



# 2013 Income Tax Returns

OBICI HEALTHCARE FOUNDATION, INC.



KPMG LLP  
Suite 1200  
1676 International Drive  
McLean, VA 22102

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

**Private**

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

Enclosed are the original and one copy of your income tax return(s) for the period ended March 31, 2014 for OBICI HEALTHCARE FOUNDATION, INC. as follows:

2013 990-PF - Return of Private Foundation  
2013 Schedule B - Schedule of Contributors  
2013 990-T - Exempt Organization Business Income Tax Return  
2013 8879-EO - IRS e-file Signature Authorization

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

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

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

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

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



*Ms. Gina Pitrone*

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

KPMG LLP

*Enclosure(s)*

Instructions for filing  
OBICI HEALTHCARE FOUNDATION, INC.  
Form 8879-EO - IRS E-file Signature Authorization  
for the period ended March 31, 2014

\*\*\*\*\*

Signature...

The original IRS e-file Signature Authorization form should be signed (use full name) and dated by the taxpayer.

Filing...

Return your signed Form 8879-EO to:

KPMG LLP  
1676 International Drive  
McLean VA 22102

Overpayment of tax...

The return shows an overpayment of \$3,807. of which NONE should be refunded to you and \$3,807. has been applied to your 2014 Estimated Tax.

Form 8879-EO serves as a replacement for your signature that would be affixed to form 990PF if you paper filed your return. Please DO NOT separately file form 990PF with the Internal Revenue Service. Doing so will delay the processing of your return.

We must receive your signed form before we can electronically transmit your return which is due on November 17, 2014. We would appreciate your returning this form as soon as possible as this will expedite the processing of your return. The Internal Revenue Service will notify us when your return is accepted. Your return is not considered filed until the Internal Revenue Service confirms their acceptance, which may occur after the due date of your return.

\*\*\*\*\*

# IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2013, or fiscal year beginning 04/01, 2013, and ending 03/31, 2014

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

▶ Information about Form 8879-EO and its instructions is at [www.irs.gov/form8879eo](http://www.irs.gov/form8879eo).

# 2013

Department of the Treasury  
Internal Revenue Service

Name of exempt organization

Employer identification number

OBICI HEALTHCARE FOUNDATION, INC.

51-0249728

Name and title of officer

GINA PITRONE, EXECUTIVE DIRECTOR

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

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

|    |                            |                                     |   |  |    |                 |
|----|----------------------------|-------------------------------------|---|--|----|-----------------|
| 1a | Form 990 check here ▶      | <input type="checkbox"/>            | b | Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . . . | 1b | _____           |
| 2a | Form 990-EZ check here ▶   | <input type="checkbox"/>            | b | Total revenue, if any (Form 990-EZ, line 9) . . . . .                      | 2b | _____           |
| 3a | Form 1120-POL check here ▶ | <input type="checkbox"/>            | b | Total tax (Form 1120-POL, line 22) . . . . .                               | 3b | _____           |
| 4a | Form 990-PF check here ▶   | <input checked="" type="checkbox"/> | b | Tax based on investment income (Form 990-PF, Part VI, line 5). . . . .     | 4b | <u>215,193.</u> |
| 5a | Form 8868 check here ▶     | <input type="checkbox"/>            | b | Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) . . . . .     | 5b | _____           |

### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2013 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize KPMG LLP to enter my PIN 23434 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2013 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 2013 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 ▶ 11/05/14

### 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.

54028022102  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Margaret A. Beckhaus

Date ▶ 11/05/14

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

For Paperwork Reduction Act Notice, see back of form.

| <b>Cumulative e-File History 2013</b> |                                   |
|---------------------------------------|-----------------------------------|
| <b>Federal</b>                        |                                   |
| Locator:                              | 6401CP                            |
| Taxpayer Name:                        | OBICI HEALTHCARE FOUNDATION, INC. |
| Return Type:                          | 990, 990PF & 990T (Corp)          |
|                                       |                                   |
| Submitted Date:                       | 11/13/2014 10:05:06               |
| Acknowledgement Date:                 | 11/13/2014 10:28:45               |
| Status:                               | Accepted                          |
| Submission ID:                        | 54028020143175000000              |

For calendar year 2013 or tax year beginning

04/01, 2013, and ending

03/31, 2014

|  |  |   |
|--|--|---|
| Name of foundation<br><b>OBICI HEALTHCARE FOUNDATION, INC.</b>   |  | <b>A Employer identification number</b><br>51-0249728   |
| Number and street (or P.O. box number if mail is not delivered to street address)<br><b>106 W. FINNEY AVENUE</b>                 | Room/suite   | <b>B Telephone number (see instructions)</b><br>(757) 539-8810  |
| City or town, state or province, country, and ZIP or foreign postal code<br><b>SUFFOLK, VA 23434</b>                             |  | <b>C</b> If exemption application is pending, check here <input type="checkbox"/>                                       |
| <b>G</b> Check all that apply:   |  | <b>D</b> 1. Foreign organizations, check here <input type="checkbox"/>  |
| <input type="checkbox"/> Initial return  | <input type="checkbox"/> Initial return of a former public charity | 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>               |
| <input type="checkbox"/> Final return  | <input type="checkbox"/> Amended return                            | <b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>    |
| <input type="checkbox"/> Address change  | <input type="checkbox"/> Name change                               | <b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/> |
| <b>H</b> Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation             |  |   |
| <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation |  |   |
| <b>I</b> Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ <b>117,388,046.</b>               |  |   |
| <b>J</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual                            |  |   |
| <input type="checkbox"/> Other (specify) _____<br>(Part I, column (d) must be on cash basis.)                                    |  |   |

|  | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
|--|------------------------------------|---------------------------|-------------------------|---|
| <b>Part I Analysis of Revenue and Expenses</b> (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).) |                                    |                           |                         |   |
| <b>Revenue</b>   |                                    |                           |                         |   |
| 1 Contributions, gifts, grants, etc., received (attach schedule)   | 9,621.                             |                           |                         |   |
| 2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B  |                                    |                           |                         |   |
| 3 Interest on savings and temporary cash investments   |                                    |                           |                         |   |
| 4 Dividends and interest from securities   | 371,961.                           | 371,961.                  |                         |   |
| 5a Gross rents   |                                    |                           |                         |   |
| b Net rental income or (loss)  |                                    |                           |                         |   |
| 6a Net gain or (loss) from sale of assets not on line 10   | 5,189,769.                         |                           |                         |   |
| b Gross sales price for all assets on line 6a <b>21,915,549.</b>   |                                    |                           |                         |   |
| 7 Capital gain net income (from Part IV, line 2)   |                                    | 5,788,789.                |                         |   |
| 8 Net short-term capital gain  |                                    |                           |                         |   |
| 9 Income modifications   |                                    |                           | 27,915.                 |   |
| 10 a Gross sales less returns and allowances   |                                    |                           |                         |   |
| b Less: Cost of goods sold   |                                    |                           |                         |   |
| c Gross profit or (loss) (attach schedule)   |                                    |                           |                         |   |
| 11 Other income (attach schedule) <b>ATCH 1</b>  | 2,453,518.                         | 5,544,576.                |                         |   |
| 12 <b>Total.</b> Add lines 1 through 11  | 8,024,869.                         | 11,705,326.               | 27,915.                 |   |
| <b>Operating and Administrative Expenses</b>   |                                    |                           |                         |   |
| 13 Compensation of officers, directors, trustees, etc.   | 223,114.                           |                           |                         | 223,114.  |
| 14 Other employee salaries and wages   | 295,098.                           |                           |                         | 295,098.  |
| 15 Pension plans, employee benefits  | 143,445.                           |                           |                         | 139,928.  |
| 16a Legal fees (attach schedule) <b>ATCH 2</b>   | 3,413.                             |                           |                         | 435.  |
| b Accounting fees (attach schedule) <b>ATCH 3</b>  | 48,209.                            |                           |                         | 48,209.   |
| c Other professional fees (attach schedule) *  | 976,018.                           | 944,002.                  |                         | 29,220.   |
| 17 Interest  | 68,357.                            | 1,650.                    |                         |   |
| 18 Taxes (attach schedule) (see instructions) <b>ATCH 5</b>  | 396,422.                           |                           |                         | 409.  |
| 19 Depreciation (attach schedule) and depletion  | 113,469.                           |                           |                         |   |
| 20 Occupancy   | 28,003.                            |                           |                         | 28,008.   |
| 21 Travel, conferences, and meetings   | 19,040.                            |                           |                         | 18,281.   |
| 22 Printing and publications   |                                    |                           |                         |   |
| 23 Other expenses (attach schedule) <b>ATCH 6</b>  | 138,712.                           |                           |                         | 131,615.  |
| 24 <b>Total operating and administrative expenses.</b> Add lines 13 through 23   | 2,453,300.                         | 945,652.                  |                         | 914,317.  |
| 25 Contributions, gifts, grants paid   | 4,004,821.                         |                           |                         | 3,599,033.  |
| 26 <b>Total expenses and disbursements.</b> Add lines 24 and 25  | 6,458,121.                         | 945,652.                  | 0                       | 4,513,350.  |
| 27 Subtract line 26 from line 12:  |                                    |                           |                         |   |
| a Excess of revenue over expenses and disbursements  | 1,566,748.                         |                           |                         |   |
| b <b>Net investment income</b> (if negative, enter -0-)  |                                    | 10,759,674.               |                         |   |
| c <b>Adjusted net income</b> (if negative, enter -0-)  |                                    |                           | 27,915.                 |   |

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

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

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

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

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

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

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

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

Enter filer's identifying number, see instructions

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

Enter the Return code for the return that this application is for (file a separate application for each return)

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

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

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

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

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 11/17, 2014, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

►  calendar year 20\_\_\_\_ or

►  tax year beginning 04/01, 2013, and ending 03/31, 2014.

**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

|  |              |          |
|--|--------------|----------|
| <b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.                                   | <b>3a</b> \$ | 219,000. |
| <b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | <b>3b</b> \$ | 54,000.  |
| <b>c</b> <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.      | <b>3c</b> \$ | 165,000. |

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

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



| Part II Balance Sheets      |  | Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)            | Beginning of year      | End of year    |                       |
|-----------------------------|--|---|------------------------|----------------|-----------------------|
|                             |  |   | (a) Book Value         | (b) Book Value | (c) Fair Market Value |
| Assets                      | 1  | Cash - non-interest-bearing . . . . .   | 30,275.                | 46,699.        | 46,699.               |
|                             | 2  | Savings and temporary cash investments . . . . .  | 8,085,912.             | 9,681,367.     | 9,681,367.            |
|                             | 3  | Accounts receivable ▶<br>Less: allowance for doubtful accounts ▶  |                        |                |                       |
|                             | 4  | Pledges receivable ▶<br>Less: allowance for doubtful accounts ▶   |                        |                |                       |
|                             | 5  | Grants receivable . . . . .   |                        |                |                       |
|                             | 6  | Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . |                        |                |                       |
|                             | 7  | Other notes and loans receivable (attach schedule) ▶<br>Less: allowance for doubtful accounts ▶                                 |                        |                |                       |
|                             | 8  | Inventories for sale or use . . . . .   |                        |                |                       |
|                             | 9  | Prepaid expenses and deferred charges . . . . .   | 17,368.                |                |                       |
|                             | 10 a   | Investments - U.S. and state government obligations (attach schedule), . .  |                        |                |                       |
|                             | b  | Investments - corporate stock (attach schedule) ATCH 7 . . . . .  | 23,402,763.            | 12,435,505.    | 12,435,505.           |
|                             | c  | Investments - corporate bonds (attach schedule) ATCH 8 . . . . .  | 3,245,423.             | 1,127,827.     | 1,127,827.            |
|                             | 11   | Investments - land, buildings, and equipment: basis ▶<br>Less: accumulated depreciation (attach schedule) ▶                     |                        |                |                       |
|                             | 12   | Investments - mortgage loans . . . . .  |                        |                |                       |
|                             | 13   | Investments - other (attach schedule) . . . . . ATCH 9 . . . . .  | 68,058,499.            | 91,459,690.    | 91,459,690.           |
|                             | 14   | Land, buildings, and equipment: basis ▶<br>Less: accumulated depreciation (attach schedule) ▶                                   | 2,435,335.<br>502,150. | 2,039,754.     | 1,933,185.            |
| 15                          | Other assets (describe ▶ ATCH 11 . . . . .)  | 705,275.  | 703,773.               | 703,773.       |                       |
| 16                          | <b>Total assets</b> (to be completed by all filers - see the instructions. Also, see page 1, item I) . . . . .                         | 105,585,269.  | 117,388,046.           | 117,388,046.   |                       |
| Liabilities                 | 17   | Accounts payable and accrued expenses . . . . .   | 90,616.                | 212,486.       |                       |
|                             | 18   | Grants payable . . . . .  | 946,337.               | 1,352,124.     |                       |
|                             | 19   | Deferred revenue . . . . .  |                        |                |                       |
|                             | 20   | Loans from officers, directors, trustees, and other disqualified persons . .  |                        |                |                       |
|                             | 21   | Mortgages and other notes payable (attach schedule) . . . . .   | 1,663,333.             | 1,594,621.     |                       |
|                             | 22   | Other liabilities (describe ▶ ATCH 12 . . . . .)  | 423,256.               | 648,839.       |                       |
|                             | 23   | <b>Total liabilities</b> (add lines 17 through 22) . . . . .  | 3,123,542.             | 3,808,070.     |                       |
| 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 . . . . .  | 102,461,727.           | 113,579,976.   |                       |
|                             | 25   | Temporarily restricted . . . . .  |                        |                |                       |
|                             | 26   | Permanently restricted . . . . .  |                        |                |                       |
|                             | Foundations that do not follow SFAS 117, <input type="checkbox"/> check here and complete lines 27 through 31.                         |   |                        |                |                       |
|                             | 27   | Capital stock, trust principal, or current funds . . . . .  |                        |                |                       |
|                             | 28   | Paid-in or capital surplus, or land, bldg., and equipment fund . . . . .  |                        |                |                       |
|                             | 29   | Retained earnings, accumulated income, endowment, or other funds . .  |                        |                |                       |
|                             | 30   | <b>Total net assets or fund balances</b> (see instructions) . . . . .   | 102,461,727.           | 113,579,976.   |                       |
| 31                          | <b>Total liabilities and net assets/fund balances</b> (see instructions) . . . . .   | 105,585,269.  | 117,388,046.           |                |                       |

| 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) . . . . . | 102,461,727. |
| 2   | Enter amount from Part I, line 27a . . . . .   | 1,566,748.   |
| 3   | Other increases not included in line 2 (itemize) ▶ ATCH 13 . . . . .   | 11,426,513.  |
| 4   | Add lines 1, 2, and 3 . . . . .  | 115,454,988. |
| 5   | Decreases not included in line 2 (itemize) ▶ ATCH 14 . . . . .   | 1,875,012.   |
| 6   | <b>Total net assets or fund balances at end of year</b> (line 4 minus line 5) - Part II, column (b), line 30 . . . . .   | 113,579,976. |

**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<br>P - Purchase<br>D - Donation  | (c) Date acquired<br>(mo., day, yr.) | (d) Date sold<br>(mo., day, yr.) |
|--|--|---|---|--------------------------------------|----------------------------------|
| 1a SEE PART IV SCHEDULE  |  |   |   |                                      |                                  |
| b  |  |   |   |                                      |                                  |
| c  |  |   |   |                                      |                                  |
| d  |  |   |   |                                      |                                  |
| e  |  |   |   |                                      |                                  |
| (e) Gross sales price  | (f) Depreciation allowed<br>(or allowable) | (g) Cost or other basis<br>plus expense of sale | (h) Gain or (loss)<br>(e) plus (f) minus (g)  |                                      |                                  |
| a  |  |   |   |                                      |                                  |
| b  |  |   |   |                                      |                                  |
| c  |  |   |   |                                      |                                  |
| d  |  |   |   |                                      |                                  |
| e  |  |   |   |                                      |                                  |
| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69  |  |   |   |                                      |                                  |
| (i) F.M.V. as of 12/31/69  | (j) Adjusted basis<br>as of 12/31/69       | (k) Excess of col. (i)<br>over col. (j), if any | (l) Gains (Col. (h) gain minus<br>col. (k), but not less than -0-) or<br>Losses (from col. (h)) |                                      |                                  |
| a  |  |   |   |                                      |                                  |
| b  |  |   |   |                                      |                                  |
| c  |  |   |   |                                      |                                  |
| d  |  |   |   |                                      |                                  |
| e  |  |   |   |                                      |                                  |
| 2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7<br>If (loss), enter -0- in Part I, line 7 }  |  |   | 2   | 5,788,789.                           |                                  |
| 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):<br>If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in<br>Part I, line 8 |  |   | 3   | 0                                    |                                  |

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

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

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

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

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

| (a) Base period years<br>Calendar year (or tax year beginning in)  | (b) Adjusted qualifying distributions | (c) Net value of noncharitable-use assets | (d) Distribution ratio<br>(col. (b) divided by col. (c)) |
|--|---------------------------------------|---|--|
| 2012   | 5,048,525.                            | 97,275,806.                               | 0.051899   |
| 2011   | 4,880,044.                            | 98,061,055.                               | 0.049765   |
| 2010   | 2,922,574.                            | 95,843,857.                               | 0.030493   |
| 2009   | 5,568,576.                            | 87,471,067.                               | 0.063662   |
| 2008   | 5,862,506.                            | 88,420,528.                               | 0.066303   |
| 2 Total of line 1, column (d)  |                                       |   | 2 0.262122   |
| 3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years                                       |                                       |   | 3 0.052424   |
| 4 Enter the net value of noncharitable-use assets for 2013 from Part X, line 5   |                                       |   | 4 106,786,977.   |
| 5 Multiply line 4 by line 3  |                                       |   | 5 5,598,200.   |
| 6 Enter 1% of net investment income (1% of Part I, line 27b)   |                                       |   | 6 107,597.   |
| 7 Add lines 5 and 6  |                                       |   | 7 5,705,797.   |
| 8 Enter qualifying distributions from Part XII, line 4<br>If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions. |                                       |   | 8 4,524,276.   |

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

|   |           |          |
|---|-----------|----------|
| <b>1a</b> Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. . . .<br>Date of ruling or determination letter: _____ (attach copy of letter if necessary - see instructions) |           |          |
| <b>b</b> Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b . . . . .  | <b>1</b>  | 215,193. |
| <b>c</b> All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).   |           |          |
| <b>2</b> Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) . . . . .  | <b>2</b>  |          |
| <b>3</b> Add lines 1 and 2 . . . . .  | <b>3</b>  | 215,193. |
| <b>4</b> Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) . . . . .  | <b>4</b>  | 0        |
| <b>5 Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .  | <b>5</b>  | 215,193. |
| <b>6 Credits/Payments:</b>  |           |          |
| <b>a</b> 2013 estimated tax payments and 2012 overpayment credited to 2013 . . . . .  | <b>6a</b> | 54,000.  |
| <b>b</b> Exempt foreign organizations - tax withheld at source . . . . .  | <b>6b</b> |          |
| <b>c</b> Tax paid with application for extension of time to file (Form 8868) . . . . .  | <b>6c</b> | 165,000. |
| <b>d</b> Backup withholding erroneously withheld . . . . .  | <b>6d</b> |          |
| <b>7</b> Total credits and payments. Add lines 6a through 6d . . . . .  | <b>7</b>  | 219,000. |
| <b>8</b> Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached . . . . .   | <b>8</b>  |          |
| <b>9 Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . .   | <b>9</b>  |          |
| <b>10 Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . .  | <b>10</b> | 3,807.   |
| <b>11</b> Enter the amount of line 10 to be: <b>Credited to 2014 estimated tax</b> <input type="checkbox"/> <b>3,807.</b> <b>Refunded</b> <input type="checkbox"/> <b>11</b>  | <b>11</b> |          |

**Part VII-A Statements Regarding Activities**

|  | Yes | No |
|--|-----|----|
| <b>1a</b> During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? . . . . .   |     | X  |
| <b>1b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)? . . . . .<br><i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i> |     | X  |
| <b>1c</b> Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .  |     | X  |
| <b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:<br>(1) On the foundation. <input type="checkbox"/> \$ <u>0</u> (2) On foundation managers. <input type="checkbox"/> \$ <u>0</u>  |     |    |
| <b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input type="checkbox"/> \$ <u>0</u>  |     |    |
| <b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . .<br><i>If "Yes," attach a detailed description of the activities.</i>  |     | X  |
| <b>3</b> Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i> . . . . .   |     | X  |
| <b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .  | X   |    |
| <b>4b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .  | X   |    |
| <b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . .<br><i>If "Yes," attach the statement required by General Instruction T.</i>  |     | X  |
| <b>6</b> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:<br>• By language in the governing instrument, or<br>• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? . . . . .                  | X   |    |
| <b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV</i>  | X   |    |
| <b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> <u>VA,</u>   |     |    |
| <b>b</b> If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? <i>If "No," attach explanation.</i> . . . . .   | X   |    |
| <b>9</b> Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV.</i> . . . . .  |     | X  |
| <b>10</b> Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i> . . . . .   |     | X  |

Part VII-A Statements Regarding Activities (continued)

11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions). . . . . 11 X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions) . . . . . 12 X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? . . . . . 13 X
Website address HTTP://WWW.OBICIHCF.ORG/
14 The books are in care of MICHAEL BRINKLEY Telephone no. 757-539-8810
Located at 106 W. FINNEY AVENUE SUFFOLK, VA ZIP+4 23434
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here . . . . . 15
16 At any time during calendar year 2013, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? . . . . . 16 Yes No X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign country

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

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

1a During the year did the foundation (either directly or indirectly):
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? . . . . . Yes X No
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . . Yes X No
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? . . . . . Yes X No
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? . . . . . X Yes No
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? . . . . . Yes X No
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) . . . . . Yes X No
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? . . . . . 1b X
Organizations relying on a current notice regarding disaster assistance check here . . . . .
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2013? . . . . . 1c X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):
a At the end of tax year 2013, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2013? . . . . . Yes X No
If "Yes," list the years
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.) . . . . . 2b
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . . Yes X No
b If "Yes," did it have excess business holdings in 2013 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2013.) . . . . . 3b
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? . . . . . 4a X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2013? . . . . . 4b X

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

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

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

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

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

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions)  Yes  No

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

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

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

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

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

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

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

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

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

| (a) Name and address | (b) Title, and average hours per week devoted to position | (c) Compensation (if not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|----------------------|---|---|---|---------------------------------------|
| ATCH 16              |   | 223,114.                                  | 31,253.   | 6,174.                                |
|                      |   |   |   |                                       |
|                      |   |   |   |                                       |
|                      |   |   |   |                                       |

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

| (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|---|---|------------------|---|---------------------------------------|
| ATCH 17   |   | 204,162.         | 49,266.   | 0                                     |
|   |   |                  |   |                                       |
|   |   |                  |   |                                       |
|   |   |                  |   |                                       |

**Total number of other employees paid over \$50,000**  Yes  No 0

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

**3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE."**

| (a) Name and address of each person paid more than \$50,000                               | (b) Type of service | (c) Compensation |
|---|---------------------|------------------|
| ATCH 18   |                     | 907,639.         |
| -----   |                     |                  |
| -----   |                     |                  |
| -----   |                     |                  |
| -----   |                     |                  |
| -----   |                     |                  |
| <b>Total number of others receiving over \$50,000 for professional services . . . . .</b> |                     | <b>0</b>         |

**Part IX-A Summary of Direct Charitable Activities**

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

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

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

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

|          |   |           |              |
|----------|---|-----------|--------------|
| <b>1</b> | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: |           |              |
| <b>a</b> | Average monthly fair market value of securities   | <b>1a</b> | 103,437,593. |
| <b>b</b> | Average of monthly cash balances  | <b>1b</b> | 4,293,342.   |
| <b>c</b> | Fair market value of all other assets (see instructions)  | <b>1c</b> | 682,240.     |
| <b>d</b> | <b>Total</b> (add lines 1a, b, and c)   | <b>1d</b> | 108,413,175. |
| <b>e</b> | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)   | <b>1e</b> |              |
| <b>2</b> | Acquisition indebtedness applicable to line 1 assets  | <b>2</b>  |              |
| <b>3</b> | Subtract line 2 from line 1d  | <b>3</b>  | 108,413,175. |
| <b>4</b> | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)   | <b>4</b>  | 1,626,198.   |
| <b>5</b> | <b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4 | <b>5</b>  | 106,786,977. |
| <b>6</b> | <b>Minimum investment return.</b> Enter 5% of line 5  | <b>6</b>  | 5,339,349.   |

