



2014 Income Tax Returns

OBICI HEALTHCARE FOUNDATION, INC.

Cumulative e-File History 2014	
Federal	
Locator:	6401CP
Taxpayer Name:	OBICI HEALTHCARE FOUNDATION, INC.
Return Type:	990, 990PF & 990T (Corp)
Submitted Date:	11/13/2015 09:33:50
Acknowledgement Date:	11/13/2015 09:57:37
Status:	Accepted
Submission ID:	54028020153175000001

**IRS e-file Signature Authorization
for an Exempt Organization**

For calendar year 2014, or fiscal year beginning 04/01, 2014, and ending 03/31, 2015

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

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

2014

Department of the Treasury
Internal Revenue Service

Name of exempt organization

OBICI HEALTHCARE FOUNDATION, INC.

Employer identification number

51-0249728

Name and title of officer

GINA PITRONE, EXECUTIVE DIRECTOR

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

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

1a	Form 990 check here ▶	<input type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	_____
2a	Form 990-EZ check here ▶	<input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	_____
3a	Form 1120-POL check here ▶	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	_____
4a	Form 990-PF check here ▶	<input checked="" type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5).	4b	<u>77,873.</u>
5a	Form 8868 check here ▶	<input type="checkbox"/>	b	Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	_____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2014 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize KPMG LLP to enter my PIN

2	3	4	3	4
---	---	---	---	---

 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ 

Date ▶ NOV-11-2015

Part III Certification and Authentication

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

5	4	0	2	8	0	2	2	1	0	2
---	---	---	---	---	---	---	---	---	---	---

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2014 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ Margaret A. Barbaw

Date ▶ 11/11/15

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

For Paperwork Reduction Act Notice, see back of form.

Department of the Treasury Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public.

Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

Open to Public Inspection

For calendar year 2014 or tax year beginning

04/01, 2014, and ending

03/31, 2015

Name of foundation: OBICI HEALTHCARE FOUNDATION, INC.
Employer identification number: 51-0249728
Telephone number: (757) 539-8810
Check all that apply: Initial return, Final return, Address change
Check type of organization: Section 501(c)(3) exempt private foundation
Fair market value of all assets at end of year: \$ 118,973,307
Accounting method: Accrual

Table with 5 columns: (a) Revenue and expenses per books, (b) Net investment income, (c) Adjusted net income, (d) Disbursements for charitable purposes (cash basis only). Rows include Revenue (1-12) and Operating and Administrative Expenses (13-27).

Application for Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which 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/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (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, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. OBICI HEALTHCARE FOUNDATION, INC.	Employer identification number (EIN) or 51-0249728
	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)

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

- The books are in the care of ► MICHAEL BRINKLEY

Telephone No. ► 757 539-8810 FAX No. ►

- 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 3-month (6 months for a corporation required to file Form 990-T) extension of time until 11/16, 2015, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► calendar year 20____ or

► tax year beginning 04/01, 2014, and ending 03/31, 2015.

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 Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$	70,000.
b If this application is for Form 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 \$	60,000.
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 \$	10,000.

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.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash - non-interest-bearing	46,699.	41,619.	41,619.
	2	Savings and temporary cash investments	9,681,367.	10,261,749.	10,261,749.
	3	Accounts receivable ▶ Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ▶ Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶ Less: allowance for doubtful accounts ▶			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges		24,185.	24,185.
	10 a	Investments - U.S. and state government obligations (attach schedule), . .			
	b	Investments - corporate stock (attach schedule) ATCH 7	12,435,505.	9,661,314.	9,661,314.
	c	Investments - corporate bonds (attach schedule) ATCH 8	1,127,827.		
	11	Investments - land, buildings, and equipment: basis ▶ Less: accumulated depreciation (attach schedule) ▶			
	12	Investments - mortgage loans			
	13	Investments - other (attach schedule) ATCH 9	91,459,690.	96,443,560.	96,443,560.
	14	Land, buildings, and equipment: basis ▶ Less: accumulated depreciation (attach schedule) ▶	2,452,379. 614,125.	1,933,185. 1,838,254.	1,838,254.
15	Other assets (describe ▶ ATCH 11)	703,773.	702,626.	702,626.	
16	Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	117,388,046.	118,973,307.	118,973,307.	
Liabilities	17	Accounts payable and accrued expenses	212,486.	52,246.	
	18	Grants payable	1,352,124.	1,780,584.	
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons . .			
	21	Mortgages and other notes payable (attach schedule)	1,594,621.	1,523,127.	
	22	Other liabilities (describe ▶ ATCH 12)	648,839.	559,457.	
	23	Total liabilities (add lines 17 through 22)	3,808,070.	3,915,414.	
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	113,579,976.	115,057,893.	
	25	Temporarily restricted			
	26	Permanently restricted			
	Foundations that do not follow SFAS 117, . . . ▶ <input type="checkbox"/> check here 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 (see instructions)	113,579,976.	115,057,893.		
31	Total liabilities and net assets/fund balances (see instructions)	117,388,046.	118,973,307.		

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)	1 113,579,976.
2	Enter amount from Part I, line 27a	2 -4,733,123.
3	Other increases not included in line 2 (itemize) ▶ ATCH 13	3 6,211,041.
4	Add lines 1, 2, and 3	4 115,057,894.
5	Decreases not included in line 2 (itemize) ▶ ATCH 14	5 1.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6 115,057,893.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)			(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a SEE PART IV SCHEDULE					
b					
c					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)		
a					
b					
c					
d					
e					
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69					
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))		
a					
b					
c					
d					
e					
2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }			2	451,813.	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8 }			3	0	

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

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

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

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

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2013	4,524,276.	106,786,977.	0.042367
2012	5,048,525.	97,275,806.	0.051899
2011	4,880,044.	98,061,055.	0.049765
2010	2,922,574.	95,843,857.	0.030493
2009	5,568,576.	87,471,067.	0.063662
2 Total of line 1, column (d)			2 0.238186
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			3 0.047637
4 Enter the net value of noncharitable-use assets for 2014 from Part X, line 5			4 113,701,688.
5 Multiply line 4 by line 3			5 5,416,407.
6 Enter 1% of net investment income (1% of Part I, line 27b)			6 38,936.
7 Add lines 5 and 6			7 5,455,343.
8 Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.			8 5,283,993.

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

Table with 11 rows for excise tax calculation. Includes categories like 'Exempt operating foundations', 'Domestic foundations', and 'Tax based on investment income'. Total tax due is 7,127.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Includes questions about political influence, expenditures, and reporting requirements. Includes 'Yes' and 'No' columns.

Part VII-A Statements Regarding Activities (continued)

11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions). 11 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) 12 X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address HTTP://WWW.OBICIHCF.ORG/ 13 X
14 The books are in care of MICHAEL BRINKLEY Telephone no. 757-539-8810 Located at 106 W. FINNEY AVENUE SUFFOLK, VA ZIP+4 23434
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here 15
16 At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? 16 Yes No X
See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1). If "Yes," enter the name of the foreign country

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

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

1a During the year did the foundation (either directly or indirectly):
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes No X
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes No X
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes No X
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? X Yes No
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? Yes No X
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) Yes No X
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? 1b X
Organizations relying on a current notice regarding disaster assistance check here
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 2014? 1c X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):
a At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014? Yes No X
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.) 2b
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? Yes No X
b If "Yes," did it have excess business holdings in 2014 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 2014.) 3b
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? 4a X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014? 4b X

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

5a During the year did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? Yes No

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? Yes No

(3) Provide a grant to an individual for travel, study, or other similar purposes? Yes No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions). Yes No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? Yes No

b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? Yes No
 Organizations relying on a current notice regarding disaster assistance check here **5b** X

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? Yes No
 If "Yes," attach the statement required by Regulations section 53.4945-5(d). ATCH 15

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No
 If "Yes" to 6b, file Form 8870. **6b** X

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

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

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

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
ATCH 16		237,002.	40,040.	7,889.

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

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
ATCH 17		267,035.	77,901.	0

Total number of other employees paid over \$50,000. **7b**

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

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
ATCH 18		603,818.
Total number of others receiving over \$50,000 for professional services		0

Part IX-A Summary of Direct Charitable Activities

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

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

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

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	108,433,933.
b	Average of monthly cash balances	1b	6,317,013.
c	Fair market value of all other assets (see instructions).	1c	682,240.
d	Total (add lines 1a, b, and c)	1d	115,433,186.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	115,433,186.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	1,731,498.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	113,701,688.
6	Minimum investment return. Enter 5% of line 5	6	5,685,084.

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	5,685,084.
2a	Tax on investment income for 2014 from Part VI, line 5	2a	77,873.
b	Income tax for 2014. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	77,873.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	5,607,211.
4	Recoveries of amounts treated as qualifying distributions	4	76,496.
5	Add lines 3 and 4	5	5,683,707.
6	Deduction from distributable amount (see instructions).	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	5,683,707.

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	5,265,327.
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	18,666.
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	5,283,993.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	5,283,993.

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 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI, line 7				5,683,707.
2 Undistributed income, if any, as of the end of 2014:				
a Enter amount for 2013 only			4,880,970.	
b Total for prior years: 20 <u>12</u> , 20 <u>11</u> , 20 <u>10</u>				
3 Excess distributions carryover, if any, to 2014:				
a From 2009				
b From 2010				
c From 2011				
d From 2012				
e From 2013				
f Total of lines 3a through e	0			
4 Qualifying distributions for 2014 from Part XII, line 4: ► \$ <u>5,283,993.</u>				
a Applied to 2013, but not more than line 2a			4,880,970.	
b Applied to undistributed income of prior years (Election required - see instructions)				
c Treated as distributions out of corpus (Election required - see instructions)				
d Applied to 2014 distributable amount				403,023.
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2014 <i>(If an amount appears in column (d), the same amount must be shown in column (a).)</i>				
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
b Prior years' undistributed income. Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b. Taxable amount - see instructions				
e Undistributed income for 2013. Subtract line 4a from line 2a. Taxable amount - see instructions				
f Undistributed income for 2014. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2015				5,280,684.
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)				
8 Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions)				
9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a	0			
10 Analysis of line 9:				
a Excess from 2010				
b Excess from 2011				
c Excess from 2012				
d Excess from 2013				
e Excess from 2014				

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

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2014, enter the date of the ruling ▶

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

	Tax year				(e) Total
	(a) 2014	(b) 2013	(c) 2012	(d) 2011	
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

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

1 Information Regarding Foundation Managers:

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

NONE

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

NONE

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

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

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

ATCH 19

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

ATCH 20

c Any submission deadlines:

ATCH 21

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

ATCH 22

Part XV Supplementary Information (continued)

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<p>a Paid during the year</p> <p>ATCH 23</p>				
<p>Total ▶ 3a</p>				<p>4,199,081.</p>
<p>b Approved for future payment</p> <p>ATCH 24</p>				
<p>Total ▶ 3b</p>				<p>1,780,584.</p>

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

Table with 5 main columns: (a) Business code, (b) Amount, (c) Exclusion code, (d) Amount, (e) Related or exempt function income. Rows include: 1 Program service revenue (a-f), 2 Membership dues and assessments, 3 Interest on savings and temporary cash investments, 4 Dividends and interest from securities (14, 85,868), 5 Net rental income or (loss) from real estate (a-b), 6 Net rental income or (loss) from personal property, 7 Other investment income, 8 Gain or (loss) from sales of assets other than inventory (18, -688,862), 9 Net income or (loss) from special events, 10 Gross profit or (loss) from sales of inventory, 11 Other revenue (a-e, b: ATCH 25, 2,344,877), 12 Subtotal (1,741,883), 13 Total (1,741,883).

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

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

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

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

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Row 1 contains N/A.

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

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

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

Sign Here: Signature of officer or trustee, Date, Title. May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only: Print/Type preparer's name (MARGARET A BRADSHAW), Preparer's signature, Date (11/13/15), Firm's name (KPMG LLP), Firm's address (1676 INTERNATIONAL DRIVE, MCLEAN, VA), Firm's EIN (13-5565207), Phone no. (703-286-8000).

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

Kind of Property		Description				P or D	Date acquired	Date sold
Gross sale price less expenses of sale	Depreciation allowed/allowable	Cost or other basis	FMV as of 12/31/69	Adj. basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)	
5,390,816.		FEDERAL STREET ASIA 5,001,208.				VAR 389,608.	VAR	
1,223,963.		TENG YUE 600,000.				VAR 623,963.	VAR	
2,030,669.		NANTAHALA 1,902,498.				VAR 128,171.	VAR	
4,871,137.		CONERSTONE MUTUAL FUND 6,394,682.				VAR -1523545.	VAR	
2,351,959.		PIMCO GLOBAL BONDS 2,268,230.				VAR 83,729.	VAR	
340,413.		BARES MICRO CAP 332,371.				VAR 8,042.	VAR	
2,257,160.		BARES SMALL CAP 2,072,455.				VAR 184,705.	VAR	
3,648,300.		SHAPIRO 3,091,160.				VAR 557,140.	VAR	
TOTAL GAIN(LOSS)						<u>451,813.</u>		

ATTACHMENT 1

FORM 990PF, PART I - OTHER INCOME

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>NET INVESTMENT INCOME</u>
PARTNERSHIP INCOME	2,342,757.	3,997,320.
OTHER INCOME	2,120.	
FEDERAL EXCISE TAXES	6,563.	
TOTALS	<u>2,351,440.</u>	<u>3,997,320.</u>

ATTACHMENT 2

FORM 990PF, PART I - LEGAL FEES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>NET INVESTMENT INCOME</u>	<u>ADJUSTED NET INCOME</u>	<u>CHARITABLE PURPOSES</u>
LEGAL SERVICES - REVIEW 457B RETIREMENT PLAN DOCUMENTS	1,478.			4,455.
TOTALS	<u>1,478.</u>			<u>4,455.</u>

ATTACHMENT 3

FORM 990PF, PART I - ACCOUNTING FEES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>NET INVESTMENT INCOME</u>	<u>ADJUSTED NET INCOME</u>	<u>CHARITABLE PURPOSES</u>
TAX COMPLIANCE AND AUDIT SVCS	49,649.			49,649.
TOTALS	<u>49,649.</u>			<u>49,649.</u>

ATTACHMENT 4

FORM 990PF, PART I - OTHER PROFESSIONAL FEES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>NET INVESTMENT INCOME</u>	<u>CHARITABLE PURPOSES</u>
INVESTMENT MANAGEMENT FEES	641,358.	641,358.	
CONSULTANT FEES	70,762.		73,603.
TOTALS	<u>712,120.</u>	<u>641,358.</u>	<u>73,603.</u>

ATTACHMENT 5

FORM 990PF, PART I - TAXES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>CHARITABLE PURPOSES</u>
OTHER FEES AND TAXES	372.	372.
TOTALS	<u>372.</u>	<u>372.</u>

ATTACHMENT 6FORM 990PF, PART I - OTHER EXPENSES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>CHARITABLE PURPOSES</u>
DUES & SUBSCRIPTIONS	18,979.	18,979.
FOOD & CATERING	15,887.	15,813.
MAINTENANCE AGREEMENTS	54,551.	74,581.
INSURANCE	13,383.	13,383.
OFFICE EXPENSES	27,630.	27,384.
AMORTIZATION	2,472.	
MISCELLANEOUS	9,687.	9,687.
FACILITY RENTAL	1,684.	1,684.
TOTALS	<u>144,273.</u>	<u>161,511.</u>

ATTACHMENT 7FORM 990PF, PART II - CORPORATE STOCK

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>	<u>ENDING FMV</u>
BABCOCK & WILCOX CO	106,240.		
CHECKPOINT SYS INC COM	128,161.	76,281.	76,281.
FEMALE HEALTH CO/THE COM	231,535.		
INTERACTIVE INTELLIGENCE GROUP COM		398,334.	398,334.
OMEGA FLEX INC COM	81,322.		
CABOT MICRO CORP COM		154,907.	154,907.
EXELIS INC COM	131,169.		
LIVE NATION ENTERTAINMENT INC COM	204,450.	166,518.	166,518.
PENSKE AUTOMOTIVE GRP INC COM	132,556.		
PERKINELMER INC COM	162,216.	245,472.	245,472.
VCA ANTECH INC COM	166,500.	184,524.	184,524.
PIMCO COMMODITY REALRTN	2,746,108.		
CHEROKEE INC DEL NEW COM	100,965.		
REIS INC COM	108,913.		
AXIALL CORP COM	220,108.	248,782.	248,782.
DYNEGY INC COM	236,905.		
GRAFTECH INTL LTD COM	159,432.		
ISHARES TR RUSSELL 2000 INDEX ETF	151,242.	111,933.	111,933.
WHITEWAVE FOODS CO COM-A	85,620.		
WPX ENERGY INC COM	223,572.	207,670.	207,670.
ACTUANT CORP CL A COM	454,127.	314,840.	314,840.
COLFAX CORP COM	383,113.	535,912.	535,912.
CORPORATE EXECUTIVE BOARD CO C	363,504.		
MIDDLEBY CORP COM	285,347.		
REALD INC COM	332,989.	381,283.	381,283.

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

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>	<u>ENDING FMV</u>
TRAVELZOO INC COM	140,492.		
HEICO CORP NEW CL A COM	220,957.	356,936.	356,936.
XPO LOGISTICS INC COM	700,634.		
AMERICA'S CAR-MART INC	170,616.	233,980.	233,980.
USG CORP	107,976.	210,930.	210,930.
LINDSAY CORPORATION	229,268.	213,500.	213,500.
LEIDOS HOLDINGS INC	53,055.		
KNOWLES CORPORATION	44,198.	217,751.	217,751.
ENTEGRIS INC	222,824.	251,896.	251,896.
CST BRANDS INC	171,820.	48,213.	48,213.
COMPASS MINERALS INTERNATIONAL INC	222,804.	186,420.	186,420.
CALGON CARBON CORP	213,934.	202,272.	202,272.
CABLEVISION NY GROUP CLASS A	212,241.	237,552.	237,552.
ADT CORP	209,650.	290,640.	290,640.
AARONS INC	205,632.	215,156.	215,156.
WINMARK CORP	468,865.		
UTAH MED PRODS INC	155,563.		
TANDY LEATHER FACTORY INC	112,636.		
MESA LABS INC	75,269.		
JTH HOLDING-CL A	20,139.		
INTL FCSTONE INC	331,169.		
HALLMARK FINL SVCS INC	5,119.		
US ECOLOGY, INC.	193,321.	306,716.	306,716.
POST HOLDINGS INC	464,496.		
PLATFORM SPECIALTY PRODUCTS	191,757.	227,348.	227,348.
GRAHAM CORP	94,976.		
CABELA'S INC CL A		235,116.	235,116.
CHANNELADVISOR CORP		66,861.	66,861.

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

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>	<u>ENDING FMV</u>
HYSTER-YALE MATERIALS HANDLING CLA		21,987.	21,987.
NOW INC/DE		88,724.	88,724.
TIMKENSTEEL CORPORATION		142,938.	142,938.
DORMAN PRODUCTS		71,640.	71,640.
HOMEAWAY INC		108,582.	108,582.
XOP		2,699,700.	2,699,700.
TOTALS	<u>12,435,505.</u>	<u>9,661,314.</u>	<u>9,661,314.</u>

ATTACHMENT 8

FORM 990PF, PART II - CORPORATE BONDS

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>	<u>ENDING FMV</u>
PIMCO GLOBAL BOND FUND	1,127,827.		
TOTALS	<u>1,127,827.</u>		

ATTACHMENT 9FORM 990PF, PART II - OTHER INVESTMENTS

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>	<u>ENDING FMV</u>
ALTERNATIVE INVESTMENTS - L/P AND CORPORATIONS	30,824,128.	36,183,215.	36,183,215.
ALTERNATIVE INVESTMENTS - FOREIGN CORPORATIONS	51,452,411.	56,277,486.	56,277,486.
ALTERNATIVE INVESTMENTS - COLLECTIVE TRUSTS	9,183,151.	3,982,859.	3,982,859.
ALTERNATIVE INVESTMENTS -			
TOTALS	<u>91,459,690.</u>	<u>96,443,560.</u>	<u>96,443,560.</u>

LAND, BUILDINGS, EQUIPMENT NOT HELD FOR INVESTMENT

ATTACHMENT 10

ASSET DESCRIPTION	METHOD/ CLASS	FIXED ASSET DETAIL				ACCUMULATED DEPRECIATION DETAIL			
		BEGINNING	ADDITIONS	DISPOSALS	ENDING	BEGINNING	ADDITIONS	DISPOSALS	ENDING
		BALANCE			BALANCE	BALANCE			BALANCE
LAND	L	102,507.			102,507.				
LAND-CONSTRUCTION	SL	349,632.			349,632.	74,485.	18,243.		92,728.
LAND IMPR FENCE	SL	1,300.			1,300.	650.	163.		813.
BRONZE SIGN	SL	3,449.			3,449.	919.	230.		1,149.
LANDSCAPING CONTRA	SL	54,997.			54,997.	21,082.	5,500.		26,582.
CIVIL CONSTRUCTION	SL	2,373.			2,373.	189.	53.		242.
FINAL UNDERCUTTING	SL	1,524.			1,524.	364.	102.		466.
REVIEW OF FINAL DR	SL	210.			210.	17.	5.		22.
ORIGINAL CONSTRUCT	SL	1,594,184.			1,594,184.	236,643.	56,980.		293,623.
STAIRS & CABINETS	SL	7,431.			7,431.	660.	165.		825.
CONSTRUCTION ADMN	SL	4,653.			4,653.	370.	103.		473.
SNOW GUARDS	SL	10,200.			10,200.	680.	227.		907.
COMPUTER	SL	1,447.			1,447.	1,447.			1,447.
COPIER	SL	6,100.			6,100.	6,100.			6,100.
2 COMPUTER MONITOR	SL	3,423.			3,423.	3,423.			3,423.
BROTHER LASER PRIN	SL	707.			707.	707.			707.
COMPUTER EQUIPMENT	SL	980.			980.	980.			980.
3 COMPUTER MONITOR	SL	5,308.			5,308.	5,308.			5,308.

LAND, BUILDINGS, EQUIPMENT NOT HELD FOR INVESTMENT

ATTACHMENT 10 (CONT'D)

ASSET DESCRIPTION	METHOD/ CLASS	FIXED ASSET DETAIL				ACCUMULATED DEPRECIATION DETAIL			
		BEGINNING	ADDITIONS	DISPOSALS	ENDING	BEGINNING	ADDITIONS	DISPOSALS	ENDING
		BALANCE			BALANCE	BALANCE			BALANCE
COMPUTER EQUIPMENT	SL	912.			912.	912.			912.
PHONE SYSTEM	SL	2,939.			2,939.	2,939.			2,939.
PHONES	SL	591.			591.	591.			591.
PHONE - VOICEMAIL	SL	2,601.			2,601.	2,601.			2,601.
PRINTER	SL	657.			657.	657.			657.
LAPTOP COMPUTER	SL	1,344.			1,344.	1,344.			1,344.
PROJECTOR	SL	1,302.			1,302.	1,302.			1,302.
GIFTS MGT SOFTWARE	SL	14,960.			14,960.	14,960.			14,960.
3 POWER POINT SOFT	SL	595.			595.	595.			595.
AVAYA PHONE- LISA	SL	435.			435.	414.	21.		435.
2 ADOBE DREAM WEAV	SL	1,065.			1,065.	1,065.			1,065.
2 ADOBE CREATIVE S	SL	837.			837.	837.			837.
DESKTOP COMPUTER	SL	2,066.			2,066.	2,066.			2,066.
MICROSOFT OFFICE P	SL	897.			897.	897.			897.
FILE ROOM SYSTEM	SL	1,300.			1,300.	1,300.			1,300.
DOCUMENTS MANAGER	SL	3,156.			3,156.	3,156.			3,156.
ESSENTIAL'S GIFTS	SL	13,720.			13,720.	13,720.			13,720.
2 HP DESKTOP COMP	SL	2,596.			2,596.	1,947.	519.		2,466.

