapportionable investment function income from Schedule 500A, Section B, Line 3(c)	8(c)	.00
(d) Nonapportionable investment function loss from Schedule 500A, Section B, Line 3(e)	8(d)	.00
9. Income tax (6% of Line 7 or 6% of Line 8(a))	9.	0 .00

PAYMENTS AND CREDITS

10. Nonrefundable tax credits: Enter the amount from Schedule 500CR, Section 2, Part 1, Line 1B	10.	.00
11. Adjusted corporate tax (subtract Line 10 from Line 9)	11.	.00
12. 2018 estimated Virginia income tax payments including overpayment credit from 2017	12.	.00
13. Extension payment	13.	.00
14. Refundable tax credits from Schedule 500CR, Section 4, Part 1, Line 1A	14.	.00
15. Pass-through entity total withholding from Schedule 500ADJ, Section D	15.	.00
16. Total payments and credits (add Lines 12 through 15)	16.	.00

REFUND OR TAX DUE

17. Tax owed (if Line 11 is greater than Line 16, subtract Line 16 from Line 11)	17.	.00
18. Penalty (see instructions)	18.	.00
19. Interest (see instructions)	19.	.00
20. Additional charge from Form 500C, Line 17 (enclose Form 500C)	20.	.00
21. Total due (add Lines 17 through 20)	21.	.00
22. Overpayment (if Line 16 is greater than Line 11, subtract Line 11 from Line 16)	22.	.00
23. Amount to be credited to 2019 estimated tax	23.	.00
24. Amount to be refunded (subtract Line 23 from Line 22)	24.	.00

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

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

Date	Signature of Officer	Title PRESIDENT
Printed Name of Officer ANNETTE BEUCHLER	Phone Number	
Print Preparer's Name and Firm Name JEFF SMITH BROWN, EDWARDS & COMPANY, LLP	Preparer Phone Number (757) 873-1033	
Date 12/20/19	Individual or Firm, Signature of Preparer	Address of Preparer 701 TOWN CENTER DRIVE NEWPORT NEWS, VA 23606
Preparer's FEIN, PTIN, or SSN P00446095	Approved Vendor Code 1019	

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



Enclose Schedule 500FED with your Virginia Corporation Income Tax Return, Form 500.
Schedule 500FED does not replace the requirement to enclose a complete federal Form 1120 with your Virginia return.

Name as shown on Virginia return OBICI HEALTHCARE FOUNDATION, INC. FEIN 51-0249728

Form 1120 - Deductions and Taxable Income

1. Reserved for Future Use	1. XXXXXXXXXXXXXXXXXXXX
2. Federal Taxable Income before NOL and Special Deductions	2. -939062 .00
3. Net Operating Loss Deduction	3. .00
4. Special Deductions	4. 1000 .00
5. Federal Taxable Income after NOL and Special Deductions	5. -939062 .00

Form 1120, Schedule C - Dividends and Special Deductions

6. Subpart F Income	6. .00
7. Gross-Up for Foreign Taxes Deemed Paid	7. .00

Form 1120, Schedule K or M-1

8. Tax Exempt Interest	8. .00
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Form 5884 - Work Opportunity Credit

9. Salaries and Wages not deducted due to the WOTC	9. .00
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Form 4562 - Special Depreciation Allowance and Other Depreciation

10. Special depreciation allowance for qualified property placed in service during the taxable year	10. .00
11. Property subject to 168(f)(1) election	11. .00
12. Other depreciation	12. 98189 .00

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

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

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

22. Total: Allocable - Rental, Royalty, and Licensing Expenses - Depreciation, Depletion, and Amortization	22. .00
23. Total: Allocable - Rental, Royalty, and Licensing Expenses - Other Expenses	23. .00
24. Total: Allocable - Expenses Related to Gross Income from Performance of Services	24. .00
25. Total: Allocable - Other Allocable Deductions	25. .00
26. Total: Total Allocable Deductions	26. .00
27. Total: Apportioned Share of Deductions	27. .00
28. Total: Net Operating Loss Deduction	28. .00
29. Total: Total Deductions	29. .00

