

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

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



COPY

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to page size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "PageScaling" selection box in the Adobe "Print" dialog.

CLIENT'S COPY

COPY

UNRELATED BUSINESS INCOME

CARRYOVER DATA TO 2018

Name OBICI HEALTHCARE FOUNDATION, INC.	Employer Identification Number 51-0249728
---	--

Based on the information provided with this return, the following are possible carryover amounts to next year.

FEDERAL NET OPERATING LOSS	49,830.
FEDERAL AMT NET OPERATING LOSS	49,830.

COPY



OCTOBER 29, 2018

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

DEAR MIKE:

ENCLOSED IS THE ORGANIZATION'S 2017 EXEMPT ORGANIZATION RETURNS. THE STATE EXEMPT ORGANIZATION RETURN IS ALSO ENCLOSED. THESE SHOULD BE SIGNED, DATED, AND MAILED, AS INDICATED.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990-PF RETURN:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO US BY FEBRUARY 15, 2019.

FORM 990-PF HAS AN OVERPAYMENT OF \$118,319. THE ENTIRE OVERPAYMENT HAS BEEN APPLIED TO THE ESTIMATED TAX PAYMENTS.

NO AMOUNT IS DUE ON FORM 990-PF. THE 990-PF RETURN INCLUDES A PENALTY FOR UNDERPAYMENT OF ESTIMATED TAX FROM FORM 2220 OF \$1,944.

FORM 990-T RETURN:

FORM 990-T HAS AN OVERPAYMENT OF \$40,000 AND THE ENTIRE AMOUNT WILL BE REFUNDED.

PLEASE SIGN AND MAIL ON OR BEFORE FEBRUARY 15, 2019.

MAIL TO:

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0027

PLEASE NOTE THAT THERE IS \$4,917,477 OF UNDISTRIBUTED INCOME FOR 2017 ON FORM 990-PF. THE ORGANIZATION MUST DISTRIBUTE THIS AMOUNT BY THE END OF ITS 2018 TAX YEAR TO AVOID THE EXCISE TAX ON UNDISTRIBUTED INCOME.

VIRGINIA FORM 500 RETURN:

THE VIRGINIA FORM 500 RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE VADOT, PLEASE SIGN, DATE AND RETURN VA-8879C TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE VADOT. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE VADOT.

NO PAYMENT IS REQUIRED AS THERE IS A REFUND IN THE AMOUNT OF \$9,000.

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

WE HAVE PROVIDED YOU TAX ADVICE IN CONNECTION WITH THE PREPARATION OF YOUR U.S. FEDERAL TAX RETURN AND ASSOCIATED TAX PLANNING SERVICES WE HAVE FURNISHED. THIS ADVICE IS NOT INTENDED OR WRITTEN TO BE USED BY ANY TAXPAYER FOR THE PURPOSE OF AVOIDING PENALTIES THAT MAY BE IMPOSED ON THE TAXPAYER BY THE INTERNAL REVENUE SERVICE, AND IT CANNOT BE USED BY ANY TAXPAYER FOR SUCH PURPOSE.

COPIES OF THE RETURNS ARE ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THESE COPIES INDEFINITELY.

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

SINCERELY,

DIXON HUGHES GOODMAN LLP

COPY

TAX RETURN FILING INSTRUCTIONS

FORM 990-PF

FOR THE YEAR ENDING

MARCH 31, 2018

PREPARED FOR:

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

PREPARED BY:

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

AMOUNT DUE OR REFUND:

AN OVERPAYMENT OF \$118,319. THE ENTIRE OVERPAYMENT HAS BEEN APPLIED TO THE ESTIMATED TAX PAYMENTS.

MAKE CHECK PAYABLE TO:

NO AMOUNT IS DUE.

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO US BY FEBRUARY 15, 2019.

PLEASE NOTE THAT THERE IS \$4,917,477 OF UNDISTRIBUTED INCOME FOR 2017 ON FORM 990-PF. THE ORGANIZATION MUST DISTRIBUTE THIS AMOUNT BY THE END OF ITS 2018 TAX YEAR TO AVOID THE EXCISE TAX ON UNDISTRIBUTED INCOME.

TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING

MARCH 31, 2018

PREPARED FOR:

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

PREPARED BY:

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

AMOUNT DUE OR REFUND:

NO AMOUNT IS DUE. THE ORGANIZATION WILL RECEIVE A REFUND IN THE
AMOUNT OF \$40,000

MAKE CHECK PAYABLE TO:

NO AMOUNT IS DUE.

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0027

RETURN MUST BE MAILED ON OR BEFORE:

FEBRUARY 15, 2019

SPECIAL INSTRUCTIONS:

THE RETURN SHOULD BE SIGNED AND DATED.

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2017, or fiscal year beginning APR 1, 2017, and ending MAR 31, 2018

2017

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.**

Name of exempt organization

Employer identification number

OBICI HEALTHCARE FOUNDATION, INC.

51-0249728

Name and title of officer

**MICHAEL K. BRINKLEY
DIRECTOR OF FINANCE**

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

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

1a Form 990 check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b _____
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input checked="" type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b <u>181,980.</u>
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	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 2017 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 to payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke payment, you must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

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

as my signature on the organization's tax year 2017 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 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

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

54921823606

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 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 ▶ LESLIE F. ROBERTS Date ▶ 10/29/18

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

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2017)

723051 10-11-17

Form **990-W**
(Worksheet)

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

OMB No. 1545-0976

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

2018

▶ Go to www.irs.gov/F990W for instructions and the latest information.
▶ Keep for your records. Do not send to the Internal Revenue Service.

Department of the Treasury
Internal Revenue Service

1	Unrelated business taxable income expected in the tax year	1	
2	Tax on the amount on line 1. See instructions for tax computation	2	
3	Alternative minimum tax for trusts. See instructions	3	
4	Total. Add lines 2 and 3	4	
5	Estimated tax credits. See instructions	5	
6	Subtract line 5 from line 4	6	
7	Other taxes. See instructions	7	
8	Total. Add lines 6 and 7	8	
9	Credit for federal tax paid on fuels. See instructions	9	
10a	Subtract line 9 from line 8. Note: If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions	10a	181,980.
b	Enter the tax shown on the 2017 return. See instructions. Caution: If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c	10b	181,980.
c	2018 Estimated Tax. Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c	10c	181,980.

		(a)	(b)	(c)	(d)
11	Installment due dates. See instructions	11	09/17/18	12/17/18	03/15/19
12	Required installments. Enter 25% of line 10c in columns (a) through (d). But see instructions if the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization."	12	25,800.	45,495.	45,495.
13	2017 Overpayment. See instructions	13			
14	Payment due (Subtract line 13 from line 12)	14			

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2018)

ESTIMATED TAX	181,980.
AMOUNT PAID	65,190.
OVERPAYMENT APPLIED	118,319.
AMOUNT DUE	0.

Return of Private Foundation

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

2017

Open to Public Inspection

Form **990-PF**

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

For calendar year 2017 or tax year beginning **APR 1, 2017**, and ending **MAR 31, 2018**

Name of foundation
OBICI HEALTHCARE FOUNDATION, INC.

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

Room/suite

City or town, state or province, country, and ZIP or foreign postal code
SUFFOLK, VA 23434

A Employer identification number
51-0249728

B Telephone number
757.539.8810

C If exemption application is pending, check here

D 1. Foreign organizations, check here

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

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

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

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

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

I Fair market value of all assets at end of year (from Part II, col. (c), line 16)
\$ **123,298,424.**

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

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received				
	2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	95,286.	95,286.		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	9,641,615.			
	b Gross sales price for all assets on line 6a	30,810,643.			
	7 Capital gain net income (from Part IV, line 2)		6,435,721.		
	8 Net short-term capital gain				
	9 Income modifications			52,777.	
	10a Gross sales less returns and allowances				
b Less: Cost of goods sold					
c Gross profit or (loss)					
11 Other income	1,592.	3,224,203.	0.	STATEMENT 1	
12 Total. Add lines 1 through 11	9,738,493.	9,755,210.	52,777.		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	304,384.	0.	0.	304,384.
	14 Other employee salaries and wages	315,276.	0.	0.	315,276.
	15 Pension plans, employee benefits	141,508.	0.	0.	146,381.
	16a Legal fees STMT 2	9,684.	0.	0.	9,684.
	b Accounting fees STMT 3	50,493.	0.	0.	50,493.
	c Other professional fees STMT 4	851,342.	656,211.	0.	195,924.
	17 Interest	56,274.	0.	0.	0.
	18 Taxes STMT 5	315,404.	0.	0.	385.
	19 Depreciation and depletion	101,047.	0.	0.	
	20 Occupancy	46,977.	0.	0.	46,975.
	21 Travel, conferences, and meetings	47,656.	0.	0.	47,133.
	22 Printing and publications				
	23 Other expenses STMT 6	225,485.	0.	0.	150,806.
	24 Total operating and administrative expenses. Add lines 13 through 23	2,465,530.	656,211.	0.	1,267,441.
	25 Contributions, gifts, grants paid	2,737,495.			4,075,917.
26 Total expenses and disbursements. Add lines 24 and 25	5,203,025.	656,211.	0.	5,343,358.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	4,535,468.				
b Net investment income (if negative, enter -0-)		9,098,999.			
c Adjusted net income (if negative, enter -0-)			52,777.		

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only.		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing	42,382.	26,138.	26,138.
	2 Savings and temporary cash investments	2,682,794.	8,974,543.	8,974,543.
	3 Accounts receivable			
	Less: allowance for doubtful accounts			
	4 Pledges receivable			
	Less: allowance for doubtful accounts			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable			
	Less: allowance for doubtful accounts			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges	205,598.	64,866.	64,866.
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock	STMT 8 8,595,528.	8,806,976.	8,806,976.
	c Investments - corporate bonds			
	11 Investments - land, buildings, and equipment: basis			
Less: accumulated depreciation				
12 Investments - mortgage loans				
13 Investments - other	STMT 9 102,596,123.	103,147,461.	103,147,461.	
14 Land, buildings, and equipment: basis	2,410,499.			
Less: accumulated depreciation	STMT 10 825,484.	1,676,789.	1,585,015.	
15 Other assets (describe)	STATEMENT 11 683,709.	693,425.	693,425.	
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	116,482,923.	123,298,424.	123,298,424.	
Liabilities	17 Accounts payable and accrued expenses	40,947.	167,509.	
	18 Grants payable	2,826,122.	1,481,665.	
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable	1,364,024.	1,285,970.	
	22 Other liabilities (describe)	DEFERRED EXCISE TA 588,272.	657,236.	
23 Total liabilities (add lines 17 through 22)	4,819,365.	3,592,380.		
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	111,663,558.	119,706,044.	
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here	<input type="checkbox"/>		
	and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
28 Paid-in or capital surplus, or land, bldg., and equipment fund				
29 Retained earnings, accumulated income, endowment, or other funds				
30 Total net assets or fund balances	111,663,558.	119,706,044.		
31 Total liabilities and net assets/fund balances	116,482,923.	123,298,424.		

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	111,663,558.
2 Enter amount from Part I, line 27a	2	4,535,468.
3 Other increases not included in line 2 (itemize)	3	SEE STATEMENT 7 3,507,018.
4 Add lines 1, 2, and 3	4	119,706,044.
5 Decreases not included in line 2 (itemize)	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	119,706,044.

Part IV Capital Gains and Losses for Tax on Investment Income SEE ATTACHED STATEMENTS

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a			
b			
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			
30,810,643.		24,374,922.	6,435,721.

(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
a			
b			
c			
d			
e			
			6,435,721.

2 Capital gain net income or (net capital loss) COPY { If gain, also enter in Part I, line 7
If (loss), enter -0- in Part I, line 7 } 2 **6,435,721.**

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

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

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

If section 4940(d)(2) applies, leave this part blank.
Was the foundation liable for the section 4942 tax on the distributable amount of a net investment asset for the base period? Yes No
If "Yes," the foundation doesn't qualify under section 4940(e). Do not complete this part.

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2016	5,511,690.	107,219,885.	.051405
2015	5,681,173.	109,186,883.	.052032
2014	5,283,993.	113,701,688.	.046472
2013	4,524,276.	106,786,977.	.042367
2012	5,048,525.	97,275,806.	.051899

2 Total of line 1, column (d) 2 **.244175**

3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years
the foundation has been in existence if less than 5 years 3 **.048835**

4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5 4 **116,763,646.**

5 Multiply line 4 by line 3 5 **5,702,153.**

6 Enter 1% of net investment income (1% of Part I, line 27b) 6 **90,990.**

7 Add lines 5 and 6 7 **5,793,143.**

8 Enter qualifying distributions from Part XII, line 4 8 **5,353,624.**

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

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

Table with 11 rows for excise tax calculations. Includes fields for exempt foundations, tax under section 511, add lines 1 and 2, subtitle A tax, tax based on investment income, credits/payments (6a-6d), total credits, penalty, tax due, overpayment, and amount credited to 2018 estimated tax.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Includes questions about influencing legislation, political campaigns, Form 1120-POL filing, tax on political expenditures, IRS reporting, changes in governing instruments, unrelated business income, liquidation, section 508(e) requirements, assets, states reported, Form 990-PF distribution, private operating foundation status, and substantial contributors.

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-16. Row 11: 'At any time during the year, did the foundation, directly or indirectly, own a controlled entity...' Yes: , No: X. Row 12: 'Did the foundation make a distribution to a donor advised fund...' Yes: , No: X. Row 13: 'Did the foundation comply with the public inspection requirements...' Yes: X, No: . Row 14: 'The books are in care of MICHAEL K. BRINKLEY' Telephone no: 757-539-8810, Located at 106 W. FINNEY AVENUE, SUFFOLK, VA ZIP+4: 23434. Row 15: 'Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here' N/A. Row 16: 'At any time during calendar year 2017, 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?' Yes: , No: X.

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

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

Table with 3 columns: Question, Yes, No. Rows 1a-4b. Row 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? Yes: X, 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. Row 1b: '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?' Yes: , No: X. Row 1c: 'Did the foundation engage in a prior year in any of the acts described in 1a, excepted acts, that were not corrected before the first day of the tax year beginning in 2017?' Yes: , No: X. Row 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)):' Row 2a: 'At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017?' Yes: , No: X. Row 2b: '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?' N/A. Row 2c: 'If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.' Row 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. Row 3b: 'If "Yes," did it have excess business holdings in 2017 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?' N/A. Row 4a: 'Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?' Yes: , No: X. Row 4b: '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 2017?' Yes: , No: X.

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

		Yes	No
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))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions	N/A	5b	
Organizations relying on a current notice regarding disaster assistance, check here	<input type="checkbox"/>		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes," attach the statement required by Regulations section 53.4945-5(d).			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		6b	X
If "Yes" to 6b, file Form 8870.			
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A	7b	

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

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 13		304,384.	28,088.	7,747.

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

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
TAMMIE A. MULLINS-RICE - 106 W. FINNEY AVENUE, SUFFOLK, VA 23434	PROGRAM OFFICER 40.00	84,361.	13,262.	0.
DIANE W. NELMS - 106 W. FINNEY AVENUE, SUFFOLK, VA 23434	PROGRAM OFFICER 40.00	71,734.	23,670.	0.
ANNA M. ROBERTS - 106 W. FINNEY AVENUE, SUFFOLK, VA 23434	EXECUTIVE ASSISTANT 40.00	52,401.	15,972.	0.
CATHY J. HUBAND - 106 W. FINNEY AVENUE, SUFFOLK, VA 23434	GRANTS MANAGER 40.00	53,998.	5,915.	0.
Total number of other employees paid over \$50,000				0

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

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

Table with 3 columns: (a) Name and address of each person paid more than \$50,000, (b) Type of service, (c) Compensation. Includes entries for CORNERSTONE PARTNERS LLC, JEFFERSON PKWY, STE 160, CHARLOTTESVILLE, VA, PROFESSIONAL RESEARCH CONSULTANTS, INC., 11326 P STREET, OMAHA, NE 68137, SUNTRUST BANK, INC. HDQ 5307, 919 EAST MAIN STREET, RICHMOND, VA 23219.