LAND, BUILDINGS, EQUIPMENT NOT HELD FOR INVESTMENT

ATTACHMENT 10 (CONT'D)

ASSET DESCRIPTION	METHOD/ CLASS	FIXED ASSET DETAIL				ACCUMULATED DEPRECIATION DETAIL			
		BEGINNING BALANCE	ADDITIONS	DISPOSALS	ENDING BALANCE	BEGINNING BALANCE	ADDITIONS	DISPOSALS	ENDING BALANCE
WIRELESS KEYBOARD	SL	351.			351.	239.	70.		309.
FURNITURE	SL	5,255.			5,255.	5,255.			5,255.
CONFERENCE TABLE	SL	4,370.			4,370.	3,849.	521.		4,370.
8 CONFERENCE CHAIR	SL	1,253.			1,253.	1,104.	149.		1,253.
2 LEATHER MESH CHA	SL	713.			713.	578.	102.		680.
DESK & FILE CABINE	SL	781.			781.	559.	112.		671.
CONFERENCE TABLE	SL	1,750.			1,750.	792.	250.		1,042.
DESK, FILE CABINET	SL	3,386.			3,386.	1,578.	484.		2,062.
OFFICE CHAIR	SL	362.			362.	182.	52.		234.
BUILDING PROJECT C	SL	98,435.			98,435.	45,954.	11,230.		57,184.
SAFE	SL	582.			582.	311.	83.		394.
OAK BASE TABLE	SL	600.			600.	279.	86.		365.
TASK CHAIR & KEYBO	SL	543.			543.	253.	78.		331.
LANDSCAPING- CAC	SL	6,008.			6,008.	1,502.	601.		2,103.
LOCATION SIGN	SL	1,680.			1,680.	233.	112.		345.
LANDSCAPING-MAIN	SL	4,993.			4,993.	998.	499.		1,497.
CS5 SOFTWARE (3)	SL	1,832.			1,832.	1,832.			1,832.
HP DESKTOP COMPUTE	SL	5,291.			5,291.	3,086.	1,058.		4,144.

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

ASSET DESCRIPTION	METHOD/ CLASS	FIXED ASSET DETAIL				ACCUMULATED DEPRECIATION DETAIL			
		BEGINNING	ADDITIONS	DISPOSALS	ENDING	BEGINNING	ADDITIONS	DISPOSALS	ENDING
		BALANCE			BALANCE	BALANCE			BALANCE
ADOBE COTRIBUTE LI	SL	339.			339.	330.	9.		339.
HP DESKTOP COMPUTE	SL	1,890.			1,890.	977.	378.		1,355.
SONIC WALL	SL	1,115.			1,115.	576.	223.		799.
COMPUTER PROJECTOR	SL	917.			917.	473.	183.		656.
I- PAD (&APPS)	SL	650.			650.	325.	130.		455.
DELL DESKTOP COMPU	SL	2,800.			2,800.	1,120.	560.		1,680.
COMPUTER MONITOR	SL	240.			240.	96.	48.		144.
CHAIR (PROGRAM OFF	SL	366.			366.	152.	52.		204.
BOOKCASE	SL	224.			224.	85.	32.		117.
TASK CHAIR	SL	387.			387.	147.	55.		202.
FOUNDERS PLAQUE	SL	549.			549.	195.	78.		273.
DESK HUTCH	SL	458.			458.	130.	65.		195.
WIRE SHELVING	SL	825.			825.	236.	118.		354.
PRINTER STAND	SL	377.			377.	108.	54.		162.
LATERAL FILE CABIN	SL	2,430.			2,430.	694.	347.		1,041.
EXECUTIVE CHAIRS	SL	816.			816.	234.	117.		351.
SOFTWARE	SL	730.			730.	730.			730.
SOFTWARE	SL	452.			452.	452.			452.

ATTACHMENT 10

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

ASSET DESCRIPTION	METHOD/ CLASS	FIXED ASSET DETAIL				ACCUMULATED DEPRECIATION DETAIL			
		BEGINNING BALANCE	ADDITIONS	DISPOSALS	ENDING BALANCE	BEGINNING BALANCE	ADDITIONS	DISPOSALS	ENDING BALANCE
SOFTWARE	DS	849.			849.	849.			849.
VITEX TREES (2)	SL	680.			680.	85.	68.		153.
DESK SCANNER (EXEC	SL	430.			430.	165.	86.		251.
SHARP 80" TV (BOAR	SL	5,399.			5,399.	1,350.	1,080.		2,430.
PRINTER, LASERJET	SL	210.			210.	49.	42.		91.
ROUND TABLE (2ND F	SL	519.			519.	148.	74.		222.
PADDED FOLDING CHA	SL	560.			560.	153.	80.		233.
GUEST CHAIRS, ROLL	SL	2,262.			2,262.	592.	323.		915.
GUEST CHAIRS, WOOD	SL	722.			722.	180.	103.		283.
GUEST CHAIRS, WOOD	SL	2,507.			2,507.	656.	358.		1,014.
CRENDENZA (ED)	SL	2,898.			2,898.	759.	414.		1,173.
SOFA TABLE (PROGRA	SL	519.			519.	136.	74.		210.
OPEN BOOKCASE UNIT	SL	1,031.			1,031.	270.	147.		417.
GUEST CHAIRS, OPEN	SL	1,247.			1,247.	312.	178.		490.
ROUND TABLE (DIREC	SL	846.			846.	192.	121.		313.
RUGS, AREA	SL	7,051.			7,051.	1,175.	1,007.		2,182.
SOFA TABLE (GRANTS	SL	519.			519.	86.	74.		160.
LATERAL FILES, 2-D	SL	3,137.			3,137.	485.	448.		933.

ATTACHMENT 10

LAND, BUILDINGS, EQUIPMENT NOT HELD FOR INVESTMENT

ATTACHMENT 10 (CONT'D)

ASSET DESCRIPTION	METHOD/ CLASS	FIXED ASSET DETAIL				ACCUMULATED DEPRECIATION DETAIL			
		BEGINNING BALANCE	ADDITIONS	DISPOSALS	ENDING BALANCE	BEGINNING BALANCE	ADDITIONS	DISPOSALS	ENDING BALANCE
STAND-UP TABLE (ED	SL	1,855.			1,855.	265.	265.		530.
BOOKCASE 3-SHELF (SL	579.			579.	83.	83.		166.
LATERAL FILE 2-DRA	SL	1,623.			1,623.	1.	232.		233.
DESKTOP COMPUTER H	SL	950.			950.	158.	190.		348.
LAPTOP COMPUTER 10	SL	950.			950.	158.	190.		348.
SOFTWARE MICROSOFT	SL	660.			660.	183.	220.		403.
SERVER HP PROLIENT	SL	3,500.			3,500.	525.	700.		1,225.
SOFTWARE SERVER LI	SL	317.			317.	79.	106.		185.
COMPUTER HP (TOWER	SL	1,595.			1,595.	53.	319.		372.
CANOPY TENT	SL	519.			519.	35.	104.		139.
BUILDING PROJECT	SL	35,250.			35,250.	11,992.	2,937.		14,929.
COMMUNITY GARDEN B	SL		3,844.		3,844.		480.		480.
LAPTOP COMPUTER 10	SL		1,290.		1,290.		258.		258.
GOOGLE CHROME TABL	SL		317.		317.		48.		48.
DESKTOP COMPUTER	SL		1,417.		1,417.		118.		118.
SURFACE PRO TABLET	SL		1,106.		1,106.		37.		37.
HEATING/COOLING UN	SL		4,200.		4,200.		70.		70.
EXECUTIVE DESK	SL		4,870.		4,870.		696.		696.

LAND, BUILDINGS, EQUIPMENT NOT HELD FOR INVESTMENT

ATTACHMENT 10 (CONT'D)

<u>ASSET DESCRIPTION</u>	<u>METHOD/ CLASS</u>	<u>FIXED ASSET DETAIL</u>				<u>ACCUMULATED DEPRECIATION DETAIL</u>			
		<u>BEGINNING BALANCE</u>	<u>ADDITIONS</u>	<u>DISPOSALS</u>	<u>ENDING BALANCE</u>	<u>BEGINNING BALANCE</u>	<u>ADDITIONS</u>	<u>DISPOSALS</u>	<u>ENDING BALANCE</u>
TOTALS		<u>2,435,332.</u>			<u>2,452,376.</u>	<u>502,145.</u>			<u>614,122.</u>

ATTACHMENT 11FORM 990PF, PART II - OTHER ASSETS

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>	<u>ENDING FMV</u>
ART COLLECTION	658,240.	658,240.	658,240.
CEMETERY LOTS	24,000.	24,000.	24,000.
ACCRUED INTEREST ON INVESTMENTS	6,537.	7,861.	7,861.
DEPOSITS	100.	100.	100.
DEFERRED FINANCING COSTS	14,896.	12,425.	12,425.
TOTALS	<u>703,773.</u>	<u>702,626.</u>	<u>702,626.</u>

ATTACHMENT 12FORM 990PF, PART II - OTHER LIABILITIES

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>
DEFERRED EXCISE TAXES PAYABLE	648,839.	559,457.
TOTALS	<u>648,839.</u>	<u>559,457.</u>

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

<u>DESCRIPTION</u>	<u>AMOUNT</u>
PRIOR YEAR GRANTS RECOVERED	76,496.
UNREALIZED GAINS IN INVESTMENTS	356,781.
UNREALIZED GAINS IN PARTNERSHIPS AND FOREIGN INVESTMENTS	5,777,764.
TOTAL	<u>6,211,041.</u>

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

<u>DESCRIPTION</u>	<u>AMOUNT</u>
ROUNDING	1.
TOTAL	<u>1.</u>

FORM 990PF, PART VII-B, LINE 5C-EXPENDITURE RESPONSIBILITY STATEMENT

GRANTEE'S NAME: APPLEWOOD FARMS HOME OWNERS ASSOCIATION
 GRANTEE'S ADDRESS: 112 BENHAM COURT
 CITY, STATE & ZIP: SUFFOLK, VA 23434
 GRANT DATE: 07/16/2014
 GRANT AMOUNT: 500.
 GRANT PURPOSE: TO SPONSOR THE 2014 NATIONAL NIGHT OUT EVENT
 AMOUNT EXPENDED: 500.
 ANY DIVERSION? NO
 DATES OF REPORTS: 7/31/2014
 VERIFICATION DATE:
 RESULTS OF VERIFICATION:

GRANTEE'S NAME: ASSOCIATION OF FUNDRAISING PROFESSIONALS
 GRANTEE'S ADDRESS: P.O. BOX 2338
 CITY, STATE & ZIP: NORFOLK, VA 23501
 GRANT DATE: 10/08/2014
 GRANT AMOUNT: 1,000.
 GRANT PURPOSE: TO SPONSOR THE 2014 NATIONAL PHILANTHROPY DAY EVENT.
 AMOUNT EXPENDED: 1,000.
 ANY DIVERSION? NO
 DATES OF REPORTS: 4/15/2015
 VERIFICATION DATE:
 RESULTS OF VERIFICATION:

GRANTEE'S NAME: BURBAGE GRANT HOME OWNERS ASSOCIATION
 GRANTEE'S ADDRESS: 6815 BURBAGE LAKE CIRCLE
 CITY, STATE & ZIP: SUFFOLK, VA 23435
 GRANT DATE: 07/29/2014
 GRANT AMOUNT: 500.
 GRANT PURPOSE: TO SPONSOR NATIONAL NIGHT OUT.
 AMOUNT EXPENDED: 500.
 ANY DIVERSION? NO
 DATES OF REPORTS: 8/5/2014
 VERIFICATION DATE:
 RESULTS OF VERIFICATION:

GRANTEE'S NAME: BURNETT'S MILL HOA
 GRANTEE'S ADDRESS: 307 WOOD DUCK COURT
 CITY, STATE & ZIP: SUFFOLK, VA 23434
 GRANT DATE: 07/16/2014
 GRANT AMOUNT: 500.
 GRANT PURPOSE: TO SPONSOR NATIONAL NIGHT OUT, AN EVENING EVENT TO
 PROMOTE & EDUCATE NEIGHBORHOODS' INVOLVEMENT
 AMOUNT EXPENDED: 500.
 ANY DIVERSION? NO
 DATES OF REPORTS: 8/5/2014
 VERIFICATION DATE:
 RESULTS OF VERIFICATION:

CONT'D ON NEXT PAGE

FORM 990PF, PART VII-B, LINE 5C-EXPENDITURE RESPONSIBILITY STATEMENT

GRANTEE'S NAME: GREATER OAKLAND - CHUCKATUCK CIVIC LEAGU
 GRANTEE'S ADDRESS: P.O. BOX 2035
 CITY, STATE & ZIP: SUFFOLK, VA 23432
 GRANT DATE: 07/29/2014
 GRANT AMOUNT: 500.
 GRANT PURPOSE: TO SPONSOR NATIONAL NIGHT OUT, AN EVENING EVENT TO
 PROMOTE & EDUCATE NEIGHBORHOODS' INVOLVEMENT
 AMOUNT EXPENDED: 500.
 ANY DIVERSION? NO
 DATES OF REPORTS: 8/5/2014
 VERIFICATION DATE:
 RESULTS OF VERIFICATION:

GRANTEE'S NAME: HALL PLACE COMMUNITY ASSOCIATION
 GRANTEE'S ADDRESS: 416 RENO STREET
 CITY, STATE & ZIP: SUFFOLK, VA 23434
 GRANT DATE: 07/29/2014
 GRANT AMOUNT: 500.
 GRANT PURPOSE: TO SPONSOR NATIONAL NIGHT OUT, AN EVENING EVENT TO
 PROMOTE & EDUCATE NEIGHBORHOODS' INVOLVEMENT
 AMOUNT EXPENDED: 500.
 ANY DIVERSION? NO
 DATES OF REPORTS: 8/5/2014
 VERIFICATION DATE:
 RESULTS OF VERIFICATION:

GRANTEE'S NAME: HILLPOINT FARMS NNO
 GRANTEE'S ADDRESS: 121 LAKES EDGE DRIVE
 CITY, STATE & ZIP: SUFFOLK,, VA 23434
 GRANT DATE: 07/16/2014
 GRANT AMOUNT: 500.
 GRANT PURPOSE: TO SPONSOR NATIONAL NIGHT OUT, AN EVENING EVENT TO
 PROMOTE & EDUCATE NEIGHBORHOODS' INVOLVEMENT
 AMOUNT EXPENDED: 500.
 ANY DIVERSION? NO
 DATES OF REPORTS: 8/5/2014
 VERIFICATION DATE:
 RESULTS OF VERIFICATION:

GRANTEE'S NAME: HOLLAND/HOLY NECK NNO
 GRANTEE'S ADDRESS: 6723 CUMBERLAND LANE
 CITY, STATE & ZIP: SUFFOLK, VA 23437
 GRANT DATE: 07/29/2014
 GRANT AMOUNT: 500.
 GRANT PURPOSE: TO SPONSOR NATIONAL NIGHT OUT, AN EVENING EVENT TO
 PROMOTE & EDUCATE NEIGHBORHOODS' INVOLVEMENT
 AMOUNT EXPENDED: 500.
 ANY DIVERSION? NO
 DATES OF REPORTS: 8/5/2014
 VERIFICATION DATE:

CONT'D ON NEXT PAGE

FORM 990PF, PART VII-B, LINE 5C-EXPENDITURE RESPONSIBILITY STATEMENT

RESULTS OF VERIFICATION:

GRANTEE'S NAME: MANSFIELD FARM HOME OWNERS ASSOCIATION
 GRANTEE'S ADDRESS: 142 ROCHDALE LANE
 CITY, STATE & ZIP: SUFFOLK, VA 23434
 GRANT DATE: 07/29/2014
 GRANT AMOUNT: 500.
 GRANT PURPOSE: TO SPONSOR THE 2014 NATIONAL NIGHT OUT EVENT TO
 PROMOTE & EDUCATE NEIGHBORHOODS' INVOLVEMENT
 AMOUNT EXPENDED: 500.
 ANY DIVERSION? NO
 DATES OF REPORTS: 8/5/2014
 VERIFICATION DATE:
 RESULTS OF VERIFICATION:

GRANTEE'S NAME: RIVER BLUFF HOME OWNERS ASSOCIATION
 GRANTEE'S ADDRESS: 5857 HARBOUR VIEW BLVD.
 CITY, STATE & ZIP: SUFFOLK, #200, VA 23435
 GRANT DATE: 08/04/2014
 GRANT AMOUNT: 500.
 GRANT PURPOSE: TO SPONSOR THE 2014 NATIONAL NIGHT OUT EVENT TO
 PROMOTE & EDUCATE NEIGHBORHOODS' INVOLVEMENT
 AMOUNT EXPENDED: 500.
 ANY DIVERSION? NO
 DATES OF REPORTS: 8/5/2014
 VERIFICATION DATE:
 RESULTS OF VERIFICATION:

GRANTEE'S NAME: SARATOGA/PHILADELPHIA CIVIC LEAGUE
 GRANTEE'S ADDRESS: P.O. BOX 3083
 CITY, STATE & ZIP: SUFFOLK, VA 23434
 GRANT DATE: 07/29/2014
 GRANT AMOUNT: 500.
 GRANT PURPOSE: TO SPONSOR THE 2014 NATIONAL NIGHT OUT EVENT TO PROMOTE
 & EDUCATE NEIGHBORHOODS' INVOLVEMENT
 AMOUNT EXPENDED: 500.
 ANY DIVERSION? NO
 DATES OF REPORTS: 8/18/2014
 VERIFICATION DATE:
 RESULTS OF VERIFICATION:

GRANTEE'S NAME: WESTSIDE CIVIC LEAGUE
 GRANTEE'S ADDRESS: 963 GARFIELD AVENUE
 CITY, STATE & ZIP: SUFFOLK, VA 23434
 GRANT DATE: 07/29/2014
 GRANT AMOUNT: 500.
 GRANT PURPOSE: TO SPONSOR NATIONAL NIGHT OUT, AN EVENING EVENT TO
 PROMOTE & EDUCATE NEIGHBORHOODS' INVOLVEMENT
 AMOUNT EXPENDED: 500.

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FORM 990PF, PART VII-B, LINE 5C-EXPENDITURE RESPONSIBILITY STATEMENT

ANY DIVERSION? NO
DATES OF REPORTS: 2/25/2015
VERIFICATION DATE:
RESULTS OF VERIFICATION:

GRANTEE'S NAME: SOUTH SUFFOLK & PLEASANT HILL CIVIC ASSO
GRANTEE'S ADDRESS: 225 HUNTER STREET
CITY, STATE & ZIP: SUFFOLK, VA 23434
GRANT DATE: 07/29/2014
GRANT AMOUNT: 500.
GRANT PURPOSE: TO SPONSOR THE 2014 NATIONAL NIGHT OUT EVENT TO PROMOTE
AND EDUCATE NEIGHBORHOODS' INVOLVEMENT
AMOUNT EXPENDED: 500.
ANY DIVERSION? NO
DATES OF REPORTS: 8/2/2014
VERIFICATION DATE:
RESULTS OF VERIFICATION:

GRANTEE'S NAME: KINGS FORK FARM
GRANTEE'S ADDRESS: 3115 DUKE OF YORK
CITY, STATE & ZIP: SUFFOLK, VA 23434
GRANT DATE: 07/29/2014
GRANT AMOUNT: 500.
GRANT PURPOSE: TO SPONSOR NATIONAL NIGHT OUT, AN EVENING EVENT TO
PROMOTE & EDUCATE NEIGHBORHOODS' INVOLVEMENT
AMOUNT EXPENDED: 500.
ANY DIVERSION? NO
DATES OF REPORTS: 8/5/2014
VERIFICATION DATE:
RESULTS OF VERIFICATION:

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEESATTACHMENT 16

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u>	<u>EXPENSE ACCT AND OTHER ALLOWANCES</u>
J SAMUEL GLASSCOCK 106 W. FINNEY AVENUE SUFFOLK, VA 23434	VICE CHAIRMAN 1.00	0	0	563.
GINA PITRONE 106 W. FINNEY AVENUE SUFFOLK, VA 23434	EXECUTIVE DIRECTOR 40.00	167,594.	36,570.	563.
MICHAEL K BRINKLEY 106 W. FINNEY AVENUE SUFFOLK, VA 23434	DIRECTOR OF FINANCE 22.75	69,408.	3,470.	563.
FRANK A SPADY III 106 W. FINNEY AVENUE SUFFOLK, VA 23434	TREASURER 1.00	0	0	563.
RICHARD F BARRY III 106 W. FINNEY AVENUE SUFFOLK, VA 23434	BOARD OF DIRECTORS 1.00	0	0	563.
ROBERT C CLAUD 106 W. FINNEY AVENUE SUFFOLK, VA 23434	BOARD OF DIRECTORS 1.00	0	0	564.

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEESATTACHMENT 16 (CONT'D)

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u>	<u>EXPENSE ACCT AND OTHER ALLOWANCES</u>
JEFFREY D FORMAN MD 106 W. FINNEY AVENUE SUFFOLK, VA 23434	BOARD OF DIRECTORS 1.00	0	0	564.
WILLIAM G JACKSON MD 106 W. FINNEY AVENUE SUFFOLK, VA 23434	BOARD OF DIRECTORS 1.00	0	0	564.
DR DOUGLAS C NAISMITH 106 W. FINNEY AVENUE SUFFOLK, VA 23434	BOARD OF DIRECTORS 1.00	0	0	564.
B J WILLIE 106 W. FINNEY AVENUE SUFFOLK, VA 23434	BOARD OF DIRECTORS 1.00	0	0	564.
LULA B HOLLAND 106 W. FINNEY AVENUE SUFFOLK, VA 23434	SECRETARY 1.00	0	0	563.
HAROLD U BLYTHE 106 W. FINNEY AVENUE SUFFOLK, VA 23434	BOARD OF DIRECTORS 1.00	0	0	564.