**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.)

|           |  |           |            |
|-----------|--|-----------|------------|
| <b>1</b>  | Minimum investment return from Part X, line 6  | <b>1</b>  | 5,339,349. |
| <b>2a</b> | Tax on investment income for 2013 from Part VI, line 5   | <b>2a</b> | 215,193.   |
| <b>b</b>  | Income tax for 2013. (This does not include the tax from Part VI.)   | <b>2b</b> |            |
| <b>c</b>  | Add lines 2a and 2b  | <b>2c</b> | 215,193.   |
| <b>3</b>  | Distributable amount before adjustments. Subtract line 2c from line 1                                      | <b>3</b>  | 5,124,156. |
| <b>4</b>  | Recoveries of amounts treated as qualifying distributions  | <b>4</b>  | 27,915.    |
| <b>5</b>  | Add lines 3 and 4  | <b>5</b>  | 5,152,071. |
| <b>6</b>  | Deduction from distributable amount (see instructions)   | <b>6</b>  |            |
| <b>7</b>  | <b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. | <b>7</b>  | 5,152,071. |

**Part XII Qualifying Distributions** (see instructions)

|          |  |           |            |
|----------|--|-----------|------------|
| <b>1</b> | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:   |           |            |
| <b>a</b> | Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26  | <b>1a</b> | 4,513,350. |
| <b>b</b> | Program-related investments - total from Part IX-B   | <b>1b</b> |            |
| <b>2</b> | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes  | <b>2</b>  | 10,926.    |
| <b>3</b> | Amounts set aside for specific charitable projects that satisfy the:   |           |            |
| <b>a</b> | Suitability test (prior IRS approval required)   | <b>3a</b> |            |
| <b>b</b> | Cash distribution test (attach the required schedule)  | <b>3b</b> |            |
| <b>4</b> | <b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4                                    | <b>4</b>  | 4,524,276. |
| <b>5</b> | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions) | <b>5</b>  | 0          |
| <b>6</b> | <b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4  | <b>6</b>  | 4,524,276. |

**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)<br>Corpus | (b)<br>Years prior to 2012 | (c)<br>2012 | (d)<br>2013 |
|---|---------------|----------------------------|-------------|-------------|
| <b>1</b> Distributable amount for 2013 from Part XI, line 7 . . . . .   |               |                            |             | 5,152,071.  |
| <b>2</b> Undistributed income, if any, as of the end of 2013:   |               |                            |             |             |
| <b>a</b> Enter amount for 2012 only . . . . .   |               |                            | 4,253,175.  |             |
| <b>b</b> Total for prior years: 20 <u>11</u> , 20 <u>10</u> , 20 <u>09</u> . . . . .  |               |                            |             |             |
| <b>3</b> Excess distributions carryover, if any, to 2013:   |               |                            |             |             |
| <b>a</b> From 2008 . . . . .  |               |                            |             |             |
| <b>b</b> From 2009 . . . . .  |               |                            |             |             |
| <b>c</b> From 2010 . . . . .  |               |                            |             |             |
| <b>d</b> From 2011 . . . . .  |               |                            |             |             |
| <b>e</b> From 2012 . . . . .  |               |                            |             |             |
| <b>f</b> Total of lines 3a through e . . . . .  | 0             |                            |             |             |
| <b>4</b> Qualifying distributions for 2013 from Part XII, line 4: ► \$ <u>4,524,276.</u>  |               |                            |             |             |
| <b>a</b> Applied to 2012, but not more than line 2a . . . . .   |               |                            | 4,253,175.  |             |
| <b>b</b> Applied to undistributed income of prior years (Election required - see instructions) . . . . .  |               |                            |             |             |
| <b>c</b> Treated as distributions out of corpus (Election required - see instructions) . . . . .  |               |                            |             |             |
| <b>d</b> Applied to 2013 distributable amount . . . . .   |               |                            |             | 271,101.    |
| <b>e</b> Remaining amount distributed out of corpus . . . . .   |               |                            |             |             |
| <b>5</b> Excess distributions carryover applied to 2013 . . . . .<br><i>(If an amount appears in column (d), the same amount must be shown in column (a).)</i>                              |               |                            |             |             |
| <b>6</b> Enter the net total of each column as indicated below:   |               |                            |             |             |
| <b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 . . . . .  |               |                            |             |             |
| <b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b . . . . .   |               |                            |             |             |
| <b>c</b> 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 . . . . . |               |                            |             |             |
| <b>d</b> Subtract line 6c from line 6b. Taxable amount - see instructions . . . . .   |               |                            |             |             |
| <b>e</b> Undistributed income for 2012. Subtract line 4a from line 2a. Taxable amount - see instructions . . . . .  |               |                            |             |             |
| <b>f</b> Undistributed income for 2013. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2014 . . . . .  |               |                            |             | 4,880,970.  |
| <b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions) . . . . .                                  |               |                            |             |             |
| <b>8</b> Excess distributions carryover from 2008 not applied on line 5 or line 7 (see instructions) . . . . .  |               |                            |             |             |
| <b>9</b> Excess distributions carryover to 2014. Subtract lines 7 and 8 from line 6a . . . . .  | 0             |                            |             |             |
| <b>10</b> Analysis of line 9:   |               |                            |             |             |
| <b>a</b> Excess from 2009 . . . . .   |               |                            |             |             |
| <b>b</b> Excess from 2010 . . . . .   |               |                            |             |             |
| <b>c</b> Excess from 2011 . . . . .   |               |                            |             |             |
| <b>d</b> Excess from 2012 . . . . .   |               |                            |             |             |
| <b>e</b> Excess from 2013 . . . . .   |               |                            |             |             |



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

NOT APPLICABLE

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2013, enter the date of the ruling

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

Table with 5 columns: Tax year (a) 2013, (b) 2012, (c) 2011, (d) 2010, (e) Total. Rows include 2a (Adjusted net income), 2b (85% of line 2a), 2c (Qualifying distributions from Part XII), 2d (Amounts included in line 2c), 2e (Qualifying distributions made directly), 3 (Alternative tests: Assets, Endowment, Support).

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

1 Information Regarding Foundation Managers:

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

NONE

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

NONE

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

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

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

ATCH 19

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

ATCH 20

c Any submission deadlines:

ATCH 21

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

ATCH 22

**Part XV** Supplementary Information (continued)

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

| Recipient<br>Name and address (home or business)    | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution | Amount     |
|---|--|--------------------------------------|-------------------------------------|------------|
| <b>a Paid during the year</b><br><br>ATCH 23        |  |                                      |                                     |            |
| <b>Total</b> ..... ► <b>3a</b>                      |  |                                      |                                     | 3,599,033. |
| <b>b Approved for future payment</b><br><br>ATCH 24 |  |                                      |                                     |            |
| <b>Total</b> ..... ► <b>3b</b>                      |  |                                      |                                     | 1,352,125. |

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

Table with 5 main columns: (a) Business code, (b) Amount, (c) Exclusion code, (d) Amount, (e) Related or exempt function income. Rows include Program service revenue, Membership dues, Interest on savings, Dividends, Net rental income, Other investment income, Gain or loss from sales, Net income from special events, Gross profit from sales, and Other revenue.

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

Table with 2 columns: Line No. and Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes.

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

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

Table with 3 columns: Question, Yes, No. Rows 1a(1) through 1c.

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

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

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

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

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

Paid Preparer Use Only Print/Type preparer's name Margaret A. Bradshaw Preparer's signature Margaret A. Bradshaw Date 11/13/14 Firm's name KPMG LLP Firm's address 1676 INTERNATIONAL DRIVE MCLEAN, VA 22102 Firm's EIN 13-5565207 Phone no. 703-286-8000

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

| Kind of Property                       |                                 | Description                                  |                    |                           |                              | P<br>or<br>D      | Date<br>acquired  | Date sold |
|--|---------------------------------|--|--------------------|---------------------------|------------------------------|-------------------|-------------------|-----------|
| Gross sale price less expenses of sale | Depreciation allowed/ allowable | Cost or other basis                          | FMV as of 12/31/69 | Adj. basis as of 12/31/69 | Excess of FMV over adj basis |                   | Gain or (loss)    |           |
| 330,447.                               |                                 | KYLIN<br>330,447.                            |                    |                           |                              | VAR               | VAR               |           |
| 3,696,522.                             |                                 | MERCHANTS GATE<br>3,000,000.                 |                    |                           |                              | VAR<br>696,522.   | VAR               |           |
| 1,000,000.                             |                                 | NANTAHALA<br>1,097,502.                      |                    |                           |                              | VAR<br>-97,502.   | VAR               |           |
| 3,287,892.                             |                                 | MUTUAL FUNDS: EQUITIES 7042065<br>2,818,442. |                    |                           |                              | VAR<br>469,450.   | VAR               |           |
| 2,059,725.                             |                                 | MUTUAL FUNDS: BONDS 7042066<br>2,038,711.    |                    |                           |                              | VAR<br>21,014.    | VAR               |           |
| 447,678.                               |                                 | BARES MICRO-CAP 7916949                      |                    |                           |                              | VAR<br>447,678.   | VAR               |           |
| 163,025.                               |                                 | BARES SMALL-CAP 7947946                      |                    |                           |                              | VAR<br>163,025.   | VAR               |           |
| 5,540,964.                             |                                 | FIDUCIARY MANAGEMENT 7943096<br>3,774,090.   |                    |                           |                              | VAR<br>1,766,874. | VAR               |           |
| 6,000,000.                             |                                 | SHAPIRO<br>3,678,272.                        |                    |                           |                              | VAR<br>2,321,728. | VAR               |           |
| TOTAL GAIN (LOSS) .....                |                                 |  |                    |                           |                              |                   | <u>5,788,789.</u> |           |

**Schedule of Contributors**

**2013**

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**  
 ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

|  |   |
|--|---|
| <b>Name of the organization</b><br>OBICI HEALTHCARE FOUNDATION, INC. | <b>Employer identification number</b><br>51-0249728 |
|--|---|

**Organization type** (check one):

**Filers of:**

**Section:**

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

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

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

**General Rule**

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

**Special Rules**

- For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

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

|   |   |
|---|---|
| <b>Name of organization</b> OBICI HEALTHCARE FOUNDATION, INC. | <b>Employer identification number</b><br>51-0249728 |
|---|---|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                    | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|--|----------------------------|---|
| 1          | VIRGINIA R. RAWLS TRUST<br>332 W. CONSTANCE RD.<br>SUFFOLK, VA 23434 | \$ 9,621.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
|            |  | \$ -----                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |  | \$ -----                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |  | \$ -----                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |  | \$ -----                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |  | \$ -----                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |  | \$ -----                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

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

Employer identification number

51-0249728

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|---------------------------|--|--|----------------------|
| -----                     | -----<br>-----<br>-----                      | \$-----  | -----                |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
| -----                     | -----<br>-----<br>-----                      | \$-----  | -----                |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
| -----                     | -----<br>-----<br>-----                      | \$-----  | -----                |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
| -----                     | -----<br>-----<br>-----                      | \$-----  | -----                |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
| -----                     | -----<br>-----<br>-----                      | \$-----  | -----                |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
| -----                     | -----<br>-----<br>-----                      | \$-----  | -----                |



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

Employer identification number  
51-0249728

**Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year.** Complete columns (a) through (e) and the following line entry.

For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I                     | (b) Purpose of gift     | (c) Use of gift                          | (d) Description of how gift is held |
|---|-------------------------|--|-------------------------------------|
| ---                                     | -----<br>-----<br>----- | -----<br>-----<br>-----                  | -----<br>-----<br>-----             |
| <b>(e) Transfer of gift</b>             |                         |  |                                     |
| Transferee's name, address, and ZIP + 4 |                         | Relationship of transferor to transferee |                                     |
| -----<br>-----<br>-----                 |                         | -----<br>-----<br>-----                  |                                     |
| ---                                     | -----<br>-----<br>----- | -----<br>-----<br>-----                  | -----<br>-----<br>-----             |
| <b>(e) Transfer of gift</b>             |                         |  |                                     |
| Transferee's name, address, and ZIP + 4 |                         | Relationship of transferor to transferee |                                     |
| -----<br>-----<br>-----                 |                         | -----<br>-----<br>-----                  |                                     |
| ---                                     | -----<br>-----<br>----- | -----<br>-----<br>-----                  | -----<br>-----<br>-----             |
| <b>(e) Transfer of gift</b>             |                         |  |                                     |
| Transferee's name, address, and ZIP + 4 |                         | Relationship of transferor to transferee |                                     |
| -----<br>-----<br>-----                 |                         | -----<br>-----<br>-----                  |                                     |
| ---                                     | -----<br>-----<br>----- | -----<br>-----<br>-----                  | -----<br>-----<br>-----             |
| <b>(e) Transfer of gift</b>             |                         |  |                                     |
| Transferee's name, address, and ZIP + 4 |                         | Relationship of transferor to transferee |                                     |
| -----<br>-----<br>-----                 |                         | -----<br>-----<br>-----                  |                                     |

ATTACHMENT 1

FORM 990PF, PART I - OTHER INCOME

| <u>DESCRIPTION</u> | <u>REVENUE<br/>AND<br/>EXPENSES<br/>PER BOOKS</u> | <u>NET<br/>INVESTMENT<br/>INCOME</u> |
|--------------------|---|--------------------------------------|
| PARTNERSHIP INCOME | 2,452,198.  | 5,544,576.                           |
| OTHER INCOME       | 1,320.  |                                      |
| TOTALS             | <u>2,453,518.</u>                                 | <u>5,544,576.</u>                    |

ATTACHMENT 2

FORM 990PF, PART I - LEGAL FEES

| <u>DESCRIPTION</u>                                | <u>REVENUE<br/>AND<br/>EXPENSES<br/>PER BOOKS</u> | <u>NET<br/>INVESTMENT<br/>INCOME</u> | <u>ADJUSTED<br/>NET<br/>INCOME</u> | <u>CHARITABLE<br/>PURPOSES</u> |
|---|---|--------------------------------------|------------------------------------|--------------------------------|
| LEGAL SERVICES - RESPOND TO<br>AUDIT CONFIRMATION | 435.  |                                      |                                    | 435.                           |
| LEGAL SERVICES - REVIEW<br>RETIREMENT PLAN        | 2,978.  |                                      |                                    |                                |
| TOTALS  | <u>3,413.</u>                                     |                                      |                                    | <u>435.</u>                    |

ATTACHMENT 3

FORM 990PF, PART I - ACCOUNTING FEES

| <u>DESCRIPTION</u>            | <u>REVENUE<br/>AND<br/>EXPENSES<br/>PER BOOKS</u> | <u>NET<br/>INVESTMENT<br/>INCOME</u> | <u>ADJUSTED<br/>NET<br/>INCOME</u> | <u>CHARITABLE<br/>PURPOSES</u> |
|-------------------------------|---|--------------------------------------|------------------------------------|--------------------------------|
| TAX COMPLIANCE AND AUDIT SVCS | 48,209.   |                                      |                                    | 48,209.                        |
| TOTALS                        | <u>48,209.</u>                                    |                                      |                                    | <u>48,209.</u>                 |

ATTACHMENT 4

FORM 990PF, PART I - OTHER PROFESSIONAL FEES

| <u>DESCRIPTION</u>        | <u>REVENUE<br/>AND<br/>EXPENSES<br/>PER BOOKS</u> | <u>NET<br/>INVESTMENT<br/>INCOME</u> | <u>CHARITABLE<br/>PURPOSES</u> |
|---------------------------|---|--------------------------------------|--------------------------------|
| INVESTMENT MANAGMENT FEES | 944,002.  | 944,002.                             |                                |
| CONSULTANT FEES           | 32,016.   |                                      | 29,220.                        |
| TOTALS                    | <u>976,018.</u>                                   | <u>944,002.</u>                      | <u>29,220.</u>                 |

ATTACHMENT 5

FORM 990PF, PART I - TAXES

| <u>DESCRIPTION</u>   | <u>REVENUE<br/>AND<br/>EXPENSES<br/>PER BOOKS</u> | <u>CHARITABLE<br/>PURPOSES</u> |
|----------------------|---|--------------------------------|
| OTHER FEES AND TAXES | 409.  | 409.                           |
| FEDERAL EXCISE TAXES | 396,013.  |                                |
| TOTALS               | <u>396,422.</u>                                   | <u>409.</u>                    |

ATTACHMENT 6

FORM 990PF, PART I - OTHER EXPENSES

| <u>DESCRIPTION</u>            | <u>REVENUE<br/>AND<br/>EXPENSES<br/>PER BOOKS</u> | <u>CHARITABLE<br/>PURPOSES</u> |
|-------------------------------|---|--------------------------------|
| DUES & SUBSCRIPTIONS          | 16,089.   | 16,089.                        |
| FOOD & CATERING               | 11,259.   | 10,807.                        |
| MAINTENANCE AGREEMENTS        | 48,018.   | 48,137.                        |
| INSURANCE                     | 11,455.   | 11,455.                        |
| OFFICE EXPENSES               | 30,076.   | 30,570.                        |
| AMORTIZATION                  | 2,472.  |                                |
| MISCELLANEOUS                 | 12,272.   | 12,335.                        |
| LOSS ON DISPOSITION OF ASSETS | 5,648.  |                                |
| FACILITY RENTAL               | 1,423.  | 2,222.                         |
| TOTALS                        | <u>138,712.</u>                                   | <u>131,615.</u>                |

FORM 990PF, PART II - CORPORATE STOCKATTACHMENT 7

| <u>DESCRIPTION</u>                    | <u>BEGINNING<br/>BOOK VALUE</u> | <u>ENDING<br/>BOOK VALUE</u> | <u>ENDING<br/>FMV</u> |
|---------------------------------------|---------------------------------|------------------------------|-----------------------|
| BABCOCK & WILCOX CO                   | 451,719.                        | 106,240.                     | 106,240.              |
| CHECKPOINT SYS INC COM                | 265,771.                        | 128,161.                     | 128,161.              |
| PHARMERICA CORP COM                   | 117,600.                        |                              |                       |
| FEMALE HEALTH CO/THE COM              | 186,010.                        | 231,535.                     | 231,535.              |
| HALLMARK FINL SVCS INC COM            | 138,087.                        |                              |                       |
| INTERACTIVE INTELLIGENCE<br>GROUP COM | 602,628.                        |                              |                       |
| INTL FCSTONE INC COM                  | 369,092.                        |                              |                       |
| OMEGA FLEX INC COM                    | 63,912.                         |                              |                       |
| STAMPS COM INC COM NEW                | 76,408.                         | 81,322.                      | 81,322.               |
| TANDY LEATHER FACTORY INC COM         | 83,019.                         |                              |                       |
| UTAH MED PRODS INC COM                | 141,677.                        |                              |                       |
| WINMARK CORP COM                      | 391,357.                        |                              |                       |
| BARRETT BILL CORP COM                 | 316,212.                        |                              |                       |
| CABOT MICRO CORP COM                  | 211,975.                        |                              |                       |
| CALGON CARBON CORP COM                | 463,360.                        |                              |                       |
| CIRCOR INTL INC COM                   | 119,000.                        |                              |                       |
| EXELIS INC COM                        | 394,218.                        | 131,169.                     | 131,169.              |
| FEDERATED INVESTORS INC<br>CL B COM   | 262,737.                        |                              |                       |
| HANESBRANDS INC COM                   | 369,036.                        |                              |                       |
| JOHN BEAN TECHNOLOGIES COM            | 352,750.                        |                              |                       |
| LENDER PROC SVC INC COM               | 330,980.                        |                              |                       |
| LIVE NATION ENTERTAINMENT<br>INC COM  | 497,274.                        | 204,450.                     | 204,450.              |
| PENSKE AUTOMOTIVE GRP<br>INC COM      | 406,992.                        | 132,556.                     | 132,556.              |
| PERKINELMER INC COM                   | 299,396.                        | 162,216.                     | 162,216.              |
| TIDEWATER INC COM                     | 404,000.                        |                              |                       |



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

| <u>DESCRIPTION</u>                       | <u>BEGINNING<br/>BOOK VALUE</u> | <u>ENDING<br/>BOOK VALUE</u> | <u>ENDING<br/>FMV</u> |
|--|---------------------------------|------------------------------|-----------------------|
| VCA ANTECH INC COM                       | 445,511.                        | 166,500.                     | 166,500.              |
| ZEBRA TECHNOLOGIES CORP<br>CORP COM CL A | 183,336.                        |                              |                       |
| PIMCO COMMODITY REALRTN<br>STRATEGY-I    | 2,977,022.                      | 2,746,108.                   | 2,746,108.            |
| 3M CO COM                                | 271,091.                        |                              |                       |
| ACCENTURE PLC CL A COM                   | 214,615.                        |                              |                       |
| AMERICAN EXPRESS CO COM                  | 155,158.                        |                              |                       |
| AMERISOURCEBERGEN CORP COM               | 150,491.                        |                              |                       |
| AUTOMATIC DATA PROCESSING<br>INC COM     | 143,066.                        |                              |                       |
| BANK OF NEW YORK MELLON<br>CORP COM      | 276,401.                        |                              |                       |
| BERKSHIRE HATHAWAY INC                   |                                 |                              |                       |
| CL B COM NEW                             | 263,105.                        |                              |                       |
| CINTAS CORP COM                          | 137,906.                        |                              |                       |
| COMERICA INC COM                         | 170,762.                        |                              |                       |
| COVIDEN PLC COM                          | 193,344.                        |                              |                       |
| DEVON ENERGY CORP NEW COM                | 173,492.                        |                              |                       |
| GLAXOSMITHKLINE PLC ADR                  | 145,421.                        |                              |                       |
| ILLINOIS TOOL WKS INC COM                | 179,773.                        |                              |                       |
| INGERSOLL-RAND PLC COM                   | 138,900.                        |                              |                       |
| KIMBERLY CLARK CORP COM                  | 124,924.                        |                              |                       |
| MICROSOFT CORP COM                       | 115,850.                        |                              |                       |
| MONSANTO CO NEW COM                      | 121,475.                        |                              |                       |
| NESTLE SA SPONS ADR                      | 152,187.                        |                              |                       |
| OMNICOM GROUP COM                        | 200,260.                        |                              |                       |
| SCHLUMBERGER LTD COM                     | 146,036.                        |                              |                       |
| SYSCO CORP COM                           | 219,813.                        |                              |                       |

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

| <u>DESCRIPTION</u>                   | <u>BEGINNING<br/>BOOK VALUE</u> | <u>ENDING<br/>BOOK VALUE</u> | <u>ENDING<br/>FMV</u> |
|--------------------------------------|---------------------------------|------------------------------|-----------------------|
| TE CONNECTIVITY LTD COM              | 214,891.                        |                              |                       |
| TIME WARNER INC NEW COM              | 165,658.                        |                              |                       |
| WAL-MART STORES INC COM              | 173,980.                        |                              |                       |
| WILLIS GROUP HLDGS PLC               |                                 |                              |                       |
| USD.00011 COM                        | 100,701.                        |                              |                       |
| NEUBERGER BERMAN EQUITY INCOME       | 3,251,372.                      |                              |                       |
| CHEROKEE INC DEL NEW COM             | 68,048.                         | 100,965.                     | 100,965.              |
| REIS INC COM                         | 21,600.                         | 108,913.                     | 108,913.              |
| AXIALL CORP COM                      | 254,856.                        | 220,108.                     | 220,108.              |
| BARNES & NOBLE INC COM               | 141,470.                        |                              |                       |
| DYNEGY INC COM                       | 486,973.                        | 236,905.                     | 236,905.              |
| GRAFTECH INTL LTD COM                | 168,192.                        | 159,432.                     | 159,432.              |
| ISHARES TR RUSSELL 2000 INDEX<br>ETF | 339,948.                        | 151,242.                     | 151,242.              |
| SAIC INC COM                         | 92,140.                         |                              |                       |
| WHITEWAVE FOODS CO COM-A             | 122,904.                        | 85,620.                      | 85,620.               |
| WPX ENERGY INC COM                   | 432,540.                        | 223,572.                     | 223,572.              |
| DANONE SA SPONS ADR                  | 139,247.                        |                              |                       |
| EXPEDITORS INTL WASH INC COM         | 126,842.                        |                              |                       |
| PACCAR INC COM                       | 108,704.                        |                              |                       |
| ACTUANT CORP CL A COM                | 219,147.                        | 454,127.                     | 454,127.              |
| AMERICAN PUBLIC EDUCATION COM        | 328,106.                        |                              |                       |
| COLFAX CORP COM                      | 243,823.                        | 383,113.                     | 383,113.              |
| CORPORATE EXECUTIVE BOARD CO C       | 284,809.                        | 363,504.                     | 363,504.              |
| INTERVAL LEISURE GROUP INC COM       | 89,938.                         |                              |                       |
| MASIMO CORP COM                      | 217,762.                        |                              |                       |
| MIDDLEBY CORP COM                    | 164,322.                        | 285,347.                     | 285,347.              |
| MORNINGSTAR INC COM                  | 112,152.                        |                              |                       |
| REALD INC COM                        | 312,442.                        | 332,989.                     | 332,989.              |