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

Part IX-A Summary of Direct Charitable Activities

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

Part IX-B Summary of Program-Related Investments

Table with 2 columns: Description of investment, Amount. Includes entry 1: N/A, entry 2: (blank), entry 3: All other program-related investments. See instructions.

Total. Add lines 1 through 3 0.

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

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:			
a	Average monthly fair market value of securities	1a	113,127,158.
b	Average of monthly cash balances	1b	4,732,375.
c	Fair market value of all other assets	1c	682,240.
d	Total (add lines 1a, b, and c)	1d	118,541,773.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	118,541,773.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	1,778,127.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	116,763,646.
6	Minimum investment return. Enter 5% of line 5	6	5,838,182.

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	5,838,182.
2a	Tax on investment income for 2017 from Part VI, line 5	2a	181,980.
b	Income tax for 2017. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	181,980.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	5,656,202.
4	Recoveries of amounts treated as qualifying distributions	4	52,777.
5	Add lines 3 and 4	5	5,708,979.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 4	7	5,708,979.

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	5,343,358.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	10,266.
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	5,353,624.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	5,353,624.

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)

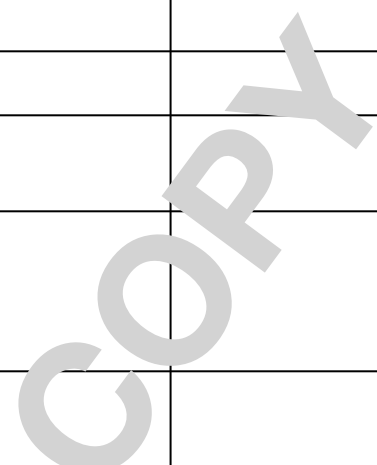
	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI, line 7				5,708,979.
2 Undistributed income, if any, as of the end of 2017:				
a Enter amount for 2016 only			4,562,122.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2017:				
a From 2012				
b From 2013				
c From 2014				
d From 2015				
e From 2016				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2017 from Part XII, line 4: ▶ \$ 5,353,624.				
a Applied to 2016, but not more than line 2a			4,562,122.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2017 distributable amount				791,502.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2016. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2017. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018				4,917,477.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0.			
8 Excess distributions carryover from 2012 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2013				
b Excess from 2014				
c Excess from 2015				
d Excess from 2016				
e Excess from 2017				

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

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, 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) 2017	(b) 2016	(c) 2015	(d) 2014	
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., to individuals or organizations under other conditions, complete items 2a, b, c, and d.

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

SEE STATEMENT 14

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

c Any submission deadlines:

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

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution **	Amount
a Paid during the year				
ABILITY CENTER OF VIRGINIA (FORMERLY CEREBRAL PALSY OF VIRGINIA) 5825 ARROWHEAD DRIVE, SUITE 201 VIRGINIA BEACH, VA 23462		PC	RESPITALITY WEEKENDS FOR PARENTS PROGRAM	3,000.
ALBEMARLE REGIONAL HEALTH SERVICES 711 ROANOKE AVENUE; P. O. BOX 189 ELIZABETH CITY, NC 27909		PC	GATES COUNTY DIABETES CARE	37,500.
ALS ASSOCIATION DC/MD/VA CHAPTER 8100 THREE CHOPT ROAD, SUITE 147 RICHMOND, VA 23229		PC	HAMPTON ROADS WALK TO DEFEAT ALS	1,000.
ALZHEIMER'S ASSOCIATION - SOUTHEASTERN VIRGINIA CHAPTER 6350 CENTER DRIVE, SUITE 102 NORFOLK, VA 23502		PC	WESTERN TIDEWATER WALK TO END ALZHEIMER'S AT CONSTANT'S WHARF IN SUFFOLK	1,500.
AMERICAN DIABETES ASSOCIATION 870 GREENBRIER CIRCLE, SUITE 404 CHESAPEAKE, VA 23320		PC	DIABETES SELF-MANAGEMENT EDUCATION PROGRAM EXTENSION	46,794.
Total	SEE CONTINUATION SHEET(S)			4,075,917.
b Approved for future payment				
AMERICAN DIABETES ASSOCIATION 870 GREENBRIER CIRCLE, SUITE 404 CHESAPEAKE, VA 23320		PC	DIABETES SELF-MANAGEMENT EDUCATION PROGRAM EXTENSION	31,196.
AMERICAN HEART ASSOCIATION 4601 NORTH FAIRFAX DRIVE, SUITE 700 ARLINGTON, VA 22203		PC	SIMPLE COOKING WITH HEART MOBILE KITCHEN IN FRANKLIN	20,158.
CATHOLIC CHARITIES OF EASTERN VIRGINIA 5361 VIRGINIA BEACH BLVD. VIRGINIA BEACH, VA 23462		PC	WESTERN TIDEWATER DENTAL VOUCHER PROGRAM	163,071.
Total	SEE CONTINUATION SHEET(S)			1,465,631.

OBICI HEALTHCARE FOUNDATION, INC.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a BARES SMALL CAP SHORT	P	09/05/12	03/31/18
b SHAPIRO	P	12/08/11	03/31/18
c LEE FUND	P	12/27/13	06/12/17
d PARK WEST PARTNERS	P	01/01/14	06/30/17
e HOUND PARTNERS	P	12/27/13	06/30/17
f VR GLOBAL	P	01/01/16	06/30/17
g REDWOOD	P	08/01/09	11/03/17
h EMINENCE	P	01/31/14	10/31/17
i ALBIZIA ASEAN	P	10/27/14	12/29/17
j SRS PARTNERS	P	04/01/14	12/31/17
k BIOMEDICAL OFFSHORE	P	06/29/16	12/31/17
l TENG YUE PARTNERS	P	05/31/13	12/31/17
m ACACIA	P	03/30/07	06/30/17
n BLUESTEM	P	12/27/07	12/31/17
o IR&M	P	09/06/16	02/01/18

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 1,487,558.		1,431,719.	55,839.
b 4,398,805.		3,765,836.	632,969.
c 1,000,000.		900,384.	99,616.
d 1,200,000.		827,006.	372,994.
e 1,000,000.		765,931.	234,069.
f 2,400,000.		1,587,124.	812,876.
g 3,000,000.		1,180,105.	1,819,895.
h 1,000,000.		620,288.	379,712.
i 1,811.		1,562.	249.
j 1,600,000.		1,196,118.	403,882.
k 175,000.		109,739.	65,261.
l 902,378.		902,378.	0.
m 1,000,000.		832,161.	167,839.
n 4,031,621.		2,894,231.	1,137,390.
o 2,500,000.		2,367,241.	132,759.

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

(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
a			55,839.
b			632,969.
c			99,616.
d			372,994.
e			234,069.
f			812,876.
g			1,819,895.
h			379,712.
i			249.
j			403,882.
k			65,261.
l			0.
m			167,839.
n			1,137,390.
o			132,759.

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

OBICI HEALTHCARE FOUNDATION, INC.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a CEVIAN CAPITAL II	P	04/01/13	12/29/17
b REGIMENT	P	09/28/06	03/29/18
c MERCED IV	P	05/29/14	03/06/18
d PARTNERS FOR GROWTH IV	P	10/31/13	03/28/18
e AG NET LEASE	P	01/27/17	03/06/18
f REALTY ASSOCIATES	P	03/10/14	03/23/18
g NINE TEN PARTNERS	P	02/15/13	02/26/18
h 1607 CAPITAL (US))	P	07/01/14	06/30/17
i BROADVAIL	P	03/20/15	03/29/18
j MERCED V	P	08/14/17	12/26/17
k TAILWATER	P	01/23/17	06/30/17
l VORTUS II	P	09/26/17	12/29/17
m CEDAR ROCK	P	08/28/17	10/10/17
n			
o			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 357,872.		237,500.	120,372.
b 43,726.		43,726.	0.
c 246,310.		246,310.	0.
d 1,079,770.		1,079,770.	0.
e 870,732.		870,732.	0.
f 127,656.		127,656.	0.
g 916,768.		916,769.	-1.
h 946,149.		946,149.	0.
i 21,005.		21,005.	0.
j 100,157.		100,157.	0.
k 375,000.		375,000.	0.
l 20,013.		20,013.	0.
m 8,312.		8,312.	0.
n			
o			

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

(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
a			120,372.
b			0.
c			0.
d			0.
e			0.
f			0.
g			-1.
h			0.
i			0.
j			0.
k			0.
l			0.
m			0.
n			
o			

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 }	2	6,435,721.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8	3	N/A

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
AMERICAN DIABETES ASSOCIATION 870 GREENBRIER CIRCLE, SUITE 404 CHESAPEAKE, VA 23320		PC	FRANKLIN COMMUNITY WALK/RUN	1,000.
AMERICAN DIABETES ASSOCIATION 870 GREENBRIER CIRCLE, SUITE 404 CHESAPEAKE, VA 23320		PC	DIABETES SELF-MANAGEMENT EDUCATION (DSME) PROGRAM EXTENSION	17,653.
AMERICAN HEART ASSOCIATION 4601 NORTH FAIRFAX DRIVE, SUITE 700 ARLINGTON, VA 22203		PC	SIMPLE COOKING WITH HEART MOBILE KITCHEN IN FRANKLIN	30,238.
AMERICAN RED CROSS 611 WEST BRAMBLETON AVENUE NORFOLK, VA 23510		PC	RED CROSS BLOOD DRIVES IN THE LOCAL COMMUNITY.	3,000.
BOYS AND GIRLS CLUBS OF SOUTHEAST VIRGINIA 1300 DIAMOND SPRINGS ROAD, SUITE 300 VIRGINIA BEACH, VA 23455		PC	TRIPLE PLAY: MIND, BODY, & SOUL	34,400.
CATHOLIC CHARITIES OF EASTERN VIRGINIA 5361 VIRGINIA BEACH BLVD. VIRGINIA BEACH, VA 23462		PC	WESTERN TIDEWATER DENTAL VOUCHER PROGRAM	97,843.
CATHOLIC CHARITIES OF EASTERN VIRGINIA 5361 VIRGINIA BEACH BLVD. VIRGINIA BEACH, VA 23462		PC	WESTERN TIDEWATER DENTAL VOUCHER PROGRAM	65,228.
CHILDREN'S LITERACY OF SUFFOLK 908 VIRGINIA AVENUE SUFFOLK, VA 23434		PC	BOOK BUDDIES AND KINDER BUDDIES	24,258.
CHILDREN'S LITERACY OF SUFFOLK 908 VIRGINIA AVENUE SUFFOLK, VA 23434		PC	BOOK BUDDIES	5,000.
CHKD 601 CHILDREN'S LANE NORFOLK, VA 23507		PC	2017 94.9 THE POINT RADIOTHON TO BENEFIT CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS	5,000.
Total from continuation sheets				3,986,123.

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
CITY OF SUFFOLK 134 SOUTH 6TH STREET SUFFOLK, VA 23434		GOV	SEABOARD COASTLINE TRAIL - PHASE 4B	37,500.
CITY OF SUFFOLK 134 SOUTH 6TH STREET SUFFOLK, VA 23434		GOV	LAKE KENNEDY PARK TRAIL	7,500.
COURTLAND COMMUNITY CENTER 25499 FLORENCE STREET COURTLAND, VA 23837		PC	PLAYGROUND MULCH FOR COURTLAND COMMUNITY CENTER'S PLAYGROUND	1,000.
COVER 3 FOUNDATION 125 S. COLLEGE DRIVE; P.O. BOX 456 FRANKLIN, VA 23851		PC	EXPANDING MEAL DELIVERY TO DEFEAT CHILDHOOD HUNGER	50,000.
COVER 3 FOUNDATION 125 S. COLLEGE DRIVE; P.O. BOX 456 FRANKLIN, VA 23851		PC	C3'S KIDS MEALS AFTER-SCHOOL FEEDING PROGRAM. FEEDS 4,000 KIDS EVERYDAY IN AFTER-SCHOOL PROGRAMS	5,000.
DOWN THE MIDDLE FOUNDATION 33350 EDGEHILL DRIVE FRANKLIN, VA 23851		PC	DTMF GOES RED ZUMBATHON	250.
EASTERN VIRGINIA MEDICAL SCHOOL P.O. BOX 1980 NORFOLK, VA 23501		PC	SPECIALITY CARE CENTER SUFFOLK	246,199.
EASTERN VIRGINIA MEDICAL SCHOOL P.O. BOX 1980 NORFOLK, VA 23501		PC	SPECIALITY CARE CENTER SUFFOLK	197,513.
EASTERN VIRGINIA MEDICAL SCHOOL P.O. BOX 1980 NORFOLK, VA 23501		PC	EVMS CONTINUITY OF CARE FOR WESTERN TIDEWATER	49,500.
EASTERN VIRGINIA MEDICAL SCHOOL P.O. BOX 1980 NORFOLK, VA 23501		PC	5TH ANNUAL HOPE GALA	1,000.
Total from continuation sheets				

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
EASTERN VIRGINIA MEDICAL SCHOOL P.O. BOX 1980 NORFOLK, VA 23501		PC	IGNITING CHANGE: WESTERN TIDEWATER HEALTHY FAITH & COMMUNITIES PROJECT	18,399.
FOODBANK OF SOUTHEASTERN VIRGINIA P.O. BOX 1940 NORFOLK, VA 23501		PC	HUNGER SUMMIT 2018	5,000.
FORKIDS, INC. P.O. BOX 6044 NORFOLK, VA 23508		PC	HEALTHCARE SUPPORT FOR HOMELESS FAMILIES	40,500.
FORKIDS, INC. P.O. BOX 6044 NORFOLK, VA 23508		PC	SUFFOLK REGIONAL SERVICES CENTER AND THE CENTER FOR CHILDREN AND FAMILIES	250,000.
FRANKLIN CITY PUBLIC SCHOOLS 207 W. SECOND AVENUE FRANKLIN, VA 23851		GOV	DIVISION SCHOOL PSYCHOLOGIST	6,250.
GIRL SCOUT COUNCIL OF THE COLONIAL COAST 912 CEDAR ROAD CHESAPEAKE, VA 23322		PC	CAPITAL IMPROVEMENTS TO CAMP DARDEN TO SUPPORT HEALTHY AND ACTIVE LIFESTYLES	15,000.
GIRLS ON THE RUN SOUTH HAMPTON ROADS 287 INDEPENDENCE BOULEVARD, PEMBROKE 2, STE 120 VIRGINIA BEACH, VA 23462		PC	HEALTHY, JOYFUL, CONFIDENT GIRLS IN WESTERN TIDEWATER	33,390.
HOPE FOCUS CENTER 318 HALL ST FRANKLIN, VA 23851		PC	EXPERIENCE CENTER - COMMERCIAL KITCHEN	42,500.
HOPE FOCUS CENTER 318 HALL ST FRANKLIN, VA 23851		PC	EXPERIENCE CENTER SPORTSPLEX	7,500.
HORIZON HEALTH SERVICES, INC. P.O. BOX 29 WAVERLY, VA 23890		PC	ACCESS TO ORAL HEALTH SERVICES	50,000.
Total from continuation sheets				