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEESATTACHMENT 16 (CONT'D)

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u>	<u>EXPENSE ACCT AND OTHER ALLOWANCES</u>
CLARISSA MCADOO 106 W. FINNEY AVENUE SUFFOLK, VA 23434	BOARD OF DIRECTORS 1.00	0	0	564.
GEORGE Y. BIRDSONG 106 W. FINNEY AVENUE SUFFOLK, VA 23434	CHAIRMAN 1.00	0	0	563.
	GRAND TOTALS	<u>237,002.</u>	<u>40,040.</u>	<u>7,889.</u>

990PF, PART VIII - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEESATTACHMENT 17

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u>	<u>EXPENSE ACCT AND OTHER ALLOWANCES</u>
RICHARD E. SPENCER, JR. 106 W. FINNEY AVENUE SUFFOLK, VA 23434	PGRM RESOURCE OFF. 40.00	90,303.	29,157.	0
TAMMIE A. MULLINS-RICE 106 W. FINNEY AVENUE SUFFOLK, VA 23434	PGRM RESOURCE OFF. 40.00	69,762.	22,870.	0
CATHY J. HUBBARD 106 W. FINNEY AVENUE SUFFOLK, VA 23434	GRANTS ADMINISTRATOR 40.00	54,110.	5,025.	0
DIANE W. NELMS 106 W. FINNEY AVENUE SUFFOLK, VA 23434	COMM. & PGRM SPECI. 40.00	52,860.	20,849.	0
	TOTAL COMPENSATION	<u>267,035.</u>	<u>77,901.</u>	<u>0</u>

990PF, PART VIII- COMPENSATION OF THE FIVE HIGHEST PAID PROFESSIONALSATTACHMENT 18

<u>NAME AND ADDRESS</u>	<u>TYPE OF SERVICE</u>	<u>COMPENSATION</u>
CORNERSTONE PARTNERS LLC 675 PETER JEFFERSON PARKWAY CHARLOTTESVILLE, VA 22911	INVESTMENT MGMT	461,167.
BARES CAPITAL MANAGEMENT INC 12600 HILL COUNTRY BLVD., SUITE R-230 AUSTIN, TX 78738	INVESTMENT MGMT	59,834.
SUNTRUST BANK, INC. HDQ 5307 919 EAST MAIN STREET RICHMOND, VA 23219	INVESTMENT CUSTODIAN	82,817.
	TOTAL COMPENSATION	<u>603,818.</u>

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

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

990PF, PART XV - FORM AND CONTENTS OF SUBMITTED APPLICATIONS

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

IN ADDITION:

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

990PF, PART XV - SUBMISSION DEADLINES

RENEWALS - JANUARY 15 & JULY 15 OF EACH YEAR
GRANTS - JANUARY 15 & JULY 15 OF EACH YEAR

990PF, PART XV - RESTRICTIONS OR LIMITATIONS ON AWARDS

RESTRICTIONS:

- LOBBYING OR POLITICAL PROGRAMS OR EVENTS
- ACTIVITIES THAT EXCLUSIVELY BENEFIT THE MEMBERS OF SECTARIAN OR RELIGIOUS ORGANIZATIONS
- ORGANIZATIONS THAT DISCRIMINATE BY RACE, COLOR, CREED, GENDER OR NATIONAL ORIGIN
- BIOMEDICAL, CLINICAL OR EDUCATIONAL RESEARCH
- INDIVIDUAL SCHOLARSHIPS
- DIRECT SUPPORT TO ENDOWMENTS
- FUNDING THAT SUPPLANTS EXISTING SOURCES OF SUPPORT
- INDIVIDUALS, INCLUDING PATIENT ASSISTANCE FUNDS
- ANNUAL FUND DRIVES
- PROJECTS OUTSIDE OF THE FOUNDATION'S SERVICE AREA
- MEETINGS AND CONFERENCES, UNLESS THEY ARE ESSENTIAL TO A LARGER PROJECT
- DIRECT FUNDING FOR MEDICAL OR SOCIAL SERVICES TAHT ARE ALREADY FUNDED THROUGH EXISTING THIRD-PARTY REIMBURSEMENT SOURCES

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 23

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
ACCESS PARTNERSHIP P. O. BOX 41093 NORFOLK, VA 23451	PC	TO EXPAND ACCESS TO DENTAL PROGRAMS AND SERVICES IN WESTERN TIDEWATER.	23,072.
ACCESS PARTNERSHIP P. O. BOX 41093 NORFOLK, VA 23451	PC	DENTAL VOUCHERS WILL BE AVAILABLE FOR FINANCIALLY ELIGIBLE RESIDENTS OF WESTERN TIDEWATER TO RECEIVE ACUTE DENTAL CARE AT PARTICIPATING DENTAL CLINICS, HEALTH CENTERS AND PRIVATE PRACTICES.	100,000.
ALBEMARLE REGIONAL HEALTH SERVICES 711 ROANOKE AVENUE, P. O. BOX 189 ELIZABETH CITY, NC 27909	PC	TO REDUCE MORBIDITY, MORTALITY AND COSTS AMONG PRE-DIABETICS AND DIABETICS RESIDING IN GATES COUNTY, NC.	49,120.
ALZHEIMER'S ASSN - SOUTHEASTERN VIRGINIA CHAPTER 6350 CENTER DRIVE, SUITE 102 NORFOLK, VA 23502	PC	THE WALK TO END ALZHEIMER'S IS THE NATION'S LARGEST EVENT TO RAISE AWARENESS AND FUNDS FOR ALZHEIMER'S CARE, SUPPORT AND RESEARCH.	1,500.
AMERICAN CANCER SOCIETY 4416 EXPRESSWAY DR. VIRGINIA BEACH, VA 23452	PC	GOLD SPONSOR OF THE 2014 SUFFOLK RELAY FOR LIFE FUNDRAISER.	1,000.
AMERICAN DIABETES ASSOCIATION 870 GREENBRIER CIRCLE, SUITE 404 CHESAPEAKE, VA 23320	PC	TO TRAIN AMBASSADORS IN HIGH HEALTH-RISK CONGREGATIONS TO RAISE AWARENESS OF DIABETES AND STRESS THE IMPORTANCE OF EARLY DETECTION, DISEASE MANAGEMENT AND HEALTH RISK FACTORS.	6,927.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 23 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
AMERICAN DIABETES ASSOCIATION 870 GREENBRIER CIRCLE, SUITE 404 CHESAPEAKE, VA 23320	PC	TO TRAIN AMBASSADORS IN HIGH HEALTH -RISK CONGREGATIONS TO RAISE AWARENESS OF DIABETES AND STRESS THE IMPORTANCE OF EARLY DETECTION, DISEASE MANAGEMENT AND HEALTH RISK FACTORS IN FRANKLIN AND SOUHAMPTON COUNTY.	35,305.
AMERICAN DIABETES ASSOCIATION 870 GREENBRIER CIRCLE, SUITE 404 CHESAPEAKE, VA 23320	PC	TO SUPPORT A REGIONAL CYCLING EVENT THAT RAISES FUNDS AND AWARENESS ABOUT DIABETES AND ITS EFFECTS ON HEALTH.	2,500.
AMERICAN LEGION POST 88 NANSEMOND POST 88, P.O. BOX 5381 SUFFOLK, VA 23435	PC	21ST ANNUAL DRIVER DAYS FALL FESTIVAL WITH THE THEME "UNDER THE BIG TOP WELLNESS JAMBOREE" TO INCLUDE A WELLNESS FAIR.	2,000.
APPLEWOOD FARMS HOME OWNERS ASSOCIATION 112 BENHAM COURT SUFFOLK, VA 23434	NC	TO SPONSOR THE 2014 NATIONAL NIGHT OUT EVENT TO PROMOTE AND EDUCATE NEIGHBORHOODS' INVOLVEMENT IN CRIME PREVENTION, POLICE-COMMUNITY PARTNERSHIPS, NEIGHBORHOOD CAMARADERIE AND TO ENCOURAGE THE SERVING OF HEALTHY FOODS AND OFFERING OF HEALTHY ACTIVITIES AT THE EVENT.	500.
ASSOCIATION OF FUNDRAISING PROFESSIONALS P.O. BOX 2338 NORFOLK, VA 23501	NC	TO SPONSOR THE 2014 NATIONAL PHILANTHROPY DAY EVENT.	1,000.
BON SECOURS MARYVIEW FOUNDATION 150 KINGSLEY LANE NORFOLK, VA 23505	SO I	TO PROVIDE FREE, MOBILE MEDICAL SERVICES TO THE UNINSURED IN SUFFOLK.	50,000.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 23 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
BON SECOURS MARYVIEW FOUNDATION 150 KINGSLEY LANE NORFOLK, VA 23505	SO I	TO PROVIDE FREE, MOBILE MEDICAL SERVICES TO MEDICALLY UNDERSERVED IN WESTERN TIDEWATER.	56,250.
BOYS AND GIRLS CLUBS OF SOUTHEAST VIRGINIA 3415 AZALEA GARDEN RD. NORFOLK, VA 23513	PC	TO IMPROVE THE CHILDREN'S (AGES 6-18) KNOWLEDGE OF WAYS TO BECOME HEALTHY WITH A PROGRAM THAT EMPHASIZES HEALTHY EATING, STRESS MANAGEMENT, PHYSICAL FITNESS AND POSITIVE PEER RELATIONSHIPS.	10,000.
BURBAGE GRANT HOME OWNERS ASSOCIATION 6815 BURBAGE LAKE CIRCLE SUFFOLK, VA 23435	NC	TO SPONSOR NATIONAL NIGHT OUT, AN EVENING EVENT TO PROMOTE AND EDUCATE NEIGHBORHOODS' INVOLVEMENT IN CRIME PREVENTION ACTIVITIES, POLICE-COMMUNITY PARTNERSHIPS, NEIGHBORHOOD CAMARADERIE AND TO SEND A MESSAGE TO CRIMINALS THAT NEIGHBORHOODS ARE ORGANIZED AND FIGHTING BACK, AND ENCOURAGE THE SERVING OF HEALTHY FOODS AND OFFERING OF HEALTHY ACTIVITIES.	500.
BURNETT'S MILL HOA 307 WOOD DUCK COURT SUFFOLK, VA 23434	NC	TO SPONSOR NATIONAL NIGHT OUT, AN EVENING EVENT TO PROMOTE AND EDUCATE NEIGHBORHOODS' INVOLVEMENT IN CRIME PREVENTION ACTIVITIES, POLICE-COMMUNITY PARTNERSHIPS, NEIGHBORHOOD CAMARADERIE AND TO SEND A MESSAGE TO CRIMINALS THAT NEIGHBORHOODS ARE ORGANIZED AND FIGHTING BACK, AND ENCOURAGE THE SERVING OF HEALTHY FOODS AND OFFERING OF HEALTHY ACTIVITIES.	500.
CHESAPEAKE SERVICE SYSTEMS 1100 EXECUTIVE BLVD. CHESAPEAKE, VA 23320	PC	TO SUPPORT A 19 PASSENGER VAN DEDICATED TO TRANSPORTING INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES TO BEHAVIORAL HEALTHCARE APPOINTMENTS IN THE SUFFOLK AREA.	20,000.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 23 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
CITY OF SUFFOLK P.O. BOX 1858 SUFFOLK, VA 23439	PC	TO COMPLETE A NEARLY 2-MILE LONG WALKING TRAIL AT LAKE MEADE PARK.	55,371.
CITY OF SUFFOLK P.O. BOX 1858 SUFFOLK, VA 23439	PC	TO PURCHASE REPLACEMENT PADS FOR THE AED EQUIPMENT AND TO PURCHASE ADULT AND INFANT CPR/AED TRAINING MANNEQUINS	2,680.
CITY OF SUFFOLK P.O. BOX 1858 SUFFOLK, VA 23439	PC	TO PROVIDE YOUTH WITH OPPORTUNITIES TO INCREASE PHYSICAL ACTIVITY AND IMPROVE HEALTHY EATING CHOICES.	10,444.
CITY OF SUFFOLK P.O. BOX 1858 SUFFOLK, VA 23439	PC	THE SUFFOLK SHERIFF'S OFFICE HAS NINE AED UNITS IN THEIR DUTY CARS AND IN THE SUFFOLK COURTHOUSE. THESE UNITS ARE USED ON AVERAGE FOUR TO FIVE TIMES PER YEAR AS WELL AS BACKUP TO THE SUFFOLK POLICE DEPARTMENT EMERGENCY CALLS.	1,000.
COVER 3 FOUNDATION P. O. BOX 456 FRANKLIN, VA 23851	PC	TO RELOCATE THE KITCHEN AND ADMINISTRATION TO A LARGER FACILITY ENABLING THE FEEDING OF MORE CHILDREN.	2,000.
COVER 3 FOUNDATION P. O. BOX 456 FRANKLIN, VA 23851	PC	A PLANNING GRANT IS TO DEVELOP A SUSTAINABLE COMMUNITY FARMS, WHILE CREATING A HANDS-ON LEARNING ENVIRONMENT FOR YOUTH AND FAMILIES THROUGH FARMING AND ENCOURAGING HEALTHY EATING.	22,500.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 23 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
EASTERN VIRGINIA MEDICAL SCHOOL P.O. BOX 1980 NORFOLK, VA 23501-1980	PC	TO INCREASE THE NUMBER OF MEDICAL ENCOUNTERS AT THE WESTERN TIDEWATER FREE CLINIC BY SCHEDULING FAMILY MEDICINE RESIDENTS, THIRD-YEAR MEDICAL STUDENTS AND AN ATTENDING PHYSICIAN.	22,464.
EASTERN VIRGINIA MEDICAL SCHOOL P.O. BOX 5 NORFOLK, VA 23501	PC	TO ESTABLISH A SPECIALTY CARE CENTER THAT WILL FOCUS ON THE DETECTION, PREVENTION AND MANAGEMENT OF DIABETES AND ITS MOST COMMON COMPLICATIONS.	276,682.
EASTERN VIRGINIA MEDICAL SCHOOL P.O. BOX 5 NORFOLK, VA 23501	PC	TO DEVELOP COLLABORATIVE STRATEGIES THAT CREATE POLICY, SYSTEMS AND ENVIRONMENTAL CHANGES THAT WILL RESULT IN MORE HEALTHY FOOD CHOICES AND PHYSICAL ACTIVITY IN CHURCHES, PUBLIC HOUSING AND COMMUNITY ORGANIZATIONS.	41,282.
EASTERN VIRGINIA MEDICAL SCHOOL P.O. BOX 1980 NORFOLK, VA 23501-1980	PC	TO INCREASE THE NUMBER OF MEDICAL ENCOUNTERS AT THE WESTERN TIDEWATER FREE CLINIC BY SCHEDULING FAMILY MEDICINE RESIDENTS, THIRD-YEAR MEDICAL STUDENTS AND AN ATTENDING PHYSICIAN.	28,081.
EASTERN VIRGINIA MEDICAL SCHOOL P.O. BOX 1980 NORFOLK, VA 23501-1980	PC	TO REDUCE THE RISK OF DIABETES BY EDUCATING PHYSICIANS, CONDUCTING SCREENINGS AND IMPLEMENTING A TELEPHONIC CARE MANAGEMENT PLAN FOR REFERRED PATIENTS.	8,575.
EASTERN VIRGINIA MEDICAL SCHOOL P.O. BOX 1980 NORFOLK, VA 23501-1980	PC	TO PLAN FOR THE ESTABLISHMENT OF A SPECIALTY CARE CENTER THAT WILL IMPROVE ACCESS TO SPECIALTY CARE AND DECREASE COMPLICATIONS ASSOCIATED WITH PRE-DIABETES AND DIABETES.	12,500.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 23 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
EDMARC, INC. 516 LONDON ST. PORTSMOUTH, VA 23704	PC	TO SPONSOR EDMARC'S 2014 PHILANTHROPIC GALA AND FUNDRAISER.	1,000.
EDUCATION FDTN FOR ISLE OF WIGHT PUBLIC SCHOOLS 820 WEST MAIN STREET SMITHFIELD, VA 23430	PC	A FUNDRAISING FORMAL EVENT THAT INCLUDES A DINNER, SILENT AND LIVE AUCTION.	1,000.
FOODBANK OF SOUTHEASTERN VIRGINIA P.O. BOX 1940 NORFOLK, VA 23501	PC	TO SUPPORT THE AVAILABILITY OF A VARIETY OF HEALTHFUL FOODS FROM THE FIVE MAIN FOOD GROUPS; PRIORITIZING AND PROMOTING ACCESS TO AND USE OF THESE FOODS BY WAY OF TASTINGS, RECIPES AND EDUCATION, PARTICULARLY FRESH PRODUCE TO FIGHT HUNGER AND PROMOTE HEALTH IN SUFFOLK'S FOOD INSECURE POPULATION.	25,000.
FOODBANK OF SOUTHEASTERN VIRGINIA P.O. BOX 1940 NORFOLK, VA 23501	PC	TO PROVIDE DIABETIC CLIENTS WITH HIGH NUTRITIONAL VALUE FOODS FROM THE FOODBANK'S SUFFOLK MOBILE PANTRY.	18,750.
FOODBANK OF SOUTHEASTERN VIRGINIA P.O. BOX 1940 NORFOLK, VA 23501	PC	TO PURCHASE A PROJECT MANAGEMENT MODULE TO BUILD CAPACITY FOR MORE EFFECTIVE PERFORMANCE MANAGEMENT AND FOR SECURING SUSTAINABLE FUNDING FOR INITIATIVES.	943.
FORKIDS, INC. P.O. BOX 6044 NORFOLK, VA 23508	PC	TO IMPROVE ACCESS TO MEDICAL AND MENTAL HEALTH SERVICES FOR HOMELESS FAMILIES BY CONNECTING THEM TO SERVICES.	28,125.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 23 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
FORKIDS, INC. P.O. BOX 6044 NORFOLK, VA 23508	PC	TO IMPROVE THE HEALTH OF POOR AND HOMELESS FAMILIES IN WESTERN TIDEWATER THROUGH INTENSIVE CASE MANAGEMENT, ACCESS TO STABLE HOUSING, PERMANENT SUPPORTIVE HOUSING, AND REFERRALS TO COMMUNITY RESOURCES.	28,125.
FRANKLIN CITY DEPARTMENT OF SOCIAL SERVICES 306 N. MAIN STREET FRANKLIN, VA 23851	PC	TO INCREASE THE NUMBER OF CHILDREN AND FAMILIES ENROLLED AND RENEWED IN MEDICAID AND FAMIS.	20,070.
FRANKLIN CITY DEPARTMENT OF SOCIAL SERVICES 306 N. MAIN STREET FRANKLIN, VA 23851	PC	TO PROVIDE PLANNING RESOURCES AND TRAINING FROM A NATIONALLY RECOGNIZED NURTURING PARENT PROGRAM TRAINER TO IMPLEMENT MUCH NEEDED FAMILY TRAINING TO IMPROVE THE QUALITY OF PARENTING TO THOSE INVOLVED. THE TRAINER WILL BE ABLE TO PROVIDE TRAINING TO APPROXIMATELY 16 COMMUNITY PROFESSIONAL AND VOLUNTEER PARTNERS TO ALLOW THE NURTURING PARENT PROGRAM TO BE FULLY IMPLEMENTED WITHIN FRANKLIN AND THE ENTIRE WESTERN TIDEWATER AREA.	4,630.
GIRL SCOUT COUNCIL OF THE COLONIAL COAST 912 CEDAR RD. CHESAPEAKE, VA 23322	PC	THE GIRL SCOUTS OF THE COLONIAL COAST REQUESTS \$5,000 TO DELIVER A FOUR-WEEK HEALTHY LIVING PROGRAM TO TWO (2) GROUPS OF FIFTEEN (15) GIRLS IN SOUTHERN SUFFOLK. THE GIRL SCOUTS' HEALTHY LIVING PROGRAM SUCCESSFULLY COMBATS OBESITY BY INSTILLING POSITIVE HEALTH CHOICES: PHYSICAL FITNESS COMBINED WITH GOOD NUTRITION, A HEALTHY BODY IMAGE AND AN OVERALL HEALTHY LIFESTYLE WHICH ARE CRITICAL TO A GIRL'S SUCCESS.	5,000.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 23 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
GIRLS ON THE RUN SOUTH HAMPTON ROADS 921 FIRST COLONIAL RD, SUITE 1707 VIRGINIA BEACH, VA 23454	PC	TO EXPAND THE GIRLS ON THE RUN PROGRAM, A PHYSICAL, ACTIVITY-BASED POSITIVE YOUTH DEVELOPMENT PROGRAM, IN WESTERN TIDEWATER.	24,960.
GREATER OAKLAND - CHUCKATUCK CIVIC LEAGUE P.O. BOX 2035 SUFFOLK, VA 23432	NC	TO SPONSOR NATIONAL NIGHT OUT, AN EVENING EVENT TO PROMOTE AND EDUCATE NEIGHBORHOODS' INVOLVEMENT IN CRIME PREVENTION ACTIVITIES, POLICE-COMMUNITY PARTNERSHIPS, NEIGHBORHOOD CAMARADERIE AND TO SEND A MESSAGE TO CRIMINALS THAT NEIGHBORHOODS ARE ORGANIZED AND FIGHTING BACK, AND TO ENCOURAGE THE SERVING OF HEALTHY FOODS AND OFFERING OF HEALTHY ACTIVITIES AT THE EVENT.	500.