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

| <u>DESCRIPTION</u>                    | <u>BEGINNING<br/>BOOK VALUE</u> | <u>ENDING<br/>BOOK VALUE</u> | <u>ENDING<br/>FMV</u> |
|---------------------------------------|---------------------------------|------------------------------|-----------------------|
| TRAVELZOO INC COM                     | 131,105.                        | 140,492.                     | 140,492.              |
| HEICO CORP NEW CL A COM               | 139,710.                        | 220,957.                     | 220,957.              |
| XPO LOGISTICS INC COM                 | 134,232.                        | 700,634.                     | 700,634.              |
| AMERICA'S CAR-MART INC                |                                 | 170,616.                     | 170,616.              |
| USG CORP                              |                                 | 107,976.                     | 107,976.              |
| LINDSAY CORPORATION                   |                                 | 229,268.                     | 229,268.              |
| LEIDOS HOLDINGS INC                   |                                 | 53,055.                      | 53,055.               |
| KNOWLES CORPORATION                   |                                 | 44,198.                      | 44,198.               |
| ENTEGRIS INC                          |                                 | 222,824.                     | 222,824.              |
| CST BRANDS INC                        |                                 | 171,820.                     | 171,820.              |
| COMPASS MINERALS INTERNATIONAL<br>INC |                                 | 222,804.                     | 222,804.              |
| CALGON CARBON CORP                    |                                 | 213,934.                     | 213,934.              |
| CABLEVISION NY GROUP CLASS A          |                                 | 212,241.                     | 212,241.              |
| ADT CORP                              |                                 | 209,650.                     | 209,650.              |
| AARONS INC                            |                                 | 205,632.                     | 205,632.              |
| WINMARK CORP                          |                                 | 468,865.                     | 468,865.              |
| UTAH MED PRODS INC                    |                                 | 155,563.                     | 155,563.              |
| TANDY LEATHER FACTORY INC             |                                 | 112,636.                     | 112,636.              |
| MESA LABS INC                         |                                 | 75,269.                      | 75,269.               |
| JTH HOLDING-CL A                      |                                 | 20,139.                      | 20,139.               |
| INTL FCSTONE INC                      |                                 | 331,169.                     | 331,169.              |
| HALLMARK FINL SVCS INC                |                                 | 5,119.                       | 5,119.                |
| US ECOLOGY, INC.                      |                                 | 193,321.                     | 193,321.              |
| POST HOLDINGS INC                     |                                 | 464,496.                     | 464,496.              |
| PLATFORM SPECIALTY PRODUCTS           |                                 | 191,757.                     | 191,757.              |
| GRAHAM CORP                           |                                 | 94,976.                      | 94,976.               |
| TOTALS                                | <u>23,402,763.</u>              | <u>12,435,505.</u>           | <u>12,435,505.</u>    |

ATTACHMENT 8

FORM 990PF, PART II - CORPORATE BONDS

| <u>DESCRIPTION</u>            | <u>BEGINNING<br/>BOOK VALUE</u> | <u>ENDING<br/>BOOK VALUE</u> | <u>ENDING<br/>FMV</u> |
|-------------------------------|---------------------------------|------------------------------|-----------------------|
| RIDGEWORTH FD TOTAL RETURN BD | 2,120,980.                      |                              |                       |
| PIMCO GLOBAL BOND FUND        | 1,124,443.                      | 1,127,827.                   | 1,127,827.            |
| TOTALS                        | <u>3,245,423.</u>               | <u>1,127,827.</u>            | <u>1,127,827.</u>     |

ATTACHMENT 9

FORM 990PF, PART II - OTHER INVESTMENTS

| <u>DESCRIPTION</u>                                | <u>BEGINNING<br/>BOOK VALUE</u> | <u>ENDING<br/>BOOK VALUE</u> | <u>ENDING<br/>FMV</u> |
|---|---------------------------------|------------------------------|-----------------------|
| ALTERNATIVE INVESTMENTS - L/P<br>AND CORPORATIONS | 35,341,907.                     | 30,824,128.                  | 30,824,128.           |
| ALTERNATIVE INVESTMENTS -<br>FOREIGN CORPORATIONS | 18,816,673.                     | 51,452,411.                  | 51,452,411.           |
| ALTERNATIVE INVESTMENTS -<br>COLLECTIVE TRUSTS    | 13,899,919.                     | 9,183,151.                   | 9,183,151.            |
| TOTALS  | <u>68,058,499.</u>              | <u>91,459,690.</u>           | <u>91,459,690.</u>    |

LAND, BUILDINGS, EQUIPMENT NOT HELD FOR INVESTMENT

ATTACHMENT 10

FIXED ASSET DETAIL ACCUMULATED DEPRECIATION DETAIL

| ASSET DESCRIPTION  | METHOD/<br>CLASS | FIXED ASSET DETAIL   |           |           | ACCUMULATED DEPRECIATION DETAIL |                      |           |           |                   |
|--------------------|------------------|----------------------|-----------|-----------|---------------------------------|----------------------|-----------|-----------|-------------------|
|                    |                  | BEGINNING<br>BALANCE | ADDITIONS | DISPOSALS | ENDING<br>BALANCE               | BEGINNING<br>BALANCE | ADDITIONS | DISPOSALS | ENDING<br>BALANCE |
| LAND               | L                | 102,507.             |           |           | 102,507.                        |                      |           |           |                   |
| LAND-CONSTRUCTION  | SL               | 349,632.             |           |           | 349,632.                        | 18,243.              |           | 74,485.   |                   |
| LAND IMPR FENCE    | SL               | 1,300.               |           |           | 1,300.                          | 163.                 |           | 650.      |                   |
| BRONZE SIGN        | SL               | 3,449.               |           |           | 3,449.                          | 230.                 |           | 919.      |                   |
| LANDSCAPING CONTRA | SL               | 54,997.              |           |           | 54,997.                         | 5,500.               |           | 21,082.   |                   |
| CIVIL CONSTRUCTION | SL               | 2,373.               |           |           | 2,373.                          | 53.                  |           | 189.      |                   |
| FINAL UNDERCUTTING | SL               | 1,524.               |           |           | 1,524.                          | 102.                 |           | 364.      |                   |
| REVIEW OF FINAL DR | SL               | 210.                 |           |           | 210.                            | 5.                   |           | 17.       |                   |
| ORIGINAL CONSTRUCT | SL               | 1,594,184.           |           |           | 1,594,184.                      | 57,953.              |           | 236,643.  |                   |
| STAIRS & CABINETS  | SL               | 7,431.               |           |           | 7,431.                          | 165.                 |           | 660.      |                   |
| CONSTRUCTION ADMN  | SL               | 4,653.               |           |           | 4,653.                          | 103.                 |           | 370.      |                   |
| SNOW GUARDS        | SL               | 10,200.              |           |           | 10,200.                         | 227.                 |           | 680.      |                   |
| COMPUTER           | SL               | 1,447.               |           |           | 1,447.                          |                      |           | 1,447.    |                   |
| COPIER             | SL               | 6,100.               |           |           | 6,100.                          |                      |           | 6,100.    |                   |
| 2 COMPUTER MONITOR | SL               | 3,423.               |           |           | 3,423.                          |                      |           | 3,423.    |                   |
| BROTHER LASER PRIN | SL               | 707.                 |           |           | 707.                            |                      |           | 707.      |                   |
| COMPUTER EQUIPMENT | SL               | 980.                 |           |           | 980.                            |                      |           | 980.      |                   |
| 3 COMPUTER MONITOR | SL               | 5,308.               |           |           | 5,308.                          |                      |           | 5,308.    |                   |

LAND, BUILDINGS, EQUIPMENT NOT HELD FOR INVESTMENT

ATTACHMENT 10 (CONT'D)

FIXED ASSET DETAIL ACCUMULATED DEPRECIATION DETAIL

| ASSET DESCRIPTION  | METHOD/<br>CLASS | FIXED ASSET DETAIL   |                   | ACCUMULATED DEPRECIATION DETAIL |                   |
|--------------------|------------------|----------------------|-------------------|---------------------------------|-------------------|
|                    |                  | BEGINNING<br>BALANCE | ENDING<br>BALANCE | BEGINNING<br>BALANCE            | ENDING<br>BALANCE |
| COMPUTER EQUIPMENT | SL               | 912.                 | 912.              | 912.                            | 912.              |
| PHONE SYSTEM       | SL               | 2,939.               | 2,939.            | 2,588.                          | 2,939.            |
| PHONES             | SL               | 591.                 | 591.              | 520.                            | 591.              |
| PHONE - VOICEMAIL  | SL               | 2,601.               | 2,601.            | 2,292.                          | 2,601.            |
| PRINTER            | SL               | 657.                 | 657.              | 657.                            | 657.              |
| LAPTOP COMPUTER    | SL               | 1,344.               | 1,344.            | 1,344.                          | 1,344.            |
| PROJECTOR          | SL               | 1,302.               | 1,302.            | 1,302.                          | 1,302.            |
| GIFTS MGT SOFTWARE | SL               | 14,960.              | 14,960.           | 14,960.                         | 14,960.           |
| 3 POWER POINT SOFT | SL               | 595.                 | 595.              | 595.                            | 595.              |
| AVAYA PHONE- LISA  | SL               | 435.                 | 435.              | 352.                            | 414.              |
| 2 ADOBE DREAM WEAV | SL               | 1,065.               | 1,065.            | 1,065.                          | 1,065.            |
| 2 ADOBE CREATIVE S | SL               | 837.                 | 837.              | 837.                            | 837.              |
| DESKTOP COMPUTER   | SL               | 2,066.               | 2,066.            | 1,962.                          | 2,066.            |
| MICROSOFT OFFICE P | SL               | 897.                 | 897.              | 897.                            | 897.              |
| FILE ROOM SYSTEM   | SL               | 1,300.               | 1,300.            | 1,300.                          | 1,300.            |
| DOCUMENTS MANAGER  | SL               | 3,156.               | 3,156.            | 3,156.                          | 3,156.            |
| ESSENTIAL'S GIFTS  | SL               | 13,720.              | 13,720.           | 13,720.                         | 13,720.           |
| 2 HP DESKTOP COMP  | SL               | 2,596.               | 2,596.            | 1,428.                          | 1,947.            |

LAND, BUILDINGS, EQUIPMENT NOT HELD FOR INVESTMENT

ATTACHMENT 10 (CONT'D)

ACCUMULATED DEPRECIATION DETAIL

FIXED ASSET DETAIL

| ASSET DESCRIPTION  | METHOD/<br>CLASS | BEGINNING |           | ENDING    |         | BEGINNING |           | ENDING    |         |
|--------------------|------------------|-----------|-----------|-----------|---------|-----------|-----------|-----------|---------|
|                    |                  | BALANCE   | ADDITIONS | DISPOSALS | BALANCE | BALANCE   | ADDITIONS | DISPOSALS | BALANCE |
| WIRELESS KEYBOARD  | SL               | 351.      |           |           | 351.    | 169.      | 70.       |           | 239.    |
| FURNITURE          | SL               | 5,255.    |           |           | 5,255.  | 4,755.    | 500.      |           | 5,255.  |
| CONFERENCE TABLE   | SL               | 4,370.    |           |           | 4,370.  | 3,225.    | 624.      |           | 3,849.  |
| 8 CONFERENCE CHAIR | SL               | 1,253.    |           |           | 1,253.  | 925.      | 179.      |           | 1,104.  |
| 2 LEATHER MESH CHA | SL               | 713.      |           |           | 713.    | 476.      | 102.      |           | 578.    |
| DESK & FILE CABINE | SL               | 781.      |           |           | 781.    | 447.      | 112.      |           | 559.    |
| CONFERENCE TABLE   | SL               | 1,750.    |           |           | 1,750.  | 542.      | 250.      |           | 792.    |
| DESK, FILE CABINET | SL               | 3,386.    |           |           | 3,386.  | 1,094.    | 484.      |           | 1,578.  |
| OFFICE CHAIR       | SL               | 362.      |           |           | 362.    | 130.      | 52.       |           | 182.    |
| BUILDING PROJECT C | SL               | 98,435.   |           |           | 98,435. | 34,700.   | 11,254.   |           | 45,954. |
| SAFE               | SL               | 582.      |           |           | 582.    | 228.      | 83.       |           | 311.    |
| OAK BASE TABLE     | SL               | 600.      |           |           | 600.    | 193.      | 86.       |           | 279.    |
| TASK CHAIR & KEYBO | SL               | 543.      |           |           | 543.    | 175.      | 78.       |           | 253.    |
| LANDSCAPING-- CAC  | SL               | 6,008.    |           |           | 6,008.  | 901.      | 601.      |           | 1,502.  |
| LOCATION SIGN      | SL               | 1,680.    |           |           | 1,680.  | 121.      | 112.      |           | 233.    |
| LANDSCAPING--MAIN  | SL               | 4,993.    |           |           | 4,993.  | 499.      | 499.      |           | 998.    |
| CSS SOFTWARE (3)   | SL               | 1,832.    |           |           | 1,832.  | 1,222.    | 610.      |           | 1,832.  |
| HP DESKTOP COMPUTE | SL               | 5,291.    |           |           | 5,291.  | 2,028.    | 1,058.    |           | 3,086.  |



LAND, BUILDINGS, EQUIPMENT NOT HELD FOR INVESTMENT

ATTACHMENT 10 (CONT'D)

FIXED ASSET DETAIL ACCUMULATED DEPRECIATION DETAIL

| ASSET DESCRIPTION   | METHOD/<br>CLASS | FIXED ASSET DETAIL   |           |           | ACCUMULATED DEPRECIATION DETAIL |                      |           |           |                   |
|---------------------|------------------|----------------------|-----------|-----------|---------------------------------|----------------------|-----------|-----------|-------------------|
|                     |                  | BEGINNING<br>BALANCE | ADDITIONS | DISPOSALS | ENDING<br>BALANCE               | BEGINNING<br>BALANCE | ADDITIONS | DISPOSALS | ENDING<br>BALANCE |
| ADOBE CONTRIBUTE LI | SL               | 339.                 |           |           | 339.                            | 217.                 | 113.      |           | 330.              |
| HP DESKTOP COMPUTE  | SL               | 1,890.               |           |           | 1,890.                          | 599.                 | 378.      |           | 977.              |
| SONIC WALL          | SL               | 1,115.               |           |           | 1,115.                          | 353.                 | 223.      |           | 576.              |
| COMPUTER PROJECTOR  | SL               | 917.                 |           |           | 917.                            | 290.                 | 183.      |           | 473.              |
| I- PAD (&APPS)      | SL               | 650.                 |           |           | 650.                            | 195.                 | 130.      |           | 325.              |
| DELL DESKTOP COMPU  | SL               | 2,800.               |           |           | 2,800.                          | 560.                 |           |           | 1,120.            |
| COMPUTER MONITOR    | SL               | 240.                 |           |           | 240.                            | 48.                  |           |           | 96.               |
| CHAIR (PROGRAM OFF  | SL               | 366.                 |           |           | 366.                            | 100.                 | 52.       |           | 152.              |
| BOOKCASE            | SL               | 224.                 |           |           | 224.                            | 53.                  | 32.       |           | 85.               |
| TASK CHAIR          | SL               | 387.                 |           |           | 387.                            | 92.                  | 55.       |           | 147.              |
| FOUNDERS PLAQUE     | SL               | 549.                 |           |           | 549.                            | 117.                 | 78.       |           | 195.              |
| DESK HUTCH          | SL               | 458.                 |           |           | 458.                            | 65.                  |           |           | 130.              |
| WIRE SHELVING       | SL               | 825.                 |           |           | 825.                            | 118.                 | 118.      |           | 236.              |
| PRINTER STAND       | SL               | 377.                 |           |           | 377.                            | 54.                  |           |           | 108.              |
| LATERAL FILE CABIN  | SL               | 2,430.               |           |           | 2,430.                          | 347.                 | 347.      |           | 694.              |
| EXECUTIVE CHAIRS    | SL               | 816.                 |           |           | 816.                            | 117.                 | 117.      |           | 234.              |
| SOFTWARE            | SL               | 730.                 |           |           | 730.                            | 730.                 |           |           | 730.              |
| SOFTWARE            | SL               | 452.                 |           |           | 452.                            | 452.                 |           |           | 452.              |

LAND, BUILDINGS, EQUIPMENT NOT HELD FOR INVESTMENT

ATTACHMENT 10 (CONT'D)

ACCUMULATED DEPRECIATION DETAIL

FIXED ASSET DETAIL

| ASSET DESCRIPTION  | METHOD/<br>CLASS | BEGINNING |           | ENDING    |         | BEGINNING |           | ENDING    |         |
|--------------------|------------------|-----------|-----------|-----------|---------|-----------|-----------|-----------|---------|
|                    |                  | BALANCE   | ADDITIONS | DISPOSALS | BALANCE | BALANCE   | ADDITIONS | DISPOSALS | BALANCE |
| SOFTWARE           | DS               | 849.      |           |           | 849.    | 849.      |           |           | 849.    |
| VITEX TREES (2)    | SL               | 680.      |           |           | 680.    | 17.       | 68.       |           | 85.     |
| DESK SCANNER (EXEC | SL               | 430.      |           |           | 430.    | 79.       | 86.       |           | 165.    |
| SHARP 80" TV (BOAR | SL               | 5,399.    |           |           | 5,399.  | 270.      | 1,080.    |           | 1,350.  |
| PRINTER, LASERJET  | SL               | 210.      |           |           | 210.    | 7.        | 42.       |           | 49.     |
| ROUND TABLE (2ND F | SL               | 519.      |           |           | 519.    | 74.       | 74.       |           | 148.    |
| PADDED FOLDING CHA | SL               | 560.      |           |           | 560.    | 73.       | 80.       |           | 153.    |
| GUEST CHAIRS, ROLL | SL               | 2,262.    |           |           | 2,262.  | 269.      | 323.      |           | 592.    |
| GUEST CHAIRS, WOOD | SL               | 722.      |           |           | 722.    | 77.       | 103.      |           | 180.    |
| GUEST CHAIRS, WOOD | SL               | 2,507.    |           |           | 2,507.  | 298.      | 358.      |           | 656.    |
| CRENDENZA (ED)     | SL               | 2,898.    |           |           | 2,898.  | 345.      | 414.      |           | 759.    |
| SOFA TABLE (PROGRA | SL               | 519.      |           |           | 519.    | 62.       | 74.       |           | 136.    |
| OPEN BOOKCASE UNIT | SL               | 1,031.    |           |           | 1,031.  | 123.      | 147.      |           | 270.    |
| GUEST CHAIRS, OPEN | SL               | 1,247.    |           |           | 1,247.  | 134.      | 178.      |           | 312.    |
| ROUND TABLE (DIREC | SL               | 846.      |           |           | 846.    | 71.       | 121.      |           | 192.    |
| RUGS, AREA         | SL               | 7,051.    |           |           | 7,051.  | 168.      | 1,007.    |           | 1,175.  |
| SOFA TABLE (GRANTS | SL               | 519.      |           |           | 519.    | 12.       | 74.       |           | 86.     |
| LATERAL FILES, 2-D | SL               | 3,137.    |           |           | 3,137.  | 37.       | 448.      |           | 485.    |

LAND, BUILDINGS, EQUIPMENT NOT HELD FOR INVESTMENT

ATTACHMENT 10 (CONT'D)

ACCUMULATED DEPRECIATION DETAIL

FIXED ASSET DETAIL

| ASSET DESCRIPTION  | METHOD/<br>CLASS | FIXED ASSET DETAIL   |           |           | ACCUMULATED DEPRECIATION DETAIL |                      |           |           |                 |
|--------------------|------------------|----------------------|-----------|-----------|---------------------------------|----------------------|-----------|-----------|-----------------|
|                    |                  | BEGINNING<br>BALANCE | ADDITIONS | DISPOSALS | ENDING<br>BALANCE               | BEGINNING<br>BALANCE | ADDITIONS | DISPOSALS |                 |
| STAND-UP TABLE (ED | SL               |                      | 1,855.    |           | 1,855.                          |                      | 265.      |           | 265.            |
| BOOKCASE 3-SHELF ( | SL               |                      | 579.      |           | 579.                            |                      | 83.       |           | 83.             |
| LATERAL FILE 2-DRA | SL               |                      | 1,623.    |           | 1,623.                          |                      |           |           |                 |
| DESKTOP COMPUTER H | SL               |                      | 950.      |           | 950.                            |                      | 158.      |           | 158.            |
| LAPTOP COMPUTER 10 | SL               |                      | 950.      |           | 950.                            |                      | 158.      |           | 158.            |
| SOFTWARE MICROSOFT | SL               |                      | 660.      |           | 660.                            |                      | 183.      |           | 183.            |
| SERVER HP PROLIANT | SL               |                      | 3,500.    |           | 3,500.                          |                      | 525.      |           | 525.            |
| SOFTWARE SERVER LI | SL               |                      | 317.      |           | 317.                            |                      | 79.       |           | 79.             |
| COMPUTER HP (TOWER | SL               |                      | 1,595.    |           | 1,595.                          |                      | 53.       |           | 53.             |
| CANOPY TENT        | SL               |                      | 519.      |           | 519.                            |                      | 35.       |           | 35.             |
| BUILDING PROJECT   | SL               | 16,945.              |           | 16,945.   |                                 | 10,069.              | 1,228.    | 11,297.   |                 |
| BUILDING PROJECT   | SL               | 35,250.              |           |           | 35,250.                         | 9,436.               | 2,556.    |           | 11,992.         |
| TOTALS             |                  | <u>2,439,729.</u>    |           |           | <u>2,435,332.</u>               | <u>399,974.</u>      |           |           | <u>502,144.</u> |

ATTACHMENT 11

FORM 990PF, PART II - OTHER ASSETS

| <u>DESCRIPTION</u>                 | <u>BEGINNING<br/>BOOK VALUE</u> | <u>ENDING<br/>BOOK VALUE</u> | <u>ENDING<br/>FMV</u> |
|------------------------------------|---------------------------------|------------------------------|-----------------------|
| ART COLLECTION                     | 658,240.                        | 658,240.                     | 658,240.              |
| CEMETERY LOTS                      | 24,000.                         | 24,000.                      | 24,000.               |
| ACCRUED INTEREST ON<br>INVESTMENTS | 22,935.                         | 6,537.                       | 6,537.                |
| DEPOSITS                           | 100.                            | 100.                         | 100.                  |
| DEFERRED FINANCING COSTS           |                                 | 14,896.                      | 14,896.               |
| <b>TOTALS</b>                      | <u>705,275.</u>                 | <u>703,773.</u>              | <u>703,773.</u>       |

ATTACHMENT 12

FORM 990PF, PART II - OTHER LIABILITIES

| <u>DESCRIPTION</u>            | <u>BEGINNING<br/>BOOK VALUE</u> | <u>ENDING<br/>BOOK VALUE</u> |
|-------------------------------|---------------------------------|------------------------------|
| DEFERRED EXCISE TAXES PAYABLE | 423,256.                        | 648,839.                     |
| TOTALS                        | <u>423,256.</u>                 | <u>648,839.</u>              |

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

| <u>DESCRIPTION</u>  | <u>AMOUNT</u>      |
|---|--------------------|
| PRIOR YEAR GRANTS RECOVERED                                 | 27,915.            |
| UNREALIZED GAINS IN PARTNERSHIPS AND<br>FOREIGN INVESTMENTS | 11,398,597.        |
| ROUNDING  | 1.                 |
| TOTAL   | <u>11,426,513.</u> |

ATTACHMENT 14

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

| <u>DESCRIPTION</u>             | <u>AMOUNT</u>     |
|--------------------------------|-------------------|
| UNREALIZED LOSS ON INVESTMENTS | 1,875,012.        |
| TOTAL                          | <u>1,875,012.</u> |

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

GRANTEE'S NAME: APPLEWOOD FARMS HOME OWNERS ASSOCIATION  
GRANTEE'S ADDRESS: 112 BENHAM COURT  
CITY, STATE & ZIP: SUFFOLK, VA 23434  
GRANT DATE:  
GRANT AMOUNT: 5,000.  
GRANT PURPOSE: TO SPONSOR THE 2013 NATIONAL NIGHT OUT EVENT  
AMOUNT EXPENDED: 5,000.  
ANY DIVERSION? NO  
DATES OF REPORTS: 08/08/2013  
VERIFICATION DATE:  
RESULTS OF VERIFICATION:

GRANTEE'S NAME: ETERNAWELL  
GRANTEE'S ADDRESS: 6546 HAMPTON ROADS PARKWAY NO. 12  
CITY, STATE & ZIP: SUFFOLK, VA 23434  
GRANT DATE:  
GRANT AMOUNT: 250.  
GRANT PURPOSE: TO SUPPORT A HEALTHY PEOPLE SUFFOLK WALKING GROUP IN  
NORTH SUFFOLK  
AMOUNT EXPENDED: 250.  
ANY DIVERSION? NO  
DATES OF REPORTS: 4/16/2014  
VERIFICATION DATE:  
RESULTS OF VERIFICATION:

GRANTEE'S NAME: HAMPTON ROADS CHAMBER OF COMMERCE  
GRANTEE'S ADDRESS: 500 EAST MAIN STREET, SUITE 700  
CITY, STATE & ZIP: NORFOLK, VA 23510  
GRANT DATE:  
GRANT AMOUNT: 500.  
GRANT PURPOSE: TO SPONSOR THE MAY 2013 SUFFOLK MINGLE ON MAIN EVENT  
FEATURING THE PEANUT CITY CLOGGERS  
AMOUNT EXPENDED: 500.  
ANY DIVERSION? NO  
DATES OF REPORTS: 05/30/2013  
VERIFICATION DATE:  
RESULTS OF VERIFICATION:



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

| <u>NAME AND ADDRESS</u>   | <u>TITLE AND AVERAGE HOURS PER<br/>WEEK DEVOTED TO POSITION</u> | <u>COMPENSATION</u> | <u>CONTRIBUTIONS<br/>TO EMPLOYEE<br/>BENEFIT PLANS</u> | <u>EXPENSE ACCT<br/>AND OTHER<br/>ALLOWANCES</u> |
|---|---|---------------------|--|--|
| GEORGE Y BIRDSONG<br>1514 HOLLAND ROAD, SUITE 104<br>SUFFOLK, VA 23434  | CHAIRMAN<br>1.00  | 0                   | 0  | 441.   |
| J SAMUEL GLASSCOCK<br>1514 HOLLAND ROAD, SUITE 104<br>SUFFOLK, VA 23434 | VICE CHAIRMAN<br>1.00   | 0                   | 0  | 441.   |
| GINA PITRONE<br>1514 HOLLAND ROAD, SUITE 104<br>SUFFOLK, VA 23434       | EXECUTIVE DIRECTOR<br>40.00                                     | 162,712.            | 28,233.  | 441.   |
| MICHAEL K BRINKLEY<br>1514 HOLLAND ROAD, SUITE 104<br>SUFFOLK, VA 23434 | DIRECTOR OF FINANCE<br>20.40                                    | 60,402.             | 3,020.   | 441.   |
| FRANK A SPADY III<br>1514 HOLLAND ROAD, SUITE 104<br>SUFFOLK, VA 23434  | TREASURER<br>1.00   | 0                   | 0  | 441.   |
| RICHARD F BARRY III<br>106 W. FINNEY AVENUE<br>SUFFOLK, VA 23434        | BOARD OF DIRECTORS<br>1.00                                      | 0                   | 0  | 441.   |

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

ATTACHMENT 16 (CONT'D)

| <u>NAME AND ADDRESS</u> | <u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u> | <u>COMPENSATION</u> | <u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u> | <u>EXPENSE ACCT AND OTHER ALLOWANCES</u> |
|-------------------------|---|---------------------|--|--|
|-------------------------|---|---------------------|--|--|

|   |                            |   |   |      |
|---|----------------------------|---|---|------|
| ROBERT C CLAUD<br>106 W. FINNEY AVENUE<br>SUFFOLK, VA 23434 | BOARD OF DIRECTORS<br>1.00 | 0 | 0 | 441. |
|---|----------------------------|---|---|------|

|  |                            |   |   |      |
|--|----------------------------|---|---|------|
| JEFFREY D FORMAN MD<br>106 W. FINNEY AVENUE<br>SUFFOLK, VA 23434 | BOARD OF DIRECTORS<br>1.00 | 0 | 0 | 441. |
|--|----------------------------|---|---|------|

|   |                            |   |   |      |
|---|----------------------------|---|---|------|
| WILLIAM G JACKSON MD<br>106 W. FINNEY AVENUE<br>SUFFOLK, VA 23434 | BOARD OF DIRECTORS<br>1.00 | 0 | 0 | 441. |
|---|----------------------------|---|---|------|

|  |                            |   |   |      |
|--|----------------------------|---|---|------|
| DR DOUGLAS C NAISMITH<br>106 W. FINNEY AVENUE<br>SUFFOLK, VA 23434 | BOARD OF DIRECTORS<br>1.00 | 0 | 0 | 441. |
|--|----------------------------|---|---|------|

|   |                            |   |   |      |
|---|----------------------------|---|---|------|
| B J WILLIE<br>106 W. FINNEY AVENUE<br>SUFFOLK, VA 23434 | BOARD OF DIRECTORS<br>1.00 | 0 | 0 | 441. |
|---|----------------------------|---|---|------|

|   |                   |   |   |      |
|---|-------------------|---|---|------|
| LULA B HOLLAND<br>106 W. FINNEY AVENUE<br>SUFFOLK, VA 23434 | SECRETARY<br>1.00 | 0 | 0 | 441. |
|---|-------------------|---|---|------|

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

ATTACHMENT 16 (CONT'D)

NAME AND ADDRESS

TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION

CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS

EXPENSE ACCT AND OTHER ALLOWANCES

COMPENSATION

HAROLD U BLYTHE  
106 W. FINNEY AVENUE  
SUFFOLK, VA 23434

BOARD OF DIRECTORS  
1.00

441.

0

0

CLARISSA MCADOO  
106 W. FINNEY AVENUE  
SUFFOLK, VA 23434

BOARD OF DIRECTORS  
1.00

441.

0

0

GRAND TOTALS

223,114.

31,253.

6,174.

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

ATTACHMENT 17

| <u>NAME AND ADDRESS</u>  | <u>TITLE AND AVERAGE<br/>HOURS PER WEEK<br/>DEVOTED TO POSITION</u> | <u>COMPENSATION</u> | <u>CONTRIBUTIONS<br/>TO EMPLOYEE<br/>BENEFIT PLANS</u> | <u>EXPENSE ACCT<br/>AND OTHER<br/>ALLOWANCES</u> |
|--|---|---------------------|--|--|
| RICHARD E. SPENCER, JR.<br>1514 HOLLAND ROAD, SUITE 104<br>SUFFOLK, VA 23434 | SR. PROGRAM OFFICER<br>40.00  | 90,303.             | 27,162.  | 0  |
| TAMMIE A. MULLINS-RICE<br>1514 HOLLAND ROAD, SUITE 104<br>SUFFOLK, VA 23434  | PROGRAM OFFICER<br>40.00  | 62,296.             | 17,251.  | 0  |
| CATHY J. HUBBARD<br>1514 HOLLAND ROAD, SUITE 104<br>SUFFOLK, VA 23434        | GRANTS ASSOCIATE<br>40.00   | 51,563.             | 4,853.   | 0  |
| <u>TOTAL COMPENSATION</u>  |   | <u>204,162.</u>     | <u>49,266.</u>   | <u>0</u>   |

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

| <u>NAME AND ADDRESS</u>   | <u>TYPE OF SERVICE</u> | <u>COMPENSATION</u> |
|---|------------------------|---------------------|
| CORNERSTONE PARTNERS LLC<br>675 PETER JEFFERSON PARKWAY<br>CHARLOTTESVILLE, VA 22911      | INVESTMENT MGMT        | 673,316.            |
| SHAPIRO CAPITAL MANAGEMENT LLC<br>3060 PEACHTREE ROAD NW, SUITE 1555<br>ATLANTA, GA 30305 | INVESTMENT MGMT        | 78,334.             |
| BARES CAPITAL MANAGEMENT INC<br>12600 HILL COUNTRY BLVD., SUITE R-230<br>AUSTIN, TX 78738 | INVESTMENT MGMT        | 86,261.             |
| SUNTRUST BANK, INC. HDQ 5307<br>919 EAST MAIN STREET<br>RICHMOND, VA 23219                | INVESTMENT CUSTODIAN   | 69,728.             |
|   | TOTAL COMPENSATION     | <u>907,639.</u>     |

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

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

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

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

IN ADDITION:

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

990PF, PART XV - SUBMISSION DEADLINES

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



990PF, PART XV - RESTRICTIONS OR LIMITATIONS ON AWARDS

## RESTRICTIONS:

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

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

ATTACHMENT 23

| <u>RECIPIENT NAME AND ADDRESS</u>   | <u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR<br/>AND<br/>FOUNDATION STATUS OF RECIPIENT</u> | <u>PURPOSE OF GRANT OR CONTRIBUTION</u>   | <u>AMOUNT</u> |
|---|---|---|---------------|
| ACCESS PARTNERSHIP<br>P. O. BOX 41093<br>NORFOLK, VA 23451  | PC  | TO FUND ACCESS PARTNERSHIP'S STRATEGIC PLANNING REVIEW AND UPDATE FOR YEARS 2013 - 2016.  | 5,000.        |
| ALBEMARLE REGIONAL HEALTH SERVICES<br>711 ROANOKE AVENUE, P. O. BOX 189<br>ELIZABETH CITY, NC 27909   | PC  | TO IMPLEMENT A COMPREHENSIVE DIABETES PLAN IN GATES COUNTY, NORTH CAROLINA.   | 2,456.        |
| ALZHEIMER'S ASSN - SOUTHEASTERN VIRGINIA CHAPTER<br>6350 CENTER DRIVE, SUITE 102<br>NORFOLK, VA 23502 | PC  | THE WALK TO END ALZHEIMER'S IS FUND RAISING EVENT WHICH RAISES AWARENESS AND FUNDS FOR ALZHEIMER'S CARE, SUPPORT AND RESEARCH.  | 1,000.        |
| AMERICAN CANCER SOCIETY<br>4416 EXPRESSWAY DR.<br>VIRGINIA BEACH, VA 23452                            | PC  | TO SUPPORT THE 2013 SUFFOLK RELAY FOR LIFE FUNDRAISER TO BENEFIT THE AMERICAN CANCER SOCIETY EFFORTS TO FIND A CURE FOR CANCER.   | 1,000.        |
| AMERICAN DIABETES ASSOCIATION<br>870 GREENBRIER CIRCLE, SUITE 404<br>CHESAPEAKE, VA 23320             | PC  | TO TRAIN AMBASSADORS IN HIGH HEALTH-RISK CONGREGATIONS TO RAISE AWARENESS OF DIABETES AND STRESS THE IMPORTANCE OF EARLY DETECTION, DISEASE MANAGEMENT AND HEALTH RISK FACTORS. | 17,428.       |
| AMERICAN DIABETES ASSOCIATION<br>870 GREENBRIER CIRCLE, SUITE 404<br>CHESAPEAKE, VA 23320             | PC  | TO SUPPORT THE 2014 TOUR DE CURE, A REGIONAL CYCLING EVENT THAT RAISES FUNDS AND AWARENESS ABOUT DIABETES AND ITS EFFECTS ON HEALTH.  | 2,500.        |

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

ATTACHMENT 23 (CONT'D.)

| <u>RECIPIENT NAME AND ADDRESS</u>   | <u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u> | <u>PURPOSE OF GRANT OR CONTRIBUTION</u>  | <u>AMOUNT</u> |
|---|---|--|---------------|
| APPLEWOOD FARMS HOME OWNERS ASSOCIATION<br>112 BENHAM COURT<br>SUFFOLK, VA 23434                | NC  | TO SPONSOR THE 2013 NATIONAL NIGHT OUT EVENT TO PROMOTE AND EDUCATE NEIGHBORHOODS' INVOLVEMENT IN CRIME PREVENTION, POLICE-COMMUNITY PARTNERSHIPS, NEIGHBORHOOD CAMARADERIE AND TO INCLUDE INFORMATION ON HEALTH AND WELLNESS AND TO OFFER HEALTHFUL FOODS AND DANCING AND EXERCISE. | 5,000.        |
| BON SECOURS MARYVIEW FOUNDATION<br>150 KINGSLEY LANE<br>NORFOLK, VA 23505                       | SO I  | TO PROVIDE FREE, MOBILE MEDICAL SERVICES TO MEDICALLY UNDERSERVED IN WESTERN TIDEWATER.  | 112,500.      |
| BON SECOURS MARYVIEW FOUNDATION<br>150 KINGSLEY LANE<br>NORFOLK, VA 23505                       | SO I  | TO FUND SUPPLIES FOR THE FREE COMMUNITY DIABETES SCREENING.  | 915.          |
| BON SECOURS MARYVIEW FOUNDATION<br>150 KINGSLEY LANE<br>NORFOLK, VA 23505                       | SO I  | TO FUND THE BON SECOURS CARE-A-VAN AT THE 2014 MISSION OF MERCY EVENT TO BE USED FOR THE SCREENING OF UNINSURED, UNDERINSURED OR UNEMPLOYED INDIVIDUALS PRIOR TO THEIR DENTAL CARE.  | 3,404.        |
| CATHOLIC CHARITIES OF EASTERN VIRGINIA<br>5361 VIRGINIA BEACH BLVD.<br>VIRGINIA BEACH, VA 23462 | PC  | TO PROVIDE LIFE COACHES IN SENTARA OBICI HOSPITAL'S EMERGENCY ROOM TO HELP UNINSURED OR UNDERINSURED PATIENTS SECURE PRIMARY CARE SERVICES OR OTHER RESOURCES.   | 17,855.       |
| CATHOLIC CHARITIES OF EASTERN VIRGINIA<br>5361 VIRGINIA BEACH BLVD.<br>VIRGINIA BEACH, VA 23462 | PC  | CAPACITY BUILDING FUNDING FOR THE "COMPANION CARE" PROGRAM WHICH WILL FOCUS ON SENIOR CITIZEN'S ABILITY TO LIVE INDEPENDENTLY AT HOME.   | 3,200.        |

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

ATTACHMENT 23 (CONT'D.)

| <u>RECIPIENT NAME AND ADDRESS</u>   | <u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR<br/>AND<br/>FOUNDATION STATUS OF RECIPIENT</u> | <u>PURPOSE OF GRANT OR CONTRIBUTION</u>  | <u>AMOUNT</u> |
|---|---|--|---------------|
| CEREBRAL PALSY OF VIRGINIA<br>5825 ARROWHEAD DRIVE, SUITE 201<br>VIRGINIA BEACH, VA 23462           | PC  | TO GIVE PRIMARY CAREGIVERS A RESPITE (MEALS,<br>ENTERTAINMENT, OVERNIGHT STAY AND A RESPITE<br>PROVIDER) FROM DAILY STRESSES OF CARING FOR A<br>FAMILY MEMBER WITH A DISABILITY. | 3,000.        |
| CITY OF SUFFOLK<br>P.O. BOX 1858<br>SUFFOLK, VA 23439   | PC  | TO PROVIDE ADULTS AND YOUTH WITH INCREASED<br>PHYSICAL ACTIVITY AND BETTER NUTRITION USING THE<br>GET UP AND GET OUT PROGRAM.  | 3,179.        |
| CITY OF SUFFOLK<br>P.O. BOX 1858<br>SUFFOLK, VA 23439   | PC  | TO PROVIDE YOUTH WITH OPPORTUNITIES TO INCREASE<br>PHYSICAL ACTIVITY AND IMPROVE HEALTHY EATING<br>CHOICES.  | 11,922.       |
| COLONIAL VIRGINIA COUNCIL BOY SCOUTS OF AMERICA<br>11721 JEFFERSON AVENUE<br>NEWPORT NEWS, VA 23606 | PC  | TO SUPPORT THE ANNUAL FUNDRAISING DINNER<br>CELEBRATING RECENT EAGLE SCOUTS AND LIFETIME<br>ACHIEVEMENT AWARDS AND COMMUNITY PILLARS.  | 2,500.        |
| COVER 3 FOUNDATION<br>P. O. BOX 456<br>FRANKLIN, VA 23851   | PC  | TO SUPPORT AN AFTER-SCHOOL AND SUMMER FEEDING<br>PROGRAM FOR AT-RISK AND LOW-INCOME CHILDREN.  | 7,500.        |
| COVER 3 FOUNDATION<br>P. O. BOX 456<br>FRANKLIN, VA 23851   | PC  | TO RELOCATE THE KITCHEN AND ADMINISTRATION TO A<br>LARGER FACILITY ENABLING THE FEEDING OF MORE<br>CHILDREN.   | 18,000.       |

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

ATTACHMENT 23 (CONT'D.)

| <u>RECIPIENT NAME AND ADDRESS</u>  | <u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u> | <u>PURPOSE OF GRANT OR CONTRIBUTION</u>  | <u>AMOUNT</u> |
|--|---|--|---------------|
| COVER 3 FOUNDATION<br>P. O. BOX 456<br>FRANKLIN, VA 23851                  | PC  | TO SUPPORT COVER 3'S NEW YEAR'S EVE FUNDRAISER WHERE PROCEEDS TO GO TOWARD THE PURCHASE OF FRESH FRUITS AND VEGETABLES FOR THE C3 KID'S MEALS.                                     | 1,000.        |
| EASTERN VIRGINIA MEDICAL SCHOOL<br>P.O. BOX 1980<br>NORFOLK, VA 23501-1980 | PC  | TO INCREASE THE NUMBER OF MEDICAL ENCOUNTERS AT THE WESTERN TIDEWATER FREE CLINIC BY SCHEDULING FAMILY MEDICINE RESIDENTS, THIRD-YEAR MEDICAL STUDENTS AND AN ATTENDING PHYSICIAN. | 41.           |
| EASTERN VIRGINIA MEDICAL SCHOOL<br>P.O. BOX 1980<br>NORFOLK, VA 23501-1980 | PC  | TO RAISE AWARENESS AND REDUCE THE RISK OF DIABETES BY EDUCATING PHYSICIANS, CONDUCTING SCREENINGS AND IMPLEMENTING A TELEPHONIC CARE MANAGEMENT PLAN.                              | 17,741.       |
| EASTERN VIRGINIA MEDICAL SCHOOL<br>P.O. BOX 1980<br>NORFOLK, VA 23501-1980 | PC  | TO ENGAGE MEDICAL RESIDENTS AND THIRD-YEAR MEDICAL STUDENTS IN GIVING CARE TO PATIENTS AT THE WESTERN TIDEWATER FREE CLINIC, THEREBY INCREASING MEDICAL CARE ACCESS.               | 50,625.       |
| EASTERN VIRGINIA MEDICAL SCHOOL<br>P.O. BOX 1980<br>NORFOLK, VA 23501-1980 | PC  | TO REDUCE THE RISK OF DIABETES BY EDUCATING PHYSICIANS, CONDUCTING SCREENINGS AND IMPLEMENTING A TELEPHONIC CARE MANAGEMENT PLAN FOR REFERRED PATIENTS.                            | 77,173.       |
| EASTERN VIRGINIA MEDICAL SCHOOL<br>P.O. BOX 1980<br>NORFOLK, VA 23501-1980 | PC  | TO PLAN FOR THE ESTABLISHMENT OF A SPECIALTY CARE CENTER THAT WILL IMPROVE ACCESS TO SPECIALTY CARE AND DECREASE COMPLICATIONS ASSOCIATED WITH PRE-DIABETES AND DIABETES.          | 12,500.       |

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

ATTACHMENT 23 (CONT'D.)

| <u>RECIPIENT NAME AND ADDRESS</u>   | <u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR<br/>AND<br/>FOUNDATION STATUS OF RECIPIENT</u> | <u>PURPOSE OF GRANT OR CONTRIBUTION</u>   | <u>AMOUNT</u> |
|---|---|---|---------------|
| EDUCATION FDTN FOR ISLE OF WIGHT PUBLIC SCHOOLS<br>820 WEST MAIN STREET<br>SMITHFIELD, VA 23430 | PC  | TO SUPPORT THE 7TH ANNUAL STUDENTS FIRST DINNER<br>AND AUCTION TO BENEFIT THE STUDENTS IN ISLE OF<br>WIGHT COUNTY PUBLIC SCHOOLS.                         | 1,000.        |
| ETERNAWELL<br>6546 HAMPTON ROADS PARKWAY NO. 12<br>SUFFOLK, VA 23434                            | NC  | TO SUPPORT A HEALTHY PEOPLE HEALTHY SUFFOLK<br>WALKING GROUP IN NORTH SUFFOLK.  | 250.          |
| FIRST TEE HAMPTON ROADS<br>2400 TOURNAMENT DRIVE<br>VIRGINIA BEACH, VA 23456                    | PC  | TO HONOR THE SERVICE OF MR. ROBERT HAYES, BOARD<br>EMERITUS, WITH SUPPORT OF FIRST TEE OF HAMPTON<br>ROADS.   | 1,000.        |
| FOODBANK OF SOUTHEASTERN VIRGINIA<br>P.O. BOX 1940<br>NORFOLK, VA 23501                         | PC  | TO PROVIDE FREE FOOD WITH HIGH NUTRITIONAL VALUE<br>FROM THE FOODBANK'S SUFFOLK MOBILE PANTRY FOR<br>DIABETIC CLIENTS.                                    | 25,000.       |
| FOODBANK OF SOUTHEASTERN VIRGINIA<br>P.O. BOX 1940<br>NORFOLK, VA 23501                         | PC  | TO PROVIDE DIABETIC CLIENTS WITH HIGH NUTRITIONAL<br>VALUE FOODS FROM THE FOODBANK'S SUFFOLK MOBILE<br>PANTRY.  | 18,750.       |
| FORKIDS, INC.<br>P.O. BOX 6044<br>NORFOLK, VA 23508   | PC  | TO EXPAND HOMELESS PREVENTION AND PERMANENT<br>SUPPORTIVE HOUSING PROGRAMMING IN WESTERN<br>TIDEWATER AND TO PROVIDE MEDICAL CASE MANAGEMENT<br>SERVICES. | 12,500.       |

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

ATTACHMENT 23 (CONT'D.)

| <u>RECIPIENT NAME AND ADDRESS</u>   | <u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR<br/>AND<br/>FOUNDATION STATUS OF RECIPIENT</u> | <u>PURPOSE OF GRANT OR CONTRIBUTION</u>  | <u>AMOUNT</u> |
|---|---|--|---------------|
| FORKIDS, INC.<br>P.O. BOX 6044<br>NORFOLK, VA 23508   | PC  | TO IMPROVE ACCESS TO MEDICAL AND MENTAL HEALTH SERVICES FOR HOMELESS FAMILIES.   | 56,250.       |
| FRANKLIN CITY DEPARTMENT OF SOCIAL SERVICES<br>306 N. MAIN STREET<br>FRANKLIN, VA 23851               | PC  | TO SUPPORT THE THIRD ANNUAL "NO EXCUSE FOR CHILD ABUSE" POKER RUN.   | 300.          |
| GATES PARTNERS FOR HEALTH<br>29 MEDICAL CENTER RD.<br>GATES, NC 27937                                 | PC  | TO SUPPORT A HEART HEALTHY SEMINAR, DINNER AND PANEL DISCUSSION DIRECTED AT HEALTH CENTERS AND CHURCHES.   | 1,500.        |
| GATEWAY COMMUNITY HEALTH CENTER<br>P. O. BOX 297<br>GATESVILLE, NC 27938                              | PC  | TO EXPAND SERVICES THAT SUPPORT GATES COUNTY RESIDENTS WHO ARE DIABETIC, PRE-DIABETIC OR AT HIGH RISK FOR DEVELOPING DIABETES.                   | 67,849.       |
| GIRLS ON THE RUN SOUTH HAMPTON ROADS<br>921 FIRST COLONIAL RD, SUITE 1707<br>VIRGINIA BEACH, VA 23454 | PC  | TO FUND THE PURCHASE OF CURRICULUM, WATER BOTTLES AND LESSON MATERIALS FOR AN AFTER-SCHOOL RUNNING AND EXERCISE PROGRAM FOR 8-12 YEAR OLD GIRLS. | 5,000.        |
| HAMPTON ROADS CHAMBER OF COMMERCE<br>500 EAST MAIN STREET, SUITE 700<br>NORFOLK, VA 23510             | NC  | TO SPONSOR THE MAY 2013 SUFFOLK MINGLE ON MAIN EVENT FEATURING THE PEANUT CITY CLOGGERS.   | 500.          |

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

ATTACHMENT 23 (CONT'D.)