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
HORIZON HEALTH SERVICES, INC. P.O. BOX 29 WAVERLY, VA 23890		PC	IVOR DENTAL SERVICES	60,000.
HUMANKIND 150 LINDEN AVENUE LYNCHBURG, VA 24503		PC	INTELLECTUAL DISABILITY AND CHRONIC ILLNESS WELLNESS PROGRAM	2,915.
ISLE OF WIGHT COUNTY DEPARTMENT OF SOCIAL SERVICES 17100 MONUMENT CIRCLE, SUITE A ISLE OF WIGHT, VA 23397		GOV	ENROLL ISLE OF WIGHT	6,579.
JDRF, HAMPTON ROADS CHAPTER 291 INDEPENDENCE BLVD #517 VIRGINIA BEACH, VA 23462		PC	TYPE 1 DIABETES OUTREACH TO NEWLY DIAGNOSED PATIENTS IN HAMPTON ROADS	2,500.
KABOOM! INC 4301 CONNECTICUT AVE ML-1 WASHINGTON, DC 20008		PC	CITY OF FRANKLIN COMMUNITY-BUILD PLAYGROUND PROJECT	25,000.
KIDS KAB, INC P.O. BOX 124 BOYKINS, VA 23827		PC	2ND ANNUAL KIDS KAB KOMMUNITY KICKBACK	500.
NATIONAL KIDNEY FOUNDATION SERVING VIRGINIA 1622 EAST PARHAM ROAD RICHMOND, VA 23228		PC	2017 HAMPTON ROADS KIDNEY WALK	2,500.
NATIONAL KIDNEY FOUNDATION SERVING VIRGINIA 1623 EAST PARHAM ROAD RICHMOND, VA 23228		PC	2018 HAMPTON ROADS KIDNEY WALK	1,000.
NURSING CAP, INC PO BOX 5593 SUFFOLK, VA 23435		PC	BUDGETING IN A NONPROFIT ORGANIZATION	79.
NURSING CAP, INC PO BOX 5593 SUFFOLK, VA 23435		PC	TO ENCOURAGE SUTDENTS TO CHOOSE HEALTHY LIFESTLES AND A HEALTH RELATED CAREER PATH	26,750.
Total from continuation sheets				

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
NURSING CAP, INC PO BOX 5593 SUFFOLK, VA 23435		PC	NON-PROFIT BYLAWS TRAINING	20.
NURSING CAP, INC PO BOX 5593 SUFFOLK, VA 23435		PC	NURSING CAP, INC. 2ND ANNUAL GALA WITH A PURPOSE: A RED, BLACK & WHITE AFFAIR	5,000.
PAUL D. CAMP COMMUNITY COLLEGE FOUNDATION P.O. BOX 737 FRANKLIN, VA 23851		PC	SUPPLIES AND EQUIPMENT FOR BUNDLED CMA/PHLEBOTOMY/EKG TECH CERTIFICATE PROGRAM	5,000.
PENINSULA COMMUNITY FOUNDATION OF VIRGINIA 1 ENTERPRISE PARKWAY SUITE 130 HAMPTON, VA 23666		PC	GIVE LOCAL 757	2,500.
RAM OF VIRGINIA 2200 STOCK CREEK BLVD ROCKFORD, VA 37853		PC	SOUTHSIDE RAM	30,000.
SENIOR SERVICES OF SOUTHEASTERN VIRGINIA 5 INTERSTATE CORPORATE CENTER, 6350 CENTER DR. SUITE 101 NORFOLK, VA 23502		PC	MEDICATION AND CARE ACCESS RESOURCE PROGRAM	3,750.
SENTARA OBICI HOSPITAL 2800 GODWIN BLVD SUFFOLK, VA 23434		PC	COMMUNITY CARE COORDINATION GRANT	65,229.
SENTARA OBICI HOSPITAL 2800 GODWIN BLVD SUFFOLK, VA 23434		PC	WESTERN TIDEWATER PROSTATE & COLORECTAL CANCER SCREENING MEN'S NIGHT OUT, HOSTED BY ALPHA IOTA CHAPTER OF	5,000.
SENTARA OBICI HOSPITAL 2800 GODWIN BLVD SUFFOLK, VA 23434		PC	BRIDGING THE GAP IN MATERNAL INFANT HOME VISITING SERVICES.	104,283.
SMART BEGINNINGS WESTERN TIDEWATER 601 NORTH MECHANIC STREET, SUITE 301 FRANKLIN, VA 23851		PC	STARTING LIFE HEALTHY AND READY TO LEARN	19,566.
Total from continuation sheets				

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
SOUTHEASTERN VIRGINIA HEALTH SYSTEM 1033 28TH ST. 2ND FLOOR NEWPORT NEWS, VA 23607		PC	MAIN STREET DENTAL PROGRAM	215,835.
SUFFOLK ART LEAGUE P.O. BOX 1086; 118 BOSLEY AVE SUFFOLK, VA 23439		PC	ART THERAPY WORKSHOPS AT WESTERN TIDEWATER COMMUNITY SERVICES BOARD'S "TIDEWATER HOUSE"	500.
SUFFOLK FAMILY YMCA 2769 GODWIN BLVD SUFFOLK, VA 23434		PC	ADA COMPLIANT PORTABLE POOL LIFTS	3,000.
SUFFOLK MEALS ON WHEELS 2800 GODWIN BLVD SUFFOLK, VA 23434		PC	EMERGENCY MEALS FOR NEED-BASED RECIPIENTS	53,239.
SUFFOLK PARTNERSHIP FOR A HEALTHY COMMUNITY 1707 N. MAIN STREET SUFFOLK, VA 23434		PC	CATALYSTS FOR WELLNESS	164,298.
SUFFOLK PARTNERSHIP FOR A HEALTHY COMMUNITY 1707 N. MAIN STREET SUFFOLK, VA 23434		PC	PLANNING THE PARTNERSHIP'S FUTURE	16,430.
SUSAN G. KOMEN TIDEWATER 420 N. CENTER DR. SUITE 143 NORFOLK, VA 23502		PC	SUSAN G. KOMEN TIDEWATER'S 4TH ANNUAL PINK-O DE MAYO	2,500.
THE CHILDREN'S CENTER 700 CAMPBELL AVENUE FRANKLIN, VA 23851		PC	SUFFOLK CLASSROOM EXPANSION	30,000.
THE GENIEVE SHELTER 157 N. MAIN ST., 2ND FLOOR, STE R3 SUFFOLK, VA 23434		PC	WESTERN TIDEWATER DOMESTIC VIOLENCE RESOURCE CENTER	1,000.
THE GENIEVE SHELTER 158 N. MAIN ST., 2ND FLOOR, STE R3 SUFFOLK, VA 23435		PC	VICTIM'S ACCESS TO TRANSPORTATION FOR HEALTHCARE AND MENTAL HEALTH SERVICES	65,000.
Total from continuation sheets				

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
THE LINKS FOUNDATION, INC 1200 MASSACHUSETTS AVENUE, NW WASHINGTON, DC 20005		PC	"SWIM LIKE A FISH" A YMCA/LINKS INITIATIVE	5,000.
THE PLANNING COUNCIL 5365 ROBIN HOOD ROAD SUITE 700 NORFOLK, VA 23513		PC	FARM2CHILDCARE	17,066.
THE PLANNING COUNCIL 5365 ROBIN HOOD ROAD SUITE 700 NORFOLK, VA 23513		PC	FARM TO CHILDCARE - IMPLEMENTING A COMMUNITY BASED MODEL FOR HEALTHY EATING IN WESTERN TIDEWATER	21,333.
THE SUFFOLK FOUNDATION 106 W. FINNEY AVENUE SUFFOLK, VA 23434		PC	SUFFOLK FOUNDATION ANNUAL FALL FORUM	5,000.
THE UP CENTER 150 BOUSH STREET, SUITE 500 NORFOLK, VA 23510		PC	WESTERN TIDEWATER TRAUMA INFORMED COUNSELING COLLABORATIVE PARTNERSHIP	100,000.
THE UP CENTER 150 BOUSH STREET, SUITE 500 NORFOLK, VA 23510		PC	WESTERN TIDEWATER TRAINING AND BEHAVIORAL HEALTH PROGRAM	5,888.
UNITED WAY OF SOUTH HAMPTON ROADS PO BOX 41069; 2515 WALMER AVE NORFOLK, VA 23541		PC	LEARNING AND ENRICHMENT FOR ACADEMIC PROGRESS (LEAP)	54,551.
VIRGINIA LEGAL AID SOCIETY, INC. P.O. BOX 6200; 513 CHURCH STREET LYNCHBURG, VA 24505		PC	MEDICAL ACCESS PROJECT (MAP)	110,000.
VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY 440 MARKET ST.; P.O. BOX 218 SUFFOLK, VA 23439		GOV	A FRESH START: ONE MEAL AT A TIME	7,500.
VIRGINIA SUPPORTIVE HOUSING P. O. BOX 8585 RICHMOND, VA 23226		PC	SUPPORTIVE SERVICES FOR SUFFOLK AND ISLE OF WIGHT RESIDENTS HOUSED IN VIRGINIA SUPPORTIVE HOUSING	5,000.
Total from continuation sheets				

Part XV Supplementary Information

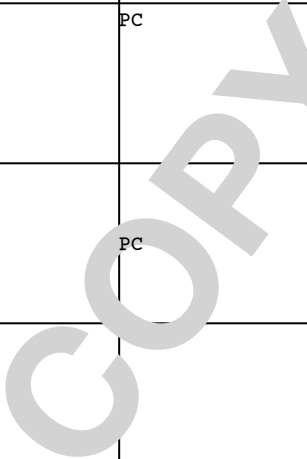
3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
VOICES FOR KIDS CASA PROGRAM OF SOUTHEAST VIRGINIA P. O. BOX 949; 409 MAIN STREET SMITHFIELD, VA 23431		PC	FOURTH ANNUAL VOICES FOR KIDS GALA	2,000.
VOLUNTEER HAMPTON ROADS 1584 WESLEYAN DRIVE NORFOLK, VA 23502		PC	2017 SERVICE ENTERPRISE INITIATIVE	16,875.
VOLUNTEER HAMPTON ROADS 1584 WESLEYAN DRIVE NORFOLK, VA 23502		PC	2016 SERVICE ENTERPRISE INITIATIVE	2,250.
WALK IN IT, INC. PO BOX 1447 SUFFOLK, VA 23439		PC	LADIES OF DISTINCTION	45,000.
WESTERN TIDEWATER COMMUNITY SERVICES BOARD 7025 HARBOUR VIEW BLVD, SUITE 119 SUFFOLK, VA 23435		PC	SHARED PSYCHIATRIC SERVICES	298,697.
WESTERN TIDEWATER COMMUNITY SERVICES BOARD 7025 HARBOUR VIEW BLVD, SUITE 119 SUFFOLK, VA 23435		PC	OUTPATIENT MEDICAL DETOX	82,500.
WESTERN TIDEWATER COMMUNITY SERVICES BOARD 7025 HARBOUR VIEW BLVD, SUITE 119 SUFFOLK, VA 23435		PC	MOBILE CRISIS OUTREACH	10,923.
WESTERN TIDEWATER COMMUNITY SERVICES BOARD 7025 HARBOUR VIEW BLVD, SUITE 119 SUFFOLK, VA 23435		PC	WHOLE HEALTH ACTION MANAGEMENT	71,168.
WESTERN TIDEWATER COMMUNITY SERVICES BOARD 7025 HARBOUR VIEW BLVD, SUITE 119 SUFFOLK, VA 23435		PC	PRETRIAL SERVICES	37,500.
WESTERN TIDEWATER FREE CLINIC 2019 MEADE PARKWAY SUFFOLK, VA 23434		PC	EXPAND ACCESS TO COMPREHENSIVE HEALTHCARE	568,000.
Total from continuation sheets				

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
WESTERN TIDEWATER HEALTH DISTRICT 135 HALL AVE, SUITE A SUFFOLK, VA 23434		GOV	NURSE FAMILY PARTNERSHIP PROGRAM	154,464.
WESTERN TIDEWATER TENNIS ASSOCIATION 136 WYNNWOOD DRIVE FRANKLIN, VA 23851		PC	"ACE OBESITY IN SCHOOLS" TENNIS PROGRAM	2,500.
WINDSOR ATHLETIC ASSOCIATION PO BOX 334 WINDSOR, VA 23487		PC	THE HOME PLATE PLAYGROUND	2,500.
YMCA OF SOUTH HAMPTON ROADS 920 CORPORATE LANE CHESAPEAKE, VA 23320		PC	CREATING A HEALTHIER COMMUNITY: THROUGH EASIER ACCESS TO CHRONIC DISEASE PREVENTION &	50,000.
YMCA OF SOUTH HAMPTON ROADS 920 CORPORATE LANE CHESAPEAKE, VA 23320		PC	DIABETES PREVENTION PROGRAM	42,814.
Total from continuation sheets				



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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
CHILDREN'S LITERACY OF SUFFOLK 908 VIRGINIA AVENUE SUFFOLK, VA 23434		PC	BOOK BUDDIES AND KINDER BUDDIES	16,172.
EASTERN VIRGINIA MEDICAL SCHOOL P.O. BOX 1980 NORFOLK, VA 23501		PC	EVMS CONTINUITY OF CARE FOR WESTERN TIDEWATER	45,000.
EASTERN VIRGINIA MEDICAL SCHOOL P.O. BOX 1981 NORFOLK, VA 23502		PC	SPECIALTY CARE CLINIC: SUFFOLK	131,676.
FORKIDS, INC. P.O. BOX 6044 NORFOLK, VA 23508		PC	HEALTHCARE SUPPORT FOR HOMELESS FAMILIES	12,000.
FORKIDS, INC. P.O. BOX 6044 NORFOLK, VA 23508		PC	SUFFOLK REGIONAL SERVICES CENTER AND THE CENTER FOR CHILDREN AND FAMILIES	50,000.
GIRLS ON THE RUN SOUTH HAMPTON ROADS 287 INDEPENDENCE BOULEVARD, PEMBROKE 2, STE 120 VIRGINIA BEACH, VA 23462		PC	HEALTHY, JOYFUL, CONFIDENT GIRLS IN WESTERN TIDEWATER	9,893.
HORIZON HEALTH SERVICES, INC. P.O. BOX 29 WAVERLY, VA 23890		PC	THE IVOR DENTAL CENTER	40,000.
NURSING CAP, INC PO BOX 5593 SUFFOLK, VA 23435		PC	ENCOURAGING STUDENTS TO CHOOSE HEALTHY LIFESTYLES AND A HEALTH RELATED CAREER PATH	20,063.
SENTARA OBICI HOSPITAL 2800 GODWIN BLVD SUFFOLK, VA 23434		PC	COMMUNITY CARE COORDINATION GRANT	48,922.
SMART BEGINNINGS WESTERN TIDEWATER 601 NORTH MECHANIC STREET, SUITE 301 FRANKLIN, VA 23851		PC	STARTING LIFE HEALTHY AND READY TO LEARN	13,044.
Total from continuation sheets				1,251,206.

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
SOUTHEASTERN VIRGINIA HEALTH SYSTEM 1033 28TH ST. 2ND FLOOR NEWPORT NEWS, VA 23607		PC	MAIN STREET DENTAL PROGRAM	200,000.
SUFFOLK MEALS ON WHEELS 2800 GODWIN BLVD SUFFOLK, VA 23434		PC	EMERGENCY MEALS FOR NEED-BASED RECIPIENTS	23,488.
SUFFOLK PARTNERSHIP FOR A HEALTHY COMMUNITY 1707 N. MAIN STREET SUFFOLK, VA 23434		PC	CATALYSTS FOR WELLNESS	82,149.
THE CHILDREN'S CENTER 700 CAMPBELL AVENUE FRANKLIN, VA 23851		PC	SUFFOLK CLASSROOM EXPANSION	20,000.
THE PLANNING COUNCIL 5365 ROBIN HOOD ROAD SUITE 700 NORFOLK, VA 23513		PC	FARM2CHILDCARE	11,377.
THE UP CENTER 150 BOUSH STREET, SUITE 500 NORFOLK, VA 23510		PC	WESTERN TIDEWATER TRAUMA INFORMED COUNSELING COLLABORATIVE PARTNERSHIP	75,000.
VIRGINIA LEGAL AID SOCIETY, INC. P.O. BOX 6200; 513 CHURCH STREET LYNCHBURG, VA 24505		PC	MEDICAL ACCESS PROJECT (MAP)	40,000.
WALK IN IT, INC. PO BOX 1447 SUFFOLK, VA 23439		PC	LADIES OF DISTINCTION	30,000.
WESTERN TIDEWATER COMMUNITY SERVICES BOARD 7025 HARBOUR VIEW BLVD, SUITE 119 SUFFOLK, VA 23435		PC	OUTPATIENT MEDICAL DETOX	30,000.
WESTERN TIDEWATER FREE CLINIC 2019 MEADE PARKWAY SUFFOLK, VA 23434		PC	EXPAND ACCESS TO COMPREHENSIVE HEALTHCARE	212,000.
Total from continuation sheets				

Part XV Supplementary Information

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

NAME OF RECIPIENT - COVER 3 FOUNDATION

C3'S KIDS MEALS AFTER-SCHOOL FEEDING PROGRAM. FEEDS 4,000 KIDS EVERYDAY
IN AFTER-SCHOOL PROGRAMS IN SOUTHEASTERN, VA.