HALL PLACE COMMUNITY ASSOCIATION 416 RENO STREET SUFFOLK, VA 23434	NC	TO SPONSOR NATIONAL NIGHT OUT, AN EVENING EVENT TO PROMOTE AND EDUCATE NEIGHBORHOODS' INVOLVEMENT IN CRIME PREVENTION ACTIVITIES, POLICE-COMMUNITY PARTNERSHIPS, NEIGHBORHOOD CAMARADERIE AND TO SEND A MESSAGE TO CRIMINALS THAT NEIGHBORHOODS ARE ORGANIZED AND FIGHTING BACK, AND TO ENCOURAGE THE SERVING OF HEALTHY FOODS AND OFFERING OF HEALTHY ACTIVITIES AT THE EVENT.	500.
HAMPTON ROADS COMMUNITY HEALTH CENTER 664 LINCOLN STREET PORTSMOUTH, VA 23704	PC	TO SUPPORT THE PURCHASE OF PORTABLE DENTAL EQUIPMENT THAT CAN BE USED FOR SCHOOL BASED SERVICES DURING THE AFTER-SCHOOL PROGRAMS OPERATED WITHIN THE SUFFOLK ELEMENTARY, MIDDLE, AND HIGH SCHOOLS.	25,000.
HILLPOINT FARMS NNO		TO SPONSOR NATIONAL NIGHT OUT WHICH IS AN EVENING EVENT TO PROMOTE AND EDUCATE NEIGHBORHOODS' INVOLVEMENT IN CRIME PREVENTION ACTIVITIES, POLICE-COMMUNITY PARTNERSHIPS, NEIGHBORHOOD CAMARADERIE AND TO SEND A MESSAGE TO CRIMINALS	500.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 23 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
121 LAKES EDGE DRIVE SUFFOLK, VA 23434	NC	THAT NEIGHBORHOODS ARE ORGANIZED AND FIGHTING BACK.	
HOLLAND/HOLY NECK NNO C/O ZION CHRISTIAN CHURCH, 6723 CUMBERLAND LANE SUFFOLK, VA 23437	NC	TO SPONSOR NATIONAL NIGHT OUT WHICH IS AN EVENING EVENT TO PROMOTE AND EDUCATE NEIGHBORHOODS' INVOLVEMENT IN CRIME PREVENTION ACTIVITIES, POLICE-COMMUNITY PARTNERSHIPS, NEIGHBORHOOD CAMARADERIE AND TO SEND A MESSAGE TO CRIMINALS THAT NEIGHBORHOODS ARE ORGANIZED AND FIGHTING BACK.	500.
HORIZON HEALTH SERVICES P.O. BOX 29 WAVERLY, VA 23890	PC	TO PROVIDE DENTAL CARE AND SMOKING CESSATION SERVICES IN THE FRANKLIN, SOUTHAMPTON, SURRY AND SUSSEX SERVICE AREAS.	37,500.
HORIZON HEALTH SERVICES P.O. BOX 29 WAVERLY, VA 23890	PC	TO PROVIDE DENTAL CARE AND SMOKING CESSATION SERVICES IN FRANKLIN, SOUTHAMPTON, SURRY AND SUSSEX SERVICE AREAS.	37,500.
HOSPITALITY HOUSE OF RICHMOND, INC. 612 E. MARSHALL STREET RICHMOND, VA 23219	PC	TO PROVIDE LODGING AND NON-MEDICAL SUPPORT SERVICES TO SERIOUSLY ILL PATIENTS AND THEIR FAMILIES WHO ARE RECEIVING TREATMENT AT THE MEDICAL COLLEGE OF VIRGINIA HOSPITALS.	2,500.
ISLE OF WIGHT CHRISTIAN OUTREACH PROGRAM P. O. BOX 253 SMITHFIELD, VA 23431	PC	TO COORDINATE DONATIONS AND TO PURCHASE FRESH FRUITS AND VEGETABLES FOR THE ISLE OF WIGHT CHRISTIAN OUTREACH PROGRAM'S FOOD DELIVERY SERVICE.	25,000.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 23 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
HOUSING VIRGINIA CAMPAIGN, INC. 205 N. ROBINSON STREET RICHMOND, VA 23220	PC	FINDINGS FROM A REGIONAL STUDY BY THE NATIONAL HOUSING CONFERENCE WILL BE INTRODUCED THAT ANALYZE CURRENT HOUSING NEEDS IN THE HAMPTON ROADS REGION BASED ON EMPLOYMENT FORECASTS THROUGH 2033, AND WILL INCLUDE CHALLENGES FACED BY LOW WAGE EMPLOYEES.	5,000.
HUMANKIND 150 LINDEN AVENUE LYNCHBURG, VA 24503	PC	THE ZUNI ADULT RESIDENTIAL CARE PROGRAM PROVIDES DAILY SUPERVISION AND COMMUNITY SUPPORT SERVICES TO INDIVIDUALS WITH INTELLECTUAL DISABILITIES LIVING IN RESIDENTIAL SETTINGS WITH NEEDS THAT INCLUDE FOOD PREPARATION, HOUSEKEEPING, MEDICATION ADMINISTRATION, PERSONAL HYGIENE AND BUDGETING.	5,000.
ISLE OF WIGHT CHRISTIAN OUTREACH PROGRAM P. O. BOX 253 ISLE OF WIGHT, VA 23431	PC	TO HELP REMODEL A FACILITY WHERE LOW-INCOME PERSONS CAN RECEIVE HEALTH AND SOCIAL SERVICES.	10,000.
ISLE OF WIGHT COUNTY DEPARTMENT OF SOCIAL SERVICES 17100 MONUMENT CIRCLE, SUITE A SMITHFIELD, VA 23397	PC	FOR A PROACTIVE OUTREACH PROGRAM TO INCREASE THE NUMBER OF CHILDREN AND FAMILIES ENROLLED IN MEDICAID AND FAMIS IN ISLE OF WIGHT COUNTY.	59,217.
KINGS FORK FARM 3115 DUKE OF YORK SUFFOLK, VA 23434	NC	TO SPONSOR NATIONAL NIGHT OUT, AN EVENING EVENT TO PROMOTE AND EDUCATE NEIGHBORHOODS' INVOLVEMENT IN CRIME PREVENTION ACTIVITIES, POLICE-COMMUNITY PARTNERSHIPS, NEIGHBORHOOD CAMARADERIE AND TO SEND A MESSAGE TO CRIMINALS THAT NEIGHBORHOODS ARE ORGANIZED AND FIGHTING BACK, AND TO ENCOURAGE THE SERVING OF HEALTHY FOODS AND OFFERING OF HEALTHY ACTIVITIES AT THE EVENT.	500.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 23 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
LAKELAND HIGH SCHOOL 214 KENYON ROAD SUFFOLK, VA 23434	PC	TO FUND A PROGRAM DESIGNED TO INSPIRE AND PROMOTE LIFELONG EXCELLENCE THROUGH ACADEMIC AND SOCIAL EXPERIENCES WITH THE TOOL OF ONE-ON-ONE MENTORING.	1,000.
LUTER YMCA 259 JAMES STREET SMITHFIELD, VA 23430	PC	TO INCREASE PHYSICAL ACTIVITY OPTIONS FOR CHILDREN BY USING INTERACTIVE FITNESS EQUIPMENT THAT COMBINES FUN AND ENTERTAINMENT.	30,000.
MANSFIELD FARM HOME OWNERS ASSOCIATION 142 ROCHDALE LANE SUFFOLK, VA 23434	NC	TO SPONSOR THE 2014 NATIONAL NIGHT OUT EVENT TO PROMOTE AND EDUCATE NEIGHBORHOODS' INVOLVEMENT IN CRIME PREVENTION, POLICE-COMMUNITY PARTNERSHIPS, NEIGHBORHOOD CAMARADERIE AND TO ENCOURAGE THE SERVING OF HEALTHY FOODS AND OFFERING OF HEALTHY ACTIVITIES AT THE EVENT.	500.
MONTERO MEDICAL MISSIONS 2147 OLD GREENBRIER ROAD CHESAPEAKE, VA 23320	PC	TO RAISE FUNDS SO THAT VETERANS MAY HAVE ACCESS TO PRIVATE PRACTITIONER SPECIALISTS.	1,000.
PAUL D. CAMP COMMUNITY COLLEGE FOUNDATION 100 NORTH COLLEGE DRIVE FRANKLIN, VA 23851	PC	TO ASSESS THE NEED FOR DEVELOPING TRAINING PROGRAMS THAT WILL RESULT IN MORE CERTIFIED DIABETES EDUCATORS SERVING WESTERN TIDEWATER.	13,500.
PAUL D. CAMP COMMUNITY COLLEGE FOUNDATION P.O. BOX 737 FRANKLIN, VA 23851	PC	TO RENOVATE THE SUFFOLK HEALTH SCIENCES SKILLS LABORATORY INTO A MODERN, INNOVATIVE SPACE TO MEETS THE NEEDS OF TODAY'S NURSING STUDENTS.	36,000.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 23 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
PENINSULA COMMUNITY FOUNDATION OF VIRGINIA 1 ENTERPRISE PARKWAY, SUITE 130 HAMPTON, VA 23666	PC	PARTNERSHIP TO RAISE UNRESTRICTED FUNDS FOR NONPROFITS ALL ACROSS HAMPTON ROADS.	50,000.
RIVER BLUFF HOME OWNERS ASSOCIATION 5857 HARBOUR VIEW BLVD.#200 SUFFOLK, VA 23435	NC	TO SPONSOR THE 2014 NATIONAL NIGHT OUT EVENT TO PROMOTE AND EDUCATE NEIGHBORHOODS' INVOLVEMENT IN CRIME PREVENTION, POLICE-COMMUNITY PARTNERSHIPS, NEIGHBORHOOD CAMARADERIE AND TO ENCOURAGE THE SERVING OF HEALTHY FOODS AND OFFERING OF HEALTHY ACTIVITIES AT THE EVENT.	500.
ROANOKE CHOWAN COMMUNITY HEALTH CENTER 120 HEALTH CENTER DRIVE AHOSKIE, NC 27910	PC	TO FUND A DIABETES EDUCATION SEMINAR AND DINNER WITH EXHIBITS AND PROGRAMMING AND A FEATURED SPEAKER WITH THE DIABETES PROGRAM COORDINATOR AT ALBEMARLE DIABETES CARE.	1,200.
RUSHMERE COMMUNITY DEVELOPMENT CORPORATION 4796 OLD STAGE HWY SMITHFIELD, VA 23430	PC	A HEALTHY YOUTH SUMMER CAMP THAT WILL FOCUS ON HEALTHY CHOICES, PHYSICAL ACTIVITY, NUTRITION, NATURE EXPLORATION, RIVERS, TRAILS, SKATEBOARDING AND TO KEEP THE COMMUNITY YOUTH ACTIVE AND SAFE DURING THE SUMMER.	2,500.
RX PARTNERSHIP 2924 EMERYWOOD PKWY, SUITE 300 RICHMOND, VA 23294	PC	TO PROVIDE FREE PRESCRIPTION MEDICATION AND LOW-COST SUPPLIES TO LOW-INCOME, UNINSURED RESIDENTS SERVED BY THE WESTERN TIDEWATER FREE CLINIC.	3,750.
RX PARTNERSHIP 2924 EMERYWOOD PKWY, SUITE 300 RICHMOND, VA 23294	PC	TO CREATE A STRATEGY FOR PURSUING AND ACQUIRING ACCESS TO GENERIC MEDICATIONS.	12,500.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 23 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
RX PARTNERSHIP 2924 EMERYWOOD PKWY, SUITE 300 RICHMOND, VA 23294	PC	TO PROVIDE FREE PRESCRIPTION MEDICATION AND LOW-COST SUPPLIES TO LOW-INCOME, UNINSURED RESIDENTS SERVED BY THE WESTERN TIDEWATER FREE CLINIC.	5,625.
RX PARTNERSHIP 2924 EMERYWOOD PKWY RICHMOND, VA 23294	PC	TO SUPPORT THE CELEBRATION OF RXPARTNERSHIP'S DECADE OF LEADERSHIP FOR MEDICATION ACCESS ACROSS VIRGINIA.	2,500.
SARATOGA/PHILADELPHIA CIVIC LEAGUE P.O. BOX 3083 SUFFOLK, VA 23434	NC	TO SPONSOR THE 2014 NATIONAL NIGHT OUT EVENT TO PROMOTE AND EDUCATE NEIGHBORHOODS' INVOLVEMENT IN CRIME PREVENTION, POLICE-COMMUNITY PARTNERSHIPS, NEIGHBORHOOD CAMARADERIE AND TO ENCOURAGE THE SERVING OF HEALTHY FOODS AND OFFERING OF HEALTHY ACTIVITIES AT THE EVENT.	500.
SCM VISION, INCORPORATED 2635 E. WASHINGTON STREET SUFFOLK, VA 23434	PC	A TELEVISION PROGRAM ON WGNT CHANNEL 27 THAT WILL BRING LIFE CHANGING SOLUTIONS TO THE SERVICE AREA REVOLVING AROUND EVERYDAY MENTALLY CHALLENGING ISSUES.	5,000.
SENIOR SERVICES OF SOUTHEASTERN VIRGINIA 6350 CENTER DR., SUITE 101 NORFOLK, VA 23502	PC	TO SPONSOR THE ART OF HEALTHY AGING FORUM AND EXPO 2014 AT THE SILVER LEVEL WHICH PROVIDED LEARNING SESSIONS AND WORKSHOPS SUCH AS MEDICARE 101 BASICS, BRAIN HEALTH & AGING, FINANCIAL FITNESS, ETC. FOR SENIOR CITIZENS.	1,000.
SENIOR SERVICES OF SOUTHEASTERN VIRGINIA 6350 CENTER DR., SUITE 101 NORFOLK, VA 23502	PC	FOR TRAINING BENEFIT COUNSELOR VOLUNTEERS IN AN EXPANSION OF THE MEDICARE ACCESS PROGRAM.	75,000.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 23 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
SENIOR SERVICES OF SOUTHEASTERN VIRGINIA 6350 CENTER DR., SUITE 101 NORFOLK, VA 23502	PC	FOR TRAINING BENEFIT COUNSELOR VOLUNTEERS IN AN EXPANSION OF THE MEDICARE ACCESS PROGRAM.	7,500.
SENTARA OBICI HOSPITAL 2800 GODWIN BLVD SUFFOLK, VA 23434	PC	FOR A HOSPITAL-BASED, UNIVERSAL RISK SCREENING DURING PREGNANCY OR AT BIRTH THAT CONNECTS NEW PARENTS WITH APPROPRIATE COMMUNITY RESOURCES.	61,777.
SENTARA OBICI HOSPITAL 2800 GODWIN BLVD SUFFOLK, VA 23434	PC	TO PROVIDE LIFE COACHES IN SENTARA OBICI HOSPITAL'S EMERGENCY ROOM WHO WILL HELP UNINSURED AND UNDERINSURED PATIENTS OBTAIN PRIMARY CARE SERVICES OR OTHER RESOURCES.	37,500.
SENTARA OBICI HOSPITAL 2800 GODWIN BLVD SUFFOLK, VA 23434	PC	FOR A HOSPITAL-BASED, UNIVERSAL RISK SCREENING DURING PREGNANCY OR AT BIRTH THAT CONNECTS NEW PARENTS WITH APPROPRIATE COMMUNITY RESOURCES.	10,296.
SENTARA OBICI HOSPITAL 2800 GODWIN BLVD SUFFOLK, VA 23434	PC	TO FUND THE SENTARA OBICI HOSPITAL CAREPARTNERS FOR CAREGIVERS RESPITE CARE PROGRAM, WHICH BENEFITS BOTH THE CAREGIVERS AND THE INDIVIDUALS SUFFERING WITH CHRONIC DISEASES.	25,000.
SENTARA OBICI HOSPITAL 2800 GODWIN BLVD SUFFOLK, VA 23434	PC	TO PROVIDE UNINSURED PATIENTS WITH CASE MANAGEMENT SERVICES THAT IMPROVE SELF-CARE DISEASE MANAGEMENT SKILLS FROM HOSPITAL TO HOME.	18,750.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 23 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
SENTARA OBICI HOSPITAL 2800 GODWIN BLVD SUFFOLK, VA 23434	PC	TO PROVIDE LIFE COACHES IN SENTARA OBICI HOSPITAL'S EMERGENCY ROOM WHO WILL HELP UNINSURED AND UNDERINSURED PATIENTS OBTAIN PRIMARY CARE SERVICES OR OTHER RESOURCES.	37,500.
SMART BEGINNINGS WESTERN TIDEWATER 601 NORTH MECHANIC STREET, SUITE 203 FRANKLIN, VA 23851	PC	TO INCREASE THE NUMBER OF PEOPLE ENROLLED IN THE WIC PROGRAM IN WESTERN TIDEWATER AND INCREASE THE NUMBER OF CHILDCARE CENTERS PROVIDING HEALTHY AND NUTRITIOUS MEALS AND SNACKS.	10,000.
SOUTH HAMPTON ROADS HABITAT FOR HUMANITY 900 TIDEWATER DRIVE NORFOLK, VA 23504	PC	HABITAT SOUTH HAMPTON ROADS HAS LAUNCHED REBUILDING THE AMERICAN DREAM -- AN INITIATIVE TO RENOVATE 24 HOMES; SIX OF WHICH HAVE BEEN DESIGNATED FOR MILITARY VETERANS. THIS PROJECT DEMONSTRATES THE ORGANIZATION'S ABILITY TO FULFILL ITS MISSION AND SERVE THE COMMUNITY AT THE EPICENTER OF A FORECLOSURE CRISIS. IN ADDITION, REBUILDING THE AMERICAN DREAM OFFERS SIGNIFICANT ADVANTAGES, IN TERMS OF COST SAVINGS, ENVIRONMENTAL PRESERVATION, NEIGHBORHOOD BEAUTIFICATION, AND EVEN EDUCATIONAL EQUALITY.	5,000.
SOUTH SUFFOLK & PLEASANT HILL CIVIC ASSOCIATION 225 HUNTER STREET SUFFOLK, VA 23434	NC	TO SPONSOR THE 2014 NATIONAL NIGHT OUT EVENT TO PROMOTE AND EDUCATE NEIGHBORHOODS' INVOLVEMENT IN CRIME PREVENTION, POLICE-COMMUNITY PARTNERSHIPS, NEIGHBORHOOD CAMARADERIE AND TO ENCOURAGE THE SERVING OF HEALTHY FOODS AND OFFERING OF HEALTHY ACTIVITIES AT THE EVENT.	500.
SOUTHAMPTON COUNTY PUBLIC SCHOOLS 21308 PLANK ROAD, P. O. BOX 96 COURTLAND, VA 23837	PC	TO ENCOURAGE INCREASED ACTIVITY BY BUILDING AN ATHLETIC TRACK FOR SOUTHAMPTON MIDDLE AND HIGH SCHOOL STUDENTS AND SOUTHAMPTON COUNTY RESIDENTS.	45,000.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 23 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
SOUTHEASTERN COUNCIL OF FOUNDATIONS 50 HURT PLAZA, SUITE 350 ATLANTA, GA 30303	PC	SPONSORSHIP OF THE SOUTHEASTER COUNCIL OF FOUNDATION	5,000.
SOUTHEASTERN VIRGINIA HEALTH SYSTEM 1033 28TH ST., 2ND FLOOR NEWPORT NEWS, VA 23607	PC	TO PROVIDE ACCESS TO COMPREHENSIVE ORAL HEALTH CARE SERVICES FOR THE RESIDENTS OF SUFFOLK.	180,000.
SOUTHEASTERN VIRGINIA HEALTH SYSTEM 1033 28TH ST. NEWPORT NEWS, VA 23607	PC	TO PROVIDE ACCESS TO CLINICAL INTERVENTION/ PRIMARY CARE SERVICES FOR THE DIAGNOSIS AND MANAGEMENT OF DIABETES AND ORAL HEALTH.	25,000.
SOUTHEASTERN VIRGINIA HEALTH SYSTEM 1033 28TH ST. NEWPORT NEWS, VA 23607	PC	TO RECEIVE ASSISTANCE IN PREPARING A FEDERAL GRANT APPLICATION FOR OPENING OF A NEW COMPREHENSIVE COMMUNITY HEALTHCARE CENTER IN FRANKLIN, VIRGINIA.	30,000.
ST. PAUL BAPTIST CHURCH 806 LINCOLN AVENUE SUFFOLK, VA 23434	PC	TO SPONSOR THE 2014 NATIONAL NIGHT OUT EVENT TO PROMOTE AND EDUCATE NEIGHBORHOODS' INVOLVEMENT IN CRIME PREVENTION, POLICE-COMMUNITY PARTNERSHIPS, NEIGHBORHOOD CAMARADERIE AND TO ENCOURAGE THE SERVING OF HEALTHY FOODS AND OFFERING OF HEALTHY ACTIVITIES AT THE EVENT.	500.
SUFFOLK COALITION AGAINST POVERTY IN SUFFOLK 3488 GODWIN BOULEVARD SUFFOLK, VA 23434	PC	A FUNDRAISING EVENT TO PURCHASE A MOBILE SHOWER UNIT TO BE USED IN THE SUFFOLK NIGHT STAY PROGRAM AS PART OF CAPS' MEMBER CHURCHES INITIATIVE TO PROVIDE MEALS AND SHELTER TO THOSE EXPERIENCING HOMELESSNESS DURING THE WINTER MONTHS.	5,000.