| <u>RECIPIENT NAME AND ADDRESS</u>  | <u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR<br/>AND<br/>FOUNDATION STATUS OF RECIPIENT</u> | <u>PURPOSE OF GRANT OR CONTRIBUTION</u>   | <u>AMOUNT</u> |
|--|---|---|---------------|
| HORIZON HEALTH SERVICES<br>P. O. BOX 29<br>WAVERLY, VA 23890   | PC  | TO PROVIDE DENTAL CARE AND SMOKING CESSATION SERVICES IN FRANKLIN, SOUTHAMPTON, SURRY AND SUSSEX SERVICE AREAS.                               | 37,500.       |
| ISLE OF WIGHT CHRISTIAN OUTREACH PROGRAM<br>P. O. BOX 253<br>SMITHFIELD, VA 23431                                | PC  | TO PROVIDE BASIC DENTAL HEALTHCARE ACCESS TO THE UNINSURED ELDERLY IN THE ISLE OF WIGHT AREA, MOST OF WHOM ARE AT OR BELOW THE POVERTY LEVEL. | 1,550.        |
| ISLE OF WIGHT CHRISTIAN OUTREACH PROGRAM<br>P. O. BOX 253<br>ISLE OF WIGHT, VA 23431                             | PC  | TO HELP REMODEL A FACILITY WHERE LOW-INCOME PERSONS CAN RECEIVE HEALTH AND SOCIAL SERVICES.   | 90,000.       |
| ISLE OF WIGHT COUNTY DEPARTMENT OF SOCIAL SERVICES<br>17100 MONUMENT CIRCLE, SUITE A<br>SMITHFIELD, VA 23397     | PC  | FOR A PROACTIVE OUTREACH PROGRAM TO INCREASE THE NUMBER OF CHILDREN AND FAMILIES ENROLLED IN MEDICAID AND FAMIS IN ISLE OF WIGHT COUNTY.      | 65,796.       |
| ISLE OF WIGHT EDUCATIONAL FOUNDATION, INC.<br>17111 COURTHOUSE HIGHWAY, P. O. BOX 105<br>ISLE OF WIGHT, VA 23397 | PC  | TO PURCHASE A COMMERCIAL SALAD BAR FOR THE ISLE OF WIGHT ACADEMY'S LUNCH ROOM.  | 3,900.        |
| ISLE OF WIGHT EDUCATIONAL FOUNDATION, INC.<br>17111 COURTHOUSE HIGHWAY, P. O. BOX 105<br>ISLE OF WIGHT, VA 23397 | PC  | TO FUND EARLY CHILDHOOD SPECIALIZED PLAY EQUIPMENT DESIGNED TO AID IN THE PREVENTION OF EARLY CHILDHOOD OBESITY.                              | 5,000.        |



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

ATTACHMENT 23 (CONT'D.)

| <u>RECIPIENT NAME AND ADDRESS</u>  | <u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u> | <u>PURPOSE OF GRANT OR CONTRIBUTION</u>  | <u>AMOUNT</u> |
|--|---|--|---------------|
| JOHNS HOPKINS SCLERODERMA CENTER<br>5200 EASTERN AVENUE, MASON F. LORD BUILDING CENTER<br>BALTIMORE, MD 21224-2735 | PC  | TO SUPPORT THE SCLERODERMA WIN THE FIGHT WALK AND CAR SHOW AWARENESS AND FUNDRAISER.   | 500.          |
| NANSEMOND-SUFFOLK ACADEMY<br>3373 PRUDEN BLVD.<br>SUFFOLK, VA 23434  | PC  | TO DEVELOP A "KID-TO-KID" SOCIAL MARKETING OBESITY PREVENTION AWARENESS CAMPAIGN.  | 347.          |
| NATIONAL KIDNEY FOUNDATION SERVING VIRGINIA<br>1742 EAST PARHAM<br>RICHMOND, VA 23228                              | PC  | THE HAMPTON ROADS KIDNEY WALK COMMUNITY FUNDRAISER CREATES AN OPPORTUNITY TO CELEBRATE LIFE, BUILD LASTING COMMUNITY ADVOCACY AND TO CALL ATTENTION TO THE PREVENTION OF KIDNEY DISEASE AND THE NEED FOR ORGAN DONATION. | 2,000.        |
| PAUL D. CAMP COMMUNITY COLLEGE<br>P.O. BOX 737<br>FRANKLIN, VA 23851   | PC  | TO RENOVATE THE SUFFOLK HEALTH SCIENCES SKILLS LABORATORY INTO A MODERN, INNOVATIVE SPACE TO MEET THE NEEDS OF TODAY'S NURSING STUDENTS.   | 36,000.       |
| RECOVERY FOR LIFE/RECOVERY FOR THE CITY, INTL<br>3419 #B6 VIRGINIA BEACH BLVD.<br>VIRGINIA BEACH, VA 23452         | PC  | TO FUND THE DEVELOPMENT OF HEALTH MINISTRIES THROUGH THE EDUCATION AND DISTRIBUTION OF HEALTH MATERIALS TO FAITH AND LAY LEADERS.  | 5,000.        |
| RUSHMERE COMMUNITY DEVELOPMENT CORPORATION<br>4796 OLD STAGE HWY<br>SMITHFIELD, VA 23430                           | PC  | TRAINING ASSISTANCE FOR VOLUNTEER HAMPTON ROAD'S BOARD BOOT CAMP.  | 150.          |

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

ATTACHMENT 23 (CONT'D.)

| <u>RECIPIENT NAME AND ADDRESS</u>   | <u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR<br/>AND<br/>FOUNDATION STATUS OF RECIPIENT</u> | <u>PURPOSE OF GRANT OR CONTRIBUTION</u>  | <u>AMOUNT</u> |
|---|---|--|---------------|
| RX PARTNERSHIP<br>2924 EMERYWOOD PKWY, SUITE 300<br>RICHMOND, VA 23294                      | PC  | TO PROVIDE FREE PRESCRIPTION MEDICATION AND<br>LOW-COST SUPPLIES TO LOW-INCOME, UNINSURED<br>RESIDENTS SERVED BY WESTERN TIDEWATER FREE<br>CLINIC.         | 7,500.        |
| RX PARTNERSHIP<br>2924 EMERYWOOD PKWY, SUITE 300<br>RICHMOND, VA 23294                      | PC  | TO SPONSOR THE RX PARTNERSHIP ANNUAL AFFILIATE<br>ROUNDTABLE IN JULY 2013.   | 2,000.        |
| RX PARTNERSHIP<br>2924 EMERYWOOD PKWY, SUITE 300<br>RICHMOND, VA 23294                      | PC  | TO PROVIDE FREE PRESCRIPTION MEDICATION AND<br>LOW-COST SUPPLIES TO LOW-INCOME, UNINSURED<br>RESIDENTS SERVED BY THE WESTERN TIDEWATER FREE<br>CLINIC.     | 5,625.        |
| SENIOR SERVICES OF SOUTHEASTERN VIRGINIA<br>6350 CENTER DR., SUITE 101<br>NORFOLK, VA 23502 | PC  | TO EXPAND THE MEDICARE ACCESS PROGRAM BY TRAINING<br>VOLUNTEER BENEFIT COUNSELORS.   | 7,501.        |
| SENIOR SERVICES OF SOUTHEASTERN VIRGINIA<br>6350 CENTER DR., SUITE 101<br>NORFOLK, VA 23502 | PC  | FOR TRAINING BENEFIT COUNSELOR VOLUNTEERS IN AN<br>EXPANSION OF THE MEDICARE ACCESS PROGRAM.   | 67,500.       |
| SENIOR SERVICES OF SOUTHEASTERN VIRGINIA<br>6350 CENTER DR., SUITE 101<br>NORFOLK, VA 23502 | PC  | TO SPONSOR THE MEDICARE HEALTH FAIR AND EXPO AT<br>THE SILVER LEVEL WHICH PROVIDED EDUCATIONAL<br>PROGRAMS AND MEDICARE COUNSELING FOR SENIOR<br>CITIZENS. | 2,500.        |

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

ATTACHMENT 23 (CONT'D.)

| <u>RECIPIENT NAME AND ADDRESS</u>   | <u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR<br/>AND<br/>FOUNDATION STATUS OF RECIPIENT</u> | <u>PURPOSE OF GRANT OR CONTRIBUTION</u>   | <u>AMOUNT</u> |
|---|---|---|---------------|
| PC<br>SENIOR SERVICES OF SOUTHEASTERN VIRGINIA<br>6350 CENTER DR., SUITE 101<br>NORFOLK, VA 23502 | PC  | TO REHABILITATE THE HISTORICAL HAYDEN HIGH SCHOOL IN FRANKLIN, VIRGINIA, AND PROVIDE INTER-GENERATIONAL HEALTH AND WELLNESS SERVICES TO THE COMMUNITY.                            | 250,000.      |
| PC<br>SENTARA OBICI HOSPITAL<br>2800 GODWIN BLVD<br>SUFFOLK, VA 23434                             | PC  | TO DEVELOP AND IMPLEMENT A HOSPITAL-BASED, UNIVERSAL RISK SCREENING DURING PREGNANCY OR AT BIRTH THAT CONNECTS NEW PARENTS WITH APPROPRIATE COMMUNITY RESOURCES.                  | 13,728.       |
| PC<br>SENTARA OBICI HOSPITAL<br>2800 GODWIN BLVD<br>SUFFOLK, VA 23434                             | PC  | TO PROVIDE UNINSURED PATIENTS WITH CASE MANAGEMENT SERVICES THAT IMPROVE SELF-CARE DISEASE MANAGEMENT SKILLS FROM HOSPITAL TO HOME.   | 28,125.       |
| PC<br>SENTARA OBICI HOSPITAL<br>2800 GODWIN BLVD<br>SUFFOLK, VA 23434                             | PC  | FOR A HOSPITAL-BASED, UNIVERSAL RISK SCREENING DURING PREGNANCY OR AT BIRTH THAT CONNECTS NEW PARENTS WITH APPROPRIATE COMMUNITY RESOURCES.                                       | 92,666.       |
| PC<br>SENTARA OBICI HOSPITAL<br>2800 GODWIN BLVD<br>SUFFOLK, VA 23434                             | PC  | TO PURCHASE NECESSARY TELEMEDICINE EQUIPMENT TO IMPROVE ACCESS TO BEHAVIORAL HEALTH SERVICES IN THE EMERGENCY DEPARTMENTS AT SENTARA OBICI HOSPITAL AND BELLEHARBOUR.             | 11,282.       |
| PC<br>SENTARA OBICI HOSPITAL<br>2800 GODWIN BLVD<br>SUFFOLK, VA 23434                             | PC  | TO SUPPORT ANALYSIS BY A CARDIAC NURSE AND A CLINICAL DIETICIAN OF LOCAL RESTAURANT MENUS AND FURTHER TO INDICATE ON THE ANALYZED MENUS THOSE HEART AND DIABETIC HEALTHY OPTIONS. | 4,000.        |

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

ATTACHMENT 23 (CONT'D.)

| <u>RECIPIENT NAME AND ADDRESS</u>  | <u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR<br/>AND<br/>FOUNDATION STATUS OF RECIPIENT</u> | <u>PURPOSE OF GRANT OR CONTRIBUTION</u>   | <u>AMOUNT</u> |
|--|---|---|---------------|
| SENTARA OBICI HOSPITAL<br>2800 GODWIN BLVD<br>SUFFOLK, VA 23434  | PC  | TO PROVIDE UNINSURED PATIENTS WITH CASE MANAGEMENT SERVICES THAT IMPROVE SELF-CARE DISEASE MANAGEMENT SKILLS FROM HOSPITAL TO HOME.   | 18,750.       |
| SENTARA OBICI HOSPITAL<br>2800 GODWIN BLVD<br>SUFFOLK, VA 23434  | PC  | TO PROVIDE LIFE COACHES IN SENTARA OBICI HOSPITAL'S EMERGENCY ROOM WHO WILL HELP UNINSURED AND UNDERINSURED PATIENTS OBTAIN PRIMARY CARE SERVICES OR OTHER RESOURCES.               | 37,500.       |
| SMART BEGINNINGS WESTERN TIDEWATER<br>601 NORTH MECHANIC STREETSUITE 203<br>FRANKLIN, VA 23851           | PC  | TO INCREASE THE NUMBER OF WESTERN TIDEWATER CHILDREN ENROLLED IN FAMIS.   | 16,000.       |
| SMART BEGINNINGS WESTERN TIDEWATER<br>601 NORTH MECHANIC STREETSUITE 203<br>FRANKLIN, VA 23851           | PC  | TO FUND QUARTERLY WORKSHOPS FOR THE PROFESSIONAL DEVELOPMENT OF PRESCHOOL PROVIDERS ON THE SUBJECTS OF NUTRITION AND HEALTH.  | 2,500.        |
| SMITHFIELD AND IOW CONVENTION AND VISITOR BUREAU<br>319 MAIN STREET, P.O. BOX 37<br>SMITHFIELD, VA 23430 | PC  | TO PROVIDE FUNDING SO THAT THE SMITHFIELD FARMERS MARKET CAN ADVERTISE THE LOCAL, FRESH PRODUCE AND EDUCATE THE PUBLIC ON SUPPORTING LOCAL FARMS AND THE BENEFIT OF EATING HEALTHY. | 2,500.        |
| SOUTHEASTERN COUNCIL OF FOUNDATIONS<br>50 HURT PLAZA, SUITE 350<br>ATLANTA, GA 30303                     | PC  | TO SPONSOR THE SOUTHEASTERN COUNCIL OF FOUNDATIONS ANNUAL MEETING.  | 5,000.        |

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

ATTACHMENT 23 (CONT'D.)

| <u>RECIPIENT NAME AND ADDRESS</u>   | <u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR<br/>AND<br/>FOUNDATION STATUS OF RECIPIENT</u> | <u>PURPOSE OF GRANT OR CONTRIBUTION</u>   | <u>AMOUNT</u> |
|---|---|---|---------------|
| SOUTHEASTERN VIRGINIA HEALTH SYSTEM<br>1033 28TH ST., 2ND FLOOR<br>NEWPORT NEWS, VA 23607 | PC  | TO PROVIDE ACCESS TO CLINICAL INTERVENTION/<br>PRIMARY CARE SERVICES FOR THE DIAGNOSIS AND<br>MANAGEMENT OF DIABETES AND ORAL HEALTH.   | 25,000.       |
| SOUTHEASTERN VIRGINIA HEALTH SYSTEM<br>1033 28TH ST., 2ND FLOOR<br>NEWPORT NEWS, VA 23607 | PC  | TO PROVIDE ACCESS TO CLINICAL INTERVENTION/<br>PRIMARY CARE SERVICES FOR THE DIAGNOSIS AND<br>MANAGEMENT OF DIABETES AND ORAL HEALTH.   | 225,000.      |
| SOUTHEASTERN VIRGINIA HEALTH SYSTEM<br>1033 28TH ST., 2ND FLOOR<br>NEWPORT NEWS, VA 23607 | PC  | TO SUPPORT A FUNDRAISER TO COVER PROCEDURES SUCH<br>AS COLONOSCOPIES, BREAST AND PROSTATE SCREENINGS<br>FOR THE UNINSURED/UNDERINSURED PATIENT<br>POPULATIONS.                | 1,000.        |
| SUFFOLK DEPARTMENT OF SOCIAL SERVICES<br>135 HALL AVENUE<br>SUFFOLK, VA 23434             | PC  | TO INCREASE THE NUMBER OF CHILDREN AND FAMILIES<br>ENROLLED IN MEDICAID AND FAMIS.  | 23,007.       |
| SUFFOLK FAMILY YMCA<br>2769 GODWIN BLVD<br>SUFFOLK, VA 23434                              | PC  | TO INCREASE CARDIOVASCULAR FITNESS, PHYSICAL<br>STRENGTH AND LIFE SKILLS FOR YOUTH PARTICIPATING<br>IN AN AFTER-SCHOOL JUMP ROPE PROGRAM.                                     | 30,938.       |
| SUFFOLK LITERACY COUNCIL<br>157 NORTH MAIN STREET, 2ND FLOOR<br>SUFFOLK, VA 23434         | PC  | SUPPORT FOR TWO BI-ANNUAL SUFFOLK LITERACY<br>EVENTS, 2 YOUR HEALTH, WHERE READING OF BOTH<br>PRESCRIPTION LABELS AND FOOD LABELS IS TAUGHT BY<br>PHARMACISTS AND DIETICIANS. | 2,000.        |

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

ATTACHMENT 23 (CONT'D.)

| <u>RECIPIENT NAME AND ADDRESS</u>   | <u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR<br/>AND<br/>FOUNDATION STATUS OF RECIPIENT</u> | <u>PURPOSE OF GRANT OR CONTRIBUTION</u>   | <u>AMOUNT</u> |
|---|---|---|---------------|
| SUFFOLK MEALS ON WHEELS<br>2800 GODWIN BLVD.<br>SUFFOLK, VA 23434                       | PC  | FOR MEAL DELIVERY TO SENIORS AND DISABLED<br>RECIPIENTS WHO ARE HOMEBOUND AND/OR HOME ALONE IN<br>SUFFOLK AND ISLE OF WIGHT COUNTY.   | 42,496.       |
| SUFFOLK MEALS ON WHEELS<br>2800 GODWIN BLVD.<br>SUFFOLK, VA 23434                       | PC  | TO PROVIDE FUNDS FOR MARKETING TO SHORT-TERM AND<br>YOUNG DISABILITY INDIVIDUALS WHO MAY BE IN NEED<br>OF THE NUTRITIOUS MEAL DELIVERY SERVICE.                               | 2,000.        |
| SUFFOLK PARTNERSHIP FOR A HEALTHY COMMUNITY<br>1707 N. MAIN STREET<br>SUFFOLK, VA 23434 | PC  | TO DEVELOP A COMPREHENSIVE PLAN ENCOURAGING<br>ACTIVE LIFESTYLES FOR SUFFOLK CITIZENS THAT<br>INCLUDES COMMUNITY ENGAGEMENT, ENVIRONMENTAL<br>CHANGE AND MEASURABLE OUTCOMES. | 9,848.        |
| SUFFOLK PARTNERSHIP FOR A HEALTHY COMMUNITY<br>1707 N. MAIN STREET<br>SUFFOLK, VA 23434 | PC  | FOR IMPLEMENTATION OF A 10-YEAR COMMUNITY<br>WELLNESS PLAN THAT PROMOTES ACTIVE LIFESTYLES,<br>ACCESS TO HEALTHY FOODS AND NEIGHBORHOOD<br>ENGAGEMENT.                        | 149,575.      |
| SUFFOLK PARTNERSHIP FOR A HEALTHY COMMUNITY<br>1707 N. MAIN STREET<br>SUFFOLK, VA 23434 | PC  | TO DEVELOP A COMPREHENSIVE PLAN ENCOURAGING<br>ACTIVE LIFESTYLES FOR SUFFOLK CITIZENS THAT<br>INCLUDES COMMUNITY ENGAGEMENT, ENVIRONMENTAL<br>CHANGE AND MEASURABLE OUTCOMES. | 7,830.        |
| SUFFOLK PARTNERSHIP FOR A HEALTHY COMMUNITY<br>1707 N. MAIN STREET<br>SUFFOLK, VA 23434 | PC  | FOR IMPLEMENTATION OF A 10-YEAR COMMUNITY<br>WELLNESS PLAN THAT PROMOTES ACTIVE LIFESTYLES,<br>ACCESS TO HEALTHY FOODS AND NEIGHBORHOOD<br>ENGAGEMENT.                        | 17,915.       |

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

ATTACHMENT 23 (CONT'D.)

| <u>RECIPIENT NAME AND ADDRESS</u>  | <u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR<br/>AND<br/>FOUNDATION STATUS OF RECIPIENT</u> | <u>PURPOSE OF GRANT OR CONTRIBUTION</u>  | <u>AMOUNT</u> |
|--|---|--|---------------|
| SUFFOLK PUBLIC SCHOOLS<br>100 N. MAIN ST.P.O. BOX 1549<br>SUFFOLK, VA 23434              | PC  | TO DEVELOP AND IMPLEMENT AFTER-SCHOOL CHALLENGE CLUBS FOCUSED ON OBESITY PREVENTION AND TO ESTABLISH SALAD BARS IN CAFETERIAS FOR BETTER NUTRITION.                                      | 95,246.       |
| SUFFOLK REDEVELOPMENT AND HOUSING AUTHORITY<br>530 E. PINNER STREET<br>SUFFOLK, VA 23434 | PC  | TO RAISE AWARENESS AMONG RESIDENTS OF PUBLIC HOUSING COMMUNITIES IN SUFFOLK ABOUT THE HEALTH HAZARDS FROM EXPOSURE TO SECONDHAND SMOKE IN PUBLIC PLACES AND REDUCE THE NUMBER OF SMOKERS | 25,000.       |
| SUFFOLK REDEVELOPMENT AND HOUSING AUTHORITY<br>530 E. PINNER STREET<br>SUFFOLK, VA 23434 | PC  | TO HELP PUBLIC HOUSING RESIDENTS BECOME MORE AWARE OF BOTH THE PREVENTION AND MANAGEMENT OF CHRONIC DISEASE.   | 30,690.       |
| SUFFOLK SALVATION ARMY CORPS<br>400 BANK ST.<br>SUFFOLK, VA 23434                        | PC  | TO PROVIDE LOW-INCOME PERSONS WITH IMPROVED ACCESS TO THEIR DOCTORS, HOSPITALS AND PHARMACIES.   | 7,500.        |
| THE GENIEVE SHELTER<br>157 N. MAIN ST., 2ND FLOOR, STE R3<br>SUFFOLK, VA 23434           | PC  | TO SUPPORT THE ESTABLISHMENT OF THE DEVELOPMENT COORDINATOR POSITION TO ENCOURAGE COMMUNITY PARTICIPATION, AND FINANCIAL SUPPORT FOR THE GENIEVE SHELTER'S PROGRAMS AND SPECIAL EVENTS.  | 17,500.       |
| THE GENIEVE SHELTER<br>157 N. MAIN ST., 2ND FLOOR, STE R3<br>SUFFOLK, VA 23434           | PC  | TO SUPPORT A WALK-A-THON AND FUNDRAISING EVENT THAT WILL BRING AWARENESS TO DOMESTIC VIOLENCE AND ENCOURAGE VICTIMS TO WALK AWAY FROM ABUSE.   | 500.          |

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

ATTACHMENT 23 (CONT'D.)

| <u>RECIPIENT NAME AND ADDRESS</u>   | <u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR<br/>AND<br/>FOUNDATION STATUS OF RECIPIENT</u> | <u>PURPOSE OF GRANT OR CONTRIBUTION</u>   | <u>AMOUNT</u> |
|---|---|---|---------------|
| THE GENIEVE SHELTER<br>157 N. MAIN ST., 2ND FLOOR, STE R3<br>SUFFOLK, VA 23434                      | PC  | VOLUNTEER HAMPTON ROADS BOARD BOOT CAMP.  | 200.          |
| THE HEALING PLACE OF HAMPTON ROADS<br>5265 ROBIN HOOD ROAD, SUITE 700<br>NORFOLK, VA 23513          | PC  | TO PROVIDE SEED FUNDING FOR THE START-UP PHASE<br>AND OPERATIONAL NEEDS FOR A PROGRAM TO HELP<br>HOMELESS MEN AND WOMEN, INCLUDING VETERANS, TO<br>RECOVER FROM ALCOHOL AND DRUG ADDICTION. | 5,000.        |
| THE HORSES HELPING HEROES PROJECT<br>1807 CHURCH STREET, SUITE 100, PMB 143<br>SMITHFIELD, VA 23430 | PC  | FUNDING SO THAT HORSES HELPING HEROES MIGHT<br>PROVIDE FREE HORSE THERAPY CLASSES TO VETERANS OR<br>FIRST RESPONDERS WITH SPECIAL NEEDS AND<br>DISABILITIES.                                | 2,500.        |
| THE PLANNING COUNCIL<br>5365 ROBIN HOOD ROAD, SUITE 700<br>NORFOLK, VA 23513                        | PC  | TO PREVENT AND ADDRESS OBESITY AMONG CHILDREN<br>WITHIN PRIVATE CHILDCARE SETTINGS AND<br>BEFORE/AFTER SCHOOL PROGRAMS ACROSS WESTERN<br>TIDEWATER.   | 65,998.       |
| THE PLANNING COUNCIL<br>5365 ROBIN HOOD ROAD, SUITE 700<br>NORFOLK, VA 23513                        | PC  | TO COORDINATE THE HOMELESSNESS CONTINUUM OF CARE<br>PROCESS, WHICH INCLUDES THE MANAGEMENT OF<br>HOUSING, HEALTHCARE AND SUPPORT SERVICES.  | 8,023.        |
| THE PLANNING COUNCIL<br>5365 ROBIN HOOD ROAD, SUITE 700<br>NORFOLK, VA 23513                        | PC  | TO COORDINATE SERVICES AMONG HOMELESSNESS<br>CONTINUUM OF CARE PROVIDERS, INCLUDING THE<br>MANAGEMENT OF HOUSING, HEALTHCARE AND SUPPORT<br>SERVICES.                                       | 6,000.        |