NAME OF RECIPIENT - SENTARA OBICI HOSPITAL

WESTERN TIDEWATER PROSTATE & COLORECTAL CANCER SCREENING MEN'S NIGHT
OUT, HOSTED BY ALPHA IOTA CHAPTER OF OMEGA PSI PHI FRATERNITY INC. &
SENTARA OBICI HOSPITAL

NAME OF RECIPIENT - VIRGINIA SUPPORTIVE HOUSING

SUPPORTIVE SERVICES FOR SUFFOLK AND ISLE OF WIGHT RESIDENTS HOUSED IN
VIRGINIA SUPPORTIVE HOUSING UNITS IN HAMPTON ROADS

NAME OF RECIPIENT - YMCA OF SOUTH HAMPTON ROADS

CREATING A HEALTHIER COMMUNITY: THROUGH EASIER ACCESS TO CHRONIC
DISEASE PREVENTION & RESTORATIVE HEALTH PROGRAMS IN THE NEW
"TRANSITIONS" EXPANSION

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

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

Part I Required Annual Payment

1	Total tax (see instructions)	1	181,980.
2a	Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1		
2b	Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method		
2c	Credit for federal tax paid on fuels (see instructions)		
2d	Total. Add lines 2a through 2c		
3	Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation doesn't owe the penalty	3	181,980.
4	Enter the tax shown on the corporation's 2016 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5	4	47,757.
5	Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to complete line 4, enter the amount from line 3	5	47,757.

Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it doesn't owe a penalty. See instructions.

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

Part III Figuring the Underpayment

	(a)	(b)	(c)	(d)	
9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9	08/15/17	09/15/17	12/15/17	03/15/18
10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column	10	11,939.	79,051.	45,495.	45,495.
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions	11	103,243.			
Complete lines 12 through 18 of one column before going to the next column.					
12 Enter amount, if any, from line 18 of the preceding column	12		91,304.	12,253.	
13 Add lines 11 and 12	13		91,304.	12,253.	
14 Add amounts on lines 16 and 17 of the preceding column	14				33,242.
15 Subtract line 14 from line 13. If zero or less, enter -0-	15	103,243.	91,304.	12,253.	0.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		0.	0.	
17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17			33,242.	45,495.
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18	91,304.	12,253.		

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

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C Corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions 19				
20 Number of days from due date of installment on line 9 to the date shown on line 19	20			
21 Number of days on line 20 after 4/15/2017 and before 7/1/2017	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 4\% (0.04)}{365}$...	22 \$	\$	\$	\$
23 Number of days on line 20 after 06/30/2017 and before 10/1/2017	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 4\% (0.04)}{365}$...	24 \$	\$	\$	\$
25 Number of days on line 20 after 9/30/2017 and before 1/1/2018	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 4\% (0.04)}{365}$...	26 \$	\$	\$	\$
27 Number of days on line 20 after 12/31/2017 and before 4/1/2018	27	SEE ATTACHED WORKSHEET		
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 4\% (0.04)}{365}$...	28 \$	\$	\$	\$
29 Number of days on line 20 after 3/31/2018 and before 7/1/2018	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$	30 \$	\$	\$	\$
31 Number of days on line 20 after 6/30/2018 and before 10/1/2018	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$	32 \$	\$	\$	\$
33 Number of days on line 20 after 9/30/2018 and before 1/1/2019	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$	34 \$	\$	\$	\$
35 Number of days on line 20 after 12/31/2018 and before 3/16/2019	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{365}$	36 \$	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37 \$	\$	\$	\$
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 33; or the comparable line for other income tax returns	38 \$			1,944.

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

FORM 990-PF	OTHER INCOME		STATEMENT 1
DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
PARTNERSHIP INCOME	0.	3,224,203.	
OTHER INCOME	1,592.	0.	
TOTAL TO FORM 990-PF, PART I, LINE 11	1,592.	3,224,203.	

FORM 990-PF	LEGAL FEES		STATEMENT 2	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL SERVICES	9,684.	0.	0.	9,684.
TO FM 990-PF, PG 1, LN 16A	9,684.	0.	0.	9,684.

FORM 990-PF	ACCOUNTING FEES		STATEMENT 3	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
TAX COMPLIANCE AND AUDIT SERVICES	50,493.	0.	0.	50,493.
TO FORM 990-PF, PG 1, LN 16B	50,493.	0.	0.	50,493.

FORM 990-PF	OTHER PROFESSIONAL FEES		STATEMENT 4	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INVESTMENT FEES	656,211.	656,211.	0.	0.
CONSULTING FEES	195,131.	0.	0.	195,924.
TO FORM 990-PF, PG 1, LN 16C	851,342.	656,211.	0.	195,924.

FORM 990-PF

TAXES

STATEMENT 5

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
OTHER FEES & TAXES	395.	0.	0.	385.
EXCISE & UBIT TAXES	315,009.	0.	0.	0.
TO FORM 990-PF, PG 1, LN 18	315,404.	0.	0.	385.

FORM 990-PF

OTHER EXPENSES

STATEMENT 6

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
DUES & SUBSCRIPTIONS	26,332.	0.	0.	26,332.
FOOD & CATERING	18,060.	0.	0.	17,596.
INSURANCE	13,963.	0.	0.	16,494.
MISCELLANEOUS	9,994.	0.	0.	10,111.
OFFICE EXPENSES	25,328.	0.	0.	24,390.
BUILDING & GROUNDS MAINTENANCE	36,993.	0.	0.	42,362.
TECHNOLOGY EXPENSE	42,513.	0.	0.	13,521.
PARTNERSHIP UNRELATED BUSINESS INCOME LOSS	49,830.	0.	0.	0.
AMORTIZATION	2,472.	0.	0.	0.
TO FORM 990-PF, PG 1, LN 23	225,485.	0.	0.	150,806.

FORM 990-PF

OTHER INCREASES IN NET ASSETS OR FUND BALANCES

STATEMENT 7

DESCRIPTION	AMOUNT
PRIOR YEAR GRANTS RECOVERED	58,814.
UNREALIZED LOSSES IN INVESTMENTS, PARTNERSHIPS & FOREIGN INVESTMENTS	3,448,204.
TOTAL TO FORM 990-PF, PART III, LINE 3	3,507,018.

FORM 990-PF

CORPORATE STOCK

STATEMENT 8

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
ALARM.COM HOLDINGS INC	512,207.	512,207.
AMC NETWORKS	211,970.	211,970.
ACUSHNET HOLDINGS CORP	226,282.	226,282.
AXALTA COATING SYSTEMS LTD	202,273.	202,273.
BOX INC	602,464.	602,464.
BWX TECHNOLOGIES INC	146,119.	146,119.
CAESARS ENTERTAINMENT CORP.	186,750.	186,750.
CATALENT INC	28,742.	28,742.
CHANNELADVISOR CORP	83,720.	83,720.
CIENA CORP	101,010.	101,010.
COLFAX CORP	428,098.	428,098.
COMPASS MINERALS INTERNATIONAL INC	186,930.	186,930.
COMSCORE INC	290,693.	290,693.
DUN & BRADSTREET CORP	198,900.	198,900.
ELF BEAUTY INC	183,976.	183,976.
ENTEGRIS INC	142,680.	142,680.
FIREEYE INC	257,336.	257,336.
FLIR SYSTEMS INC	95,019.	95,019.
GENERAC HOLDINGS	50,501.	50,501.
IMAX CORP	155,520.	155,520.
ISHARES RUSSELL 2000 VALUE ETF	121,880.	121,880.
KNOWLES CORPORATION	119,605.	119,605.
LIONS GATE ENTMT CORP	147,586.	147,586.
LIVE NATION ENTERTAINMENT, INC.	82,173.	82,173.
MAXAR TECHNOLOGIES LTD	212,056.	212,056.
NOW INC/DE	38,836.	38,836.
PATTERSON COS INC	91,143.	91,143.
PLATFORM SPECIALTY PRODUCTS	725,091.	725,091.
SEMGROUP CORPORATION	49,220.	49,220.
SPDR S&P OILGAS EXPLORATION FUND	1,840,562.	1,840,562.
TWILIO INC CL A	314,832.	314,832.
URBAN OUTFITTERS INC	81,312.	81,312.
USG CORP	133,386.	133,386.
VALVOLINE INC	190,318.	190,318.
VERSUM MATERIALS INC	150,520.	150,520.
WPX ENERGY INC	217,266.	217,266.
TOTAL TO FORM 990-PF, PART II, LINE 10B	8,806,976.	8,806,976.

COPY

FORM 990-PF

OTHER INVESTMENTS

STATEMENT 9

DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
ALTERNATIVE INVESTMENTS - FOREIGN CORPORATIONS	FMV	55,599,402.	55,599,402.
ALTERNATIVE INVESTMENTS - LIMITED PARTNERSHIPS AND CORPORATIONS	FMV	47,548,059.	47,548,059.
TOTAL TO FORM 990-PF, PART II, LINE 13		103,147,461.	103,147,461.

FORM 990-PF

DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT

STATEMENT 10

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND	102,507.	0.	102,507.
SITWORK	301,205.	121,736.	179,469.
REMOVE WATER LAT.	5,367.	2,168.	3,199.
PAVERS / COLORED SIDEWALK	8,415.	4,535.	3,880.
WELL	16,499.	6,669.	9,830.
FENCING	4,498.	4,498.	0.
LANDSCAPING	1,686.	1,364.	322.
WHEEL STOPS	1,169.	630.	539.
PARKING LOT UNDERCUTTING	6,289.	3,388.	2,901.
TREE PRUNING	695.	374.	321.
SIDEWALK DESIGN	2,090.	1,125.	965.
LOC - CITY OF SUFFOLK			
LANDSCAPING	1,250.	666.	584.
SIGN FOR NEW CONSTRUCTION	468.	252.	216.
FENCE - AIR HANDLER	1,300.	1,300.	0.
BRONZE SIGN	3,449.	1,840.	1,609.
LANDSCAPING CONTRACT	54,997.	43,082.	11,915.
CIVIL CONSTRUCTION DRAWINGS	2,373.	401.	1,972.
FINAL UNDERCUTTING	1,524.	772.	752.
REVIEW OF FINAL DRAWINGS	210.	36.	174.
LANDSCAPING - NEAR CAC (ADOPT-A-SPOT)	6,008.	3,906.	2,102.
LOCATION SIGN (MAIN STREET)	1,680.	681.	999.
LANDSCAPING - MAIN & FINNEY	4,993.	2,995.	1,998.
VITEX TREES (2)	680.	357.	323.
COMMUNITY GARDEN BOX (MATERIALS & LABOR)	3,844.	1,923.	1,921.
REPLACE SERVICE BERRIES ALONG MAIN STREET	2,057.	412.	1,645.
BUILDING SHELL	1,098,759.	197,370.	901,389.
CARPET	14,868.	14,868.	0.
PAINTING	43,570.	43,570.	0.
ELEVATOR	57,065.	23,063.	34,002.
FIRE PROTECTION	39,557.	15,988.	23,569.
PLUMBING	43,957.	17,766.	26,191.
HVAC	80,106.	32,375.	47,731.
GEOHERMAL SYSTEM	64,356.	26,011.	38,345.
ELECTRICAL	151,944.	61,410.	90,534.

STAIRS AND CABINETS	7,431.	1,321.	6,110.
CONSTRUCTION ADMINISTRATION	4,653.	783.	3,870.
SNOW GUARDS	10,200.	1,588.	8,612.
PAINT FRONT PORCH	3,450.	1,955.	1,495.
BATHROOM HEATERS (4-INSTALLED)	1,700.	822.	878.
2 CS3 ADOBE CREATIVE SUITE			
DESIGN SOFTWARE	837.	837.	0.
RANGE AND DISWASHER	1,443.	1,166.	277.
REFRIGERATOR	1,462.	1,181.	281.
VOICE AND DATA CABLING			
EQUIPMENT	8,607.	3,478.	5,129.
ACCESS CONTROL SYSTEM	4,355.	1,761.	2,594.
SECURITY SYSTEM EQUIPMENT	2,790.	1,129.	1,661.
CCTV SYSTEM	6,374.	5,151.	1,223.
CS5 SOFTWARE (3)	1,832.	1,832.	0.
COMPUTER PROJECTOR	917.	917.	0.
DELL DESKTOP COMPUTER (RS TO			
INTERN)	1,400.	1,400.	0.
DESK SCANNER (EXECUTIVE			
ASSISTANT)	430.	430.	0.
SHARP 80" TV (BOARD ROOM)	5,399.	5,399.	0.
PRINTER, LASERJET PRO			
(DIRECTOR OF FINANCE)	210.	210.	0.
LAPTOP COMPUTER 10" (DOF)	950.	918.	32.
SERVER HP PROLIENT ML	3,500.	3,325.	175.
CANOPY TENT	520.	451.	69.
GOOGLE CHROME TABLET (FOR			
SURVEYS)	317.	237.	80.
SURFACE PRO TABLET (EXECUTIVE			
DIRECTOR)	1,106.	700.	406.
HEATING/COOLING UNIT (OUTDOOR			
FOR SERVER ROOM)	4,200.	2,590.	1,610.
VACUUM CLEANER WINDSOR S12			
COMMERCIAL	569.	332.	237.
COMPUTER (EXECUTIVE DIRECTOR)	1,407.	726.	681.
COMPUTER(COMM/PROG SPECIALIST)	1,407.	726.	681.
COMPUTER (FOUNDATION			
ASSISTANT)	1,407.	726.	681.
TV - LG 55LF6100 LCD HDTV			
(CONF ROOM)	992.	479.	513.
COMPUTER (PRO TAMMIE)	1,100.	440.	660.
IPAD PRO & KEYBD APPLE			
(EXECUTIVE DIRECTOR)	1,192.	496.	696.
IPAD PRO & KEYBD APPLE			
(COMM/PROG SPECIALIST)	1,192.	496.	696.
SURFACE PRO TABLET (FINANCE			
DIRECTOR)	1,409.	587.	822.
SURFACE PRO TABLET (FOUNDATION			
ASSISTANT)	1,409.	587.	822.
MINI LAPTOP LENOVO (PRO RICK)	1,166.	466.	700.
FURNITURE	5,255.	5,255.	0.
CONFERENCE TABLE	4,370.	4,370.	0.
8 CONFERENCE CHAIRS	1,253.	1,253.	0.
2 LEATHER MESH CHAIRS	713.	713.	0.
DESK AND FILE CABINET	781.	781.	0.
CONFERENCE TABLE	1,750.	1,542.	208.
DESK, FILE CABINET & BOOKCASE			
FINANCE	3,386.	3,028.	358.