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

ATTACHMENT 23 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
SUFFOLK FAMILY YMCA 2769 GODWIN BLVD SUFFOLK, VA 23434	PC	TO INCREASE CARDIOVASCULAR FITNESS, PHYSICAL STRENGTH AND LIFE SKILLS FOR YOUTH PARTICIPATING IN AN AFTER-SCHOOL JUMP ROPE PROGRAM.	10,313.
SUFFOLK MEALS ON WHEELS 2800 GODWIN BLVD SUFFOLK, VA 23434	PC	FOR MEAL DELIVERY TO SENIORS AND DISABLED RECIPIENTS WHO ARE HOMEBOUND AND/OR HOME ALONE IN SUFFOLK AND ISLE OF WIGHT COUNTY.	3,868.
SUFFOLK PARTNERSHIP FOR A HEALTHY COMMUNITY 1707 N. MAIN STREET SUFFOLK, VA 23434	PC	TO IMPLEMENT AN INDIVIDUALIZED, COMPREHENSIVE WELLNESS CARE MANAGEMENT PROGRAM IN SUFFOLK.	12,113.
SUFFOLK PARTNERSHIP FOR A HEALTHY COMMUNITY 1707 N. MAIN STREET SUFFOLK, VA 23434	PC	FOR CONTINUED COORDINATION AND COLLABORATION EFFORTS TO REDUCE OBESITY THROUGH THE HEALTHY PEOPLE HEALTHY SUFFOLK INITIATIVE.	143,865.
SUFFOLK PARTNERSHIP FOR A HEALTHY COMMUNITY 1707 N. MAIN STREET SUFFOLK, VA 23434	PC	TO INCREASE THE REGISTRATION AND SUSTAINABILITY OF WALKING GROUPS WITHIN SUFFOLK BUSINESSES, SCHOOLS AND DAYCARE CENTERS.	22,500.
SUFFOLK PARTNERSHIP FOR A HEALTHY COMMUNITY 1707 N. MAIN STREET SUFFOLK, VA 23434	PC	TO FUND GRANTEE TRAINING AT A CAPACITY BUILDING CONFERENCE BY PROVIDING TOOLS, STRATEGIES, FOCUSED TRAININGS, EXPERIENTIAL LEARNING OPPORTUNITIES AND NEW TECHNOLOGIES THAT CENTERED ON NEW WAYS TO ADDRESS PROGRAM IMPLEMENTATION.	500.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 23 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
SUFFOLK PARTNERSHIP FOR A HEALTHY COMMUNITY 1707 N. MAIN STREET SUFFOLK, VA 23434	PC	TO FUND GRANTEE TRAINING AT A CAPACITY BUILDING CONFERENCE BY PROVIDING TOOLS, STRATEGIES, FOCUSED TRAININGS, EXPERIENTIAL LEARNING OPPORTUNITIES AND NEW TECHNOLOGIES THAT CENTERED ON NEW WAYS TO ADDRESS PROGRAM IMPLEMENTATION.	500.
SUFFOLK PROJECT LIFESAVER SEARCH AND RESCUE 300 KINGS FORK ROAD SUFFOLK, VA 23434	PC	A FUNDRAISER TO FUND THE PURCHASE OF SEVEN (7) TRACKING KITS AT THE EXPENSE OF \$1,500 PER KIT TO BE USED TO HELP INDIVIDUALS WITH DOWN SYNDROME, AUTISM AND ALZHEIMERS DISEASE.	1,000.
SUFFOLK PUBLIC SCHOOLS 100 N. MAIN ST., P.O. BOX 1549 SUFFOLK, VA 23434	PC	TO IMPLEMENT A COMPREHENSIVE HEALTHY LIFESTYLES PLAN THAT FOCUSES ON OBESITY PREVENTION AMONG STUDENTS.	108,000.
SUFFOLK PUBLIC SCHOOLS 100 N. MAIN ST.P.O. BOX 1549 SUFFOLK, VA 23434	PC	TO DEVELOP AND IMPLEMENT AFTER-SCHOOL CHALLENGE CLUBS FOCUSED ON OBESITY PREVENTION AND TO SUSTAIN SALAD BARS IN CAFETERIAS FOR BETTER NUTRITION.	36,887.
SUFFOLK REDEVELOPMENT AND HOUSING AUTHORITY 530 E. PINNER STREET SUFFOLK, VA 23434	PC	TO RAISE AWARENESS AMONG RESIDENTS OF PUBLIC HOUSING COMMUNITIES IN SUFFOLK ABOUT THE HEALTH HAZARDS FROM EXPOSURE TO SECONDHAND SMOKE IN PUBLIC PLACES AND REDUCE THE NUMBER OF SMOKERS.	25,000.
SUFFOLK REDEVELOPMENT AND HOUSING AUTHORITY 530 E. PINNER STREET SUFFOLK, VA 23434	PC	TO HELP PUBLIC HOUSING RESIDENTS BECOME MORE AWARE OF BOTH THE PREVENTION AND MANAGEMENT OF CHRONIC DISEASE.	30,690.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 23 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
SUFFOLK REDEVELOPMENT AND HOUSING AUTHORITY 530 E. PINNER STREET SUFFOLK, VA 23434	PC	TO RAISE AWARENESS AMONG RESIDENTS OF PUBLIC HOUSING COMMUNITIES IN SUFFOLK ABOUT THE HEALTH HAZARDS FROM EXPOSURE TO SECONDHAND SMOKE IN PUBLIC PLACES AND REDUCE THE NUMBER OF SMOKERS.	18,750.
SUFFOLK REDEVELOPMENT AND HOUSING AUTHORITY 530 E. PINNER STREET SUFFOLK, VA 23434	PC	TO HELP PUBLIC HOUSING RESIDENTS BECOME MORE AWARE OF BOTH THE PREVENTION AND MANAGEMENT OF CHRONIC DISEASE.	23,017.
SUFFOLK REDEVELOPMENT AND HOUSING AUTHORITY 530 E. PINNER STREET SUFFOLK, VA 23434	PC	TO SPONSOR THE 2014 NATIONAL NIGHT OUT EVENT TO PROMOTE AND EDUCATE NEIGHBORHOODS' INVOLVEMENT IN CRIME PREVENTION, POLICE-COMMUNITY PARTNERSHIPS, NEIGHBORHOOD CAMARADERIE AND TO ENCOURAGE THE SERVING OF HEALTHY FOODS AND OFFERING OF HEALTHY ACTIVITIES AT THE EVENT.	500.
SUFFOLK ROTARY CLUB P.O. BOX 1972 SUFFOLK, VA 23439	PC	2014 SUFFOLK FIRST CITIZEN RECEPTION	1,000.
SUFFOLK SALVATION ARMY CORPS 400 BANK ST. SUFFOLK, VA 23434	PC	TO FUND LOW IMPACT EXERCISE EQUIPMENT DESIGNED FOR USE BY SENIOR ADULTS IN THE OBICI HEALTHCARE FOUNDATION PAVILION OF THE SALVATION ARMY, SUFFOLK, VIRGINIA.	25,000.
SUFFOLK SISTER CITIES INTERNATIONAL P.O. BOX 796 SUFFOLK, VA 23439	PC	TO SUPPORT AN INTERNATIONAL WALKING CHALLENGE BETWEEN SUFFOLK, VIRGINIA AND HER SISTER CITY OF SUFFOLK, ENGLAND.	1,900.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 23 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
SURRY AREA FREE CLINIC P.O. BOX 32 SURRY, VA 23883	PC	TO DEVELOP A STRATEGIC PLAN THAT WILL ESTABLISH TIMELINES, PRIORITIES AND APPROACHES FOR FUND DEVELOPMENT AND RECRUITING AND RETAINING VOLUNTEERS.	12,500.
THE CHILDREN'S CENTER 700 CAMPBELL AVE FRANKLIN, VA 23851	PC	TO SUPPORT THE FAMILY-TO-FAMILY SERIES THAT EDUCATES BOTH THE FAMILIES AND THE PROVIDERS AROUND MENTAL ILLNESS/SUPPORT SERVICES FOR PARENTS, EMPLOYEES AND COMMUNITY MEMBERS.	16,490.
THE GENIEVE SHELTER 157 N. MAIN ST., 2ND FLOOR, STE R3 SUFFOLK, VA 23434	PC	TO BRING THE SHELTER UP TO CODE, INCLUDING THE FOUNDATION, SUBFLOORING, ETC; COSMETICALLY RENOVATE THE INTERIOR AND EXTERIOR; AND ALL SERVICE INSTALLATIONS INCLUDING ELECTRICAL, WATER/SEWER, COMMUNICATIONS AND 24/7 SECURITY.	5,000.
THE GENIEVE SHELTER 157 N. MAIN ST., 2ND FLOOR, STE R3 SUFFOLK, VA 23434	PC	TO SUPPORT THE ESTABLISHMENT OF THE DEVELOPMENT COORDINATOR POSITION TO ENCOURAGE COMMUNITY PARTICIPATION, AND FINANCIAL SUPPORT FOR THE GENIEVE SHELTER'S PROGRAMS AND SPECIAL EVENTS.	17,500.
THE GENIEVE SHELTER 157 N. MAIN ST., 2ND FLOOR, STE R3 SUFFOLK, VA 23434	PC	TO BUILD THE CAPACITY OF THE DEVELOPMENT COORDINATOR TO ENCOURAGE COMMUNITY PARTICIPATION AND FINANCIAL SUPPORT FOR THE SHELTER'S PROGRAMS AND SPECIAL EVENTS.	17,500.
THE GENIEVE SHELTER 157 N. MAIN ST., 2ND FLOOR, STE R3 SUFFOLK, VA 23434	PC	FUNDS WILL SUPPORT DEVELOPMENT AND PUBLIC RELATIONS ACTIVITIES AS WELL AS THE CULTIVATION OF DONORS TO CONTINUE TO PROVIDE SHELTER FOR VICTIMS AND THEIR CHILDREN.	5,000.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 23 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
THE HEALING PLACE OF HAMPTON ROADS 5265 ROBIN HOOD ROAD, SUITE 700 NORFOLK, VA 23513	PC	TO DEVELOP A PLAN THAT ADDRESSES THE NEED FOR RESIDENTIAL SUBSTANCE ABUSE RECOVERY FOR HOMELESS INDIVIDUALS IN HAMPTON ROADS WHO HAVE SUBSTANCE USE DISORDERS.	22,500.
THE PLANNING COUNCIL 5365 ROBIN HOOD ROAD, SUITE 700 NORFOLK, VA 23513	PC	TO PREVENT AND ADDRESS OBESITY AMONG CHILDREN WITHIN PRIVATE CHILDCARE SETTINGS AND BEFORE/AFTER SCHOOL PROGRAMS ACROSS WESTERN TIDEWATER.	38,322.
THE PLANNING COUNCIL 5365 ROBIN HOOD ROAD, SUITE 700 NORFOLK, VA 23513	PC	TO PREVENT AND ADDRESS OBESITY AMONG CHILDREN WITHIN PRIVATE CHILDCARE SETTINGS AND BEFORE/AFTER SCHOOL PROGRAMS ACROSS WESTERN TIDEWATER.	6,387.
THE PLANNING COUNCIL 5365 ROBIN HOOD ROAD, SUITE 700 NORFOLK, VA 23513	PC	TO COORDINATE SERVICES AMONG HOMELESSNESS CONTINUUM OF CARE PROVIDERS, INCLUDING THE MANAGEMENT OF HOUSING, HEALTHCARE AND SUPPORT SERVICES.	6,000.
THE PLANNING COUNCIL 5365 ROBIN HOOD ROAD, SUITE 700 NORFOLK, VA 23513	PC	TO SUPPORT A SUFFOLK OUTREACH INITIATIVE THAT ENROLLS UNINSURED CHILDREN IN FAMIS.	21,211.
THE PLANNING COUNCIL 5365 ROBIN HOOD ROAD NORFOLK, VA 23513	PC	TO DEVELOP AND SUBMIT FEDERAL AND STATE GRANT APPLICATIONS TO ENSURE ACCESS TO HOUSING, HEALTHCARE AND SUPPORT SERVICES TO HOMELESS FAMILIES IN WESTERN TIDEWATER.	4,012.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 23 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
THE RENSSELAERVILLE INSTITUTE 2 OAKWOOD PLACE DELMAR, NY 12054	PC	TO FUND THE MEASUREMENT OF ALL HEALTHY PEOPLE HEALTHY SUFFOLK AFFILIATED PROJECTS FOR THE PURPOSE OF REPORTING ON THE INITIATIVE'S IMPACT ON THE COMMUNITY.	45,000.
THE RENSSELAERVILLE INSTITUTE 2 OAKWOOD PLACE DELMAR, NY 12054	PC	TO DEFINE, TRACK, ACHIEVE, COMMUNICATE AND IMPROVE RESULTS OVER THE LIFE OF THE HEALTHY PEOPLE/HEALTHY SUFFOLK INITIATIVE.	7,500.
THE UP CENTER 222 W. 19TH ST. NORFOLK, VA 23517	PC	TO INCREASE THE NUMBER OF LOW-INCOME INDIVIDUALS AND FAMILIES WHO CAN RECEIVE COUNSELING SESSIONS.	105,991.
THE UP CENTER 222 W. 19TH ST. NORFOLK, VA 23517	PC	TO OFFER A TRAUMATIC STRESS SYMPTOM EDUCATION AND REFERRAL SYSTEM TO COMMUNITY PROVIDERS AND TO CONDUCT TRAUMATIC STRESS THERPY FOR INDIVIDUALS REFERRED.	6,138.
TIDEWATER COMM. COLLEGE'S ACAD. FOR NONPROFIT EXC. 7000 COLLEGE DRIVE SUFFOLK, VA 23435	PC	TO SUPPORT A FORUM FOR BUILDING AWARENESS OF CHARITABLE GIVING AND ITS IMPACT ON THE TRUE BENEFIT FOR THE INTENDED RECIPIENT.	5,000.
TOWN OF SMITHFIELD P. O. BOX 246 SMITHFIELD, VA 23431	PC	TO CONTINUE SMITHFIELD'S COMMUNITY WELLNESS INITIATIVE AND TO INCLUDE INCENTIVES FOR SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) HOUSEHOLDS TO SHOP AT THE FARMERS MARKET FOR FRESH PRODUCE.	2,500.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 23 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
TOWN OF WINDSOR 8 EAST WINDSOR BLVD., P.O. BOX 307 WINDSOR, VA 23487	PC	TO RENOVATE THE WINDSOR MIDDLE SCHOOL GYMNASIUM FOR USE AS A COMMUNITY RECREATION CENTER FOR THE TOWN OF WINDSOR AND SURROUNDING LOCALITIES.	45,000.
VIRGINIA BUSINESS COALITION ON HEALTH 287 INDEPENDENCE BLVD, PEMBROKE TWO, SUITE 120 VIRGINIA BEACH, VA 23462	PC	TO DEVELOP A PLAN THAT WILL HELP PREDIABETIC EMPLOYEES IN SUFFOLK PREVENT TYPE 2 DIABETES BY MAKING MODEST LIFESTYLE CHANGES.	22,500.
VIRGINIA DENTAL ASSOCIATION FOUNDATION 3460 MAYLAND COURT, SUITE 110 RICHMOND, VA 23233	SO I	TO SUPPORT THE 2015 DAY OF FREE DENTAL CARE, THE "MISSION OF MERCY" PROJECT.	25,000.
VIRGINIA DENTAL ASSOCIATION FOUNDATION 3460 MAYLAND COURT, SUITE 110 RICHMOND, VA 23233	SO I	TO CONDUCT A ONE-DAY DENTAL OUTREACH THAT PROVIDES FREE DENTAL TREATMENT TO UNINSURED AND UNDERINSURED ADULTS IN WESTERN TIDEWATER AND GATES COUNTY, NC.	45,000.
VIRGINIA HEALTH CARE FOUNDATION 707 EAST MAIN STREET, SUITE 1350 RICHMOND, VA 23219	PC	TO CONTINUE PARTICIPATION IN THE PATIENT MEDICATION ASSISTANCE PROGRAM WITH TECHNOLOGICAL UPGRADES.	12,500.
VIRGINIA LEGAL AID SOCIETY P.O. BOX 6200, 513 CHURCH STREET LYNCHBURG, VA 24505	PC	TO HELP DISABLED CLIENTS NAVIGATE THE COMPLEX MEDICAID AND MEDICARE APPLICATION AND APPEALS PROCESSES.	37,500.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 23 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
VIRGINIA LEGAL AID SOCIETY P.O. BOX 6200, 513 CHURCH STREET LYNCHBURG, VA 24505	PC	TO HELP DISABLED CLIENTS NAVIGATE THE COMPLEX MEDICAID AND MEDICARE APPLICATION AND APPEALS PROCESSES.	37,500.
VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSIT 440 MARKET ST. P.O. BOX 218 SUFFOLK, VA 23439	PC	TO DEVELOP A PLAN THAT TEACHES LOW-INCOME SUFFOLK RESIDENTS HOW TO ACCESS, COOK AND EAT HEALTHY, LOCALLY GROWN PRODUCE AND LIVESTOCK PRODUCTS TO PREVENT OBESITY AND FUTURE HEALTH ISSUES.	12,500.
VIRGINIA SUPPORTIVE HOUSING P. O. BOX 8585 RICHMOND, VA 23226	PC	TO PROVIDE CASE MANAGEMENT AND ACCESS TO MEDICAL AND MENTAL HEALTH SERVICES TO DISABLED PERSONS RESIDING IN PERMANENT SUPPORTIVE HOUSING.	5,625.
VIRGINIA SUPPORTIVE HOUSING P. O. BOX 8585 RICHMOND, VA 23226	PC	TO PROVIDE SUPPORTIVE SERVICES TO EIGHT HOMELESS INDIVIDUALS FROM SUFFOLK AND ISLE OF WIGHT WHO RESIDE IN PERMANENT SUPPORTIVE HOUSING FACILITIES.	3,750.
VOICES FOR KIDS CASA PROGRAM P. O. BOX 949, 409 MAIN STREET SMITHFIELD, VA 23431	PC	A FORMAL FUNDRAISER WITH GUEST SPEAKERS, HEAVY HORS D'OEUVERS AND COCKTAILS AND MUSIC BY THE RHONDELS AND INCLUDE A LIVE AND SILENT AUCTION	1,000.
VOICES FOR KIDS CASA PROGRAM P. O. BOX 949, 409 MAIN STREET SMITHFIELD, VA 23431	PC	PROVIDE ACCESS TO MEDICAL AND MENTAL HEALTH SERVICES FOR EVERY CHILD SERVED.	19,321.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 23 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
VOICES FOR KIDS CASA PROGRAM P. O. BOX 949, 409 MAIN STREET SMITHFIELD, VA 23431	PC	TO EXPAND ADVOCACY SERVICES FOR CHILDREN INVOLVED IN SUFFOLK JUVENILE COURTS DUE TO NEGLECT AND ABUSE.	3,220.
VOLUNTEER HAMPTON ROADS 400 WEST OLNEY ROAD, SUITE B NORFOLK, VA 23507	PC	TO FUND A COMMUNITY CONVERSATION AROUND THOUGHT PROVOKING IDEAS ON HOW TO CHANGE THE WAY OUR COMMUNITY VIEWS OUR NONPROFITS.	2,000.
WALK IN IT, INC. 108 NIBLICK CIRCLE SUFFOLK, VA 23434	PC	A WALK AND EMPOWERMENT RALLY FOR GIRLS AND WOMEN FROM SUFFOLK, FRANKLIN AND SURROUNDING HAMPTON ROADS COMMUNITIES, WITH PROCEEDS GOING TO THE LADIES OF DISTINCTION MENTORSHIP PROGRAMS WHICH HELP YOUNG GIRLS AND WOMEN IN THE COMMUNITY REACH THIR MAXIMUM POTENTIAL PHYSICAL AND EMOTIONAL HEALTH.	1,000.
WESTERN TIDEWATER COMMUNITY SERVICES BOARD 5268 GODWIN BLVD SUFFOLK, VA 23434	PC	TO CONTINUE WESTERN TIDEWATER'S FIRST OUTPATIENT MEDICAL DETOXIFICATION PROGRAM THAT PROVIDES DAILY TESTING, COUNSELING, SUPPORT AND REFERRAL SERVICES TO SUBSTANCE ABUSERS.	50,000.
WESTERN TIDEWATER COMMUNITY SERVICES BOARD 5268 GODWIN BLVD SUFFOLK, VA 23434	PC	FOR EXPANDED OUTPATIENT PEDIATRIC COUNSELING AND PSYCHIATRY IN WESTERN TIDEWATER.	67,500.
WESTERN TIDEWATER COMMUNITY SERVICES BOARD 5268 GODWIN BLVD SUFFOLK, VA 23434	PC	ON-SITE SHORT TERM COUNSELING, BENEFITS ASSISTANCE AND CONNECTION TO COMMUNITY RESOURCE FOR INDIVIDUALS IN AREA SHELTERS.	131,083.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 23 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
WESTERN TIDEWATER COMMUNITY SERVICES BOARD 5268 GODWIN BLVD SUFFOLK, VA 23434	PC	TO SUPPORT A TELEMEDICINE LINK TO CRISIS SERVICES FOR CHILDREN, ADOLESCENTS AND ADULTS TO LOCAL LAW ENFORCEMENT AGENCIES AND HOSPITALS.	32,486.
WESTERN TIDEWATER COMMUNITY SERVICES BOARD 5268 GODWIN BLVD SUFFOLK, VA 23434	PC	FOR EXPANDED OUTPATIENT PEDIATRIC COUNSELING AND PSYCHIATRY IN WESTERN TIDEWATER.	11,250.
WESTERN TIDEWATER COMMUNITY SERVICES BOARD 5268 GODWIN BLVD SUFFOLK, VA 23434	PC	FOR MEDICAL CARE MONITORING AND INTERVENTION FOR PARTICIPANTS WITH SEVERE/PROFOUND INTELLECTUAL DISABILITIES AND PHYSICAL DISABILITIES IN THE DAY SUPPORT PROGRAMS.	2,447.
WESTERN TIDEWATER COMMUNITY SERVICES BOARD 5268 GODWIN BLVD SUFFOLK, VA 23434	PC	TO SUPPORT A TELEMEDICINE LINK TO CRISIS SERVICES FOR CHILDREN, ADOLESCENTS AND ADULTS TO LOCAL LAW ENFORCEMENT AGENCIES AND HOSPITALS.	4,813.
WESTERN TIDEWATER COMMUNITY SERVICES BOARD 5268 GODWIN BLVD SUFFOLK, VA 23434	PC	TO CONTINUE WESTERN TIDEWATER'S FIRST OUTPATIENT MEDICAL DETOXIFICATION PROGRAM THAT PROVIDES DAILY TESTING, COUNSELING, SUPPORT AND REFERRAL SERVICES TO SUBSTANCE ABUSERS.	50,000.
WESTERN TIDEWATER FREE CLINIC 2019 MEADE PARKWAY SUFFOLK, VA 23434	PC	TO PROVIDE OPERATIONAL SUPPORT FOR MEDICAL AND DENTAL CARE, AND CHRONIC DISEASE MANAGEMENT OF UNINSURED PATIENTS.	250,000.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 23 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
WESTERN TIDEWATER FREE CLINIC 2019 MEADE PARKWAY SUFFOLK, VA 23434	PC	TO PROVIDE FREE, COMPREHENSIVE, COORDINATED MEDICAL AND DENTAL CARE TO LOW-INCOME, UNINSURED ADULT PATIENTS IN WESTERN TIDEWATER.	250,000.
WESTERN TIDEWATER FREE CLINIC 2019 MEADE PARKWAY SUFFOLK, VA 23434	PC	TO EXPAND ACCESS TO DENTAL SERVICES FOR COMPREHENSIVE EXAMS AND X-RAYS, EXTRACTIONS, FILLINGS, EDUCATION, DENTURES AND OTHER DENTAL CARE BY INTEGRATING ORAL HEALTHCARE WITH PRIMARY CARE.	31,624.
WESTERN TIDEWATER FREE CLINIC 2019 MEADE PARKWAY SUFFOLK, VA 23434	PC	PHARMACY ASSISTANCE FUND TO BE ESTABLISHED TO ASSIST YOUR PATIENTS WITH MEDICATION AND DIABETES SUPPLIES.	50,000.
WESTERN TIDEWATER HEALTH DISTRICT 135 HALL AVE, SUITE A SUFFOLK, VA 23434-4654	PC	TO OFFER MOBILE DENTAL SERVICES TO IMPROVE THE ORAL HEALTH OF CHILDREN IN ISLE OF WIGHT COUNTY, THE CITY OF FRANKLIN AND SOUTHAMPTON COUNTY BY INCREASING THE MEDICAID/FAMIS UTILIZATION RATE.	6,950.
WESTERN TIDEWATER HEALTH DISTRICT 135 HALL AVE, SUITE A SUFFOLK, VA 23434-4654	PC	TO OFFER MOBILE DENTAL SERVICES TO IMPROVE THE ORAL HEALTH OF CHILDREN IN ISLE OF WIGHT COUNTY, THE CITY OF FRANKLIN AND SOUTHAMPTON COUNTY BY INCREASING THE MEDICAID/FAMIS UTILIZATION RATE.	6,950.
WESTERN TIDEWATER HEALTH DISTRICT 135 HALL AVE, SUITE A SUFFOLK, VA 23434-4654	PC	TO PROVIDE TELEHEALTH MONITORING SERVICES FOR CHRONIC DISEASE PATIENTS WHO FREQUENTLY VISIT EMERGENCY ROOMS, AND TO IMPROVE CHRONIC DISEASE SELF-MANAGEMENT.	53,709.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 23 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
WESTERN TIDEWATER HEALTH DISTRICT 135 HALL AVE, SUITE A SUFFOLK, VA 23434-4654	PC	TO IMPLEMENT A NATIONAL MODEL - NURSE FAMILY PARTNERSHIP - TO IMPROVE PRENATAL HEALTH, CHILD HEALTH AND DEVELOPMENT THROUGH AGE TWO IN THE CITY SUFFOLK AND FRANKLIN AND ISLE OF WIGHT COUNTIES.	99,663.
WESTERN TIDEWATER HEALTH DISTRICT 135 HALL AVE, SUITE A SUFFOLK, VA 23434-4654	PC	TO IMPLEMENT A NATIONAL MODEL - THE NURSE FAMILY PARTNERSHIP PROGRAM - TO HELP REDUCE UNDESIRABLE BIRTH OUTCOMES THROUGH EDUCATION, NURSE-CASE MANAGEMENT, HOME VISITATIONS AND TRANSPORTATION ASSISTANCE FOR PREGNANT WOMEN IN SUFFOLK AND ISLE OF WIGHT COUNTY.	14,765.
WESTERN TIDEWATER REGIONAL JAIL 2402 GODWIN BOULEVARD SUFFOLK, VA 23434	PC	TO PROVIDE DENTAL EXAMINATIONS AND TREATMENT TO INCARCERATED INMATES FROM THE LOCAL COMMUNITY.	5,000.
WESTERN TIDEWATER TENNIS ASSOCIATION 136 WYNNWOOD DRIVE FRANKLIN, VA 23851	PC	TO INCREASE THE NUMBER OF ELEMENTARY SCHOOL CHILDREN WHO PLAY TENNIS AND EXERCISE ON A REGULAR BASIS.	15,000.
WESTSIDE CIVIC LEAGUE 963 GARFIELD AVENUE SUFFOLK, VA 23434	NC	TO SPONSOR NATIONAL NIGHT OUT, AN EVENING EVENT TO PROMOTE AND EDUCATE NEIGHBORHOODS' INVOLVEMENT IN CRIME PREVENTION ACTIVITIES, POLICE-COMMUNITY PARTNERSHIPS, NEIGHBORHOOD CAMARADERIE AND TO SEND A MESSAGE TO CRIMINALS THAT NEIGHBORHOODS ARE ORGANIZED AND FIGHTING BACK, AND TO ENCOURAGE THE SERVING OF HEALTHY FOODS AND OFFERING OF HEALTHY ACTIVITIES AT THE EVENT.	500.

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

ATTACHMENT 23 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
WHRO 5200 HAMPTON BLVD NORFOLK, VA 23508	PC	TO CONFIRM THE INCREASED UPGRADE OF EMEDIA HEALTH DATA AND CONFIRM THE INCREASED USE OF EMEDIA FOR HEALTH, NUTRITION AND ACTIVITY CURRICULUM BY WESTERN TIDEWATER TEACHERS.	25,000.
TOTAL CONTRIBUTIONS PAID			<u>4,199,081.</u>

FORM 990PF, PART XV - CONTRIBUTIONS APPROVED FOR FUTURE PAYMENTATTACHMENT 24

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
ALBEMARLE REGIONAL HEALTH SERVICES 711 ROANOKE AVENUE, P.O. BOX 189 ELIZABETH CITY, NC 27909	PC	TO REDUCE MORBIDITY, MORTALITY AND COSTS AMONG PRE-DIABETICS AND DIABETICS RESIDING IN GATES COUNTY, NC.	49,120.
AMERICAN DIABETES ASSOCIATION 870 GREENBRIER CIRCLE, SUITE 404 CHESAPEAKE, VA 23320	PC	TO TRAIN AMBASSADORS IN HIGH HEALTH -RISK CONGREGATIONS TO RAISE AWARENESS OF DIABETES AND STRESS THE IMPORTANCE OF EARLY DETECTION, DISEASE MANAGEMENT AND HEALTH RISK FACTORS IN FRANKLIN AND SOUHAMPTON COUNTY.	35,305.
BON SECOURS MARYVIEW FOUNDATION 150 KINGSLEY LANE NORFOLK, VA 23505	SO I	TO PROVIDE FREE, MOBILE MEDICAL SERVICES TO THE UNINSURED IN SUFFOLK. .	50,000.
CITY OF SUFFOLK P.O. BOX 1858 SUFFOLK, VA 23439	PC	TO COMPLETE A NEARLY 2-MILE LONG WALKING TRAIL AT LAKE MEADE PARK.	55,371.
COVER 3 FOUNDATION P. O. BOX 456 FRANKLIN, VA 23851	PC	A PLANNING GRANT IS TO DEVELOP A SUSTAINABLE COMMUNITY FARMS, WHILE CREATING A HANDS-ON LEARNING ENVIRONMENT FOR YOUTH AND FAMILIES THROUGH FARMING AND ENCOURAGING HEALTHY EATING.	2,500.
EASTERN VIRGINIA MEDICAL SCHOOL P.O. BOX 1980 NORFOLK, VA 23501-1980	PC	TO INCREASE THE NUMBER OF MEDICAL ENCOUNTERS AT THE WESTERN TIDEWATER FREE CLINIC BY SCHEDULING FAMILY MEDICINE RESIDENTS, THIRD-YEAR MEDICAL STUDENTS AND AN ATTENDING PHYSICIAN.	5,616.