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

ATTACHMENT 23 (CONT'D)

| <u>RECIPIENT NAME AND ADDRESS</u>  | <u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR<br/>AND<br/>FOUNDATION STATUS OF RECIPIENT</u> | <u>PURPOSE OF GRANT OR CONTRIBUTION</u>  | <u>AMOUNT</u> |
|--|---|--|---------------|
| THE PLANNING COUNCIL<br>5365 ROBIN HOOD ROAD, SUITE 700<br>NORFOLK, VA 23513 | PC  | TO SUPPORT A SUFFOLK OUTREACH INITIATIVE THAT ENROLLS UNINSURED CHILDREN IN FAMIS.   | 26,513.       |
| THE RENNELAERVILLE INSTITUTE<br>2 OAKWOOD PLACE<br>DELMAR, NY 12054          | PC  | TO DEFINE, TRACK, ACHIEVE, COMMUNICATE AND IMPROVE RESULTS OVER THE LIFE OF THE HEALTHY PEOPLE/HEALTHY SUFFOLK INITIATIVE.   | 75,000.       |
| THE UP CENTER<br>222 W. 19TH ST.<br>NORFOLK, VA 23517                        | PC  | TO EXPAND TRAUMA-INFORMED-CARE GROUPS FOR ADULTS WHO HAVE EXPERIENCED TRAUMA; TO IMPLEMENT TRAUMA-INFORMED GROUPS FOR CHILDREN AND ADOLESCENTS BASED ON BEST-PRACTICE CONCEPTS; AND TO EDUCATE HUMAN SERVICE PROVIDERS IN TRAUMA-INFORMED-CARE TECHNIQUES.   | 7,669.        |
| THE UP CENTER<br>222 W. 19TH ST.<br>NORFOLK, VA 23517                        | PC  | TO OFFER A TRAUMATIC STRESS SYMPTOM EDUCATION AND REFERRAL SYSTEM TO COMMUNITY PROVIDERS AND TO CONDUCT TRAUMATIC STRESS THERAPY FOR INDIVIDUALS REFERRED.   | 55,243.       |
| THE WAKEFIELD FOUNDATION<br>P. O. BOX 8<br>WAKEFIELD, VA 23888               | PC  | TO HELP FUND THE PRODUCTION OF AN HOUR-LONG DOCUMENTARY FILM ABOUT THE HISTORY OF PEANUT FARMERS AND PEANUT PRODUCTION.  | 5,000.        |
| TOWN OF SMITHFIELD<br>P. O. BOX 246<br>SMITHFIELD, VA 23431                  | PC  | TO IMPLEMENT THE TOWN OF SMITHFIELD COMMUNITY WELLNESS INITIATIVE, SMITHFIELD ON THE MOVE. THIS CULTURE-BASED PLAN INCLUDES BROAD-BASED EDUCATION, MARKETING, INFRASTRUCTURE AND PROGRAMS THAT PROMOTE HEALTHY NUTRITIONAL CHOICES WHILE ENCOURAGING ON-GOING PHYSICAL ACTIVITY TO COMBAT AND PREVENT OBESITY IN BOTH CHILDREN AND ADULTS. | 5,500.        |

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

ATTACHMENT 23 (CONT'D.)

| <u>RECIPIENT NAME AND ADDRESS</u>   | <u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR<br/>AND<br/>FOUNDATION STATUS OF RECIPIENT</u> | <u>PURPOSE OF GRANT OR CONTRIBUTION</u>  | <u>AMOUNT</u> |
|---|---|--|---------------|
| TOWN OF SMITHFIELD<br>P. O. BOX 246<br>SMITHFIELD, VA 23431                                   | PC  | TO CONTINUE SMITHFIELD'S COMMUNITY WELLNESS INITIATIVE AND TO INCLUDE INCENTIVES FOR SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) HOUSEHOLDS TO SHOP AT THE FARMERS MARKET FOR FRESH PRODUCE.  | 22,500.       |
| VIRGINIA DENTAL ASSOCIATION FOUNDATION<br>3460 MAYLAND COURT, SUITE 110<br>RICHMOND, VA 23233 | SO I  | TO SUPPORT THE 2014 DAY OF FREE DENTAL CARE, THE "MISSION OF MERCY" PROJECT.   | 20,000.       |
| VIRGINIA DIABETES COUNCIL<br>2618 IRON FORGE ROAD<br>HERNDON, VA 20171                        | PC  | TO PROVIDE AN EVIDENCE-BASED, SELF-MANAGEMENT PROGRAM FOR TYPE 2 DIABETICS AND PROMOTE HEALTHY DINING CHOICES AND ACTIVE LIFESTYLES.   | 9,528.        |
| VIRGINIA DIABETES COUNCIL<br>2618 IRON FORGE ROAD<br>HERNDON, VA 20171                        | PC  | TIDEWATER COMMUNITY COLLEGE: SOCIAL MEDIA FOR YOUR NONPROFIT; BUILDING FOR THE FUTURE: LEADERSHIP & CAPITAL CAMPAIGNS  | 150.          |
| VIRGINIA FAITH BASED OUTREACH INITIATIVE<br>822 SEMINOLE DRIVE<br>SUFFOLK, VA 23434           | PC  | MINDEDGE: FUNDRAISING FOR NONPROFIT ORGANIZATIONS; INTRODUCTION TO GRANT WRITING AND PRINCIPLES OF MARKETING FOR NONPROFIT ORGANIZATIONS   | 5,000.        |
| VIRGINIA HEALTH CARE FOUNDATION<br>707 EAST MAIN STREET, SUITE 1350<br>RICHMOND, VA 23219     | PC  | TO FUND THE DEVELOPMENT OF HEALTH MINISTRIES THROUGH THE EDUCATION AND DISTRIBUTION OF HEALTH MATERIALS TO FAITH AND LAY LEADERS.<br><br>TO CONTINUE PARTICIPATION IN THE PATIENT MEDICATION ASSISTANCE PROGRAM WITH TECHNOLOGICAL UPGRADES. | 12,500.       |

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

ATTACHMENT 23 (CONT'D.)

| <u>RECIPIENT NAME AND ADDRESS</u>  | <u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR<br/>AND<br/>FOUNDATION STATUS OF RECIPIENT</u> | <u>PURPOSE OF GRANT OR CONTRIBUTION</u>   | <u>AMOUNT</u> |
|--|---|---|---------------|
| VIRGINIA LEGAL AID SOCIETY<br>P. O. BOX 6200, 513 CHURCH STREET<br>LYNCHEURG, VA 24505 | PC  | TO HELP ELIGIBLE, DISABLED CLIENTS OBTAIN<br>MEDICAID AND/OR MEDICARE COVERAGE.   | 37,500.       |
| VIRGINIA LEGAL AID SOCIETY<br>P. O. BOX 6200, 513 CHURCH STREET<br>LYNCHEURG, VA 24505 | PC  | TO HELP DISABLED CLIENTS NAVIGATE THE COMPLEX<br>MEDICAID AND MEDICARE APPLICATION AND APPEALS<br>PROCESSES.                                    | 37,500.       |
| VIRGINIA POVERTY LAW CENTER<br>700 EAST MAIN STREET, SUITE 1410<br>RICHMOND, VA 23219  | PC  | ADVOCACY FOR THE EXPANSION OF MEDICAID FOR<br>LOW-INCOME VIRGINIANS.  | 500.          |
| VIRGINIA SUPPORTIVE HOUSING<br>P. O. BOX 8585<br>RICHMOND, VA 23226                    | PC  | TO PROVIDE MEDICAL AND MENTAL HEALTH SERVICES TO<br>DISABLED PERSONS RESIDING IN PERMANENT SUPPORTIVE<br>HOUSING.                               | 7,500.        |
| VIRGINIA SUPPORTIVE HOUSING<br>P. O. BOX 8585<br>RICHMOND, VA 23226                    | PC  | TO PROVIDE CASE MANAGEMENT AND ACCESS TO MEDICAL<br>AND MENTAL HEALTH SERVICES TO DISABLED PERSONS<br>RESIDING IN PERMANENT SUPPORTIVE HOUSING. | 5,625.        |
| VOICES FOR KIDS CASA PROGRAM<br>P. O. BOX 949, 409 MAIN STREET<br>SMITHFIELD, VA 23431 | PC  | FOR PROGRAM EXPANSION TO SERVE AND ADVOCATE FOR<br>CHILDREN INVOLVED IN SUFFOLK JUVENILE COURTS DUE<br>TO NEGLECT AND ABUSE.                    | 4,293.        |

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

ATTACHMENT 23 (CONT'D)

| <u>RECIPIENT NAME AND ADDRESS</u>  | <u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u> | <u>PURPOSE OF GRANT OR CONTRIBUTION</u>   | <u>AMOUNT</u> |
|--|---|---|---------------|
| VOICES FOR KIDS CASA PROGRAM<br>P. O. BOX 949, 409 MAIN STREET<br>SMITHFIELD, VA 23431 | PC  | TO EXPAND ADVOCACY SERVICES FOR CHILDREN INVOLVED IN SUFFOLK JUVENILE COURTS DUE TO NEGLECT AND ABUSE.  | 28,980.       |
| VOLUNTEER HAMPTON ROADS<br>400 WEST OLNEY ROAD, SUITE B<br>NORFOLK, VA 23507           | PC  | TO HONOR MEMBERS OF THE COMMUNITY FOR THEIR OUTSTANDING CONTRIBUTIONS OF VOLUNTEER TIME AND TALENT FOR POSITIVE IMPACT ON OUR COMMUNITY.  | 1,500.        |
| VOLUNTEER HAMPTON ROADS<br>400 WEST OLNEY ROAD, SUITE B<br>NORFOLK, VA 23507           | PC  | TO SUPPORT THE 2013 INSTITUTE FOR NONPROFIT LEADERSHIP CONFERENCE THAT BRINGS TOGETHER LOCAL NONPROFITS AND NATIONAL CALIBER SPEAKERS TO ASSIST IN CAPACITY BUILDING.                                     | 1,500.        |
| WESTERN TIDEWATER COMMUNITY SERVICES BOARD<br>5268 GODWIN BLVD<br>SUFFOLK, VA 23434    | PC  | FOR ON-SITE SECURITY SERVICES 6 HOURS PER DAY, 7 DAYS PER WEEK FOR 6 MONTHS IN THE OUTPATIENT MEDICAL DETOX PROGRAM.  | 4,368.        |
| WESTERN TIDEWATER COMMUNITY SERVICES BOARD<br>5268 GODWIN BLVD<br>SUFFOLK, VA 23434    | PC  | FOR ADDITIONAL WEEKLY OUTPATIENT PEDIATRIC COUNSELING AND PSYCHIATRY IN WESTERN TIDEWATER.  | 15,000.       |
| WESTERN TIDEWATER COMMUNITY SERVICES BOARD<br>5268 GODWIN BLVD<br>SUFFOLK, VA 23434    | PC  | FOR A LICENSED PRACTICAL NURSE TO PROVIDE MEDICAL CARE MONITORING AND INTERVENTION FOR PARTICIPANTS WITH SEVERE/PROFOUND INTELLECTUAL DISABILITIES AND PHYSICAL DISABILITIES IN THE DAY SUPPORT PROGRAMS. | 4,083.        |

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

ATTACHMENT 23 (CONT'D.)

| <u>RECIPIENT NAME AND ADDRESS</u>   | <u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR<br/>AND<br/>FOUNDATION STATUS OF RECIPIENT</u> | <u>PURPOSE OF GRANT OR CONTRIBUTION</u>   | <u>AMOUNT</u> |
|---|---|---|---------------|
| WESTERN TIDEWATER COMMUNITY SERVICES BOARD<br>5268 GODWIN BLVD<br>SUFFOLK, VA 23434 | PC  | TO ESTABLISH WESTERN TIDEWATER'S FIRST OUTPATIENT MEDICAL DETOXIFICATION PROGRAM THAT PROVIDES DAILY TESTING, COUNSELING, SUPPORT AND REFERRAL SERVICES TO SUBSTANCE ABUSERS. | 50,000.       |
| WESTERN TIDEWATER COMMUNITY SERVICES BOARD<br>5268 GODWIN BLVD<br>SUFFOLK, VA 23434 | PC  | TO SUPPORT A TELEMEDICINE LINK TO CRISIS SERVICES FOR CHILDREN, ADOLESCENTS AND ADULTS TO LOCAL LAW ENFORCEMENT AGENCIES AND HOSPITALS.                                       | 24,063.       |
| WESTERN TIDEWATER COMMUNITY SERVICES BOARD<br>5268 GODWIN BLVD<br>SUFFOLK, VA 23434 | PC  | WESTERN TIDEWATER COMMUNITY SERVICES BOARD STAFF TRAINING   | 150.          |
| WESTERN TIDEWATER COMMUNITY SERVICES BOARD<br>5268 GODWIN BLVD<br>SUFFOLK, VA 23434 | PC  | TO CONTINUE WESTERN TIDEWATER'S FIRST OUTPATIENT MEDICAL DETOXIFICATION PROGRAM THAT PROVIDES DAILY TESTING, COUNSELING, SUPPORT AND REFERRAL SERVICES TO SUBSTANCE ABUSERS.  | 50,000.       |
| WESTERN TIDEWATER COMMUNITY SERVICES BOARD<br>5268 GODWIN BLVD<br>SUFFOLK, VA 23434 | PC  | TO SUPPORT A TELEMEDICINE LINK TO CRISIS SERVICES FOR CHILDREN, ADOLESCENTS AND ADULTS TO LOCAL LAW ENFORCEMENT AGENCIES AND HOSPITALS.                                       | 19,250.       |
| WESTERN TIDEWATER COMMUNITY SERVICES BOARD<br>5268 GODWIN BLVD<br>SUFFOLK, VA 23434 | PC  | FOR EXPANDED OUTPATIENT PEDIATRIC COUNSELING AND PSYCHIATRY IN WESTERN TIDEWATER.   | 101,250.      |

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

ATTACHMENT 23 (CONT'D.)

| <u>RECIPIENT NAME AND ADDRESS</u>  | <u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR<br/>AND<br/>FOUNDATION STATUS OF RECIPIENT</u> | <u>PURPOSE OF GRANT OR CONTRIBUTION</u>  | <u>AMOUNT</u> |
|--|---|--|---------------|
| WESTERN TIDEWATER COMMUNITY SERVICES BOARD<br>5268 GODWIN BLVD<br>SUFFOLK, VA 23434  | PC  | FOR MEDICAL CARE MONITORING AND INTERVENTION FOR PARTICIPANTS WITH SEVERE/PROFOUND INTELLECTUAL DISABILITIES AND PHYSICAL DISABILITIES IN THE DAY SUPPORT PROGRAMS.                          | 22,024.       |
| WESTERN TIDEWATER FREE CLINIC<br>2019 MEADE PARKWAY<br>SUFFOLK, VA 23434             | PC  | TO PROVIDE OPERATIONAL SUPPORT FOR MEDICAL CARE AND CHRONIC DISEASE MANAGEMENT OF UNINSURED PATIENTS.  | 225,000.      |
| WESTERN TIDEWATER FREE CLINIC<br>2019 MEADE PARKWAY<br>SUFFOLK, VA 23434             | PC  | TO PROVIDE OPERATIONAL SUPPORT FOR MEDICAL AND DENTAL CARE, AND CHRONIC DISEASE MANAGEMENT OF UNINSURED PATIENTS.  | 250,000.      |
| WESTERN TIDEWATER FREE CLINIC<br>2019 MEADE PARKWAY<br>SUFFOLK, VA 23434             | PC  | TO PURCHASE ALC TESTING CASSETTES AND SUPPLIES FOR THE OBICI HEALTHCARE FOUNDATION HEALTH FAIR.  | 500.          |
| WESTERN TIDEWATER HEALTH DISTRICT<br>135 HALL AVE, SUITE A<br>SUFFOLK, VA 23434-4654 | PC  | TO IMPLEMENT A NATIONAL MODEL - THE NURSE FAMILY PARTNERSHIP PROGRAM - TO HELP IMPROVE PRENATAL HEALTH, CHILD HEALTH AND DEVELOPMENT THROUGH AGE TWO IN SUFFOLK AND ISLE OF WIGHT COUNTY.    | 38,845.       |
| WESTERN TIDEWATER HEALTH DISTRICT<br>135 HALL AVE, SUITE A<br>SUFFOLK, VA 23434-4654 | PC  | A DENTAL HEALTH PROMOTION PROJECT. TO IMPROVE THE ORAL HEALTH OF CHILDREN IN ISLE OF WIGHT COUNTY, CITY OF FRANKLIN AND SOUTHAMPTON COUNTY BY IMPROVING THE MEDICAID/FAMIS UTILIZATION RATE. | 2,103.        |

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

ATTACHMENT 23 (CONT'D.)

| <u>RECIPIENT NAME AND ADDRESS</u>  | <u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR<br/>AND<br/>FOUNDATION STATUS OF RECIPIENT</u> | <u>PURPOSE OF GRANT OR CONTRIBUTION</u>   | <u>AMOUNT</u>     |
|--|---|---|-------------------|
| WESTERN TIDEWATER HEALTH DISTRICT<br>135 HALL AVE, SUITE A<br>SUFFOLK, VA 23434-4654 | PC  | TO PROVIDE UNDERINSURED AND UNINSURED DIABETICS WITH ONE-ON-ONE CHRONIC DISEASE CASE MANAGEMENT SERVICES.   | 20,000.           |
| WESTERN TIDEWATER HEALTH DISTRICT<br>135 HALL AVE, SUITE A<br>SUFFOLK, VA 23434-4654 | PC  | TO IMPLEMENT A NATIONAL MODEL - THE NURSE FAMILY PARTNERSHIP PROGRAM - TO HELP REDUCE UNDESIRABLE BIRTH OUTCOMES THROUGH EDUCATION, NURSE-CASE MANAGEMENT, HOME VISITATIONS AND TRANSPORTATION ASSISTANCE FOR PREGNANT WOMEN IN SUFFOLK AND ISLE OF WIGHT COUNTY. | 132,885.          |
| WESTERN TIDEWATER HEALTH DISTRICT<br>135 HALL AVE, SUITE A<br>SUFFOLK, VA 23434-4654 | PC  | TO PROVIDE SUPPLIES FOR THE ORAL SCREENING AND HEALTH INFORMATION AT THE 2013 OBICI HEALTHCARE FOUNDATION COMMUNITY HEALTH SCREENING.   | 400.              |
| WESTERN TIDEWATER HEALTH DISTRICT<br>135 HALL AVE, SUITE A<br>SUFFOLK, VA 23434-4654 | PC  | TO OFFER MOBILE DENTAL SERVICES TO IMPROVE THE ORAL HEALTH OF CHILDREN IN ISLE OF WIGHT COUNTY, THE CITY OF FRANKLIN AND SOUTHAMPTON COUNTY BY INCREASING THE MEDICAID/FAMIS UTILIZATION RATE TO RATE.  | 6,950.            |
| WESTERN TIDEWATER HEALTH DISTRICT<br>135 HALL AVE, SUITE A<br>SUFFOLK, VA 23434-4654 | PC  | TO PROVIDE TELEHEALTH MONITORING SERVICES FOR CHRONIC DISEASE PATIENTS WHO FREQUENTLY VISIT EMERGENCY ROOMS, AND TO IMPROVE CHRONIC DISEASE SELF-MANAGEMENT.  | 67,137.           |
| WHRO<br>5200 HAMPTON BLVD<br>NORFOLK, VA 23508                                       | PC  | TO SPONSOR ANOTHER VIEW, A MONTHLY, CALL-IN PROGRAM, THAT ADDRESSES THE HEALTH CONCERNS OF THE AFRICAN-AMERICAN COMMUNITY.  | 5,000.            |
| TOTAL CONTRIBUTIONS PAID   |   |   | <u>3,599,033.</u> |

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

ATTACHMENT 24

| <u>RECIPIENT NAME AND ADDRESS</u>  | <u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR<br/>AND<br/>FOUNDATION STATUS OF RECIPIENT</u> | <u>PURPOSE OF GRANT OR CONTRIBUTION</u>   | <u>AMOUNT</u> |
|--|---|---|---------------|
| ALBEMARLE REGIONAL HEALTH SERVICES<br>711 ROANOKE AVENUE, P.O. BOX 189<br>ELIZABETH CITY, NC 27909 | PC  | GATEWAY COMMUNITY HEALTH CENTER WILL EXPAND SERVICES TO SUPPORT THE NEEDS OF GATES COUNTY RESIDENTS WHO ARE DIABETIC, PRE-DIABETIC OR AT HIGH RISK FOR DEVELOPING DIABETES.     | 67,849.       |
| AMERICAN DIABETES ASSOCIATION<br>870 GREENBRIER CIRCLE, SUITE 404<br>CHESAPEAKE, VA 23320          | PC  | TO TRAIN AMBASSADORS IN HIGH HEALTH-RISK CONGREGATIONS TO RAISE AWARENESS OF DIABETES AND STRESS THE IMPORTANCE OF EARLY DETECTION, DISEASE MANAGEMENT AND HEALTH RISK FACTORS. | 6,928.        |
| BON SECOURS MARYVIEW FOUNDATION<br>150 KINGSLEY LANE<br>NORFOLK, VA 23505                          | SO I  | TO PROVIDE FREE, MOBILE MEDICAL SERVICES TO MEDICALLY UNDERSERVED IN WESTERN TIDEWATER.   | 56,250.       |
| CITY OF SUFFOLK<br>P. O. BOX 1858<br>SUFFOLK, VA 23439   | PC  | TO PROVIDE YOUTH WITH OPPORTUNITIES TO INCREASE PHYSICAL ACTIVITY AND IMPROVE HEALTHY EATING CHOICES.   | 11,922.       |
| COVER 3 FOUNDATION<br>P. O. BOX 456<br>FRANKLIN, VA 23851  | PC  | TO RELOCATE THE KITCHEN AND ADMINISTRATION TO A LARGER FACILITY ENABLING THE FEEDING OF MORE CHILDREN.  | 2,000.        |
| EASTERN VIRGINIA MEDICAL SCHOOL<br>P. O. BOX 1980<br>NORFOLK, VA 23501-1980                        | PC  | TO REDUCE THE RISK OF DIABETES BY EDUCATING PHYSICIANS, CONDUCTING SCREENINGS AND IMPLEMENTING A TELEPHONIC CARE MANAGEMENT PLAN FOR REFERRED PATIENTS.                         | 8,575.        |



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

ATTACHMENT 24 (CONT'D.)

| <u>RECIPIENT NAME AND ADDRESS</u>  | <u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR<br/>AND<br/>FOUNDATION STATUS OF RECIPIENT</u> | <u>PURPOSE OF GRANT OR CONTRIBUTION</u>   | <u>AMOUNT</u> |
|--|---|---|---------------|
| EASTERN VIRGINIA MEDICAL SCHOOL<br>P.O. BOX 1980<br>NORFOLK, VA 23501-1980         | PC  | TO ENGAGE MEDICAL RESIDENTS AND THIRD-YEAR MEDICAL STUDENTS IN GIVING CARE TO PATIENTS AT THE WESTERN TIDEWATER FREE CLINIC, THEREBY INCREASING MEDICAL CARE ACCESS.      | 5,625.        |
| EASTERN VIRGINIA MEDICAL SCHOOL<br>P.O. BOX 1980<br>NORFOLK, VA 23501-1980         | PC  | TO PLAN FOR THE ESTABLISHMENT OF A SPECIALTY CARE CENTER THAT WILL IMPROVE ACCESS TO SPECIALTY CARE AND DECREASE COMPLICATIONS ASSOCIATED WITH PRE-DIABETES AND DIABETES. | 12,500.       |
| FOODBANK OF SOUTHEASTERN VIRGINIA<br>P.O. BOX 1940<br>NORFOLK, VA 23501            | PC  | TO PROVIDE DIABETIC CLIENTS WITH HIGH NUTRITIONAL VALUE FOODS FROM THE FOODBANK'S SUFFOLK MOBILE PANTRY.  | 18,750.       |
| FORKIDS, INC.<br>P.O. BOX 6044<br>NORFOLK, VA 23508                                | PC  | TO IMPROVE ACCESS TO MEDICAL AND MENTAL HEALTH SERVICES FOR HOMELESS FAMILIES BY CONNECTING THEM TO SERVICES.   | 28,125.       |
| HORIZON HEALTH SERVICES WAVERLY MEDICAL CENTER<br>P.O. BOX 29<br>WAVERLY, VA 23890 | PC  | TO PROVIDE DENTAL CARE AND SMOKING CESSATION SERVICES IN FRANKLIN, SOUTHAMPTON, SURRY AND SUSSEX SERVICE AREAS.   | 37,500.       |
| ISLE OF WIGHT CHRISTIAN OUTREACH PROGRAM<br>P.O. BOX 253<br>SMITHFIELD, VA 23431   | PC  | TO HELP REMODEL A FACILITY WHERE LOW-INCOME PERSONS CAN RECEIVE HEALTH AND SOCIAL SERVICES.   | 10,000.       |

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

ATTACHMENT 24 (CONT'D.)