OFFICE CHAIR	362.	337.	25.
INTERIOR DESIGN FEES	13,675.	11,055.	2,620.
(3) 5 DRW , LATERAL FILE			
CABINETS	3,421.	3,421.	0.
FINANCE SHELVING - FILE ROOM	861.	696.	165.
CREDENZA	963.	963.	0.
TABLE - FINANCE OFFICE	704.	704.	0.
DESK ADM FILE ROOM	357.	357.	0.
(10) OFFICE SIDE CHAIRS	6,035.	6,035.	0.
SIDE TABLE - ED OFFICE	340.	340.	0.
LECTERN - BOARD ROOM	1,843.	1,843.	0.
(3) BUFFET CREDENZAS	7,616.	7,616.	0.
SIDE TABLE - BOARD ROOM	929.	929.	0.
CONFERENCE TABLE - BOARD ROOM	10,421.	8,423.	1,998.
(18) BOARD ROOM CHAIRS	13,778.	11,138.	2,640.
WINDOW TREATMENTS	24,827.	20,069.	4,758.
OBICI ROOM WOOD TABLES (3)	3,339.	3,339.	0.
OBICI ROOM AREA RUG	1,470.	1,470.	0.
OBICI ROOM FRIEZE WALL			
COVERING	1,140.	921.	219.
UPHOLSTER SOFA & BOARD ROOM			
CHAIRS	3,934.	3,934.	0.
OBICI ROOM TILE / FIREPLACE	163.	131.	32.
MOVING OFFICE FURNITURE &			
EQUIPMENT	1,820.	1,471.	349.
RENTAL OF SPACE - CONSTRUCTION			
MEETINGS	800.	647.	153.
SAFE	582.	582.	0.
OAK BASE TABLE	600.	600.	0.
TASK CHAIR AND KEYBOARD			
PLATFORM	544.	544.	0.
CHAIR (PROGRAM OFFICER)	366.	361.	5.
BOOKCASE (PROGRAM ASSOCIATE)	224.	213.	11.
TASK CHAIR (EXECUTIVE			
ASSISTANT)	387.	368.	19.
FOUNDERS PLAQUE (ENTRANCE			
HALLWAY)	549.	509.	40.
DESK HUTCH	458.	392.	66.
WIRE SHELVING (3 - 48")	825.	708.	117.
PRINTER STAND	377.	324.	53.
LATERAL FILE CABINETS (2 -			
42")	2,430.	2,082.	348.
EXECUTIVE CHAIRS (2 -			
MESHBACK)	817.	701.	116.
ROUND TABLE (2ND FLOOR			
HALLWAY)	519.	444.	75.
PADDED FOLDING CHAIRS (8)			
(KITCHEN)	560.	473.	87.
GUEST CHAIRS, ROLLED ARM (2)			
(PROGRAM ASSOCIATE)	2,262.	1,884.	378.
GUEST CHAIRS, WOOD FRAME,			
CHARCOAL (2) (CREDIT FOR			
ERROR)	722.	593.	129.
GUEST CHAIRS, WOOD FRAME,			
CRANBERRY (4)(DOF)	2,507.	2,089.	418.
CRENDENZA (ED)	2,898.	2,415.	483.
SOFA TABLE (PROGRAM ASSOCIATE)	519.	432.	87.

OPEN BOOKCASE UNIT (PROGRAM ASSOCIATE)	1,031.	858.	173.
GUEST CHAIRS, OPEN WOOD BACK (2)(ED)(TEA LEAVE FABRIC)	1,248.	1,024.	224.
ROUND TABLE (DIRECTOR OF FINANCE)	846.	675.	171.
RUGS, AREA (4 ON 2ND, 2 ON 1ST)	7,051.	5,203.	1,848.
SOFA TABLE (GRANTS ASSOCIATE)	519.	383.	136.
LATERAL FILES, 2-DRAWER, ED (2)	3,137.	2,278.	859.
STAND-UP TABLE (ED)	1,855.	1,325.	530.
BOOKCASE 3-SHELF (PO)	579.	414.	165.
LATERAL FILE 2-DRAWER (PO)	1,623.	928.	695.
EXECUTIVE DESK W/ BRIDGE (PROG RESOUR OFFICER)	4,870.	2,784.	2,086.
PORCH FURNITURE ADIRONDACK 5-PIECE	1,402.	584.	818.
DESK SET 3-PIECE (FOUNDATION ASSISTANT)	3,844.	1,510.	2,334.
KITCHEN TABLE 36X84 OVAL	802.	251.	551.
TABLE - SUFFOLK FOUNDATION	1,689.	402.	1,287.
CHAIR - SUFFOLK FOUNDATION	564.	135.	429.
RUG, FIRST FLOOR HALLWAY	4,058.	677.	3,381.
CHAIR - PRESIDENT	563.	87.	476.
TABLE, ROUND, JASPER (PRESIDENT)	1,817.	260.	1,557.
DESK, DOUBLE PED, JASPER (PRESIDENT)	3,903.	558.	3,345.
PRINTER, HP OFFICE JET (PRESIDENT)	138.	53.	85.
DISHWASHER, BOSCH	1,007.	276.	731.
TELEPHONE EQUIPMENT, TOSHIBA	6,465.	1,078.	5,387.
COMPUTER (DOF)	1,288.	258.	1,030.
COMPUTER (GRANTS ADMIN)	1,288.	258.	1,030.
A/C UNIT MINI-SPLIT (2ND FLOOR ELEVATOR ROOM)	4,200.	840.	3,360.
TABLE DESK W/CPU CABINET (JASPER) (BD RM)	1,542.	73.	1,469.
LATERAL FILE CABINET 3-DRAWER (GEORGIAN) (CEO)	1,949.	46.	1,903.
TOTAL TO FM 990-PF, PART II, LN 14	2,410,498.	824,886.	1,585,612.

FORM 990-PF	OTHER ASSETS		STATEMENT 11
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
ART COLLECTION	658,240.	658,240.	658,240.
CEMETERY LOTS	24,000.	24,000.	24,000.
ACCRUED INTEREST ON INVESTMENTS	1,369.	11,085.	11,085.
DEPOSITS	100.	100.	100.
TO FORM 990-PF, PART II, LINE 15	683,709.	693,425.	693,425.

FORM 990-PF	OTHER LIABILITIES		STATEMENT 12
DESCRIPTION	BOY AMOUNT	EOY AMOUNT	
DEFERRED EXCISE TAXES PAYABLE	588,272.	657,236.	
TOTAL TO FORM 990-PF, PART II, LINE 22	588,272.	657,236.	

COPY

FORM 990-PF

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

STATEMENT 13

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
R. SCOTT CARR 106 W. FINNEY AVENUE SUFFOLK, VA 23434	CHAIRMAN 1.00	0.	0.	574.
CLARISSA MCADOO CANNION 106 W. FINNEY AVENUE SUFFOLK, VA 23434	VICE-CHAIRMAN (THROUGH 9/26/17) 1.00	0.	0.	285.
LYNNE RABIL 106 W. FINNEY AVENUE SUFFOLK, VA 23434	VICE-CHAIRMAN 1.00	0.	0.	574.
FRANK A. SPADY, III 106 W. FINNEY AVENUE SUFFOLK, VA 23434	TREASURER 1.00	0.	0.	574.
ANNETTE C. BEUCLER 106 W. FINNEY AVENUE SUFFOLK, VA 23434	PRESIDENT & CEO 40.00	201,000.	22,439.	574.
MICHAEL K. BRINKLEY 106 W. FINNEY AVENUE SUFFOLK, VA 23434	DIRECTOR OF FINANCE 21.20	103,384.	5,649.	574.
ROBERT C. BARCLAY, IV 106 W. FINNEY AVENUE SUFFOLK, VA 23434	BOARD OF DIRECTORS 1.00	0.	0.	574.
ROBERT C. CLAUD 106 W. FINNEY AVENUE SUFFOLK, VA 23434	BOARD OF DIRECTORS 1.00	0.	0.	574.
PAT EDWARDS 106 W. FINNEY AVENUE SUFFOLK, VA 23434	BOARD OF DIRECTORS 1.00	0.	0.	574.
JEFFERY D. FORMAN 106 W. FINNEY AVENUE SUFFOLK, VA 23434	BOARD OF DIRECTORS 1.00	0.	0.	574.

OBICI HEALTHCARE FOUNDATION, INC.

51-0249728

RALPH HOWELL, JR.
106 W. FINNEY AVENUE
SUFFOLK, VA 23434

BOARD OF DIRECTORS
1.00

0.

0.

574.

PASTOR EMANUEL MYRICK
106 W. FINNEY AVENUE
SUFFOLK, VA 23434

BOARD OF DIRECTORS
1.00

0.

0.

574.

JANICE WHITE
106 W. FINNEY AVENUE
SUFFOLK, VA 23434

BOARD OF DIRECTORS
1.00

0.

0.

574.

THOMAS WOODWARD, III
106 W. FINNEY AVENUE
SUFFOLK, VA 23434

BOARD OF DIRECTORS
1.00

0.

0.

574.

TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII

304,384.

28,088.

7,747.

COPY

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

GRANTS MANAGER
106 W. FINNEY AVENUE
SUFFOLK, VA 23434

TELEPHONE NUMBER

757-539-8810

FORM AND CONTENT OF APPLICATIONS

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

IN ADDITION:

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

ANY SUBMISSION DEADLINES

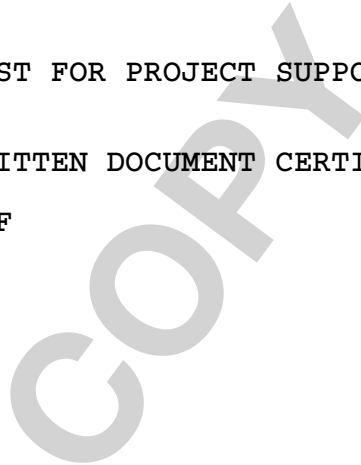
RENEWALS - JANUARY 15 & JULY 15 OF EACH YEAR

GRANTS - JANUARY 15 & JULY 15 OF EACH YEAR

RESTRICTIONS AND LIMITATIONS ON AWARDS

RESTRICTIONS:

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



RESTRICTIONS AND LIMITATIONS ON AWARDS

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

COPY

2017 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-PF PAGE 1

990-PF

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	LAND	03/01/10	L				102,507.				102,507.			0.	
2	SITework	03/01/10	SL	20.00		16	301,205.				301,205.	106,676.		15,060.	121,736.
3	REMOVE WATER LAT.	03/01/10	SL	20.00		16	5,367.				5,367.	1,900.		268.	2,168.
4	PAVERS / COLORED SIDEWALK	03/01/10	SL	15.00		16	8,415.				8,415.	3,974.		561.	4,535.
5	WELL	03/01/10	SL	20.00		16	16,499.				16,499.	5,844.		825.	6,669.
6	FENCING	03/01/10	SL	8.00		16	4,498.				4,498.	3,982.		516.	4,498.
7	LANDSCAPING	03/01/10	SL	10.00		16	1,686.				1,686.	1,195.		169.	1,364.
8	WHEEL STOPS	03/01/10	SL	15.00		16	1,169.				1,169.	552.		78.	630.
9	PARKING LOT UNDERCUTTING	03/01/10	SL	15.00		16	6,289.				6,289.	2,969.		419.	3,388.
10	TREE PRUNING	03/01/10	SL	15.00		16	695.				695.	328.		46.	374.
11	SIDEWALK DESIGN	03/01/10	SL	15.00		16	2,090.				2,090.	986.		139.	1,125.
12	LOC - CITY OF SUFFOLK LANDSCAPING	03/01/10	SL	15.00		16	1,250.				1,250.	583.		83.	666.
13	SIGN FOR NEW CONSTRUCTION	03/01/10	SL	15.00		16	468.				468.	221.		31.	252.
14	FENCE - AIR HANDLER	04/09/10	SL	8.00		16	1,300.				1,300.	1,139.		161.	1,300.
15	BRONZE SIGN	04/12/10	SL	15.00		16	3,449.				3,449.	1,610.		230.	1,840.
16	LANDSCAPING CONTRACT	05/13/10	SL	10.00		16	54,997.				54,997.	37,582.		5,500.	43,082.
17	CIVIL CONSTRUCTION DRAWINGS	08/31/10	SL	45.00		16	2,373.				2,373.	348.		53.	401.
18	FINAL UNDERCUTTING	09/01/10	SL	15.00		16	1,524.				1,524.	670.		102.	772.

728111 04-01-17

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2017 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-PF PAGE 1

990-PF

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
19	REVIEW OF FINAL DRAWINGS	09/01/10	SL	45.00		16	210.				210.	31.		5.	36.
20	LANDSCAPING - NEAR CAC (ADOPT-A-SPOT)	10/03/11	SL	10.00		16	6,008.				6,008.	3,305.		601.	3,906.
21	LOCATION SIGN (MAIN STREET)	03/06/12	SL	15.00		16	1,680.				1,680.	569.		112.	681.
22	LANDSCAPING - MAIN & FINNEY	03/28/12	SL	10.00		16	4,993.				4,993.	2,496.		499.	2,995.
23	VITEX TREES (2)	01/31/13	SL	10.00		16	680.				680.	289.		68.	357.
24	COMMUNITY GARDEN BOX (MATERIALS & LABOR)	04/23/14	SL	8.00		16	3,844.				3,844.	1,442.		481.	1,923.
25	REPLACE SERVICE BERRIES ALONG MAIN STREET	03/31/16	SL	10.00		16	2,057.				2,057.	206.		206.	412.
26	BUILDING SHELL	03/01/10	SL	45.00		16	1,098,759.				1,098,759.	172,953.		24,417.	197,370.
27	CARPET	03/01/10	SL	5.00		16	14,868.				14,868.	14,868.		0.	14,868.
28	PAINTING	03/01/10	SL	5.00		16	43,570.				43,570.	43,570.		0.	43,570.
29	ELEVATOR	03/01/10	SL	20.00		16	57,065.				57,065.	20,210.		2,853.	23,063.
30	FIRE PROTECTION	03/01/10	SL	20.00		16	39,557.				39,557.	14,010.		1,978.	15,988.
31	PLUMBING	03/01/10	SL	20.00		16	43,957.				43,957.	15,568.		2,198.	17,766.
32	HVAC	03/01/10	SL	20.00		16	80,106.				80,106.	28,370.		4,005.	32,375.
33	GEOHERMAL SYSTEM	03/01/10	SL	20.00		16	64,356.				64,356.	22,793.		3,218.	26,011.
34	ELECTRICAL	03/01/10	SL	20.00		16	151,944.				151,944.	53,813.		7,597.	61,410.
35	STAIRS AND CABINETS	09/01/10	SL	45.00		16	7,431.				7,431.	1,156.		165.	1,321.
36	CONSTRUCTION ADMINISTRATION	09/01/10	SL	45.00		16	4,653.				4,653.	680.		103.	783.

728111 04-01-17

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2017 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-PF PAGE 1

990-PF

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
37	SNOW GUARDS	03/10/11	SL	45.00		16	10,200.				10,200.	1,361.		227.	1,588.
38	PAINT FRONT PORCH	05/21/15	SL	5.00		16	3,450.				3,450.	1,265.		690.	1,955.
39	BATHROOM HEATERS (4-INSTALLED)	11/10/15	SL	5.00		16	1,700.				1,700.	482.		340.	822.
57	2 CS3 ADOBE CREATIVE SUITE DESIGN SOFTWARE	09/21/07	SL	3.00		16	837.				837.	837.		0.	837.
63	RANGE AND DISWASHER	03/01/10	SL	10.00		16	1,443.				1,443.	1,022.		144.	1,166.
64	REFRIGERATOR	03/01/10	SL	10.00		16	1,462.				1,462.	1,035.		146.	1,181.
65	VOICE AND DATA CABLING EQUIPMENT	03/01/10	SL	20.00		16	8,607.				8,607.	3,048.		430.	3,478.
67	ACCESS CONTROL SYSTEM	03/01/10	SL	20.00		16	4,355.				4,355.	1,543.		218.	1,761.
68	SECURITY SYSTEM EQUIPMENT	03/01/10	SL	20.00		16	2,790.				2,790.	989.		140.	1,129.
69	CCTV SYSTEM	03/01/10	SL	10.00		16	6,374.				6,374.	4,514.		637.	5,151.
73	(D)WIRELESS KEYBOARD AND MOUSE - BOARD ROOM	11/05/10	SL	5.00		16	351.				351.	351.		0.	351.
74	CS5 SOFTWARE (3)	04/06/11	SL	3.00		16	1,832.				1,832.	1,832.		0.	1,832.
79	COMPUTER PROJECTOR	08/26/11	SL	5.00		16	917.				917.	917.		0.	917.
81	DELL DESKTOP COMPUTER (RS TO INTERN)	03/26/12	SL	5.00		16	1,400.				1,400.	1,400.		0.	1,400.
83	(D)COMPUTER MONITOR	03/26/12	SL	5.00		16	240.				240.	240.		0.	240.
84	DESK SCANNER (EXECUTIVE ASSISTANT)	04/26/12	SL	5.00		16	430.				430.	423.		7.	430.
85	SHARP 80" TV (BOARD ROOM)	12/26/12	SL	5.00		16	5,399.				5,399.	4,590.		809.	5,399.
86	PRINTER, LASERJET PRO (DIRECTOR OF FINANCE)	02/05/13	SL	5.00		16	210.				210.	175.		35.	210.