FORM 990PF, PART XV - CONTRIBUTIONS APPROVED FOR FUTURE PAYMENTATTACHMENT 24 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
EASTERN VIRGINIA MEDICAL SCHOOL P.O. BOX 1980 NORFOLK, VA 23501-1980	PC	TO ESTABLISH A SPECIALTY CARE CENTER THAT WILL FOCUS ON THE DETECTION, PREVENTION AND MANAGEMENT OF DIABETES AND ITS MOST COMMON COMPLICATIONS.	276,682.
EASTERN VIRGINIA MEDICAL SCHOOL P.O. BOX 1980 NORFOLK, VA 23501-1980	PC	TO DEVELOP COLLABORATIVE STRATEGIES THAT CREATE POLICY, SYSTEMS AND ENVIRONMENTAL CHANGES THAT WILL RESULT IN MORE HEALTHY FOOD CHOICES AND PHYSICAL ACTIVITY IN CHURCHES, PUBLIC HOUSING AND COMMUNITY ORGANIZATIONS.	41,282.
FOODBANK OF SOUTHEASTERN VIRGINIA P.O. BOX 1940 NORFOLK, VA 23501	PC	TO SUPPORT THE AVAILABILITY OF A VARIETY OF HEALTHFUL FOODS FROM THE FIVE MAIN FOOD GROUPS; PRIORITIZING AND PROMOTING ACCESS TO AND USE OF THESE FOODS BY WAY OF TASTINGS, RECIPES AND EDUCATION, PARTICULARLY FRESH PRODUCE TO FIGHT HUNGER AND PROMOTE HEALTH IN SUFFOLK'S FOOD INSECURE POPULATION.	25,000.
FORKIDS, INC. P.O. BOX 6044 NORFOLK, VA 23508	PC	TO IMPROVE THE HEALTH OF POOR AND HOMELESS FAMILIES IN WESTERN TIDEWATER THROUGH INTENSIVE CASE MANAGEMENT, ACCESS TO STABLE HOUSING, PERMANENT SUPPORTIVE HOUSING, AND REFERRALS TO COMMUNITY RESOURCES.	28,125.
FRANKLIN CITY DEPARTMENT OF SOCIAL SERVICES 306 N. MAIN STREET FRANKLIN, VA 23851	PC	TO INCREASE THE NUMBER OF CHILDREN AND FAMILIES ENROLLED AND RENEWED IN MEDICAID AND FAMIS.	20,070.
HAMPTON ROADS COMMUNITY HEALTH CENTER 664 LINCOLN STREET PORTSMOUTH, VA 23704	PC	TO SUPPORT TO PURCHASE OF PORTABLE DENTAL EQUIPMENT THAT CAN BE USED FOR SCHOOL BASED SERVICES DURING THE AFTER-SCHOOL PROGRAMS OPERATED WITHIN THE SUFFOLK ELEMENTARY, MIDDLE, AND HIGH SCHOOLS.	25,000.

FORM 990PF, PART XV - CONTRIBUTIONS APPROVED FOR FUTURE PAYMENTATTACHMENT 24 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
HORIZON HEALTH SERVICES WAVERLY MEDICAL CENTER P.O. BOX 29 WAVERLY, VA 23890	PC	TO PROVIDE DENTAL CARE AND SMOKING CESSATION SERVICES IN THE FRANKLIN, SOUTHAMPTON, SURRY AND SUSSEX SERVICE AREAS.	37,500.
ISLE OF WIGHT CHRISTIAN OUTREACH PROGRAM P. O. BOX 253 SMITHFIELD, VA 23431	PC	FOR A PROACTIVE OUTREACH PROGRAM TO INCREASE THE NUMBER OF CHILDREN AND FAMILIES ENROLLED IN MEDICAID AND FAMIS IN ISLE OF WIGHT COUNTY.	6,580.
LUTER YMCA 259 JAMES STREET SMITHFIELD, VA 23430	PC	TO INCREASE PHYSICAL ACTIVITY OPTIONS FOR CHILDREN BY USING INTERACTIVE FITNESS EQUIPMENT THAT COMBINES FUN AND ENTERTAINMENT.	30,000.
PAUL D. CAMP COMMUNITY COLLEGE P.O. BOX 737 FRANKLIN,, VA 23851	PC	TO ASSESS THE NEED FOR DEVELOPING TRAINING PROGRAMS THAT WILL RESULT IN MORE CERTIFIED DIABETES EDUCATORS SERVING WESTERN TIDEWATER.	1,500.
RX PARTNERSHIP 2924 EMERYWOOD PKWY, SUITE 300 RICHMOND, VA 23294	PC	TO PROVIDE FREE PRESCRIPTION MEDICATION AND LOW-COST SUPPLIES TO LOW-INCOME, UNINSURED RESIDENTS SERVED BY THE WESTERN TIDEWATER FREE CLINIC.	3,750.
RX PARTNERSHIP 2924 EMERYWOOD PKWY RICHMOND, VA 23294	PC	TO CREATE A STRATEGY FOR PURSUING AND ACQUIRING ACCESS TO GENERIC MEDICATIONS.	12,500.

FORM 990PF, PART XV - CONTRIBUTIONS APPROVED FOR FUTURE PAYMENTATTACHMENT 24 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
SENIOR SERVICES OF SOUTHEASTERN VIRGINIA 6350 CENTER DR., SUITE 101 NORFOLK, VA 23502	PC	FOR TRAINING BENEFIT COUNSELOR VOLUNTEERS IN AN EXPANSION OF THE MEDCARE ACCESS PROGRAM.	25,000.
SENIOR SERVICES OF SOUTHEASTERN VIRGINIA 6350 CENTER DR., SUITE 101 NORFOLK, VA 23502	PC	HAYDEN VILLAGE PROJECT	250,000.
SENTARA OBICI HOSPITAL 2800 GODWIN BLVD SUFFOLK, VA 23434	PC	FOR A HOSPITAL-BASED, UNIVERSAL RISK SCREENING DURING PREGNANCY OR AT BIRTH THAT CONNECTS NEW PARENTS WITH APPROPRIATE COMMUNITY RESOURCES.	6,864.
SENTARA OBICI HOSPITAL 2800 GODWIN BLVD SUFFOLK, VA 23434	PC	TO PROVIDE LIFE COACHES IN SENTARA OBICI HOSPITAL'S EMERGENCY ROOM WHO WILL HELP UNINSURED AND UNDERINSURED PATIENTS OBTAIN PRIMARY CARE SERVICES OR OTHER RESOURCES.	37,500.
SOUTHAMPTON COUNTY PUBLIC SCHOOLS 21308 PLANK ROAD, P. O. BOX 96 COURTLAND, VA 23837	PC	TO ENCOURAGE INCREASED ACTIVITY BY BUILDING AN ATHLETIC TRACK FOR SOUTHAMPTON MIDDLE AND HIGH SCHOOL STUDENTS AND SOUTHAMPTON COUNTY RESIDENTS.	5,000.
SOUTHEASTERN VIRGINIA HEALTH SYSTEM 1033 28TH ST. NEWPORT NEW, VA 23607	PC	TO PROVIDE ACCESS TO COMPREHENSIVE ORAL HEALTH CARE SERVICES FOR THE RESIDENTS OF SUFFOLK.	20,000.

FORM 990PF, PART XV - CONTRIBUTIONS APPROVED FOR FUTURE PAYMENTATTACHMENT 24 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
SUFFOLK PARTNERSHIP FOR A HEALTHY COMMUNITY 1707 N. MAIN STREET SUFFOLK, VA 23434	PC	FOR CONTINUED COORDINATION AND COLLABORATION EFFORTS TO REDUCE OBESITY THROUGH THE HEALTHY PEOPLE HEALTHY SUFFOLK INITATIVE.	15,985.
SUFFOLK PARTNERSHIP FOR A HEALTHY COMMUNITY 1707 N. MAIN STREET SUFFOLK, VA 23434	PC	TO INCREASE THE REGISTRATION AND SUSTAINABILITY OF WALKING GROUPS WITHIN SUFFOLK BUSINESSES, SCHOOLS AND DAYCARE CENTERS.	22,500.
SUFFOLK PUBLIC SCHOOLS 100 N. MAIN ST., P.O. BOX 1549 SUFFOLK, VA 23434	PC	TO IMPLEMENT A COMPREHENSIVE HEALTHY LIFESTYLES PLAN THAT FOCUSES ON OBESITY PREVENTION AMONG STUDENTS.	12,000.
SUFFOLK REDEVELOPMENT AND HOUSING AUTHORITY 530 E. PINNERS STREET SUFFOLK, VA 23434	PC	TO RAISE AWARENESS AMONG RESIDENTS OF PUBLIC HOUSING COMMUNITIES IN SUFFOLK ABOUT THE HEALTH HAZARDS FROM EXPOSURE TO SECONDHAND SMOKE IN PUBLIC PLACES AND REDUCE THE NUMBER OF SMOKERS.	18,750.
SUFFOLK REDEVELOPMENT AND HOUSING AUTHORITY 530 E. PINNERS STREET SUFFOLK, VA 23434	PC	TO HELP PUBLIC HOUSING RESIDENTS BECOME MORE AWARE OF BOTH THE PREVENTION AND MANAGEMENT OF CHRONIC DISEASE.	23,017.
SURRY AREA FREE CLINIC P.O. BOX 32 SURRY, VA 23883	PC	TO DEVELOP A STRATEGIC PLAN THAT WILL ESTABLISH TIMELINES, PRIORITIES AND APPROACHES FOR FUND DEVELOPMENT AND RECRUITING AND RETAINING VOLUNTEERS.	12,500.

FORM 990PF, PART XV - CONTRIBUTIONS APPROVED FOR FUTURE PAYMENTATTACHMENT 24 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
THE GENIEVE SHELTER 157 N. MAIN ST., 2ND FLOOR, STE R3 SUFFOLK, VA 23434	PC	TO BUILD THE CAPACITY OF THE DEVELOPMENT COORDINATOR TO ENCOURAGE COMMUNITY PARTICIPATION AND FINANCIAL SUPPORT FOR THE SHELTER'S PROGRAMS AND SPECIAL EVENTS.	17,500.
THE HEALING PLACE OF HAMPTON ROADS 5265 ROBIN HOOD ROAD, SUITE 700 NORFOLK, VA 23513	PC	TO DEVELOP A PLAN THAT ADDRESSES THE NEED FOR RESIDENTIAL SUBSTANCE ABUSE RECOVERY FOR HOMELESS INDIVIDUALS IN HAMPTON ROADS WHO HAVE SUBSTANCE USE DISORDERS.	2,500.
THE PLANNING COUNCIL 5365 ROBIN HOOD ROAD, SUITE 700 NORFOLK, VA 23513	PC	TO PREVENT AND ADDRESS OBESITY AMONG CHILDREN WITHIN PRIVATE CHILDCARE SETTINGS AND BEFORE/AFTER SCHOOL PROGRAMS ACROSS WESTERN TIDEWATER.	4,258.
THE PLANNING COUNCIL 5365 ROBIN HOOD ROAD, SUITE 700 NORFOLK, VA 23513	PC	TO DEVELOP AND SUBMIT FEDERAL AND STATE GRANT APPLICATIONS TO ENSURE ACCESS TO HOUSING, HEALTHCARE AND SUPPORT SERVICES TO HOMELESS FAMILIES IN WESTERN TIDEWATER.	4,011.
THE PLANNING COUNCIL 5365 ROBIN HOOD ROAD, SUITE 700 NORFOLK, VA 23513	PC	TO SUPPORT A SUFFOLK OUTREACH INITIATIVE THAT ENROLLS UNINSURED CHILDREN IN FAMIS.	5,303.
THE RENSSELAERVILLE INSTITUTE 2 OAKWOOD PLACE DELMAR, NY 12054	PC	TO FUND THE MEASUREMENT OF ALL HEALTHY PEOPLE HEALTHY SUFFOLK AFFILIATED PROJECTS FOR THE PURPOSE OF REPORTING ON THE INITIATIVE'S IMPACT ON THE COMMUNITY.	5,000.

FORM 990PF, PART XV - CONTRIBUTIONS APPROVED FOR FUTURE PAYMENTATTACHMENT 24 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
THE UP CENTER 222 W. 19TH ST. NORFOLK, VA 23517	PC	TO INCREASE THE NUMBER OF LOW-INCOME INDIVIDUALS AND FAMILIES WHO CAN RECEIVE COUNSELING SESSIONS.	11,777.
TOWN OF WINDSOR 8 EAST WINDSOR BLVD WINDSOR, VA 23487	PC	TO RENOVATE THE WINDSOR MIDDLE SCHOOL GYMNASIUM FOR USE AS A COMMUNITY RECREATION CENTER FOR THE TOWN OF WINDSOR AND SURROUNDING LOCALITIES.	5,000.
VIRGINIA BUSINESS COALITION ON HEALTH 287 INDEPENDENCE BLVD, PEMBROKE TWO, SUITE 120 VIRGINIA BEACH, VA 23462	PC	TO DEVELOP A PLAN THAT WILL HELP PREDIABETIC EMPLOYEES IN SUFFOLK PREVENT TYPE 2 DIABETES BY MAKING MODEST LIFESTYLE CHANGES.	2,500.
VIRGINIA LEGAL AID SOCIETY P.O. BOX 6200,513 CHURCH STREET LYNCHBURG, VA 24505	PC	TO HELP DISABLED CLIENTS NAVIGATE THE COMPLEX MEDICAID AND MEDICARE APPLICATION AND APPEALS PROCESSES.	37,500.
VIRGINIA POLYTECHNIC INSTITUTE & STATE UNIVERSITY 440 MARKET ST. P.O. BOX 218 SUFFOLK, VA 23439	PC	TO DEVELOP A PLAN THAT TEACHES LOW-INCOME SUFFOLK RESIDENTS HOW TO ACCESS, COOK AND EAT HEALTHY, LOCALLY GROWN PRODUCE AND LIVESTOCK PRODUCTS TO PREVENT OBESITY AND FUTURE HEALTH ISSUES.	12,500.
VIRGINIA SUPPORTIVE HOUSING P. O. BOX 8585 RICHMOND, VA 23226	PC	TO PROVIDE SUPPORTIVE SERVICES TO EIGHT HOMELESS INDIVIDUALS FROM SUFFOLK AND ISLE OF WIGHT WHO RESIDE IN PERMANENT SUPPORTIVE HOUSING FACILITIES.	3,750.

FORM 990PF, PART XV - CONTRIBUTIONS APPROVED FOR FUTURE PAYMENTATTACHMENT 24 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
VOICES FOR KIDS CASA PROGRAM P. O. BOX 949, 409 MAIN STREET SMITHFIELD, VA 23431	PC	PROVIDE ACCESS TO MEDICAL AND MENTAL HEALTH SERVICES FOR EVERY CHILD SERVED.	2,147.
WESTERN TIDEWATER COMMUNITY SERVICES BOARD 5268 GODWIN BLVD SUFFOLK, VA 23434	PC	TO CONTINUE WESTERN TIDEWATER'S FIRST OUTPATIENT MEDICAL DETOXIFICATION PROGRAM THAT PROVIDES DAILY TESTING, COUNSELING, SUPPORT AND REFERRAL SERVICES TO SUBSTANCE ABUSERS.	50,000.
WESTERN TIDEWATER COMMUNITY SERVICES BOARD 5268 GODWIN BLVD SUFFOLK, VA 23434	PC	FOR EXPANDED OUTPATIENT PEDIATRIC COUNSELING AND PSYCHIATRY IN WESTERN TIDEWATER.	7,500.
WESTERN TIDEWATER COMMUNITY SERVICES BOARD 5268 GODWIN BLVD SUFFOLK, VA 23434	PC	ON-SITE SHORT TERM COUNSELING, BENEFITS ASSISTANCE AND CONNECTION TO COMMUNITY RESOURCE FOR INDIVIDUALS IN AREA SHELTERS.	14,565.
WESTERN TIDEWATER COMMUNITY SERVICES BOARD 5268 GODWIN BLVD SUFFOLK, VA 23434	PC	TO SUPPORT A TELEMEDICINE LINK TO CRISIS SERVICES FOR CHILDREN, ADOLESCENTS AND ADULTS TO LOCAL LAW ENFORCEMENT AGENCIES AND HOSPITALS.	3,609.
WESTERN TIDEWATER FREE CLINIC 2019 MEADE PARKWAY SUFFOLK, VA 23434	PC	TO PROVIDE FREE, COMPREHENSIVE, COORDINATED MEDICAL AND DENTAL CARE TO LOW-INCOME, UNINSURED ADULT PATIENTS IN WESTERN TIDEWATER.	250,000.

FORM 990PF, PART XV - CONTRIBUTIONS APPROVED FOR FUTURE PAYMENTATTACHMENT 24 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
WESTERN TIDEWATER FREE CLINIC 2019 MEADE PARKWAY SUFFOLK, VA 23434	PC	TO EXPAND ACCESS TO DENTAL SERVICES FOR COMPREHENSIVE EXAMS AND X-RAYS, EXTRACTIONS, FILLINGS, EDUCATION, DENTURES AND OTHER DENTAL CARE BY INTEGRATING ORAL HEALTHCARE WITH PRIMARY CARE.	31,624.
WESTERN TIDEWATER HEALTH DISTRICT 135 HALL AVE, SUITE A SUFFOLK, VA 23434-4654	PC	TO PROVIDE PREVENTIVE DENTAL SERVICES AND EDUCATION TO CHILDREN ENROLLED IN MEDICAID/FAMIS AND WHO RECIEVE FREE LUNCH AT SCHOOLS IN THE CITY OF FRANKLIN, ISLE OF WIGHT COUNTY AND SOUTHAMPTON COUNTY.	6,950.
WESTERN TIDEWATER HEALTH DISTRICT 135 HALL AVE, SUITE A SUFFOLK, VA 23434-4654	PC	TO PROVIDE TELEHEALTH MONITORING SERVICES FOR CHRONIC DISEASE PATIENTS WHO FREQUENTLY VISIT EMERGENCY ROOMS, AND TO IMPROVE CHRONIC DISEASE SELF-MANAGEMENT.	13,427.
WESTERN TIDEWATER HEALTH DISTRICT 135 HALL AVE, SUITE A SUFFOLK, VA 23434-4654	PC	TO IMPLEMENT A NATIONAL MODEL - NURSE FAMILY PARTNERSHIP - TO IMPROVE PRENATAL HEALTH, CHILD HEALTH AND DEVELOPMENT THROUGH AGE TWO IN THE CITY SUFFOLK AND FRANKLIN AND ISLE OF WIGHT COUNTIES.	11,074.
ACCESS PARTNERSHIP P. O. BOX 41093 NORFOLK, VA 23451	PC	TO EXPAND ACCESS TO DENTAL PROGRAMS AND SERVICES IN WESTERN TIDEWATER.	23,072.
ACCESS PARTNERSHIP P. O. BOX 41093 NORFOLK, VA 23451	PC	DENTAL VOUCHERS WILL BE AVAILABLE FOR FINANCIALLY ELIGIBLE RESIDENTS OF WESTERN TIDEWATER TO RECEIVE ACUTE DENTAL CARE AT PARTICIPATING DENTAL CLINICS, HEALTH CENTERS AND PRIVATE PRACTICES	100,000.
TOTAL CONTRIBUTIONS APPROVED			<u>1,780,584.</u>

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

ATTACHMENT 25

<u>DESCRIPTION</u>	<u>BUSINESS CODE</u>	<u>AMOUNT</u>	<u>EXCLUSION CODE</u>	<u>AMOUNT</u>	<u>RELATED OR EXEMPT FUNCTION INCOME</u>
PARTNERSHIP INCOME			14	2,342,757.	
OTHER INCOME			01	2,120.	
TOTALS				<u>2,344,877.</u>	

**SCHEDULE D
(Form 1041)**

Capital Gains and Losses

OMB No. 1545-0092

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1041, Form 5227, or Form 990-T.
▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9 and 10.
▶ Information about Schedule D and its separate instructions is at www.irs.gov/form1041.

2014

Name of estate or trust

Employer identification number

OBICI HEALTHCARE FOUNDATION, INC.

51-0249728

Note: Form 5227 filers need to complete **only** Parts I and II.

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2013 Capital Loss Carryover Worksheet				6 ()
7 Net short-term capital gain or (loss) . Combine lines 1a through 6 in column (h). Enter here and on line 17, column (3) on the back ▶				7

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked	22,114,417.	21,662,604.		451,813.
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts.				12
13 Capital gain distributions.				13
14 Gain from Form 4797, Part I.				14
15 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2013 Capital Loss Carryover Worksheet				15 ()
16 Net long-term capital gain or (loss) . Combine lines 8a through 15 in column (h). Enter here and on line 18a, column (3) on the back ▶				16

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2014

Part III Summary of Parts I and II		(1) Beneficiaries' (see instr.)	(2) Estate's or trust's	(3) Total
Caution: Read the instructions before completing this part.				
17	Net short-term gain or (loss)	17		
18	Net long-term gain or (loss):			
a	Total for year	18a		
b	Unrecaptured section 1250 gain (see line 18 of the wrksh.)	18b		
c	28% rate gain	18c		
19	Total net gain or (loss). Combine lines 17 and 18a. ▶	19		

Note: If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a). If lines 18a and 19, column (2), are net gains, go to Part V, and do not complete Part IV. If line 19, column (3), is a net loss, complete Part IV and the **Capital Loss Carryover Worksheet**, as necessary.

Part IV Capital Loss Limitation	
20	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the smaller of: a The loss on line 19, column (3) or b \$3,000 20 ()

Note: If the loss on line 19, column (3), is more than \$3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the **Capital Loss Carryover Worksheet** in the instructions to figure your capital loss carryover.

Part V Tax Computation Using Maximum Capital Gains Rates

Form 1041 filers. Complete this part **only** if both lines 18a and 19 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more than zero.

Caution: Skip this part and complete the **Schedule D Tax Worksheet** in the instructions if:

- Either line 18b, col. (2) or line 18c, col. (2) is more than zero, or
- Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.

Form 990-T trusts. Complete this part **only** if both lines 18a and 19 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, line 34, is more than zero. Skip this part and complete the **Schedule D Tax Worksheet** in the instructions if either line 18b, col. (2) or line 18c, col. (2) is more than zero.