| <u>RECIPIENT NAME AND ADDRESS</u>   | <u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR<br/>AND<br/>FOUNDATION STATUS OF RECIPIENT</u> | <u>PURPOSE OF GRANT OR CONTRIBUTION</u>  | <u>AMOUNT</u> |
|---|---|--|---------------|
| ISLE OF WIGHT COUNTY DEPARTMENT OF SOCIAL SERVICES<br>17100 MONUMENT CIRCLE, SUITE A<br>ISLE OF WIGHT, VA 23397 | PC  | FOR A PROACTIVE OUTREACH PROGRAM TO INCREASE THE NUMBER OF CHILDREN AND FAMILIES ENROLLED IN MEDICAID AND FAMIS IN ISLE OF WIGHT COUNTY.               | 7,311.        |
| PAUL D. CAMP COMMUNITY COLLEGE<br>P.O. BOX 737<br>FRANKLIN, VA 23851  | PC  | TO RENOVATE THE SUFFOLK HEALTH SCIENCES SKILLS LABORATORY INTO A MODERN, INNOVATIVE SPACE TO MEETS THE NEEDS OF TODAY'S NURSING STUDENTS.              | 36,000.       |
| RX PARTNERSHIP<br>2924 EMERYWOOD PKWY, SUITE 300<br>RICHMOND, VA 23294  | PC  | TO PROVIDE FREE PRESCRIPTION MEDICATION AND LOW-COST SUPPLIES TO LOW-INCOME, UNINSURED RESIDENTS SERVED BY THE WESTERN TIDEWATER FREE CLINIC.          | 5,625.        |
| SENIOR SERVICES OF SOUTHEASTERN VIRGINIA<br>6350 CENTER DR., SUITE 101<br>NORFOLK, VA 23502                     | PC  | FOR TRAINING BENEFIT COUNSELOR VOLUNTEERS IN AN EXPANSION OF THE MEDICARE ACCESS PROGRAM.  | 7,500.        |
| SENIOR SERVICES OF SOUTHEASTERN VIRGINIA<br>6350 CENTER DR., SUITE 101<br>NORFOLK, VA 23502                     | PC  | TO REHABILITATE THE HISTORICAL HAYDEN HIGH SCHOOL IN FRANKLIN, VIRGINIA, AND PROVIDE INTER-GENERATIONAL HEALTH AND WELLNESS SERVICES TO THE COMMUNITY. | 250,000.      |
| SENTARA OBICI HOSPITAL<br>2800 GODWIN BLVD<br>SUFFOLK, VA 23434   | PC  | FOR A HOSPITAL-BASED, UNIVERSAL RISK SCREENING DURING PREGNANCY OR AT BIRTH THAT CONNECTS NEW PARENTS WITH APPROPRIATE COMMUNITY RESOURCES.            | 10,236.       |

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

ATTACHMENT 24 (CONT'D.)

| <u>RECIPIENT NAME AND ADDRESS</u>   | <u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR<br/>AND<br/>FOUNDATION STATUS OF RECIPIENT</u> | <u>PURPOSE OF GRANT OR CONTRIBUTION</u>   | <u>AMOUNT</u> |
|---|---|---|---------------|
| SENTARA OBICI HOSPITAL<br>2800 GODWIN BLVD<br>SUFFOLK, VA 23434                           | PC  | TO PROVIDE UNINSURED PATIENTS WITH CASE MANAGEMENT SERVICES THAT IMPROVE SELF-CARE DISEASE MANAGEMENT SKILLS FROM HOSPITAL TO HOME.                                   | 18,750.       |
| SENTARA OBICI HOSPITAL<br>2800 GODWIN BLVD<br>SUFFOLK, VA 23434                           | PC  | TO PROVIDE LIFE COACHES IN SENTARA OBICI HOSPITAL'S EMERGENCY ROOM WHO WILL HELP UNINSURED AND UNDERINSURED PATIENTS OBTAIN PRIMARY CARE SERVICES OR OTHER RESOURCES. | 37,500.       |
| SENTARA OBICI HOSPITAL<br>2800 GODWIN BLVD<br>SUFFOLK, VA 23434                           | PC  | TO PURCHASE NECESSARY TELEMEDICINE EQUIPMENT TO IMPROVE ACCESS TO BEHAVIORAL HEALTH SERVICES IN THE EMERGENCY DEPARTMENTS AT SENTARA OBICI HOSPITAL AND BELLEHARBOUR. | 11,282.       |
| SOUTHEASTERN VIRGINIA HEALTH SYSTEM<br>1033 28TH ST., 2ND FLOOR<br>NEWPORT NEWS, VA 23607 | PC  | TO PROVIDE ACCESS TO CLINICAL INTERVENTION/ PRIMARY CARE SERVICES FOR THE DIAGNOSIS AND MANAGEMENT OF DIABETES AND ORAL HEALTH.                                       | 25,000.       |
| SUFFOLK FAMILY YMCA<br>2769 GODWIN BLVD<br>SUFFOLK, VA 23434                              | PC  | TO INCREASE CARDIOVASCULAR FITNESS, PHYSICAL STRENGTH AND LIFE SKILLS FOR YOUTH PARTICIPATING IN AN AFTER-SCHOOL JUMP ROPE PROGRAM.                                   | 10,313.       |
| SUFFOLK MEALS ON WHEELS<br>2800 GODWIN BLVD.<br>SUFFOLK, VA 23434                         | PC  | FOR MEAL DELIVERY TO SENIORS AND DISABLED RECIPIENTS WHO ARE HOMEBOUND AND/OR HOME ALONE IN SUFFOLK AND ISLE OF WIGHT COUNTY.   | 3,868.        |

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

ATTACHMENT 24 (CONT'D.)

| <u>RECIPIENT NAME AND ADDRESS</u>  | <u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u> | <u>PURPOSE OF GRANT OR CONTRIBUTION</u>  | <u>AMOUNT</u> |
|--|---|--|---------------|
| SUFFOLK PARTNERSHIP FOR A HEALTHY COMMUNITY<br>1707 N. MAIN STREET<br>SUFFOLK, VA 23434  | PC  | TO IMPLEMENT AN INDIVIDUALIZED, COMPREHENSIVE WELLNESS CARE MANAGEMENT PROGRAM IN SUFFOLK.   | 12,113.       |
| SUFFOLK PARTNERSHIP FOR A HEALTHY COMMUNITY<br>1707 N. MAIN STREET<br>SUFFOLK, VA 23434  | PC  | FOR IMPLEMENTATION OF A 10-YEAR COMMUNITY WELLNESS PLAN THAT PROMOTES ACTIVE LIFESTYLES, ACCESS TO HEALTHY FOODS AND NEIGHBORHOOD ENGAGEMENT.  | 18,610.       |
| SUFFOLK PUBLIC SCHOOLS<br>100 N. MAIN ST., P.O. BOX 1549<br>SUFFOLK, VA 23434            | PC  | TO DEVELOP AND IMPLEMENT AFTER-SCHOOL CHALLENGE CLUBS FOCUSED ON OBESITY PREVENTION AND TO SUSTAIN SALAD BARS IN CAFETERIAS FOR BETTER NUTRITION.  | 37,500.       |
| SUFFOLK REDEVELOPMENT AND HOUSING AUTHORITY<br>530 E. PINNER STREET<br>SUFFOLK, VA 23434 | PC  | TO RAISE AWARENESS AMONG RESIDENTS OF PUBLIC HOUSING COMMUNITIES IN SUFFOLK ABOUT THE HEALTH HAZARDS FROM EXPOSURE TO SECONDHAND SMOKE IN PUBLIC PLACES AND REDUCE THE NUMBER OF SMOKERS | 25,000.       |
| SUFFOLK REDEVELOPMENT AND HOUSING AUTHORITY<br>530 E. PINNER STREET<br>SUFFOLK, VA 23434 | PC  | TO HELP PUBLIC HOUSING RESIDENTS BECOME MORE AWARE OF BOTH THE PREVENTION AND MANAGEMENT OF CHRONIC DISEASE.   | 30,690.       |
| THE GENIEVE SHELTER<br>157 N. MAIN ST., 2ND FLOOR, STE R3<br>SUFFOLK, VA 23434           | PC  | TO SUPPORT THE ESTABLISHMENT OF THE DEVELOPMENT COORDINATOR POSITION TO ENCOURAGE COMMUNITY PARTICIPATION, AND FINANCIAL SUPPORT FOR THE GENIEVE SHELTER'S PROGRAMS AND SPECIAL EVENTS.  | 17,500.       |

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

ATTACHMENT 24 (CONT'D.)

| <u>RECIPIENT NAME AND ADDRESS</u>  | <u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR<br/>AND<br/>FOUNDATION STATUS OF RECIPIENT</u> | <u>PURPOSE OF GRANT OR CONTRIBUTION</u>   | <u>AMOUNT</u> |
|--|---|---|---------------|
| THE PLANNING COUNCIL<br>5365 ROBIN HOOD ROAD, SUITE 700<br>NORFOLK, VA 23513 | PC  | TO PREVENT AND ADDRESS OBESITY AMONG CHILDREN WITHIN PRIVATE CHILDCARE SETTINGS AND BEFORE/AFTER SCHOOL PROGRAMS ACROSS WESTERN TIDEWATER.  | 6,386.        |
| THE PLANNING COUNCIL<br>5365 ROBIN HOOD ROAD, SUITE 700<br>NORFOLK, VA 23513 | PC  | TO COORDINATE SERVICES AMONG HOMELESSNESS CONTINUUM OF CARE PROVIDERS, INCLUDING THE MANAGEMENT OF HOUSING, HEALTHCARE AND SUPPORT SERVICES.  | 6,000.        |
| THE PLANNING COUNCIL<br>5365 ROBIN HOOD ROAD, SUITE 700<br>NORFOLK, VA 23513 | PC  | TO SUPPORT A SUFFOLK OUTREACH INITIATIVE THAT ENROLLS UNINSURED CHILDREN IN FAMILIS.  | 26,513.       |
| THE RENNELAERVILLE INSTITUTE<br>2 OAKWOOD PLACE<br>DELMAR, NY 12054          | PC  | TO DEFINE, TRACK, ACHIEVE, COMMUNICATE AND IMPROVE RESULTS OVER THE LIFE OF THE HEALTHY PEOPLE/HEALTHY SUFFOLK INITIATIVE.  | 7,500.        |
| THE UP CENTER<br>222 W. 19TH ST.<br>NORFOLK, VA 23517                        | PC  | TO OFFER A TRAUMATIC STRESS SYMPTOM EDUCATION AND REFERRAL SYSTEM TO COMMUNITY PROVIDERS AND TO CONDUCT TRAUMATIC STRESS THERPY FOR INDIVIDUALS REFERRED.   | 6,138.        |
| TOWN OF SMITHFIELD<br>P. O. BOX 246<br>SMITHFIELD, VA 23431                  | PC  | TO CONTINUE SMITHFIELD'S COMMUNITY WELLNESS INITIATIVE AND TO INCLUDE INCENTIVES FOR SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) HOUSEHOLDS TO SHOP AT THE FARMERS MARKET FOR FRESH PRODUCE. | 2,500.        |

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

ATTACHMENT 24 (CONT'D.)

| <u>RECIPIENT NAME AND ADDRESS</u>   | <u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR<br/>AND<br/>FOUNDATION STATUS OF RECIPIENT</u> | <u>PURPOSE OF GRANT OR CONTRIBUTION</u>  | <u>AMOUNT</u> |
|---|---|--|---------------|
| VIRGINIA HEALTH CARE FOUNDATION<br>707 EAST MAIN STREET, SUITE 1350<br>RICHMOND, VA 23219 | PC  | TO CONTINUE PARTICIPATION IN THE PATIENT<br>MEDICATION ASSISTANCE PROGRAM WITH TECHNOLOGICAL<br>UPGRADES.  | 12,500.       |
| VIRGINIA LEGAL AID SOCIETY<br>P. O. BOX 6200, 513 CHURCH STREET<br>LYNCHEURG, VA 24505    | PC  | TO HELP DISABLED CLIENTS NAVIGATE THE COMPLEX<br>MEDICAID AND MEDICARE APPLICATION AND APPEALS<br>PROCESSES.   | 37,500.       |
| VIRGINIA SUPPORTIVE HOUSING<br>P. O. BOX 8585<br>RICHMOND, VA 23226                       | PC  | TO PROVIDE CASE MANAGEMENT AND ACCESS TO MEDICAL<br>AND MENTAL HEALTH SERVICES TO DISABLED PERSONS<br>RESIDING IN PERMANENT SUPPORTIVE HOUSING.                              | 5,625.        |
| VOICES FOR KIDS CASA PROGRAM<br>P. O. BOX 949, 409 MAIN STREET<br>SMITHFIELD, VA 23431    | PC  | TO EXPAND ADVOCACY SERVICES FOR CHILDREN INVOLVED<br>IN SUFFOLK JUVENILE COURTS DUE TO NEGLECT AND<br>ABUSE.   | 3,220.        |
| WESTERN TIDEWATER COMMUNITY SERVICES BOARD<br>5268 GODWIN BLVD<br>SUFFOLK, VA 23434       | PC  | FOR EXPANDED OUTPATIENT PEDIATRIC COUNSELING AND<br>PSYCHIATRY IN WESTERN TIDEWATER.   | 11,250.       |
| WESTERN TIDEWATER COMMUNITY SERVICES BOARD<br>5268 GODWIN BLVD<br>SUFFOLK, VA 23434       | PC  | FOR MEDICAL CARE MONITORING AND INTERVENTION FOR<br>PARTICIPANTS WITH SEVERE/PROFOUND INTELLECTUAL<br>DISABILITIES AND PHYSICAL DISABILITIES IN THE DAY<br>SUPPORT PROGRAMS. | 2,447.        |

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

ATTACHMENT 24 (CONT'D.)

| <u>RECIPIENT NAME AND ADDRESS</u>  | <u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR<br/>AND<br/>FOUNDATION STATUS OF RECIPIENT</u> | <u>PURPOSE OF GRANT OR CONTRIBUTION</u>   | <u>AMOUNT</u> |
|--|---|---|---------------|
| WESTERN TIDEWATER COMMUNITY SERVICES BOARD<br>5268 GODWIN BLVD<br>SUFFOLK, VA 23434  | PC  | TO SUPPORT A TELEMEDICINE LINK TO CRISIS SERVICES FOR CHILDREN, ADOLESCENTS AND ADULTS TO LOCAL LAW ENFORCEMENT AGENCIES AND HOSPITALS.   | 4,812.        |
| WESTERN TIDEWATER COMMUNITY SERVICES BOARD<br>5268 GODWIN BLVD<br>SUFFOLK, VA 23434  | PC  | TO CONTINUE WESTERN TIDEWATER'S FIRST OUTPATIENT MEDICAL DETOXIFICATION PROGRAM THAT PROVIDES DAILY TESTING, COUNSELING, SUPPORT AND REFERRAL SERVICES TO SUBSTANCE ABUSERS.  | 50,000.       |
| WESTERN TIDEWATER FREE CLINIC<br>2019 MEADE PARKWAY<br>SUFFOLK, VA 23434             | PC  | TO PROVIDE OPERATIONAL SUPPORT FOR MEDICAL AND DENTAL CARE, AND CHRONIC DISEASE MANAGEMENT OF UNINSURED PATIENTS.   | 250,000.      |
| WESTERN TIDEWATER HEALTH DISTRICT<br>135 HALL AVE, SUITE A<br>SUFFOLK, VA 23434-4654 | PC  | TO IMPLEMENT A NATIONAL MODEL - THE NURSE FAMILY PARTNERSHIP PROGRAM - TO HELP REDUCE UNDESIRABLE BIRTH OUTCOMES THROUGH EDUCATION, NURSE-CASE MANAGEMENT, HOME VISITATIONS AND TRANSPORTATION ASSISTANCE FOR PREGNANT WOMEN IN SUFFOLK AND ISLE OF WIGHT COUNTY. | 14,765.       |
| WESTERN TIDEWATER HEALTH DISTRICT<br>135 HALL AVE, SUITE A<br>SUFFOLK, VA 23434-4654 | PC  | TO OFFER MOBILE DENTAL SERVICES TO IMPROVE THE ORAL HEALTH OF CHILDREN IN ISLE OF WIGHT COUNTY, THE CITY OF FRANKLIN AND SOUTHAMPTON COUNTY BY INCREASING THE MEDICAID/FAMIS UTILIZATION RATE.  | 6,950.        |
| WESTERN TIDEWATER HEALTH DISTRICT<br>135 HALL AVE, SUITE A<br>SUFFOLK, VA 23434-4654 | PC  | TO PROVIDE TELEHEALTH MONITORING SERVICES FOR CHRONIC DISEASE PATIENTS WHO FREQUENTLY VISIT EMERGENCY ROOMS, AND TO IMPROVE CHRONIC DISEASE SELF-MANAGEMENT.  | 67,137.       |

TOTAL CONTRIBUTIONS APPROVED

1,352,125

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

ATTACHMENT 25

| <u>DESCRIPTION</u> | <u>BUSINESS<br/>CODE</u> | <u>AMOUNT</u> | <u>EXCLUSION<br/>CODE</u> | <u>AMOUNT</u>     | <u>RELATED OR EXEMPT<br/>FUNCTION INCOME</u> |
|--------------------|--------------------------|---------------|---------------------------|-------------------|--|
| PARTNERSHIP INCOME |                          |               | 14                        | 2,452,198.        |  |
| OTHER INCOME       |                          |               | 01                        | 1,320.            |  |
| TOTALS             |                          |               |                           | <u>2,453,518.</u> |  |



**SCHEDULE D  
(Form 1041)**

**Capital Gains and Losses**

OMB No. 1545-0092

Department of the Treasury  
Internal Revenue Service

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

**2013**

Name of estate or trust

Employer identification number

OBICI HEALTHCARE FOUNDATION, INC.

51-0249728

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

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

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

|  | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part I,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result with<br>column (g) |
|--|----------------------------------|---------------------------------|---|---|
| <b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b |                                  |                                 |   |   |
| <b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .   |                                  |                                 |   |   |
| <b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .  |                                  |                                 |   |   |
| <b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .  |                                  |                                 |   |   |
| <b>4</b> Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 . . . . .   |                                  |                                 |   | <b>4</b>  |
| <b>5</b> Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts . . . . .  |                                  |                                 |   | <b>5</b>  |
| <b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2012 Capital Loss Carryover Worksheet . . . . .   |                                  |                                 |   | <b>6</b> ( )  |
| <b>7</b> <b>Net short-term capital gain or (loss)</b> . Combine lines 1a through 6 in column (h). Enter here and on line 17, column (3) on the back . . . . . ▶  |                                  |                                 |   | <b>7</b>  |

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

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

|   | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part II,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result with<br>column (g) |
|---|----------------------------------|---------------------------------|--|---|
| <b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b |                                  |                                 |  |   |
| <b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .  | 22,526,253.                      | 16,737,464.                     |  | 5,788,789.  |
| <b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .   |                                  |                                 |  |   |
| <b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .  |                                  |                                 |  |   |
| <b>11</b> Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 . . . . .  |                                  |                                 |  | <b>11</b>   |
| <b>12</b> Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts . . . . .   |                                  |                                 |  | <b>12</b>   |
| <b>13</b> Capital gain distributions . . . . .  |                                  |                                 |  | <b>13</b>   |
| <b>14</b> Gain from Form 4797, Part I . . . . .   |                                  |                                 |  | <b>14</b>   |
| <b>15</b> Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2012 Capital Loss Carryover Worksheet . . . . .   |                                  |                                 |  | <b>15</b> ( )   |
| <b>16</b> <b>Net long-term capital gain or (loss)</b> . Combine lines 8a through 15 in column (h). Enter here and on line 18a, column (3) on the back . . . . . ▶   |                                  |                                 |  | <b>16</b>   |

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

Schedule D (Form 1041) 2013

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

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

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

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

**Part V Tax Computation Using Maximum Capital Gains Rates**

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

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

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

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

|           |  |           |  |  |
|-----------|--|-----------|--|--|
| <b>21</b> | Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34), . . . . .   | <b>21</b> |  |  |
| <b>22</b> | Enter the <b>smaller</b> of line 18a or 19 in column (2) but not less than zero . . . . .  | <b>22</b> |  |  |
| <b>23</b> | Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T) . . . . .         | <b>23</b> |  |  |
| <b>24</b> | Add lines 22 and 23 . . . . .  | <b>24</b> |  |  |
| <b>25</b> | If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0- . . . . . ▶  | <b>25</b> |  |  |
| <b>26</b> | Subtract line 25 from line 24. If zero or less, enter -0- . . . . .  | <b>26</b> |  |  |
| <b>27</b> | Subtract line 26 from line 21. If zero or less, enter -0- . . . . .  | <b>27</b> |  |  |
| <b>28</b> | Enter the <b>smaller</b> of the amount on line 21 or \$2,450 . . . . .   | <b>28</b> |  |  |
| <b>29</b> | Enter the <b>smaller</b> of the amount on line 27 or line 28 . . . . .   | <b>29</b> |  |  |
| <b>30</b> | Subtract line 29 from line 28. If zero or less, enter -0-. This amount is taxed at 0% . . . . . ▶  | <b>30</b> |  |  |
| <b>31</b> | Enter the smaller of line 21 or line 26 . . . . .  | <b>31</b> |  |  |
| <b>32</b> | Subtract line 30 from line 26 . . . . .  | <b>32</b> |  |  |
| <b>33</b> | Enter the <b>smaller</b> of line 21 or \$11,950 . . . . .  | <b>33</b> |  |  |
| <b>34</b> | Add lines 27 and 30 . . . . .  | <b>34</b> |  |  |
| <b>35</b> | Subtract line 34 from line 33. If zero or less, enter -0- . . . . .  | <b>35</b> |  |  |
| <b>36</b> | Enter the <b>smaller</b> of line 32 or line 35 . . . . .   | <b>36</b> |  |  |
| <b>37</b> | Multiply line 36 by 15% . . . . . ▶  | <b>37</b> |  |  |
| <b>38</b> | Enter the amount from line 31 . . . . .  | <b>38</b> |  |  |
| <b>39</b> | Add lines 30 and 36 . . . . .  | <b>39</b> |  |  |
| <b>40</b> | Subtract line 39 from line 38. If zero or less, enter -0- . . . . .  | <b>40</b> |  |  |
| <b>41</b> | Multiply line 40 by 20% . . . . . ▶  | <b>41</b> |  |  |
| <b>42</b> | Figure the tax on the amount on line 27. Use the 2013 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041) . . . . . | <b>42</b> |  |  |
| <b>43</b> | Add lines 37, 41, and 42 . . . . .   | <b>43</b> |  |  |
| <b>44</b> | Figure the tax on the amount on line 21. Use the 2013 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041) . . . . . | <b>44</b> |  |  |
| <b>45</b> | <b>Tax on all taxable income.</b> Enter the <b>smaller</b> of line 43 or line 44 here and on Form 1041, Schedule G, line 1a (or Form 990-T, line 36) . . . . . ▶             | <b>45</b> |  |  |





# 2013 Income Tax Returns

OBICI HEALTHCARE FOUNDATION, INC.



**KPMG LLP**  
1676 International Drive  
McLean, VA 22102

Telephone 703 286 8000  
Fax 703 286 8010  
Internet [www.us.kpmg.com](http://www.us.kpmg.com)

February 9, 2015

**PRIVATE**

Mr. Michael Brinkley  
Director of Finance  
Obici Healthcare Foundation, Inc.  
106 W. Finney Avenue  
Suffolk, VA 23434

Dear Mr. Brinkley:

Enclosed are the original and copies of the following income tax returns for the Obici Healthcare Foundation, Inc. for the year ended March 31, 2014:

- Form 990-T; *Exempt Organization Business Return*

The original should be signed, dated, and filed in accordance with the filing instructions included with the copy of the return. The first copy is for your use and should be retained for your files, while the second copy should be made available for public inspection.

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

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

**KPMG LLP**

**Enclosures**

Instructions for filing  
OBICI HEALTHCARE FOUNDATION, INC.  
Form 990T - Exempt Organization Business Return  
for the period ended March 31, 2014

\*\*\*\*\*

Signature...

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

Filing...

The signed return should be filed on or before February 16, 2015  
with...

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

Payment of tax...

No payment of tax is required.

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

\*\*\*\*\*

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

For calendar year 2013 or other tax year beginning 04/01, 2013, and ending 03/31, 2014. See separate instructions.

2013

Department of the Treasury Internal Revenue Service

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

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

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

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

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

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include: 14 Compensation of officers, directors, and trustees; 15 Salaries and wages; 16 Repairs and maintenance; 17 Bad debts; 18 Interest (attach schedule); 19 Taxes and licenses; 20 Charitable contributions; 21 Depreciation; 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; 30 Unrelated business taxable income before net operating loss deduction; 31 Net operating loss deduction; 32 Unrelated business taxable income before specific deduction; 33 Specific deduction; 34 Unrelated business taxable income.

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

▶ **File a separate application for each return.**  
▶ Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).