728111 04-01-17

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2017 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-PF PAGE 1

990-PF

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
87	(D)DESKTOP COMPUTER HP Z400 (BD RM TO CONF RM))	05/31/13	SL	5.00		16	950.				950.	728.		190.	918.
88	LAPTOP COMPUTER 10" (DOF)	05/31/13	SL	5.00		16	950.				950.	728.		190.	918.
90	SERVER HP PROLIANT ML	06/18/13	SL	5.00		16	3,500.				3,500.	2,625.		700.	3,325.
92	(D)COMPUTER HP (TOWER ONLY) (DOF)	02/07/14	SL	5.00		16	1,595.				1,595.	1,010.		319.	1,329.
93	CANOPY TENT	11/26/13	SL	5.00		16	520.				520.	347.		104.	451.
95	GOOGLE CHROME TABLET (FOR SURVEYS)	06/26/14	SL	5.00		16	317.				317.	174.		63.	237.
96	(D)DESKTOP COMPUTER (GRANTS ADMINISTRATOR)	11/03/14	SL	5.00		16	1,417.				1,417.	684.		283.	967.
97	SURFACE PRO TABLET (EXECUTIVE DIRECTOR)	01/26/15	SL	5.00		16	1,106.				1,106.	479.		221.	700.
98	HEATING/COOLING UNIT (OUTDOOR FOR SERVER ROOM)	02/26/15	SL	5.00		16	4,200.				4,200.	1,750.		840.	2,590.
99	(D)MONITOR 22" LCD (FOUNDATION ASSISTANT)	04/22/15	SL	5.00		16	170.				170.	65.		105.	170.
100	(D)DUAL MONITOR STAND (FOUNDATION ASSISTANT)	04/22/15	SL	5.00		16	257.				257.	98.		158.	256.
101	VACUUM CLEANER WINDSOR S12 COMMERCIAL	04/26/15	SL	5.00		16	569.				569.	218.		114.	332.
102	COMPUTER (EXECUTIVE DIRECTOR)	08/21/15	SL	5.00		16	1,407.				1,407.	445.		281.	726.
103	COMPUTER (COMM/PROG SPECIALIST)	08/21/15	SL	5.00		16	1,407.				1,407.	445.		281.	726.
104	COMPUTER (FOUNDATION ASSISTANT)	08/21/15	SL	5.00		16	1,407.				1,407.	445.		281.	726.
105	(D)COMPUTER MONITOR (PROGRAM RESOURCE OFFICER)	09/15/15	SL	5.00		16	255.				255.	81.		51.	132.
106	(D)COMPUTER MONITOR (PROGRAM RESOURCE OFFICER)	09/15/15	SL	5.00		16	255.				255.	81.		51.	132.
107	TV - LG 55LF6100 LCD HDTV (CONF ROOM)	11/05/15	SL	5.00		16	992.				992.	281.		198.	479.

728111 04-01-17

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2017 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-PF PAGE 1

990-PF

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
108	(D)COMPUTER MONITOR DELL 24" (PRO RICK)	01/26/16	SL	5.00		16	169.				169.	40.		129.	169.
109	(D)COMPUTER MONITOR VIEWSONIC (PRO TAMMIE)	01/26/16	SL	5.00		16	138.				138.	33.		105.	138.
110	COMPUTER (PRO TAMMIE)	03/31/16	SL	5.00		16	1,100.				1,100.	220.		220.	440.
111	IPAD PRO & KEYBD APPLE (EXECUTIVE DIRECTOR)	02/26/16	SL	5.00		16	1,192.				1,192.	258.		238.	496.
112	IPAD PRO & KEYBD APPLE (COMM/PROG SPECIALIST)	02/26/16	SL	5.00		16	1,192.				1,192.	258.		238.	496.
113	SURFACE PRO TABLET (FINANCE DIRECTOR)	02/26/16	SL	5.00		16	1,409.				1,409.	305.		282.	587.
114	SURFACE PRO TABLET (FOUNDATION ASSISTANT)	02/26/16	SL	5.00		16	1,409.				1,409.	305.		282.	587.
116	MINI LAPTOP LENOVO (PRO RICK)	03/26/16	SL	5.00		16	1,166.				1,166.	233.		233.	466.
117	FURNITURE	12/07/06	SL	7.00		16	5,255.				5,255.	5,255.		0.	5,255.
118	CONFERENCE TABLE	02/01/08	SL	7.00		16	4,370.				4,370.	4,370.		0.	4,370.
119	8 CONFERENCE CHAIRS	02/01/08	SL	7.00		16	1,253.				1,253.	1,253.		0.	1,253.
120	2 LEATHER MESH CHAIRS	08/04/08	SL	7.00		16	713.				713.	713.		0.	713.
121	DESK AND FILE CABINET	08/01/08	SL	7.00		16	781.				781.	781.		0.	781.
122	CONFERENCE TABLE	03/01/10	SL	7.00		16	1,750.				1,750.	1,542.		0.	1,542.
123	DESK, FILE CABINET & BOOKCASE FINANCE	12/14/09	SL	7.00		16	3,386.				3,386.	3,028.		0.	3,028.
124	OFFICE CHAIR	01/01/10	SL	7.00		16	362.				362.	337.		0.	337.
125	INTERIOR DESIGN FEES	03/01/10	SL	10.00		16	13,675.				13,675.	9,687.		1,368.	11,055.
126	(3) 5 DRW , LATERAL FILE CABINETS	03/01/10	SL	7.00		16	3,421.				3,421.	3,421.		0.	3,421.

728111 04-01-17

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2017 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-PF PAGE 1

990-PF

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
127	FINANCE SHELVING - FILE ROOM	03/01/10	SL	10.00		16	861.				861.	610.		86.	696.
128	CREDENZA	03/01/10	SL	7.00		16	963.				963.	963.		0.	963.
129	TABLE - FINANCE OFFICE	03/01/10	SL	7.00		16	704.				704.	704.		0.	704.
130	DESK ADM FILE ROOM	03/01/10	SL	7.00		16	357.				357.	357.		0.	357.
131	(10) OFFICE SIDE CHAIRS	03/01/10	SL	7.00		16	6,035.				6,035.	6,035.		0.	6,035.
132	SIDE TABLE - ED OFFICE	03/01/10	SL	7.00		16	340.				340.	340.		0.	340.
133	LECTERN - BOARD ROOM	03/01/10	SL	7.00		16	1,843.				1,843.	1,843.		0.	1,843.
134	(3) BUFFET CREDENZAS	03/01/10	SL	7.00		16	7,616.				7,616.	7,616.		0.	7,616.
135	SIDE TABLE - BOARD ROOM	03/01/10	SL	7.00		16	929.				929.	929.		0.	929.
136	CONFERENCE TABLE - BOARD ROOM	03/01/10	SL	10.00		16	10,421.				10,421.	7,381.		1,042.	8,423.
137	(18) BOARD ROOM CHAIRS	03/01/10	SL	10.00		16	13,778.				13,778.	9,760.		1,378.	11,138.
138	WINDOW TREATMENTS	03/01/10	SL	10.00		16	24,827.				24,827.	17,586.		2,483.	20,069.
139	OBICI ROOM WOOD TABLES (3)	03/01/10	SL	7.00		16	3,339.				3,339.	3,339.		0.	3,339.
140	OBICI ROOM AREA RUG	03/01/10	SL	5.00		16	1,470.				1,470.	1,470.		0.	1,470.
141	OBICI ROOM FRIEZE WALL COVERING	03/01/10	SL	10.00		16	1,140.				1,140.	807.		114.	921.
142	UPHOLSTER SOFA & BOARD ROOM CHAIRS	03/01/10	SL	7.00		16	3,934.				3,934.	3,934.		0.	3,934.
143	OBICI ROOM TILE / FIREPLACE	03/01/10	SL	10.00		16	163.				163.	115.		16.	131.
144	MOVING OFFICE FURNITURE & EQUIPMENT	03/01/10	SL	10.00		16	1,820.				1,820.	1,289.		182.	1,471.

728111 04-01-17

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2017 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-PF PAGE 1

990-PF

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
145	RENTAL OF SPACE - CONSTRUCTION MEETINGS	03/01/10	SL	10.00		16	800.				800.	567.		80.	647.
146	SAFE	07/02/10	SL	7.00		16	582.				582.	561.		21.	582.
147	OAK BASE TABLE	12/20/10	SL	7.00		16	600.				600.	536.		64.	600.
148	TASK CHAIR AND KEYBOARD PLATFORM	01/10/11	SL	7.00		16	544.				544.	486.		58.	544.
149	CHAIR (PROGRAM OFFICER)	05/12/11	SL	7.00		16	366.				366.	309.		52.	361.
150	BOOKCASE (PROGRAM ASSOCIATE)	07/18/11	SL	7.00		16	224.				224.	181.		32.	213.
151	TASK CHAIR (EXECUTIVE ASSISTANT)	08/01/11	SL	7.00		16	387.				387.	313.		55.	368.
152	FOUNDERS PLAQUE (ENTRANCE HALLWAY)	10/01/11	SL	7.00		16	549.				549.	431.		78.	509.
153	DESK HUTCH	03/19/12	SL	7.00		16	458.				458.	327.		65.	392.
154	WIRE SHELVING (3 - 48")	03/19/12	SL	7.00		16	825.				825.	590.		118.	708.
155	PRINTER STAND	03/19/12	SL	7.00		16	377.				377.	270.		54.	324.
156	LATERAL FILE CABINETS (2 - 42")	03/19/12	SL	7.00		16	2,430.				2,430.	1,735.		347.	2,082.
157	EXECUTIVE CHAIRS (2 - MESHBACK)	03/19/12	SL	7.00		16	817.				817.	584.		117.	701.
158	ROUND TABLE (2ND FLOOR HALLWAY)	04/12/12	SL	7.00		16	519.				519.	370.		74.	444.
159	PADDED FOLDING CHAIRS (8) (KITCHEN)	05/02/12	SL	7.00		16	560.				560.	393.		80.	473.
160	GUEST CHAIRS, ROLLED ARM (2) (PROGRAM ASSOCIATE)	05/24/12	SL	7.00		16	2,262.				2,262.	1,561.		323.	1,884.
161	GUEST CHAIRS, WOOD FRAME, CHARCOAL (2) (CREDIT FOR ERR	06/27/12	SL	7.00		16	722.				722.	490.		103.	593.
162	GUEST CHAIRS, WOOD FRAME, CRANBERRY (4) (DOF)	05/24/12	SL	7.00		16	2,507.				2,507.	1,731.		358.	2,089.

2017 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-PF PAGE 1

990-PF

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
163	CRENDENZA (ED)	05/24/12	SL	7.00		16	2,898.				2,898.	2,001.		414.	2,415.
164	SOFA TABLE (PROGRAM ASSOCIATE)	05/24/12	SL	7.00		16	519.				519.	358.		74.	432.
165	OPEN BOOKCASE UNIT (PROGRAM ASSOCIATE)	05/24/12	SL	7.00		16	1,031.				1,031.	711.		147.	858.
166	GUEST CHAIRS, OPEN WOOD BACK (2)(ED)(TEA LEAVE FABRIC)	06/27/12	SL	7.00		16	1,248.				1,248.	846.		178.	1,024.
167	ROUND TABLE (DIRECTOR OF FINANCE)	08/29/12	SL	7.00		16	846.				846.	554.		121.	675.
168	RUGS, AREA (4 ON 2ND, 2 ON 1ST)	02/18/13	SL	7.00		16	7,051.				7,051.	4,196.		1,007.	5,203.
169	SOFA TABLE (GRANTS ASSOCIATE)	02/01/13	SL	7.00		16	519.				519.	309.		74.	383.
170	LATERAL FILES, 2-DRAWER, ED (2)	03/06/13	SL	7.00		16	3,137.				3,137.	1,830.		448.	2,278.
171	STAND-UP TABLE (ED)	07/31/13	SL	7.00		16	1,855.				1,855.	1,060.		265.	1,325.
172	BOOKCASE 3-SHELF (PO)	11/14/13	SL	7.00		16	579.				579.	331.		83.	414.
173	LATERAL FILE 2-DRAWER (PO)	03/31/14	SL	7.00		16	1,623.				1,623.	696.		232.	928.
174	EXECUTIVE DESK W/ BRIDGE (PROG RESOUR OFFICER)	04/29/14	SL	7.00		16	4,870.				4,870.	2,088.		696.	2,784.
175	PORCH FURNITURE ADIRONDACK 5-PIECE	04/26/15	SL	7.00		16	1,402.				1,402.	384.		200.	584.
176	DESK SET 3-PIECE (FOUNDATION ASSISTANT)	08/01/15	SL	7.00		16	3,844.				3,844.	961.		549.	1,510.
177	KITCHEN TABLE 36X84 OVAL	02/02/16	SL	7.00		16	802.				802.	136.		115.	251.
178	TABLE - SUFFOLK FOUNDATION	08/05/16	SL	7.00		16	1,689.				1,689.	161.		241.	402.
180	CHAIR - SUFFOLK FOUNDATION	08/05/16	SL	7.00		16	564.				564.	54.		81.	135.
191	RUG, FIRST FLOOR HALLWAY	02/04/17	SL	7.00		16	4,058.				4,058.	97.		580.	677.

728111 04-01-17

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2017 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-PF PAGE 1

990-PF

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
192	CHAIR - PRESIDENT	02/21/17	SL	7.00		16	563.				563.	7.		80.	87.
193	TABLE, ROUND, JASPER (PRESIDENT)	03/20/17	SL	7.00		16	1,817.				1,817.			260.	260.
194	DESK, DOUBLE PED, JASPER (PRESIDENT)	03/20/17	SL	7.00		16	3,903.				3,903.			558.	558.
195	PRINTER, HP OFFICE JET (PRESIDENT)	04/26/16	SL	5.00		16	138.				138.	25.		28.	53.
196	DISHWASHER, BOSCH	04/26/16	SL	7.00		16	1,007.				1,007.	132.		144.	276.
197	TELEPHONE EQUIPMENT, TOSHIBA	02/07/17	SL	7.00		16	6,465.				6,465.	154.		924.	1,078.
198	COMPUTER (DOF)	04/10/17	SL	5.00		16	1,288.				1,288.			258.	258.
199	COMPUTER (GRANTS ADMIN)	04/10/17	SL	5.00		16	1,288.				1,288.			258.	258.
200	A/C UNIT MINI-SPLIT (2ND FLOOR ELEVATOR ROOM)	04/10/17	SL	5.00		16	4,200.				4,200.			840.	840.
201	TABLE DESK W/CPU CABINET (JASPER) (BD RM)	11/28/17	SL	7.00		16	1,542.				1,542.			73.	73.
202	LATERAL FILE CABINET 3-DRAWER (GEORGIAN) (CEO)	02/09/18	SL	7.00		16	1,949.				1,949.			46.	46.
	* TOTAL 990-PF PG 1 DEPR						2,416,295.				2,416,295.	729,239.		100,449.	829,688.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						2,406,028.			0.	2,406,028.	729,239.			828,213.
	ACQUISITIONS						10,267.			0.	10,267.	0.			1,475.
	DISPOSITIONS						5,797.			0.	5,797.	3,411.			4,802.
	ENDING BALANCE						2,410,498.			0.	2,410,498.	725,828.			824,886.