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

30. Total: Total Income or (Loss) Before Adjustments	30. .00
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**DO NOT SEND THIS VA-8879C TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS.
IT MUST BE MAINTAINED IN YOUR FILES!**

Corporation Name	Federal ID Number
OBICI HEALTHCARE FOUNDATION, INC.	51-0249728

Part I Tax Return Information

1. Federal Taxable Income (Form 500, Page 2, Line 1)	1. -939,062.
2. Virginia Taxable Income (Form 500, Page 2, Line 7)	2. -939,062.
3. Income tax (Form 500, Page 2, Line 9)	3.
4. Total payments and credits (Form 500, Page 2, Line 16)	4.
5. Total due (Form 500, Page 2, Line 21)	5.
6. Amount to be refunded (Form 500, Page 2, Line 24)	6.

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare to be the officer of the above corporation and that I have examined a copy of the corporation's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct and complete. I further declare that the information provided to my Electronic Return Originator (ERO), Transmitter, or Intermediate Service Provider including the amounts shown in Part I above agrees with the information and amounts shown on the corresponding lines of the corporate electronic income tax return. If filing a balance due return, I authorize the Virginia Department of Taxation (Virginia Tax) and its designated Financial Agent to initiate an ACH electronic funds withdrawal entry to the financial institution account indicated on the 2018 Virginia income tax return for payment of state taxes owed on this return. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process.

I understand that if Virginia Tax does not receive full and timely payment of the tax liability, the corporation will remain liable for the tax liability and all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Service Provider to transmit the complete return to Virginia Tax. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return.

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

I authorize the ERO named below to enter my e-File PIN 23606 as my signature on the corporation's 2018 electronic Virginia corporation income tax return.
Do not enter all zeros
BROWN, EDWARDS & COMPANY, LLP

ERO Firm Name

I will enter my e-File PIN as my signature on the corporation's 2018 electronic Virginia corporation income tax return. Check this box only if you are entering your own e-File PIN and the return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your Signature _____ Date _____

Part III Certification and Authentication

ERO's EFIN/PIN: Enter your six digit EFIN followed by your five digit self-selected PIN. 54510222801
Do not enter all zeros

I certify that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2018 Virginia corporation income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and have followed all other requirements as specified by Virginia Tax. EROs may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.

ERO's Signature BROWN, EDWARDS & COMPANY, LLP Date 12/20/19

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

(and on Investment Income for Private Foundations) FORM 990-PF

2019

Department of the Treasury
Internal Revenue Service

▶ Go to www.irs.gov/Form990W for instructions and the latest information.
▶ Keep for your records. Do not send to the Internal Revenue Service.

1	Unrelated business taxable income expected in the tax year	1	
2	Tax on the amount on line 1. See instructions for tax computation	2	
3	Alternative minimum tax for trusts. See instructions	3	
4	Total. Add lines 2 and 3	4	
5	Estimated tax credits. See instructions	5	
6	Subtract line 5 from line 4	6	
7	Other taxes. See instructions	7	
8	Total. Add lines 6 and 7	8	
9	Credit for federal tax paid on fuels. See instructions	9	
10a	Subtract line 9 from line 8. Note: If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions	10a	116,174.
b	Enter the tax shown on the 2018 return. See instructions. Caution: If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c	10b	116,174.
c	2019 Estimated Tax. Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c	10c	116,174.

		(a)	(b)	(c)	(d)
11	Installment due dates. See instructions	11			03/16/20
12	Required installments. Enter 25% of line 10c in columns (a) through (d). But see instructions if the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization."	12			77,304.
13	2018 Overpayment. See instructions	13			67,335.
14	Payment due (Subtract line 13 from line 12)	14			9,969.

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2019)

ESTIMATED TAX	116,174.
AMOUNT PAID	38,896.
OVERPAYMENT APPLIED	67,335.
AMOUNT DUE	9,943.