21	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34).	21		
22	Enter the smaller of line 18a or 19 in column (2) but not less than zero. 22			
23	Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T). 23			
24	Add lines 22 and 23 24			
25	If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0-. ▶ 25			
26	Subtract line 25 from line 24. If zero or less, enter -0- 26			
27	Subtract line 26 from line 21. If zero or less, enter -0- 27			
28	Enter the smaller of the amount on line 21 or \$2,500 28			
29	Enter the smaller of the amount on line 27 or line 28 29			
30	Subtract line 29 from line 28. If zero or less, enter -0-. This amount is taxed at 0% ▶ 30			
31	Enter the smaller of line 21 or line 26 31			
32	Subtract line 30 from line 26. 32			
33	Enter the smaller of line 21 or \$12,150. 33			
34	Add lines 27 and 30 34			
35	Subtract line 34 from line 33. If zero or less, enter -0- 35			
36	Enter the smaller of line 32 or line 35. 36			
37	Multiply line 36 by 15%. ▶ 37			
38	Enter the amount from line 31 38			
39	Add lines 30 and 36 39			
40	Subtract line 39 from line 38. If zero or less, enter -0- 40			
41	Multiply line 40 by 20% ▶ 41			
42	Figure the tax on the amount on line 27. Use the 2014 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041) 42			
43	Add lines 37, 41, and 42 43			
44	Figure the tax on the amount on line 21. Use the 2014 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041) 44			
45	Tax on all taxable income. Enter the smaller of line 43 or line 44 here and on Form 1041, Schedule G, line 1a (or Form 990-T, line 36) ▶ 45			

Information Return of U.S. Persons With Respect To Certain Foreign Corporations

(Rev. December 2012)

► For more information about Form 5471, see www.irs.gov/form5471

Department of the Treasury
Internal Revenue Service

Information furnished for the foreign corporation's annual accounting period (tax year required by section 898) (see instructions) beginning 01/01/2014, and ending 12/31/2014

Attachment
Sequence No. **121**

Name of person filing this return OBICI HEALTHCARE FOUNDATION, INC.	A Identifying number 51-0249728
Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address) 106 W. FINNEY AVENUE	B Category of filer (See instructions. Check applicable box(es)): ATCH 1 1 (repealed) 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input checked="" type="checkbox"/>
City or town, state, and ZIP code SUFFOLK VA 23434	C Enter the total percentage of the foreign corporation's voting stock you owned at the end of its annual accounting period _____ %
Filer's tax year beginning 04/01/2014, and ending 03/31/2015	

D Person(s) on whose behalf this information return is filed:

(1) Name	(2) Address	(3) Identifying number	(4) Check applicable box(es)		
			Shareholder	Officer	Director

Important: Fill in all applicable lines and schedules. All information **must** be in English. All amounts **must** be stated in U.S. dollars unless otherwise indicated.

1a Name and address of foreign corporation FEDERAL STREET ASIA/EMERGING MARKETS OFFSHORE FUND C/O M&C CORPORATE SERVICES LIMITED P.O. BOX 309 UGLAND HOUSE GEORGETOWN, GRAND CAYMAN CJ				b(1) Employer identification number, if any FOREIGNUS	
				b(2) Reference ID number (see instructions) FSARMOF06-1600026	
				c Country under whose laws incorporated CAYMAN ISLANDS	
d Date of incorporation 12/17/2004	e Principal place of business CJ	f Principal business activity code number 525990	g Principal business activity HEDGE FOF	h Functional currency USD	

2 Provide the following information for the foreign corporation's accounting period stated above.

a Name, address, and identifying number of branch office or agent (if any) in the United States N/A	b If a U.S. income tax return was filed, enter:	
	(i) Taxable income or (loss)	(ii) U.S. income tax paid (after all credits)
c Name and address of foreign corporation's statutory or resident agent in country of incorporation M&C CORPORATE SERVICES LIMITED PO BOX 309 UGLAND HOUSE S CHURCH ST GEORGETOWN GRAND CAYMAN CJ		
d Name and address (including corporate department, if applicable) of person (or persons) with custody of the books and records of the foreign corporation, and the location of such books and records, if different UBS FUND SERVICES (CAYMAN) LTD. 154 UNIVERSITY AVENUE, SUITE 700, M5H 3Y9 TORONTO ONTARIO CA		

Schedule A Stock of the Foreign Corporation

(a) Description of each class of stock	(b) Number of shares issued and outstanding	
	(i) Beginning of annual accounting period	(ii) End of annual accounting period
CLASS A (NON-VOTING)	36,651.	
CLASS A (VOTING)	12,545.	
CLASS S (NON-VOTING)	5,549.	5,549.
CLASS S (VOTING)	932.	932.

For Paperwork Reduction Act Notice, see instructions.

Form **5471** (Rev. 12-2012)

Schedule B U.S. Shareholders of Foreign Corporation (see instructions)

(a) Name, address, and identifying number of shareholder	(b) Description of each class of stock held by shareholder. Note: This description should match the corresponding description entered in Schedule A, column (a).	(c) Number of shares held at beginning of annual accounting period	(d) Number of shares held at end of annual accounting period	(e) Pro rata share of subpart F income (enter as a percentage)
OBICI HEALTHCARE FOUNDATION, INC. 106 W FINNEY AVE SUFFOLK VA 23434	CLASS A (VOTING)	2,708.		

Schedule C Income Statement (see instructions)

Important: Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules). However, if the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for DASTM corporations.

		Functional Currency	U.S. Dollars
Income	1 a Gross receipts or sales	1a	
	b Returns and allowances	1b	
	c Subtract line 1b from line 1a	1c	
	2 Cost of goods sold	2	
	3 Gross profit (subtract line 2 from line 1c)	3	
	4 Dividends	4	
	5 Interest	5	
	6 a Gross rents	6a	
	b Gross royalties and license fees	6b	
7 Net gain or (loss) on sale of capital assets	7		
8 Other income (attach statement) ATTACHMENT 2	8		143,741.
9 Total income (add lines 3 through 8)	9		143,741.
Deductions	10 Compensation not deducted elsewhere	10	
	11 a Rents	11a	
	b Royalties and license fees	11b	
	12 Interest	12	
	13 Depreciation not deducted elsewhere	13	
	14 Depletion	14	
	15 Taxes (exclude provision for income, war profits, and excess profits taxes)	15	
	16 Other deductions (attach statement - exclude provision for income, war profits, and excess profits taxes) ATTACHMENT 3	16	
17 Total deductions (add lines 10 through 16)	17		785,253.
Net Income	18 Net income or (loss) before extraordinary items, prior period adjustments, and the provision for income, war profits, and excess profits taxes (subtract line 17 from line 9)	18	-641,512.
	19 Extraordinary items and prior period adjustments (see instructions)	19	
	20 Provision for income, war profits, and excess profits taxes (see instructions)	20	
	21 Current year net income or (loss) per books (combine lines 18 through 20)	21	

Schedule E Income, War Profits, and Excess Profits Taxes Paid or Accrued (see instructions)

	(a) Name of country or U.S. possession	Amount of tax		
		(b) In foreign currency	(c) Conversion rate	(d) In U.S. dollars
1	U.S.			
2				
3				
4				
5				
6				
7				
8	Total			

Schedule F Balance Sheet

Important: Report all amounts in U.S. dollars prepared and translated in accordance with U.S. GAAP. See instructions for an exception for DASTM corporations.

Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1	Cash	3,274,666.	179,631.
2a	Trade notes and accounts receivable		
b	Less allowance for bad debts	()	()
3	Inventories		
4	Other current assets (attach statement) ATTACHMENT 4	4,433,456.	9,296,104.
5	Loans to shareholders and other related persons		
6	Investment in subsidiaries (attach statement)		
7	Other investments (attach statement) ATTACHMENT 5	70,640,084.	28,541,351.
8a	Buildings and other depreciable assets		
b	Less accumulated depreciation	()	()
9a	Depletable assets		
b	Less accumulated depletion	()	()
10	Land (net of any amortization)		
11	Intangible assets:		
a	Goodwill		
b	Organization costs		
c	Patents, trademarks, and other intangible assets		
d	Less accumulated amortization for lines 11a, b, and c	()	()
12	Other assets (attach statement)		
13	Total assets	78,348,206.	38,017,086.
Liabilities and Shareholders' Equity			
14	Accounts payable	17,511,024.	29,742,038.
15	Other current liabilities (attach statement) ATTACHMENT 6	50,181.	2,190,895.
16	Loans from shareholders and other related persons		
17	Other liabilities (attach statement)		
18	Capital stock:		
a	Preferred stock		
b	Common stock	419.	65.
19	Paid-in or capital surplus (attach reconciliation) ATTACHMENT 7	6,460,810.	
20	Retained earnings	54,325,772.	6,084,088.
21	Less cost of treasury stock	()	()
22	Total liabilities and shareholders' equity	78,348,206.	38,017,086.

Schedule G Other Information

- | | | |
|---|--------------------------|-------------------------------------|
| | Yes | No |
| 1 During the tax year, did the foreign corporation own at least a 10% interest, directly or indirectly, in any foreign partnership? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If "Yes," see the instructions for required statement. | | |
| 2 During the tax year, did the foreign corporation own an interest in any trust? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3 During the tax year, did the foreign corporation own any foreign entities that were disregarded as entities separate from their owners under Regulations sections 301.7701-2 and 301.7701-3 (see instructions)? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If "Yes," you are generally required to attach Form 8858 for each entity (see instructions). | | |
| 4 During the tax year, was the foreign corporation a participant in any cost sharing arrangement? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5 During the course of the tax year, did the foreign corporation become a participant in any cost sharing arrangement? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6 During the tax year, did the foreign corporation participate in any reportable transaction as defined in Regulations section 1.6011-4? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If "Yes," attach Form(s) 8886 if required by Regulations section 1.6011-4(c)(i)(G). | | |
| 7 During the tax year, did the foreign corporation pay or accrue any foreign tax that was disqualified for credit under section 901(m)? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8 During the tax year, did the foreign corporation pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspended? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Schedule H Current Earnings and Profits (see instructions)

Important: Enter the amounts on lines 1 through 5c in **functional** currency.

1 Current year net income or (loss) per foreign books of account		1	-641,512.
2 Net adjustments made to line 1 to determine current earnings and profits according to U.S. financial and tax accounting standards (see instructions):	Net Additions	Net Subtractions	
	a Capital gains or losses		
	b Depreciation and amortization		
	c Depletion		
	d Investment or incentive allowance		
	e Charges to statutory reserves		
	f Inventory adjustments		
	g Taxes		
	h Other (attach statement)		
3 Total net additions			
4 Total net subtractions			
5a Current earnings and profits (line 1 plus line 3 minus line 4)		5a	-641,512.
b DASTM gain or (loss) for foreign corporations that use DASTM (see instructions)		5b	
c Combine lines 5a and 5b		5c	-641,512.
d Current earnings and profits in U.S. dollars (line 5c translated at the appropriate exchange rate as defined in section 989(b) and the related regulations (see instructions))		5d	
Enter exchange rate used for line 5d ▶			

Schedule I Summary of Shareholder's Income From Foreign Corporation (see instructions)

If item D on page 1 is completed, a separate Schedule I must be filed for each Category 4 or 5 filer for whom reporting is furnished on this Form 5471. This Schedule I is being completed for:

Name of U.S. shareholder ▶ **OBICI HEALTHCARE FOUNDATION, INC** Identifying number ▶ **51-0249728**

1 Subpart F income (line 38b, Worksheet A in the instructions)1	
2 Earnings invested in U.S. property (line 17, Worksheet B in the instructions)		2	
3 Previously excluded subpart F income withdrawn from qualified investments (line 6b, Worksheet C in the instructions)		3	
4 Previously excluded export trade income withdrawn from investment in export trade assets (line 7b, Worksheet D in the instructions)		4	
5 Factoring income		5	
6 Total of lines 1 through 5. Enter here and on your income tax return. See instructions		6	
7 Dividends received (translated at spot rate on payment date under section 989(b)(1))		7	
8 Exchange gain or (loss) on a distribution of previously taxed income		8	

- | | | |
|--|--------------------------|-------------------------------------|
| ● Was any income of the foreign corporation blocked? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ● Did any such income become unblocked during the tax year (see section 964(b))? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- If the answer to either question is "Yes," attach an explanation.

**SCHEDULE J
(Form 5471)**

(Rev. December 2012)
Department of the Treasury
Internal Revenue Service

51-0249728
**Accumulated Earnings and Profits (E&P)
of Controlled Foreign Corporation**

▶ Information about Schedule J (Form 5471) and its instructions is at www.irs.gov/form5471.
▶ Attach to Form 5471.

OMB No. 1545-0704

Name of person filing Form 5471 OBICI HEALTHCARE FOUNDATION, INC.		Identifying number 51-0249728
Name of foreign corporation FEDERAL STREET ASIA/EMERGING MARKETS OFFSHORE FUND	EIN (if any) FOREIGNUS	Reference ID number (see instructions) FSARMOF06-1600026

Important: Enter amounts in functional currency.	(a) Post-1986 Undistributed Earnings (post-86 section 959(c)(3) balance)	(b) Pre-1987 E&P Not Previously Taxed (pre-87 section 959(c)(3) balance)	(c) Previously Taxed E&P (see instructions) (sections 959(c)(1) and (2) balances)			(d) Total Section 964(a) E&P (combine columns (a), (b), and (c))
			(i) Earnings Invested in U.S. Property	(ii) Earnings Invested in Excess Passive Assets	(iii) Subpart F Income	
1 Balance at beginning of year	54,325,772.					54,325,772.
2a Current year E&P						
b Current year deficit in E&P	641,512.					
3 Total current and accumulated E&P not previously taxed (line 1 plus line 2a or line 1 minus line 2b)	53,684,260.					
4 Amounts included under section 951(a) or reclassified under section 959(c) in current year						
5a Actual distributions or reclassifications of previously taxed E&P						
b Actual distributions of nonpreviously taxed E&P	47,600,172.					
6a Balance of previously taxed E&P at end of year (line 1 plus line 4, minus line 5a)						
b Balance of E&P not previously taxed at end of year (line 3 minus line 4, minus line 5b)	6,084,088.					
7 Balance at end of year. (Enter amount from line 6a or line 6b, whichever is applicable.)	6,084,088.					6,084,088.

For Paperwork Reduction Act Notice, see the Instructions for Form 5471.

Schedule J (Form 5471) (Rev. 12-2012)

JSA
4X1665 1.000

**SCHEDULE O
(Form 5471)**

(Rev. December 2012)

Department of the Treasury
Internal Revenue Service

Organization or Reorganization of Foreign Corporation, and Acquisitions and Dispositions of its Stock

Information about Schedule O (Form 5471) and its instructions is at www.irs.gov/form5471

▶ Attach to Form 5471.

OMB No. 1545-0704

Name of person filing Form 5471		Identifying number
OBICI HEALTHCARE FOUNDATION, INC.		51-0249728
Name of foreign corporation	EIN (if any)	Reference ID number (see instructions)
FEDERAL STREET ASIA/EMERGING MARKETS OFFSHORE	FOREIGNUS	FSARMOF06-1600026

Important: Complete a *separate* Schedule O for each foreign corporation for which information must be reported.

Part I To Be Completed by U.S. Officers and Directors

(a) Name of shareholder for whom acquisition information is reported	(b) Address of shareholder	(c) Identifying number of shareholder	(d) Date of original 10% acquisition	(e) Date of additional 10% acquisition

Part II To Be Completed by U.S. Shareholders

Note: If this return is required because one or more shareholders became U.S. persons, attach a list showing the names of such persons and the date each became a U.S. person.

Section A - General Shareholder Information

(a) Name, address, and identifying number of shareholder(s) filing this schedule	(b) For shareholder's latest U.S. income tax return filed, indicate:			(c) Date (if any) shareholder last filed information return under section 6046 for the foreign corporation
	(1) Type of return (enter form number)	(2) Date return filed	(3) Internal Revenue Service Center where filed	
OBICI HEALTHCARE FDN, INC 51-0249728 106 W. FINNEY AVENUE SUFFOLK, VA 23434	990-T	02/15/2016	OGDEN	02/15/2015

Section B - U.S. Persons Who Are Officers or Directors of the Foreign Corporation

(a) Name of U.S. officer or director	(b) Address	(c) Social security number	(d) Check appropriate box(es)	
			Ofr	Dir
ATTACHMENT 8				

Section C - Acquisition of Stock

(a) Name of shareholder(s) filing this schedule	(b) Class of stock acquired	(c) Date of acquisition	(d) Method of acquisition	(e) Number of shares acquired		
				(1) Directly	(2) Indirectly	(3) Constructively

For Paperwork Reduction Act Notice, see the Instructions for Form 5471.

Schedule O (Form 5471) (Rev. 12-2012)

(f) Amount paid or value given	(g) Name and address of person from whom shares were acquired

Section D — Disposition of Stock

(a) Name of shareholder disposing of stock	(b) Class of stock	(c) Date of disposition	(d) Method of disposition	(e) Number of shares disposed of		
				(1) Directly	(2) Indirectly	(3) Constructively
OBICI HEALTHCARE FDN INC.	SEE STMT 1					

(f) Amount received	(g) Name and address of person to whom disposition of stock was made

Section E — Organization or Reorganization of Foreign Corporation

(a) Name and address of transferor	(b) Identifying number (if any)	(c) Date of transfer

(d) Assets transferred to foreign corporation			(e) Description of assets transferred by, or notes or securities issued by, foreign corporation
(1) Description of assets	(2) Fair market value	(3) Adjusted basis (if transferor was U.S. person)	

Section F — Additional Information

(a) If the foreign corporation or a predecessor U.S. corporation filed (or joined with a consolidated group in filing) a U.S. income tax return for any of the last 3 years, attach a statement indicating the year for which a return was filed (and, if applicable, the name of the corporation filing the consolidated return), the taxable income or loss, and the U.S. income tax paid (after all credits).

(b) List the date of any reorganization of the foreign corporation that occurred during the last 4 years while any U.S. person held 10% or more in value or vote (directly or indirectly) of the corporation's stock ►

(c) If the foreign corporation is a member of a group constituting a chain of ownership, attach a chart, for each unit of which a shareholder owns 10% or more in value or voting power of the outstanding stock. The chart must indicate the corporation's position in the chain of ownership and the percentages of stock ownership (see instructions for an example).

OBICI HEALTHCARE FOUNDATION, INC.

51-0249728

FEDERAL STREET ASIA/EMERGING MARKETS OFFSHORE

ATTACHMENT 1

FORM 5471, PAGE 1 DETAIL

CATEGORY 3 FILER STATEMENT

AMOUNT OF INDEBTEDNESS	TYPE OF INDEBTEDNESS	NAME	ADDRESS	ID NUMBER	NUMBER OF SHARES
	STOCK	OBICI HEALTHCARE FOUNDATION, INC.	106 W. FINNEY AVENUE SUFFOLK, VA 23434	51-0249728	

FORM 5471, PAGE 2 DETAIL

SCH C, LINE 8 - OTHER INCOME

ATTACHMENT 2

NET REALIZED GAIN ON INVESTMENTS
NET UNREALIZED DEPRECIATION

7,792,235.
-7,648,494.

TOTAL

143,741.

SCH C, LINE 16 - OTHER DEDUCTIONS

ATTACHMENT 3

MANAGEMENT FEES
ADMINISTRATION FEES
PROFESSIONAL FEES
LIQUIDATION EXPENSES
OTHER

534,435.
62,200.
35,114.
146,091.
7,413.

TOTAL

785,253.

FORM 5471, PAGE 3 DETAIL

	<u>BEGINNING</u> <u>US CURRENCY</u>	<u>ENDING</u> <u>US CURRENCY</u>
		<u>ATTACHMENT 4</u>
<u>SCH F, LINE 4 - OTHER CURRENT ASSETS</u>		
PREPAID EXPENSES	7,047.	7,047.
ACCOUNTS RECEIVABLE	4,426,409.	9,289,057.
TOTALS	<u>4,433,456.</u>	<u>9,296,104.</u>
		<u>ATTACHMENT 5</u>
<u>SCH F, LINE 7 - OTHER INVESTMENTS</u>		
INVESTMENTS IN INVESTMENT FUNDS	70,640,084.	28,541,351.
TOTALS	<u>70,640,084.</u>	<u>28,541,351.</u>
		<u>ATTACHMENT 6</u>
<u>SCH F, LINE 15 - OTHER CURRENT LIABILITIES</u>		
ADMINISTRATION FEE PAYABLE	18,750.	17,200.
ACCRUED EXPENSES	31,431.	27,604.
ACCRUED LIQUIDATION EXPENSE		146,091.
EARLY CAPITAL CONTRIBUTIONS		2,000,000.
TOTALS	<u>50,181.</u>	<u>2,190,895.</u>
		<u>ATTACHMENT 7</u>
<u>SCH F, LINE 19 - PAID-IN OR CAP SURPLUS</u>		
TOTAL CAPITAL CONTRIBUTIONS	6,461,229.	0.
LESS; COMMON STOCK	-419.	0.
TOTALS	<u>6,460,810.</u>	<u>0.</u>

FORM 5471, SCHEDULE O DETAIL

PART II, SECTION B-U.S. PERSONS WHO ARE OFFICERS OF THE FOREIGN CORP.

(A) AND (B) NAME AND ADDRESS OF OFFICER OR DIRECTOR	(C) SOCIAL SECURITY #	(D) CHECK APPROPRIATE BOX(ES)	
		OFFICER	DIRECTOR
CARYN SILVERMAN		X	
EUGENE MARKOWSKI			X
WILLIAM GREEN			X
EDGAR BARKSDALE		X	X



UBS Fund Services (Cayman) Ltd.
 c/o Fund Services
 154 University Avenue, Suite 700
 Toronto, Ontario, Canada
 M5H 3Y9
 Tel: 416-971-4700
 Fax: 416-971-4701
 www.ubs.com/fundservices

Obici Healthcare Foundation Inc.
 106 W. Finney Ave.,
 Suffolk, VA
 USA
 23434

Date : 24-08-2015
Valuation date : 31-01-2015
Fund Id : 30073A
Holder Id : 3000779
Account Id : 3000779
Currency : US dollar
Email : gpitrone@obiclhcf.org
FAX Number : A, 1 757 539 8887

Gina Pitrone, Michael Brinkley
 Account: Obici Healthcare Foundation, Inc.

Federal Street Asia/Emerging Markets Offshore Fund, Ltd. - Class A Voting

FUND NET ASSET VALUES		Net Asset Value
Opening Price	31-12-2013	1,992.3961

ACCOUNT VALUE	NAV Date	Participating Shares	Net Asset Value	Change in Account
Opening Market Value of Account	31-12-2013	2,708.4034	1,992.3961	5,396,212.37
Add: Additions		0.8316		1,658.53
Less: Subtractions		-2,709.2350		-5,312,776.24
Closing Market Value of Account	31-12-2014	0.0000		0.00
Increase or decrease in market value due to change in the price in the period				-85,094.66

SUMMARY OF ACTIVITY

Date	Description	Contract Number	Gross Consideration	Commission /Fees /Tax	Net Consideration	Net Asset Value Per Unit	No. of Participating Shares	Balance
31-12-2013	Opening Balance of Participating Shares							2,708.4034
01-01-2014	Subscription	71517	245.46	(0.00)	245.46	1,992.3961	0.1232	2,708.5266
01-04-2014	Subscription	73864	450.71	(0.00)	450.71	1,952.8293	0.2308	2,708.7574
01-07-2014	Subscription	75246	384.50	(0.00)	384.50	2,010.9931	0.1912	2,708.9486
01-10-2014	Subscription	76780	577.86	(0.00)	577.86	2,017.6683	0.2864	2,709.2350
01-01-2015	Redemption	79930	-5,312,776.24	(0.00)	-5,312,776.24	1,960.9876	-2,709.2350	0.0000
31-01-2015	Closing Balance of Participating Shares							0.0000
Total Additions		4	1,658.53	0.00	1,658.53		0.8316	
Total Subtractions		1	5,312,776.24	0.00	5,312,776.24		-2,709.2350	

For more information or any inquiries, please contact Jennifer Daly
 Tel: 416-9714746 Fax: 416-9714701 E-mail: jennifer.daly@ubs.com

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Please verify the items shown on this statement or confirmation and notify UBS immediately of any discrepancy, error or omission.