728111 04-01-17

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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

2017

For calendar year 2017 or other tax year beginning APR 1, 2017, and ending MAR 31, 2018

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

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

Department of the Treasury
Internal Revenue Service

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

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

C Book value of all assets at end of year **123,298,424.**

F Group exemption number (See instructions.) ▶

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

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

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

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

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales			
b Less returns and allowances			
c Balance	1c		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4 a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from partnerships and S corporations (attach statement)	-49,830.		-49,830.
6 Rent income (Schedule C)			
7 Unrelated debt-financed income (Schedule E)			
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)			
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule I)			
10 Exploited exempt activity income (Schedule I)			
11 Advertising income (Schedule J)			
12 Other income (See instructions; attach schedule)			
13 Total. Combine lines 3 through 12	-49,830.		-49,830.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)	21	22a	29	30	31	32	33	34
14 Compensation of officers, directors, and trustees (Schedule K)								
15 Salaries and wages								
16 Repairs and maintenance								
17 Bad debts								
18 Interest (attach schedule)								
19 Taxes and licenses								
20 Charitable contributions (See instructions for limitation rules)								
21 Depreciation (attach Form 4562)								
22 Less depreciation claimed on Schedule A and elsewhere on return								
23 Depletion								
24 Contributions to deferred compensation plans								
25 Employee benefit programs								
26 Excess exempt expenses (Schedule I)								
27 Excess readership costs (Schedule J)								
28 Other deductions (attach schedule)								
29 Total deductions. Add lines 14 through 28			0.					
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13				-49,830.				
31 Net operating loss deduction (limited to the amount on line 30)								
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30						-49,830.		
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)							1,000.	
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32								-49,830.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:		
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):	(1) \$ _____ (2) \$ _____ (3) \$ _____	
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)	\$ _____	
(2) Additional 3% tax (not more than \$100,000)	\$ _____	
c Income tax on the amount on line 34		35c 0.
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:		
<input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)		36
37 Proxy tax. See instructions		37
38 Alternative minimum tax		38
39 Tax on Non-Compliant Facility Income. See instructions		39
40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies		40 0.

Part IV Tax and Payments

41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a	
b Other credits (see instructions)	41b	
c General business credit. Attach Form 3800	41c	
d Credit for prior year minimum tax (attach Form 8801 or 8827)	41d	
e Total credits. Add lines 41a through 41d	41e	
42 Subtract line 41e from line 40	42	0.
43 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form _____ Other (attach schedule)	43	
44 Total tax. Add lines 42 and 43	44	0.
45a Payments: A 2016 overpayment credited to 2017	45a	30,000.
b 2017 estimated tax payments	45b	10,000.
c Tax deposited with Form 8868	45c	
d Foreign organizations: Tax paid or withheld at source (see instructions)	45d	
e Backup withholding (see instructions)	45e	
f Credit for small employer health insurance premiums (Attach Form 8941)	45f	
g Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total	45g	
46 Total payments. Add lines 45a through 45g	46	40,000.
47 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	47	
48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed	48	
49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49	40,000.
50 Enter the amount of line 49 you want: Credited to 2018 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	50	40,000.

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

51 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here	Yes	No
		X
52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
53 Enter the amount of tax-exempt interest received or accrued during the tax year		\$

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

Sign Here
 Signature of officer _____ Date _____ **DIRECTOR OF FINANCE**
 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: **LESLIE F. ROBERTS**
 Preparer's signature: **LESLIE F. ROBERTS**
 Date: **10/29/18**
 Check if self-employed
 PTIN: **P00040492**
 Firm's name: **DIXON HUGHES GOODMAN LLP**
 Firm's EIN: **56-0747981**
 Firm's address: **701 TOWN CENTER DRIVE, SUITE 700 NEWPORT NEWS, VA 23606-4295**
 Phone no.: **(757) 873-1033**

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

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

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

(see instructions)

1. Description of property

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

2. Rent received or accrued

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

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **0.**

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

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

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

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

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

Nonexempt Controlled Organizations

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

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

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

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

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

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

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

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

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

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

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

Form **990-T** (2017)

COPY

FORM 990-T

INCOME (LOSS) FROM PARTNERSHIPS

STATEMENT 16

PARTNERSHIP NAME	GROSS INCOME	DEDUCTIONS	NET INCOME OR (LOSS)
BLUESTEM PARTNERS	48,358.	0.	48,358.
MERCED IV	3,291.	0.	3,291.
ALPINE INVESTORS VI	-20,066.	0.	-20,066.
PARTNERS FOR GROWTH IV	79,381.	0.	79,381.
PARTNERS FOR GROWTH V	23,054.	0.	23,054.
TAILWATER ENERGY FUND	-406.	0.	-406.
VORTUS INVESTMENTS II	-6,399.	0.	-6,399.
BROADVAIL CAPITAL PARTNERS	-17,314.	0.	-17,314.
MERCED V	-150,474.	0.	-150,474.
WHITMAN-PETERSON PARTNERS III	-9,255.	0.	-9,255.
TOTAL TO FORM 990-T, PAGE 1, LINE 5	-49,830.	0.	-49,830.

COPY

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

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

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

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

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

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, is 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) ABDIEL QUALIFIED OFFSHORE PARTNERS LTD	4a Identifying number, if any 98-0673080
---	--

5 Address (including country) C/O ABDIEL CAPITAL ADVISORS LP, 410 PARK AVE, STE 930 NEW YORK, NY 10022	4b Reference ID number
--	------------------------

6 Country code of country of incorporation or organization
CJ

7 Foreign law characterization (see instructions)
EXEMPTED COMPANY

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

LHA For Paperwork Reduction Act Notice, see separate instructions.

Part III Information Regarding Transfer of Property (see instructions)

Section A - Cash, Stock, and Securities

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	04/01/2017		1,000,000.		
Stock and securities (other than those that qualify as eligible property under Regs. sec. 1.367(a)-2(b)(3))					

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

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

Section B - Property qualifying for Active Trade or Business exception under Regs. sec. 1.367(a)-2(a)(2)(i) and (ii)

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*
Tangible property (not listed under another category)					
Working interest in oil and gas property (as described in Regs. sec. 1.367(a)-2(b)(2) and (f))					
Financial asset (as described in Regs. sec. 1.367(a)-2(b)(3))					
Certain tangible property to be leased (see Regs. sec. 1.367(a)-2(e))					
Totals					

* If property listed in this section is subject to depreciation recapture or branch loss recapture, see instructions.

Section C - Property not qualifying for Active Trade or Business exception (other than intangible property subject to section 367(d))

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer*
Inventory					
Installment obligations, etc. (as described in Regs. sec. 1.367(a)-2(c)(2))					
Nonfunctional currency, etc. (as described in Regs. sec. 1.367(a)-2(c)(3))					
Certain leased tangible property (as described in Regs. sec. 1.367(a)-2(c)(4))					
Certain property to be retransferred (see Regs. sec. 1.367(a)-2(g))					
Property described in Regs. sec. 1.6038B-1(c)(4)(iv)					
Property described in Regs. sec. 1.6038B-1(c)(4)(vii)					
Totals					

* If property listed in this section is subject to depreciation recapture or branch loss recapture, see instructions.

- 11** Did the transferor transfer assets that qualify for the trade or business exception under section 367(a)(3)? Yes No
- 12** Indicate whether the transferor was required to recognize income under final and Temporary Regulations sections 1.367(a)-2 through 1.367(a)-7 for any of the following.
- a** Transfer of property subject to section 367(a)(1) gain recognition Yes No
 - b** Depreciation recapture Yes No
 - c** Branch loss recapture Yes No
 - d** If the answer to 12c is "Yes," enter the amount of foreign branch loss recapture Yes No
 - e** Any other income recognition provision contained in the above-referenced regulations Yes No
- If the answer to line 12a, 12b, 12c, or 12e is "Yes," see instructions for information that must be included in the *Supplemental Part III Information Required To Be Reported* section below.

Section D - Intangible property under Regs. sec. 1.367(a)-1(d)(5)

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 936(h)(3)(B)						
Property subject to sec. 367(d) pursuant to Regs. sec. 1.367(a)-1(b)(5)						
Totals						

- 13 a Did the transferor transfer property described in section 936(h)(3)(B) (not including section 1221(a)(3) property or a working interest in oil and gas property)? Yes No
- b If the answer to line 13a is "Yes," enter the total amount included in income under section 367(d), if any, for the transfer of all such property on the income tax return for the year of the transfer ► \$ _____
- 14 a Did the transferor apply section 367(d) to a transfer of any property pursuant to Regulations section 1.367(a)-1(b)(5)? Yes No
- b If the answer to line 14a is "Yes," enter the total amount included in income under section 367(d), if any, for the transfer of all such property on the income tax return for the year of the transfer ► \$ _____
- c If the answer to line 14a is "No," did the transferor transfer any property for which it could have applied section 367(d) pursuant to Regulations section 1.367(a)-1(b)(5) but did not? Yes No
- d If the answer to line 14c is "Yes," enter the total amount of gain recognized, if any, under section 367(a)(1) on the transfer of all such property on the income tax return for the year of the transfer ► \$ _____
- 15 a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed twenty years? Yes No
- b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? Yes No
- c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? Yes No
- d If the answer to line 15c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, useful life beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ► \$ _____
- 16 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)? Yes No

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

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

- 17 Enter the transferor's interest in the foreign transferee corporation before and after the transfer.
(a) Before .000 % (b) After .350 %
- 18 Type of nonrecognition transaction (see instructions) ► **SECTION 351**
- 19 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
- 20 Did this transfer result from a change in entity classification? Yes No
- 21 a Did a domestic corporation make a distribution of property covered by section 367(e)(2) (see instructions)? Yes No
If "Yes," complete lines 21b and 21c.
- b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ► \$ _____
- c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? Yes No

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

OMB No. 1545-0026

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

Attachment
 Sequence No. **128**

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

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

- 1** 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, is 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) GOBI CONCENTRATED FUND LTD.	4a Identifying number, if any
--	-------------------------------

5 Address (including country) PALM GROVE HOUSE TORTOLA, VI 00000	4b Reference ID number
--	------------------------

6 Country code of country of incorporation or organization
VI

7 Foreign law characterization (see instructions)
CORPORATION

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

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **926** (Rev. 12-2017)

Part III Information Regarding Transfer of Property (see instructions)

Section A - Cash, Stock, and Securities

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	03/01/2018		800,000.		
Stock and securities (other than those that qualify as eligible property under Regs. sec. 1.367(a)-2(b)(3))					

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

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

Section B - Property qualifying for Active Trade or Business exception under Regs. sec. 1.367(a)-2(a)(2)(i) and (ii)

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*
Tangible property (not listed under another category)					
Working interest in oil and gas property (as described in Regs. sec. 1.367(a)-2(b)(2) and (f))					
Financial asset (as described in Regs. sec. 1.367(a)-2(b)(3))					
Certain tangible property to be leased (see Regs. sec. 1.367(a)-2(e))					
Totals					

* If property listed in this section is subject to depreciation recapture or branch loss recapture, see instructions.

Section C - Property not qualifying for Active Trade or Business exception (other than intangible property subject to section 367(d))

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer*
Inventory					
Installment obligations, etc. (as described in Regs. sec. 1.367(a)-2(c)(2))					
Nonfunctional currency, etc. (as described in Regs. sec. 1.367(a)-2(c)(3))					
Certain leased tangible property (as described in Regs. sec. 1.367(a)-2(c)(4))					
Certain property to be retransferred (see Regs. sec. 1.367(a)-2(g))					
Property described in Regs. sec. 1.6038B-1(c)(4)(iv)					
Property described in Regs. sec. 1.6038B-1(c)(4)(vii)					
Totals					

* If property listed in this section is subject to depreciation recapture or branch loss recapture, see instructions.

- 11** Did the transferor transfer assets that qualify for the trade or business exception under section 367(a)(3)? Yes No
- 12** Indicate whether the transferor was required to recognize income under final and Temporary Regulations sections 1.367(a)-2 through 1.367(a)-7 for any of the following.
- a** Transfer of property subject to section 367(a)(1) gain recognition Yes No
 - b** Depreciation recapture Yes No
 - c** Branch loss recapture Yes No
 - d** If the answer to 12c is "Yes," enter the amount of foreign branch loss recapture \$ _____
 - e** Any other income recognition provision contained in the above-referenced regulations Yes No
- If the answer to line 12a, 12b, 12c, or 12e is "Yes," see instructions for information that must be included in the *Supplemental Part III Information Required To Be Reported* section below.

Section D - Intangible property under Regs. sec. 1.367(a)-1(d)(5)

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 936(h)(3)(B)						
Property subject to sec. 367(d) pursuant to Regs. sec. 1.367(a)-1(b)(5)						
Totals						

- 13 a Did the transferor transfer property described in section 936(h)(3)(B) (not including section 1221(a)(3) property or a working interest in oil and gas property)? Yes No
- b If the answer to line 13a is "Yes," enter the total amount included in income under section 367(d), if any, for the transfer of all such property on the income tax return for the year of the transfer ► \$ _____
- 14 a Did the transferor apply section 367(d) to a transfer of any property pursuant to Regulations section 1.367(a)-1(b)(5)? Yes No
- b If the answer to line 14a is "Yes," enter the total amount included in income under section 367(d), if any, for the transfer of all such property on the income tax return for the year of the transfer ► \$ _____
- c If the answer to line 14a is "No," did the transferor transfer any property for which it could have applied section 367(d) pursuant to Regulations section 1.367(a)-1(b)(5) but did not? Yes No
- d If the answer to line 14c is "Yes," enter the total amount of gain recognized, if any, under section 367(a)(1) on the transfer of all such property on the income tax return for the year of the transfer ► \$ _____
- 15 a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed twenty years? Yes No
- b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? Yes No
- c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? Yes No
- d If the answer to line 15c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, useful life beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ► \$ _____
- 16 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)? Yes No

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

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

- 17 Enter the transferor's interest in the foreign transferee corporation before and after the transfer.
(a) Before .000 % (b) After .870 %
- 18 Type of nonrecognition transaction (see instructions) ► **SECTION 351**
- 19 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
- 20 Did this transfer result from a change in entity classification? Yes No
- 21 a Did a domestic corporation make a distribution of property covered by section 367(e)(2) (see instructions)? Yes No
If "Yes," complete lines 21b and 21c.
- b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ► \$ _____
- c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? Yes No

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

OMB No. 1545-0026

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

Attachment
 Sequence No. **128**

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

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

- 1** 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, is 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) MANGROVE PARTNERS FUND (CAYMAN), LTD.	4a Identifying number, if any 98-1083428
--	--

5 Address (including country) MAPLES CORP. SVCS, PO BOX 309 GEORGE TOWN, KY1-1104 CAYMAN ISLANDS	4b Reference ID number
---	------------------------

6 Country code of country of incorporation or organization
CJ

7 Foreign law characterization (see instructions)
CORPORATION

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

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **926** (Rev. 12-2017)

Part III Information Regarding Transfer of Property (see instructions)

Section A - Cash, Stock, and Securities

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	01/31/2018		1,900,000.		
Stock and securities (other than those that qualify as eligible property under Regs. sec. 1.367(a)-2(b)(3))					

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

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

Section B - Property qualifying for Active Trade or Business exception under Regs. sec. 1.367(a)-2(a)(2)(i) and (ii)

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*
Tangible property (not listed under another category)					
Working interest in oil and gas property (as described in Regs. sec. 1.367(a)-2(b)(2) and (f))					
Financial asset (as described in Regs. sec. 1.367(a)-2(b)(3))					
Certain tangible property to be leased (see Regs. sec. 1.367(a)-2(e))					
Totals					

* If property listed in this section is subject to depreciation recapture or branch loss recapture, see instructions.

Section C - Property not qualifying for Active Trade or Business exception (other than intangible property subject to section 367(d))

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer*
Inventory					
Installment obligations, etc. (as described in Regs. sec. 1.367(a)-2(c)(2))					
Nonfunctional currency, etc. (as described in Regs. sec. 1.367(a)-2(c)(3))					
Certain leased tangible property (as described in Regs. sec. 1.367(a)-2(c)(4))					
Certain property to be retransferred (see Regs. sec. 1.367(a)-2(g))					
Property described in Regs. sec. 1.6038B-1(c)(4)(iv)					
Property described in Regs. sec. 1.6038B-1(c)(4)(vii)					
Totals					

* If property listed in this section is subject to depreciation recapture or branch loss recapture, see instructions.

- 11** Did the transferor transfer assets that qualify for the trade or business exception under section 367(a)(3)? Yes No
- 12** Indicate whether the transferor was required to recognize income under final and Temporary Regulations sections 1.367(a)-2 through 1.367(a)-7 for any of the following.
- a** Transfer of property subject to section 367(a)(1) gain recognition Yes No
 - b** Depreciation recapture Yes No
 - c** Branch loss recapture Yes No
 - d** If the answer to 12c is "Yes," enter the amount of foreign branch loss recapture \$ _____
 - e** Any other income recognition provision contained in the above-referenced regulations Yes No
- If the answer to line 12a, 12b, 12c, or 12e is "Yes," see instructions for information that must be included in the *Supplemental Part III Information Required To Be Reported* section below.

Section D - Intangible property under Regs. sec. 1.367(a)-1(d)(5)

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 936(h)(3)(B)						
Property subject to sec. 367(d) pursuant to Regs. sec. 1.367(a)-1(b)(5)						
Totals						

- 13 a Did the transferor transfer property described in section 936(h)(3)(B) (not including section 1221(a)(3) property or a working interest in oil and gas property)? Yes No
- b If the answer to line 13a is "Yes," enter the total amount included in income under section 367(d), if any, for the transfer of all such property on the income tax return for the year of the transfer ► \$ _____
- 14 a Did the transferor apply section 367(d) to a transfer of any property pursuant to Regulations section 1.367(a)-1(b)(5)? Yes No
- b If the answer to line 14a is "Yes," enter the total amount included in income under section 367(d), if any, for the transfer of all such property on the income tax return for the year of the transfer ► \$ _____
- c If the answer to line 14a is "No," did the transferor transfer any property for which it could have applied section 367(d) pursuant to Regulations section 1.367(a)-1(b)(5) but did not? Yes No
- d If the answer to line 14c is "Yes," enter the total amount of gain recognized, if any, under section 367(a)(1) on the transfer of all such property on the income tax return for the year of the transfer ► \$ _____
- 15 a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed twenty years? Yes No
- b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? Yes No
- c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? Yes No
- d If the answer to line 15c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, useful life beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ► \$ _____
- 16 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)? Yes No

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

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

- 17 Enter the transferor's interest in the foreign transferee corporation before and after the transfer.
(a) Before .000 % (b) After 1.130 %
- 18 Type of nonrecognition transaction (see instructions) ► SECTION 351
- 19 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
- 20 Did this transfer result from a change in entity classification? Yes No
- 21 a Did a domestic corporation make a distribution of property covered by section 367(e)(2) (see instructions)? Yes No
If "Yes," complete lines 21b and 21c.
- b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ► \$ _____
- c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? Yes No

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

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

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

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

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

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, is 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) VY CAPITAL HOLDINGS LIMITED	4a Identifying number, if any
--	-------------------------------

5 Address (including country) TRIDENT CHAMBERS, P.O. BOX 146 ROAD TOWN, TORTOLA, BRITISH VIRGIN ISLANDS	4b Reference ID number
---	------------------------

6 Country code of country of incorporation or organization
VI

7 Foreign law characterization (see instructions)
CORPORATION

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

Part III Information Regarding Transfer of Property (see instructions)

Section A - Cash, Stock, and Securities

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	01/17/2018		800,000.		
Stock and securities (other than those that qualify as eligible property under Regs. sec. 1.367(a)-2(b)(3))					

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

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

Section B - Property qualifying for Active Trade or Business exception under Regs. sec. 1.367(a)-2(a)(2)(i) and (ii)

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*
Tangible property (not listed under another category)					
Working interest in oil and gas property (as described in Regs. sec. 1.367(a)-2(b)(2) and (f))					
Financial asset (as described in Regs. sec. 1.367(a)-2(b)(3))					
Certain tangible property to be leased (see Regs. sec. 1.367(a)-2(e))					
Totals					

* If property listed in this section is subject to depreciation recapture or branch loss recapture, see instructions.

Section C - Property not qualifying for Active Trade or Business exception (other than intangible property subject to section 367(d))

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer*
Inventory					
Installment obligations, etc. (as described in Regs. sec. 1.367(a)-2(c)(2))					
Nonfunctional currency, etc. (as described in Regs. sec. 1.367(a)-2(c)(3))					
Certain leased tangible property (as described in Regs. sec. 1.367(a)-2(c)(4))					
Certain property to be retransferred (see Regs. sec. 1.367(a)-2(g))					
Property described in Regs. sec. 1.6038B-1(c)(4)(iv)					
Property described in Regs. sec. 1.6038B-1(c)(4)(vii)					
Totals					

* If property listed in this section is subject to depreciation recapture or branch loss recapture, see instructions.

- 11** Did the transferor transfer assets that qualify for the trade or business exception under section 367(a)(3)? Yes No
- 12** Indicate whether the transferor was required to recognize income under final and Temporary Regulations sections 1.367(a)-2 through 1.367(a)-7 for any of the following.
- a** Transfer of property subject to section 367(a)(1) gain recognition Yes No
 - b** Depreciation recapture Yes No
 - c** Branch loss recapture Yes No
 - d** If the answer to 12c is "Yes," enter the amount of foreign branch loss recapture Yes No
 - e** Any other income recognition provision contained in the above-referenced regulations Yes No
- If the answer to line 12a, 12b, 12c, or 12e is "Yes," see instructions for information that must be included in the *Supplemental Part III Information Required To Be Reported* section below.

Section D - Intangible property under Regs. sec. 1.367(a)-1(d)(5)

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 936(h)(3)(B)						
Property subject to sec. 367(d) pursuant to Regs. sec. 1.367(a)-1(b)(5)						
Totals						

- 13 a Did the transferor transfer property described in section 936(h)(3)(B) (not including section 1221(a)(3) property or a working interest in oil and gas property)? Yes No
- b If the answer to line 13a is "Yes," enter the total amount included in income under section 367(d), if any, for the transfer of all such property on the income tax return for the year of the transfer ► \$ _____
- 14 a Did the transferor apply section 367(d) to a transfer of any property pursuant to Regulations section 1.367(a)-1(b)(5)? Yes No
- b If the answer to line 14a is "Yes," enter the total amount included in income under section 367(d), if any, for the transfer of all such property on the income tax return for the year of the transfer ► \$ _____
- c If the answer to line 14a is "No," did the transferor transfer any property for which it could have applied section 367(d) pursuant to Regulations section 1.367(a)-1(b)(5) but did not? Yes No
- d If the answer to line 14c is "Yes," enter the total amount of gain recognized, if any, under section 367(a)(1) on the transfer of all such property on the income tax return for the year of the transfer ► \$ _____
- 15 a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed twenty years? Yes No
- b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? Yes No
- c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? Yes No
- d If the answer to line 15c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, useful life beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ► \$ _____
- 16 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)? Yes No

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

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

- 17 Enter the transferor's interest in the foreign transferee corporation before and after the transfer.
(a) Before .000 % (b) After .083 %
- 18 Type of nonrecognition transaction (see instructions) ► **SECTION 351**
- 19 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
- 20 Did this transfer result from a change in entity classification? Yes No
- 21 a Did a domestic corporation make a distribution of property covered by section 367(e)(2) (see instructions)? Yes No
If "Yes," complete lines 21b and 21c.
- b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ► \$ _____
- c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? Yes No

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868 .**

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

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

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

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

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990 (corporation)	07
Form 990-BL	02	Form 1041 (trust)	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 522 (estate)	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

MICHAEL K. BRINKLEY

• The books are in the care of ▶ **106 W. FINNEY AVENUE - SUFFOLK, VA 23434**
Telephone No. ▶ **757-539-8810** Fax No. ▶ **757-539-8887**

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **FEBRUARY 15, 2019**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year _____ or
- ▶ tax year beginning **APR 1, 2017**, and ending **MAR 31, 2018**.

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

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	302,243.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	103,243.
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	\$	199,000.

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.

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

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

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

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

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

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990 (corporation)	07
Form 990-BL	02	Form 1041 (individual)	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 522 (estate)	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

MICHAEL K. BRINKLEY

• The books are in the care of ▶ **106 W. FINNEY AVENUE - SUFFOLK, VA 23434**
Telephone No. ▶ **757-539-8810** Fax No. ▶ **757-539-8887**

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **FEBRUARY 15, 2019**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year _____ or
- ▶ tax year beginning **APR 1, 2017**, and ending **MAR 31, 2018**.

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

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	40,000.
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	\$	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.

TAX RETURN FILING INSTRUCTIONS

VIRGINIA FORM 500

FOR THE YEAR ENDING

MARCH 31, 2018

PREPARED FOR:

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

PREPARED BY:

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

TO BE SIGNED AND DATED BY:

NOT APPLICABLE

AMOUNT OF TAX:

TOTAL TAX	\$	0
LESS: PAYMENTS AND CREDITS	\$	9,000
PLUS: OTHER AMOUNT		0
PLUS: INTEREST AND PENALTIES	\$	0
OVERPAYMENT	\$	9,000

OVERPAYMENT:

CREDITED TO YOUR ESTIMATED TAX	\$	0
OTHER AMOUNT	\$	0
REFUNDED TO YOU	\$	9,000

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE VADOT, PLEASE SIGN, DATE AND RETURN VA-8879C TO OUR OFFICE. WE WILL THEN SUBMIT YOUR ELECTRONIC RETURN TO THE VADOT. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE VADOT.

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

**2017 Virginia Corporation
 Income Tax Return**



FISCAL or Attention: Return must be filed electronically. Use this form only if you have an approved waiver.
 SHORT Year Filer: Beginning Date APRIL 1, 2017 ; Ending Date MARCH 31, 2018
 Short Year Return Change in Accounting Period

Official Use Only

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

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

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

<p>Amended Return</p> Complete Form 500 and Schedule 500ADJ. Enclose 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 - Enclose copy of IRS final determination. <input type="checkbox"/> Schedule 500A Changes <input type="checkbox"/> Schedule 500ADJ Changes	<input type="checkbox"/> Nonrefundable or Refundable Credit Change <input type="checkbox"/> Schedule 500AB Changes <input type="checkbox"/> Capital Loss Carryback <input type="checkbox"/> Other - Enclose explanation.
---	---	---

Questions and Related Information

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

B RESERVED FOR FUTURE USE. **B** XXXXXXXXXXXXXXXXXXXXXXXXXX

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

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

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

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

Contact for corporation's books **MICHAEL K. BRINKLEY** Contact phone number **757-539-8810**

**2017 Virginia
Form 500**

Page 2

FEIN
51-0249728



INCOME

1. Federal taxable income (from enclosed federal return)	1.	-49830	.00
2. Total additions from Schedule 500ADJ, Section A, Line 7	2.		.00
3. Total (add Lines 1 and 2)	3.	-49830	.00
4. Total subtractions from Schedule 500ADJ, Section B, Line 10	4.		.00
5. Balance (subtract Line 4 from Line 3)	5.	-49830	.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.	-49830	.00

TAX COMPUTATION

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

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

PAYMENTS AND CREDITS

10. Nonrefundable tax credits: Enter the amount from Schedule 500CR, Section 2, Part 1, Line 1B	10.		.00
11. Adjusted corporate tax (subtract Line 10 from Line 9)	11.		.00
12. 2017 estimated Virginia income tax payments including overpayment credit	12.	9000	.00
13. Extension payment	13.		.00
14. Refundable tax credits from Schedule 500CR, Section 4, Part 1, Line 1A	14.		.00
15. Pass-through entity total withholding from Schedule 500ADJ, Section 3	15.		.00
16. Total payments and credits (add Lines 12 through 15)	16.	9000	.00

REFUND OR TAX DUE

17. Tax owed (if Line 11 is greater than Line 16, subtract Line 16 from Line 11)	17.		.00
18. Penalty (see instructions)	18.		.00
19. Interest (see instructions)	19.		.00
20. Additional charge from Form 500C, Line 17 (enclose Form 500C)	20.		.00
21. Total due (add Lines 17 through 20)	21.		.00
22. Overpayment (if Line 16 is greater than Line 11, subtract Line 11 from Line 16)	22.	9000	.00
23. Amount to be credited to 2018 estimated tax	23.		.00
24. Amount to be refunded (subtract Line 23 from Line 22)	24.	9000	.00

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

Date	Signature of Officer	Title
		DIRECTOR OF FINANCE
Printed Name of Officer		Phone Number
MICHAEL K BRINKLEY		
Print Preparer's Name and Firm Name		Preparer Phone Number
LESLIE F. ROBERTS DIXON HUGHES GOODMAN LLP		(757) 873-1033
Date	Individual or Firm, Signature of Preparer	Address of Preparer
10/29/18		701 TOWN CENTER DRIVE, SUIT NEWPORT NEWS, VA 23606-4295
Preparer's FEIN, PTIN, or SSN	Approved Vendor Code	
P00040492	1019	

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

Schedule of Federal
Line Items



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

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

Form 1120 - Deductions and Taxable Income

1. Domestic Production Activities Deduction	1.	_____	.00
2. Federal Taxable Income before NOL and Special Deductions	2.	<u>-49830</u>	.00
3. Net Operating Loss Deduction	3.	_____	.00
4. Special Deductions	4.	<u>1000</u>	.00
5. Federal Taxable Income after NOL and Special Deductions	5.	<u>-49830</u>	.00

Form 1120, Schedule C - Dividends and Special Deductions

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

Form 1120, Schedule K or M-3

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

Form 5884 - Work Opportunity Credit

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

Form 4562 - Special Depreciation Allowance and Other Depreciation

10. Special depreciation allowance for qualified property placed in service during the taxable year	10.	_____	.00
11. Property subject to 168(f)(1) election	11.	_____	.00
12. Other depreciation	12.	<u>100449</u>	.00

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

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

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

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

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

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

VA-8879C

Virginia Department of Taxation

Virginia Corporation Income Tax e-file Signature Authorization

Tax Year 2017

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

Table with 2 columns: Corporation Name, Federal ID Number. Row 1: OBICI HEALTHCARE FOUNDATION, INC., 51-0249728

Part I Tax Return Information

Table with 2 columns: Description, Amount. Rows 1-6: Federal Taxable Income, Virginia Taxable Income, Income tax, Total payments and credits, Total due, Amount to be refunded.

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare to be the officer of the above corporation and that I have examined a copy of the corporation's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct and complete.

I understand that if Virginia Tax does not receive full and timely payment of the tax liability, the corporation will remain liable for the tax liability and all applicable interest and penalties.

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

[X] I authorize the ERO named below to enter my e-File PIN 23606 as my signature on the corporation's 2017 electronic Virginia corporation income tax return.

DIXON HUGHES GOODMAN LLP

ERO Name

[] I will enter my e-File PIN as my signature on the corporation's 2017 electronic Virginia corporation income tax return. Check this box only if you are entering your own e-File PIN and the return is filed using the Practitioner PIN method.

Your Signature _____ Date _____

Part III Certification and Authentication

ERO's EFIN/PIN: Enter your six digit EFIN followed by your five digit self-selected PIN. 54921823606 Do not enter all zeros

I certify that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2017 Virginia corporation income tax return for the corporation indicated above.

ERO's Signature LESLIE F. ROBERTS Date 10/29/18

Form VA-8879C (REV 08/17)