UBS Fund Services is a business division of UBS Global Asset Management, a division of UBS AG.

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

Department of the Treasury
Internal Revenue Service

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

Attachment
Sequence No. **128**

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

Name of transferor **OBICI HEALTHCARE FOUNDATION** Identifying number (see instructions) **51-0249728**

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

Controlling shareholder	Identifying number

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

Name of parent corporation	EIN of parent corporation

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

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

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

Name of partnership	EIN of partnership

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

Part II Transferee Foreign Corporation Information (see instructions)

3 Name of transferee (foreign corporation) **VR GLOBAL OFFSHORE FUND LTD.** 4a Identifying number, if any **FOREIGNUS**

5 Address (including country) **190 ELGIN AVE GEORGE TOWN, GRAND CAYMAN KY1-9005 CAYMAN ISLANDS** 4b Reference ID number (see instructions) **VRGOF0001**

6 Country code of country of incorporation or organization (see instructions) **CJ**

7 Foreign law characterization (see instructions) **EXEMPTED COMPANY**

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

For Paperwork Reduction Act Notice, see separate instructions.

Part III Information Regarding Transfer of Property (see instructions)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	04/28/2014		3,000,000.00		
Stock and securities					
Installment obligations, account receivables or similar property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))					
Tangible property used in trade or business not listed under another category					
Intangible property					
Property to be leased (as described in final and temp. Regs. sec. 1.367(a)-4(c))					
Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))					
Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e))					
Other property					

Supplemental Information Required To Be Reported (see instructions):

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

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

(a) Before 0 % (b) After 0.1612 %

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

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

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

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

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

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

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

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

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

16 Was cash the only property transferred? Yes No

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

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

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

Department of the Treasury
Internal Revenue Service

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

Attachment
Sequence No. **128**

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

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

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

Controlling shareholder	Identifying number

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

Name of parent corporation	EIN of parent corporation

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

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

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

Name of partnership	EIN of partnership

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

Part II Transferee Foreign Corporation Information (see instructions)

<p>3 Name of transferee (foreign corporation) TP PARTNERS FUND CAYMAN, LP</p> <p>5 Address (including country) PO BOX 309, UGLAND HOUSE, GRAND CAYMAN, KY1-1104 GRAND CAYMAN</p>	<p>4a Identifying number, if any FOREIGNUS</p> <p>4b Reference ID number (see instructions) TPPFC0001</p>
--	---

6 Country code of country of incorporation or organization (see instructions)
CJ

7 Foreign law characterization (see instructions)
EXEMPTED LIMITED PARTNERSHIP

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

For Paperwork Reduction Act Notice, see separate instructions.

Part III Information Regarding Transfer of Property (see instructions)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	VARIOUS		3,000,000.00		
Stock and securities					
Installment obligations, account receivables or similar property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))					
Tangible property used in trade or business not listed under another category					
Intangible property					
Property to be leased (as described in final and temp. Regs. sec. 1.367(a)-4(c))					
Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))					
Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e))					
Other property					

Supplemental Information Required To Be Reported (see instructions):

09/30/2014 - \$1,176,000.00

12/31/2014 - \$1,824,000.00

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

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

(a) Before 0 % (b) After .50 %

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

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

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

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

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

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

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

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

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

16 Was cash the only property transferred? Yes No

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

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

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

Department of the Treasury
Internal Revenue Service

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

Attachment
Sequence No. **128**

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

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

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

Controlling shareholder	Identifying number

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

Name of parent corporation	EIN of parent corporation

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

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

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

Name of partnership	EIN of partnership

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

Part II Transferee Foreign Corporation Information (see instructions)

3 Name of transferee (foreign corporation) FEDERAL STREET ASIA/EMERGING MARKETS OFFSHORE FUND	4a Identifying number, if any FOREIGNUS
5 Address (including country) P.O. BOX 309 UGLAND HOUSE GEORGETOWN, GRAND CAYMAN, CJ	4b Reference ID number (see instructions) FSARMOF06-1600026

6 Country code of country of incorporation or organization (see instructions)
CJ

7 Foreign law characterization (see instructions)
EXEMPTED COMPANY

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

For Paperwork Reduction Act Notice, see separate instructions.

Part III Information Regarding Transfer of Property (see instructions)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	VARIOUS		1,658.53		
Stock and securities					
Installment obligations, account receivables or similar property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))					
Tangible property used in trade or business not listed under another category					
Intangible property					
Property to be leased (as described in final and temp. Regs. sec. 1.367(a)-4(c))					
Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))					
Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e))					
Other property					

Supplemental Information Required To Be Reported (see instructions):

01/01/2014 - 245.46 04/01/2014 - 450.71 07/01/2014 - 384.50 10/01/2014 - 577.86

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

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

(a) Before 20.09 % (b) After 20.09 %

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

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

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

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

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

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

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

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

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

16 Was cash the only property transferred? Yes No

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

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

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

Department of the Treasury
Internal Revenue Service

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

Attachment
Sequence No. **128**

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

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

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

Controlling shareholder	Identifying number

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

Name of parent corporation	EIN of parent corporation

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

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

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

Name of partnership	EIN of partnership

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

Part II Transferee Foreign Corporation Information (see instructions)

3 Name of transferee (foreign corporation) ALBIZIA ASEAN TENGGARA FUND	4a Identifying number, if any FOREIGNUS
5 Address (including country) CRICKET SQUARE, HUTCHINS DR PO BOX 2681, GRAND CAYMAN KY1-1111 CAYMAN ISLANDS	4b Reference ID number (see instructions) AATF0001

6 Country code of country of incorporation or organization (see instructions)
CJ

7 Foreign law characterization (see instructions)
EXEMPTED COMPANY

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

For Paperwork Reduction Act Notice, see separate instructions.

Part III Information Regarding Transfer of Property (see instructions)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	10/27/2014		3,000,000.00		
Stock and securities					
Installment obligations, account receivables or similar property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))					
Tangible property used in trade or business not listed under another category					
Intangible property					
Property to be leased (as described in final and temp. Regs. sec. 1.367(a)-4(c))					
Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))					
Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e))					
Other property					

Supplemental Information Required To Be Reported (see instructions):

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

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

(a) Before 0 % (b) After 2.44 %

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

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

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

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

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

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

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

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

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

16 Was cash the only property transferred? Yes No

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

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



2014 Income Tax Returns

OBICI HEALTHCARE FOUNDATION, INC.

Cumulative e-File History 2014	
Virginia	
Locator:	3776GE
Taxpayer Name:	OBICI HEALTHCARE FOUNDATION, INC.
Return Type:	1120, REIT
Submitted Date:	02/15/2016 10:22:42
Acknowledgement Date:	02/15/2016 23:13:06
Status:	Accepted
Submission ID:	54028020160465000000

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

Corporation Name		Federal ID Number	
OBICI HEALTHCARE FOUNDATION, INC.		51-0249728	
Part I Tax Return Information			
1. Federal Taxable Income (Form 500, Page 2, Line 1)	1.		
2. Virginia Taxable Income (Form 500, Page 2, Line 7)	2.		
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.	NONE	
6. Amount to be refunded (Form 500, Page 2, Line 24)	6.		
Part II Declaration and Signature Authorization of Officer			
<p>Under penalties of perjury, I declare to be the officer of the above corporation and that I have examined a copy of the corporation's 2014 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct and complete. I further declare that the information provided to my Electronic Return Originator (ERO), Transmitter, or Intermediate Service Provider including the amounts shown in Part I above agrees with the information and amounts shown on the corresponding lines of the corporate electronic income tax return. If filing a balance due return, I authorize the Virginia Department of Taxation and its designated Financial Agent to initiate an ACH electronic funds withdrawal entry to the financial institution account indicated on the 2014 Virginia income tax return for payment of state taxes owed on this return. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process.</p> <p>I understand that if the Virginia Department of Taxation does not receive full and timely payment of the tax liability, the corporation will remain liable for the tax liability and all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Service Provider to transmit the complete return to the Virginia Department of Taxation. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return.</p>			
Officer's PIN: check one box only			
<input checked="" type="checkbox"/> I authorize the ERO named below to enter my PIN 1 6 5 8 3 as my signature on the corporation's 2014 electronic Virginia corporation income tax return.			
Do not enter all zeros			
<div style="border-bottom: 1px solid black; padding-bottom: 5px;">KPMG LLP</div> <div style="text-align: center; margin-top: 5px;">ERO Firm Name</div>			
<input type="checkbox"/> I will enter my PIN as my signature on the corporation's 2014 electronic Virginia corporation income tax return. Check this box only if you are entering your own PIN and the return is filed using the Practitioner PIN method. The ERO must complete Part III below.			
Your Signature <u>Michael K. Buckley</u>		Date <u>2-9-16</u>	
Part III Certification and Authentication			
ERO's EFIN/PIN: Enter your six digit EFIN followed by your five digit self-selected PIN. 5 4 0 2 8 0 1 3 5 5 6			
Do not enter all zeros			
<p>I certify that the above numeric entry is my PIN, which is my signature for the 2014 Virginia corporation income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and have followed all other requirements as specified by the Department. EROs may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.</p>			
ERO's Signature <u>Margaret A. Blacklow</u>		Date <u>2/12/16</u>	

**2014 Virginia Corporation
 Income Tax Return**



Attention: Use this form only if you have been granted a waiver from the electronic filing mandate.

Official Use Only

FISCAL or SHORT Year Filer: Beginning Date 04/01, 2014; Ending Date 03/31, 2015

Short Year Return Change in Accounting Period

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

FEIN <u>51-0249728</u>		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	
Name <u>OBICI HEALTHCARE FOUNDATION, INC.</u>			
Mailing Address <u>106 W. FINNEY AVENUE</u>			
City or Town <u>SUFFOLK</u>		State <u>VA</u>	ZIP Code <u>23434</u>
Physical Address (if different from Mailing Address)			Entity Type Code
Physical City or Town		State	ZIP Code <u>525990</u>
Date Incorporated <u>02/01/2006</u>		State or Country of Incorporation <u>VA</u>	Description of Business Activity <u>CHARITABLE ORGANIZATION</u>

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

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

Questions and Related Information

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

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

C If a net operating loss deduction was claimed in computing federal taxable income on the U.S. Corporation Income Tax Return, provide the requested information. If a NOL results from a merger, enter the FEIN of the company generating the NOL prior to the merger date.
 (1) Year of loss 2011
 (2) Federal NOL 78245.
 (3) Percent of federal NOL used this year 94.46 %
 FEIN _____
 (If there are NOLs for more than one year, attach a schedule for each year with the information requested in Section C.)

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

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

F Location of Corporation's books SEE STATEMENT 1
 Contact for Corporation's books MICHAEL BRINKLEY Contact Phone Number 757-539-8810

2014 Virginia Form 500

FEIN 51-0249728

Page 2



INCOME

1	Federal taxable income (from attached federal return)	1	_____	.00
2	Total additions from Schedule 500ADJ, Section A, Line 7	2	_____	.00
3	Total (add Lines 1 and 2).	3	_____	.00
4	Total subtractions from Schedule 500ADJ, Section B, Line 10	4	_____	.00
5	Balance (subtract Line 4 from Line 3).	5	_____	.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	_____	.00

TAX COMPUTATION

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

(a)	Income subject to Virginia tax from Schedule 500A, Section B, Line 3(j).	8(a)	_____	.00
(b)	Apportionment factor percentage from Schedule 500A, Section B, Line 1 or Line 2(h).	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	_____	.00

PAYMENTS AND CREDITS

10	Nonrefundable tax credits: Enter the amount from Schedule 500CR, Part XXXI, Line 139	10	_____	.00
11	Adjusted corporate tax (subtract Line 10 from Line 9)	11	_____	.00
12	2014 estimated Virginia income tax payments including overpayment credit from 2013	12	_____	.00
13	Extension payment	13	_____	.00
14	Refundable tax credits from Schedule 500CR, Part XXXV, Line 147	14	_____	.00
15	Pass-Through Entity total withholding from Schedule 500ADJ, Section D	15	_____	.00
16	Total payments and credits (add Lines 12 through 15)	16	_____	.00

REFUND OR TAX DUE

17	Tax owed (if Line 11 is greater than Line 16, subtract Line 16 from Line 11)	17	_____	NONE .00
18	Penalty (see Instructions)	18	_____	.00
19	Interest (see Instructions)	19	_____	.00
20	Additional charge from Form 500C, Line 17 (attach Form 500C).	20	_____	.00
21	Total due (add Lines 17 through 20).	21	_____	NONE .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 2015 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.

Date	Signature of Officer	Title
Printed Name of Officer		Phone Number
Print Preparer's Name and Firm Name		Phone Number
MARGARET A BRADSHAW		703-286-8000
Date	Individual of Firm, Signature of Preparer	Address of Preparer
2/15/16	<i>Margaret A. Bradshaw</i>	1676 INTERNATIONAL DRIVE MCLEAN, VA 22102
Preparer's FEIN, PTIN or SSN		Approved Vendor Code
13-5565207		1062

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

**2014 Virginia
Schedule 500FED**

**Schedule of Federal
Line Items**



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

Form 1120, Deductions and Taxable Income

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

Form 1120, Schedule C, Dividends and Special Deductions

6. Subpart F Income	6	<u>.00</u>
7. Foreign Dividend Gross-Up	7	<u>.00</u>

Form 1120, Schedule K or M-3

8. Tax Exempt Interest	8	<u>.00</u>
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Form 5884

9. Salaries and Wages not deducted due to the WOTC	9	<u>.00</u>
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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	<u>.00</u>
11. Property subject to 168(f)(1) election	11	<u>.00</u>
12. Other depreciation	12	<u>.00</u>

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

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

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

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

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

30. Total: Total Income or (Loss) Before Adjustments	30	<u>.00</u>
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Attach Schedule 500FED to Your Virginia Corporation Return, Form 500.

Schedule 500FED does not replace the requirement to attach a complete federal Form 1120 to your Virginia return.

VIRGINIA FORM 500, PAGE 1 DETAIL

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LOCATION OF CORPORATION'S BOOKS

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

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2014 Income Tax Returns

OBICI HEALTHCARE FOUNDATION, INC.

Instructions for filing
OBICI HEALTHCARE FOUNDATION, INC.
Form 990T - Exempt Organization Business Return
for the period ended March 31, 2015

Signature...

The original return should be signed (using full name and title)
and dated on page 2 by an authorized officer of the organization.

Filing...

The signed return should be filed on or before February 16, 2016
with...

Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0027

Payment of tax...

No payment of tax is required.

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

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

For calendar year 2014 or other tax year beginning 04/01, 2014, and ending 03/31, 2015.

2014

Department of the Treasury Internal Revenue Service

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

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

Form 990-T header section including: A Check box if address changed; B Exempt under section 501(c)(3); C Book value of all assets at end of year; D Employer identification number; E Unrelated business activity codes; F Group exemption number; G Check organization type.

H Describe the organization's primary unrelated business activity: DEBT FINANCED PROPERTY. I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No. J The books are in care of MICHAEL BRINKLEY Telephone number 757-539-8810.

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include: 1a Gross receipts or sales, 2 Cost of goods sold, 3 Gross profit, 4a Capital gain net income, 5 Income (loss) from partnerships and S corporations, 13 Total. Combine lines 3 through 12.

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include: 14 Compensation of officers, directors, and trustees, 15 Salaries and wages, 16 Repairs and maintenance, 17 Bad debts, 18 Interest, 19 Taxes and licenses, 20 Charitable contributions, 21 Depreciation, 22 Less depreciation claimed, 23 Depletion, 24 Contributions to deferred compensation plans, 25 Employee benefit programs, 26 Excess exempt expenses, 27 Excess readership costs, 28 Other deductions, 29 Total deductions, 30 Unrelated business taxable income before net operating loss deduction, 31 Net operating loss deduction, 32 Unrelated business taxable income before specific deduction, 33 Specific deduction, 34 Unrelated business taxable income.

Application for Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which 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/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (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, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. OBICI HEALTHCARE FOUNDATION, INC.	Employer identification number (EIN) or 51-0249728
	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)

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

- The books are in the care of ► MICHAEL BRINKLEY, 106 W. FINNEY AVENUE SUFFOLK, VA 23434

Telephone No. ► 757 539-8810 FAX No. ► _____

- 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 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/15, 2016, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► calendar year 20____ or

► tax year beginning _____ 04/01, 2014, and ending _____ 03/31, 2015.

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 Form 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 Form 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.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here... 36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: 37 Proxy tax. See instructions 38 Alternative minimum tax 39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies.

Part IV Tax and Payments

40 a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116). 40 b Other credits (see instructions). 40 c General business credit. Attach Form 3800 (see instructions) 40 d Credit for prior year minimum tax (attach Form 8801 or 8827). 40 e Total credits. Add lines 40a through 40d 41 Subtract line 40e from line 39 42 Other taxes. Check if from: 43 Total tax. Add lines 41 and 42 44 a Payments: A 2013 overpayment credited to 2014 44 b 2014 estimated tax payments 44 c Tax deposited with Form 8868. 44 d Foreign organizations: Tax paid or withheld at source (see instructions) 44 e Backup withholding (see instructions) 44 f Credit for small employer health insurance premiums (Attach Form 8941) 44 g Other credits and payments: 45 Total payments. Add lines 44a through 44g 46 Estimated tax penalty (see instructions). Check if Form 2220 is attached 47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed 48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid 49 Enter the amount of line 48 you want: Credited to 2015 estimated tax Refunded

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

1 At any time during the 2014 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 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. 3 Enter the amount of tax-exempt interest received or accrued during the tax year

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

1 Inventory at beginning of year 2 Purchases 3 Cost of labor 4 a Additional section 263A costs (attach schedule) 4 b Other costs (attach schedule) 5 Total. Add lines 1 through 4b 6 Inventory at end of year 7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2. 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?

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

Paid Preparer Use Only Print/Type preparer's name MARGARET A BRADSHAW Preparer's signature Margaret A Bradshaw Date 2/09/16 Check if self-employed PTIN P00501222 Firm's name KPMG LLP Firm's EIN 13-5565207 Firm's address 1676 INTERNATIONAL DRIVE Phone no. 703-286-8000 MCLEAN, VA 22102

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

(see instructions)

1. Description of property

Table with 1 column for description of property, rows (1) through (4).

2. Rent received or accrued

Table with 3 columns: (a) From personal property, (b) From real and personal property, and 3(a) Deductions directly connected with the income. Rows (1) through (4) and a Total row.

(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)

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

Table with 5 columns: 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, (b) Other deductions, 4. Amount of average acquisition debt, 5. Average adjusted basis, 6. Column 4 divided by column 5, 7. Gross income reportable, 8. Allocable deductions. Includes a Totals row and instructions for entering values on page 1.

Total dividends-received deductions included in column 8

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

Table for Exempt Controlled Organizations with 6 columns: 1. Name of controlled organization, 2. Employer identification number, 3. Net unrelated income (loss), 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. Rows (1) through (4).

Nonexempt Controlled Organizations

Table for Nonexempt Controlled Organizations with 5 columns: 7. Taxable Income, 8. Net unrelated income (loss), 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. Includes instructions for adding columns 5 and 10, and 6 and 11.

Totals

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

Table with 5 columns: 1. Description of income, 2. Amount of income, 3. Deductions directly connected, 4. Set-asides, 5. Total deductions and set-asides. Includes a Totals row.

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

Table with 7 columns: 1. Description of exploited activity, 2. Gross unrelated business income, 3. Expenses directly connected, 4. Net income (loss), 5. Gross income from activity, 6. Expenses attributable, 7. Excess exempt expenses. Includes a Totals row.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

Table with 7 columns: 1. Name of periodical, 2. Gross advertising income, 3. Direct advertising costs, 4. Advertising gain or (loss), 5. Circulation income, 6. Readership costs, 7. Excess readership costs. Includes a Totals row.

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.)

Table with 7 columns: 1. Name of periodical, 2. Gross advertising income, 3. Direct advertising costs, 4. Advertising gain or (loss), 5. Circulation income, 6. Readership costs, 7. Excess readership costs. Includes a Totals row.

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

Table with 4 columns: 1. Name, 2. Title, 3. Percent of time devoted to business, 4. Compensation attributable to unrelated business. Includes a Total row.

ATTACHMENT 1FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS

BLUESTEM PARTNERS LP K-1	-482.
MERCED PARTNERS IV LP K-1	-1,185.
PARTNERS FOR GROWTH IV LP K-1	25,000.
INCOME (LOSS) FROM PARTNERSHIPS	<u>23,333.</u>

**SCHEDULE D
(Form 1120)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
▶ Information about Schedule D (Form 1120) and its separate instructions is at www.irs.gov/form1120.

OMB No. 1545-0123

2014

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

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked	14,215.			14,215.
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37				4
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824				5
6 Unused capital loss carryover (attach computation)				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h				7 14,215.

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked	36,364.			36,364.
11 Enter gain from Form 4797, line 7 or 9				11
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37				12
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824				13
14 Capital gain distributions (see instructions)				14
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h				15 36,364.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16	14,215.
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	36,364.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns	18	50,579.

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

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

Schedule D (Form 1120) (2014)

Sales and Other Dispositions of Capital Assets

Department of the Treasury
Internal Revenue Service

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

Name(s) shown on return OBICI HEALTHCARE FOUNDATION, INC.	Social security number or taxpayer identification number 51-0249728
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Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either may show your basis (usually your cost) even if your broker did not report it to the IRS. Brokers must report basis to the IRS for most stock you bought in 2011 or later (and for certain debt instruments you bought in 2014 or later).

Part I Short-Term. Transactions involving capital assets you held 1 year or less are short-term. For long-term transactions, see page 2.

Note. You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the total directly on Schedule D, line 1a; you are not required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis was **not** reported to the IRS
- (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	BLUESTEM PARTNERS LP K-1	VARIOUS	VARIOUS	14,215.00				14,215.00
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked)▶				14,215.00				14,215.00

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

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

Social security number or taxpayer identification number

OBICI HEALTHCARE FOUNDATION, INC.

51-0249728

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either may show your basis (usually your cost) even if your broker did not report it to the IRS. Brokers must report basis to the IRS for most stock you bought in 2011 or later (and for certain debt instruments you bought in 2014 or later).

Part II Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1.

Note. You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the total directly on Schedule D, line 8a; you are not required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	BLUESTEM PARTNERS LP K-1	VARIOUS	VARIOUS	36,364.00				36,364.00
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ►				36,364.00				36,364.00

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

OBICI HEALTHCARE FOUNDATION, INC.
EIN: 51-0249728
FOR YEAR ENDED MARCH 31, 2015

Net Operating Loss Carryforward Schedule

Year End	NOL Generated	NOL Used in PY	NOL Used in CY	NOL Available
3/31/2009	105,598	(56,561)	(49,037)	-
3/31/2010	-			-
3/31/2011	28,586		(24,875)	3,711
3/31/2012	622			622
3/31/2013	-			-
3/31/2014				-
3/31/2015				-
TOTAL	134,806	(56,561)	(73,912)	4,333
			NOL CARRYFORWARD TO 3/31/2016	4,333