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

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

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

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

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

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

Enter filer's identifying number, see instructions

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

Enter the Return code for the return that this application is for (file a separate application for each return)

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

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

Telephone No. ▶ 757 539-8810 FAX No. ▶ \_\_\_\_\_

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

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/16, 20 15, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year 20 \_\_\_\_ or

▶  tax year beginning 04/01, 20 13, and ending 03/31, 20 14.

**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

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

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

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



Part III Tax Computation

Table with 3 columns: Description, Amount, and Line Number. Rows include Organizations Taxable as Corporations (35), Trusts Taxable at Trust Rates (36), Proxy tax (37), Alternative minimum tax (38), and Total (39).

Part IV Tax and Payments

Table with 3 columns: Description, Amount, and Line Number. Rows include Foreign tax credit (40a-d), Total credits (40e), Subtract line 40e (41), Other taxes (42), Total tax (43), Payments (44a-f), Total payments (45), Estimated tax penalty (46), Tax due (47), Overpayment (48), and Enter the amount of line 48 (49).

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

Table with 3 columns: Question, Yes, No. Rows include interest in foreign country (1), distribution from foreign trust (2), and tax-exempt interest (3).

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

Table with 3 columns: Description, Amount, and Yes/No. Rows include Inventory at beginning/end of year (1, 6), Purchases (2), Cost of labor (3), Additional section 263A costs (4a, 4b), Total (5), Cost of goods sold (7), and Section 263A rules (8).

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

Signature of officer: Margaret A. Bradshaw, Date: 2/09/15, Title: Preparer. Includes a box for IRS discussion consent.

Paid Preparer Use Only: Margaret A. Bradshaw, KPMG LLP, 1676 INTERNATIONAL DRIVE, MCLEAN, VA 22102. Includes PTIN P00501222, Firm's EIN 13-5565207, and Phone no. 703-286-8000.

**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   | Total   |   |

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

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

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

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

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

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

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

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

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

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

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

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

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

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

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

ATTACHMENT 1

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

|                                 |              |
|---------------------------------|--------------|
| BLUESTEM PARTNERS LP K-1        | -209.        |
| INCOME (LOSS) FROM PARTNERSHIPS | <u>-209.</u> |

**SCHEDULE D  
(Form 1120)**

Department of the Treasury  
Internal Revenue Service

**Capital Gains and Losses**

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

OMB No. 1545-0123

**2013**

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

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

| See instructions for how to figure the amounts to enter on the lines below.<br>This form may be easier to complete if you round off cents to whole dollars.  | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e) from column (d) and combine the result with column (g) |
|--|----------------------------------|---------------------------------|---|--|
| <b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . . . . . |                                  |                                 |   |  |
| <b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .   |                                  |                                 |   |  |
| <b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .  |                                  |                                 |   |  |
| <b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .  | 5,662.                           |                                 |   | 5,662.   |
| <b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37 . . . . .  |                                  |                                 | <b>4</b>  |  |
| <b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824 . . . . .   |                                  |                                 | <b>5</b>  |  |
| <b>6</b> Unused capital loss carryover (attach computation) . . . . .  |                                  |                                 | <b>6</b>  | ( )  |
| <b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h . . . . .   |                                  |                                 | <b>7</b>  | 5,662.   |

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

| See instructions for how to figure the amounts to enter on the lines below.<br>This form may be easier to complete if you round off cents to whole dollars.   | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e) from column (d) and combine the result with column (g) |
|---|----------------------------------|---------------------------------|--|--|
| <b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . . . . . |                                  |                                 |  |  |
| <b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .  |                                  |                                 |  |  |
| <b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .   |                                  |                                 |  |  |
| <b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .  | 28,464.                          |                                 |  | 28,464.  |
| <b>11</b> Enter gain from Form 4797, line 7 or 9 . . . . .  |                                  |                                 | <b>11</b>  |  |
| <b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37 . . . . .   |                                  |                                 | <b>12</b>  |  |
| <b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824 . . . . .  |                                  |                                 | <b>13</b>  |  |
| <b>14</b> Capital gain distributions (see instructions) . . . . .   |                                  |                                 | <b>14</b>  |  |
| <b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h . . . . .   |                                  |                                 | <b>15</b>  | 28,464.  |

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

|  |  |  |           |         |
|--|--|--|-----------|---------|
| <b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) . . . . .                   |  |  | <b>16</b> | 5,662.  |
| <b>17</b> Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) . . . . . |  |  | <b>17</b> | 28,464. |
| <b>18</b> Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns . . . . .            |  |  | <b>18</b> | 34,126. |

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

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

Schedule D (Form 1120) (2013)

# Sales and Other Dispositions of Capital Assets

Department of the Treasury  
Internal Revenue Service

Information about Form 8949 and its separate instructions is at [www.irs.gov/form8949](http://www.irs.gov/form8949).

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

**OBICI HEALTHCARE FOUNDATION, INC.**

Social security number or taxpayer identification number

**51-0249728**

Most brokers issue their own substitute statement instead of using Form 1099-B. They also may provide basis information (usually your cost) to you on the statement even if it is not reported to the IRS. Before you check Box A, B, or C below, determine whether you received any statement(s) and, if so, the transactions for which basis was reported to the IRS. Brokers are required to report basis to the IRS for most stock you bought in 2011 or later.

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

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

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

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

| 1   | (a)<br>Description of property<br>(Example: 100 sh. XYZ Co.) | (b)<br>Date acquired<br>(Mo., day, yr.) | (c)<br>Date sold or<br>disposed<br>(Mo., day, yr.) | (d)<br>Proceeds<br>(sales price)<br>(see instructions) | (e)<br>Cost or other<br>basis. See the<br><b>Note</b> below and<br>see <i>Column (e)</i><br>in the separate<br>instructions | Adjustment, if any, to gain or loss.<br>If you enter an amount in column (g),<br>enter a code in column (f).<br><b>See the separate instructions.</b> |                                | (h)<br><b>Gain or (loss).</b><br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|---|--|---|--|--|---|---|--------------------------------|--|
|   |  |   |  |  |   | (f)<br>Code(s) from<br>instructions   | (g)<br>Amount of<br>adjustment |  |
|   | BLUESTEM PARTNERS LP K-1                                     | VARIOUS                                 | VARIOUS  | 5,662.00   |   |   |                                | 5,662.00   |
|   |  |   |  |  |   |   |                                |  |
|   |  |   |  |  |   |   |                                |  |
|   |  |   |  |  |   |   |                                |  |
|   |  |   |  |  |   |   |                                |  |
|   |  |   |  |  |   |   |                                |  |
|   |  |   |  |  |   |   |                                |  |
|   |  |   |  |  |   |   |                                |  |
|   |  |   |  |  |   |   |                                |  |
|   |  |   |  |  |   |   |                                |  |
|   |  |   |  |  |   |   |                                |  |
|   |  |   |  |  |   |   |                                |  |
|   |  |   |  |  |   |   |                                |  |
|   |  |   |  |  |   |   |                                |  |
|   |  |   |  |  |   |   |                                |  |
|   |  |   |  |  |   |   |                                |  |
|   |  |   |  |  |   |   |                                |  |
|   |  |   |  |  |   |   |                                |  |
|   |  |   |  |  |   |   |                                |  |
| <b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b> above is checked), or <b>line 3</b> (if <b>Box C</b> above is checked)▶ |  |   |  | 5,662.00   |   |   |                                | 5,662.00   |

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



OBICI HEALTHCARE FOUNDATION, INC.  
EIN: 51-0249728  
FOR YEAR ENDED MARCH 31, 2014

**Net Operating Loss Carryforward Schedule**

| <b>Year End</b> | <b>NOL Generated</b> | <b>NOL Used in PY</b> | <b>NOL Used in CY</b>                | <b>NOL Available</b> |
|-----------------|----------------------|-----------------------|--------------------------------------|----------------------|
| 3/31/2009       | 105,598              | (22,644)              | (33,917)                             | 49,037               |
| 3/31/2010       | -                    |                       |                                      | -                    |
| 3/31/2011       | 28,586               |                       |                                      | 28,586               |
| 3/31/2012       | 622                  |                       |                                      | 622                  |
| 3/31/2013       | -                    |                       |                                      | -                    |
| 3/31/2014       |                      |                       |                                      | -                    |
| <b>TOTAL</b>    | <b>134,806</b>       | <b>(22,644)</b>       | <b>(33,917)</b>                      | <b>78,245</b>        |
|                 |                      |                       | <b>NOL CARRYFORWARD TO 3/31/2015</b> | <b>78,245</b>        |



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

Department of the Treasury  
Internal Revenue Service

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

Attachment  
Sequence No. **128**

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

|  |  |
|--|--|
| Name of transferor<br><b>OBICI HEALTHCARE FOUNDATION, INC.</b> | Identifying number (see instructions)<br><b>51-0249728</b> |
|--|--|

1 If the transferor was a corporation, complete questions 1a through 1d.

- a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations?  Yes  No
- b Did the transferor remain in existence after the transfer?  Yes  No

If not, list the controlling shareholder(s) and their identifying number(s):

| Controlling shareholder | Identifying number |
|-------------------------|--------------------|
|                         |                    |
|                         |                    |
|                         |                    |
|                         |                    |
|                         |                    |
|                         |                    |
|                         |                    |
|                         |                    |

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

| Name of parent corporation | EIN of parent corporation |
|----------------------------|---------------------------|
|                            |                           |

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

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

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

| Name of partnership | EIN of partnership |
|---------------------|--------------------|
|                     |                    |

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

## Part II Transferee Foreign Corporation Information (see instructions)

|   |  |
|---|--|
| 3 Name of transferee (foreign corporation)<br><b>TENG YUE PARTNERS OFFSHORE FUND, LP</b>    | 4a Identifying number, if any<br><b>FOREIGNUS7</b>                   |
| 5 Address (including country)<br><b>650 FIFTH AVENUE, SUITE 3301<br/>NEW YORK, NY 10019</b> | 4b Reference ID number<br>(see instructions)<br><b>TEYUPOF-10001</b> |

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

CJ

7 Foreign law characterization (see instructions)

**EXEMPTED LIMITED PARTNERSHIP**

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

For Paperwork Reduction Act Notice, see separate instructions.

**Part III** Information Regarding Transfer of Property (see instructions)

| Type of property   | (a)<br>Date of transfer | (b)<br>Description of property | (c)<br>Fair market value on date of transfer | (d)<br>Cost or other basis | (e)<br>Gain recognized on transfer |
|--|-------------------------|--------------------------------|--|----------------------------|------------------------------------|
| Cash   | 06/01/13                |                                | 3,000,000.00                                 |                            |                                    |
| Stock and securities   |                         |                                |  |                            |                                    |
| Installment obligations, account receivables or similar property                             |                         |                                |  |                            |                                    |
| Foreign currency or other property denominated in foreign currency                           |                         |                                |  |                            |                                    |
| Inventory  |                         |                                |  |                            |                                    |
| Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))               |                         |                                |  |                            |                                    |
| Tangible property used in trade or business not listed under another category                |                         |                                |  |                            |                                    |
| Intangible property  |                         |                                |  |                            |                                    |
| Property to be leased (as described in final and temp. Regs. sec. 1.367(a)-4(c))             |                         |                                |  |                            |                                    |
| Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))                        |                         |                                |  |                            |                                    |
| Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e)) |                         |                                |  |                            |                                    |
| Other property   |                         |                                |  |                            |                                    |

**Supplemental Information Required To Be Reported** (see instructions):

---



---



---



---

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

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

(a) Before 0.0 % (b) After 2.44 %

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

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

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

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

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

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

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

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

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

**16** Was cash the only property transferred?  Yes  No

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

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

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

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

Department of the Treasury  
Internal Revenue Service

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

Attachment  
Sequence No. **128**

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

|  |  |
|--|--|
| Name of transferor<br><b>OBICI HEALTHCARE FOUNDATION, INC.</b> | Identifying number (see instructions)<br><b>51-0249728</b> |
|--|--|

**1** If the transferor was a corporation, complete questions 1a through 1d.

- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations?  Yes  No
- b** Did the transferor remain in existence after the transfer?  Yes  No

If not, list the controlling shareholder(s) and their identifying number(s):

| Controlling shareholder | Identifying number |
|-------------------------|--------------------|
|                         |                    |
|                         |                    |
|                         |                    |
|                         |                    |
|                         |                    |
|                         |                    |
|                         |                    |

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

| Name of parent corporation | EIN of parent corporation |
|----------------------------|---------------------------|
|                            |                           |

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

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

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

| Name of partnership | EIN of partnership |
|---------------------|--------------------|
|                     |                    |

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

## Part II Transferee Foreign Corporation Information (see instructions)

|  |  |
|--|--|
| <b>3</b> Name of transferee (foreign corporation)<br><b>PARK WEST PARTNERS LIMITED</b>   | <b>4a</b> Identifying number, if any<br><b>FOREIGNUS6</b>                    |
| <b>5</b> Address (including country)<br><b>MAPLES CORPORATE SERVICES LIMITED</b><br><b>P.O. BOX 309, UGLAND HOUSE</b><br><b>GRAND CAYMAN, KY1-1104, CAYMAN ISLANDS</b> | <b>4b</b> Reference ID number<br>(see instructions)<br><b>PAWEPALTD-1001</b> |

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

**CJ**

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

**EXEMPTED COMPANY**

|  |                              |  |
|--|------------------------------|--|
| <b>8</b> Is the transferee foreign corporation a controlled foreign corporation? ..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
|--|------------------------------|--|

For Paperwork Reduction Act Notice, see separate instructions.

**Part III** Information Regarding Transfer of Property (see instructions)

| Type of property   | (a)<br>Date of transfer | (b)<br>Description of property | (c)<br>Fair market value on date of transfer | (d)<br>Cost or other basis | (e)<br>Gain recognized on transfer |
|--|-------------------------|--------------------------------|--|----------------------------|------------------------------------|
| Cash   | 07/01/2013              |                                | 4,000,000.00                                 |                            |                                    |
| Stock and securities   |                         |                                |  |                            |                                    |
| Installment obligations, account receivables or similar property                             |                         |                                |  |                            |                                    |
| Foreign currency or other property denominated in foreign currency                           |                         |                                |  |                            |                                    |
| Inventory  |                         |                                |  |                            |                                    |
| Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))               |                         |                                |  |                            |                                    |
| Tangible property used in trade or business not listed under another category                |                         |                                |  |                            |                                    |
| Intangible property  |                         |                                |  |                            |                                    |
| Property to be leased (as described in final and temp. Regs. sec. 1.367(a)-4(c))             |                         |                                |  |                            |                                    |
| Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))                        |                         |                                |  |                            |                                    |
| Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e)) |                         |                                |  |                            |                                    |
| Other property   |                         |                                |  |                            |                                    |

**Supplemental Information Required To Be Reported** (see instructions):

---



---



---



---

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

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

(a) Before 0.0 % (b) After 9.43 %

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

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

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

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

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

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

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

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

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

**16** Was cash the only property transferred?  Yes  No

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

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

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

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

Department of the Treasury  
Internal Revenue Service

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

Attachment  
Sequence No. **128**

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

|  |  |
|--|--|
| Name of transferor<br><b>OBICI HEALTHCARE FOUNDATION, INC.</b> | Identifying number (see instructions)<br><b>51-0249728</b> |
|--|--|

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

| Controlling shareholder | Identifying number |
|-------------------------|--------------------|
|                         |                    |
|                         |                    |
|                         |                    |
|                         |                    |
|                         |                    |
|                         |                    |
|                         |                    |

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

| Name of parent corporation | EIN of parent corporation |
|----------------------------|---------------------------|
|                            |                           |

- d** Have basis adjustments under section 367(a)(5) been made?  Yes  No
- 2** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

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

| Name of partnership | EIN of partnership |
|---------------------|--------------------|
|                     |                    |

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

## Part II Transferee Foreign Corporation Information (see instructions)

|  |  |
|--|--|
| <b>3</b> Name of transferee (foreign corporation)<br><b>HOUND PARTNERS LONG FUND, LTD</b>  | <b>4a</b> Identifying number, if any<br><b>FOREIGNUS4</b>                  |
| <b>5</b> Address (including country)<br><b>C/O OGIER FIDUCIARY SERVICES (CAYMAN) LIMITED</b><br><b>89 NEXUS WAY, CAMANA BAY</b><br><b>GRAND CAYMAN, KY1-9007, CAYMAN ISLANDS</b> | <b>4b</b> Reference ID number<br>(see instructions)<br><b>HPLFLTD-1001</b> |

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

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

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

For Paperwork Reduction Act Notice, see separate instructions.

**Part III** Information Regarding Transfer of Property (see instructions)

| Type of property   | (a)<br>Date of transfer | (b)<br>Description of property | (c)<br>Fair market value on date of transfer | (d)<br>Cost or other basis | (e)<br>Gain recognized on transfer |
|--|-------------------------|--------------------------------|--|----------------------------|------------------------------------|
| Cash   | 01/01/14                |                                | 5,000,000.00                                 |                            |                                    |
| Stock and securities   |                         |                                |  |                            |                                    |
| Installment obligations, account receivables or similar property                             |                         |                                |  |                            |                                    |
| Foreign currency or other property denominated in foreign currency                           |                         |                                |  |                            |                                    |
| Inventory  |                         |                                |  |                            |                                    |
| Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))               |                         |                                |  |                            |                                    |
| Tangible property used in trade or business not listed under another category                |                         |                                |  |                            |                                    |
| Intangible property  |                         |                                |  |                            |                                    |
| Property to be leased (as described in final and temp. Regs. sec. 1.367(a)-4(c))             |                         |                                |  |                            |                                    |
| Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))                        |                         |                                |  |                            |                                    |
| Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e)) |                         |                                |  |                            |                                    |
| Other property   |                         |                                |  |                            |                                    |

**Supplemental Information Required To Be Reported** (see instructions):

---



---



---



---



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

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

(a) Before 0.0 % (b) After 3.26 %

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

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

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

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

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

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

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

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

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

**16** Was cash the only property transferred?  Yes  No

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

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

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

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

Department of the Treasury  
Internal Revenue Service

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

Attachment  
Sequence No. **128**

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

Name of transferor **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, was it the parent corporation?  Yes  No
- If not, list the name and employer identification number (EIN) of the parent corporation:

| Name of parent corporation | EIN of parent corporation |
|----------------------------|---------------------------|
|                            |                           |

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

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

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

| Name of partnership | EIN of partnership |
|---------------------|--------------------|
|                     |                    |

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

## Part II Transferee Foreign Corporation Information (see instructions)

3 Name of transferee (foreign corporation) **FEDERAL STREET ASIA/EMERGING MARKETS OFFSHORE FUND** 4a Identifying number, if any FOREIGNUS

5 Address (including country) **C/O M&C CORPORATE SERVICES LIMITED** 4b Reference ID number (see instructions) **FSARMOF06-1600026**  
**P.O. BOX 309**  
**UGLAND HOUSE GEORGETOWN, GRAND CAYMAN, CJ**

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

7 Foreign law characterization (see instructions)

**EXEMPTED COMPANY**

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

For Paperwork Reduction Act Notice, see separate instructions.

**Part III** Information Regarding Transfer of Property (see instructions)

| Type of property   | (a)<br>Date of transfer | (b)<br>Description of property | (c)<br>Fair market value on date of transfer | (d)<br>Cost or other basis | (e)<br>Gain recognized on transfer |
|--|-------------------------|--------------------------------|--|----------------------------|------------------------------------|
| Cash   | VARIOUS                 |                                | 4,999,999.87                                 |                            |                                    |
| Stock and securities   |                         |                                |  |                            |                                    |
| Installment obligations, account receivables or similar property                             |                         |                                |  |                            |                                    |
| Foreign currency or other property denominated in foreign currency                           |                         |                                |  |                            |                                    |
| Inventory  |                         |                                |  |                            |                                    |
| Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))               |                         |                                |  |                            |                                    |
| Tangible property used in trade or business not listed under another category                |                         |                                |  |                            |                                    |
| Intangible property  |                         |                                |  |                            |                                    |
| Property to be leased (as described in final and temp. Regs. sec. 1.367(a)-4(c))             |                         |                                |  |                            |                                    |
| Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))                        |                         |                                |  |                            |                                    |
| Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e)) |                         |                                |  |                            |                                    |
| Other property   |                         |                                |  |                            |                                    |

**Supplemental Information Required To Be Reported** (see instructions):

01/06/2013 - \$2,999,999.96

01/07/2013 - \$1,999,999.91

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

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

(a) Before 0 % (b) After 20.8 %

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

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

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

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

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

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

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

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

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

**16** Was cash the only property transferred? . . . . .  Yes  No

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

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

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

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

Department of the Treasury  
Internal Revenue Service

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

Attachment  
Sequence No. **128**

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

|  |  |
|--|--|
| Name of transferor<br><b>OBICI HEALTHCARE FOUNDATION, INC.</b> | Identifying number (see instructions)<br><b>51-0249728</b> |
|--|--|

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

| Controlling shareholder | Identifying number |
|-------------------------|--------------------|
|                         |                    |
|                         |                    |
|                         |                    |
|                         |                    |
|                         |                    |
|                         |                    |
|                         |                    |

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

| Name of parent corporation | EIN of parent corporation |
|----------------------------|---------------------------|
|                            |                           |

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

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

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

| Name of partnership | EIN of partnership |
|---------------------|--------------------|
|                     |                    |

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

**Part II Transferee Foreign Corporation Information** (see instructions)

|   |   |
|---|---|
| <b>3</b> Name of transferee (foreign corporation)<br><b>EMINENCE FUND LONG, LTD</b>   | <b>4a</b> Identifying number, if any<br><b>FOREIGNUS2</b>                   |
| <b>5</b> Address (including country)<br>C/O MORGAN STANLEY FUND SERVICES (CAYMAN) LTD.<br>CRICKET SQUARE, 2ND FLOOR, BOUNDARY HALL, HUTCHINS DRIVE, P.O. BOX 2681<br>GRAND CAYMAN KY1-1111 CAYMAN ISLANDS | <b>4b</b> Reference ID number<br>(see instructions)<br><b>EMFUNLG-10001</b> |

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

**CJ**

- 7** Foreign law characterization (see instructions)

**EXEMPTED COMPANY**

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

**For Paperwork Reduction Act Notice, see separate instructions.**

**Part III** Information Regarding Transfer of Property (see instructions)

| Type of property   | (a)<br>Date of transfer | (b)<br>Description of property | (c)<br>Fair market value on date of transfer | (d)<br>Cost or other basis | (e)<br>Gain recognized on transfer |
|--|-------------------------|--------------------------------|--|----------------------------|------------------------------------|
| Cash   | 08/01/13                |                                | 3,000,000.00                                 |                            |                                    |
| Stock and securities   |                         |                                |  |                            |                                    |
| Installment obligations, account receivables or similar property                             |                         |                                |  |                            |                                    |
| Foreign currency or other property denominated in foreign currency                           |                         |                                |  |                            |                                    |
| Inventory  |                         |                                |  |                            |                                    |
| Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))               |                         |                                |  |                            |                                    |
| Tangible property used in trade or business not listed under another category                |                         |                                |  |                            |                                    |
| Intangible property  |                         |                                |  |                            |                                    |
| Property to be leased (as described in final and temp. Regs. sec. 1.367(a)-4(c))             |                         |                                |  |                            |                                    |
| Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))                        |                         |                                |  |                            |                                    |
| Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e)) |                         |                                |  |                            |                                    |
| Other property   |                         |                                |  |                            |                                    |

**Supplemental Information Required To Be Reported** (see instructions):

---



---



---



---

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

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

(a) Before 0.0 % (b) After 5.23 %

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

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

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

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

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

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

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

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

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

**16** Was cash the only property transferred?  Yes  No

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

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

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

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

Department of the Treasury  
Internal Revenue Service

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

Attachment  
Sequence No. **128**

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

Name of transferor **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, was it the parent corporation?  Yes  No
- If not, list the name and employer identification number (EIN) of the parent corporation:

| Name of parent corporation | EIN of parent corporation |
|----------------------------|---------------------------|
|                            |                           |

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

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

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

| Name of partnership | EIN of partnership |
|---------------------|--------------------|
|                     |                    |

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

## Part II Transferee Foreign Corporation Information (see instructions)

3 Name of transferee (foreign corporation) **CEVIAN CAPITAL II LTD** 4a Identifying number, if any **FOREIGNUS1**

5 Address (including country) **C/O OGIER FIDUCIARY SERVICES (CAYMAN) LIMITED** 4b Reference ID number (see instructions) **CEVCAPILTD-10001**

**89 NEXUS WAY**

**CAMANA BAY, GRAND CAYMAN, KY1-9007, CAYMAN ISLANDS**

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

CJ

7 Foreign law characterization (see instructions)

**EXEMPTED COMPANY**

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

For Paperwork Reduction Act Notice, see separate instructions.



**Part III** Information Regarding Transfer of Property (see instructions)

| Type of property   | (a)<br>Date of transfer | (b)<br>Description of property | (c)<br>Fair market value on date of transfer | (d)<br>Cost or other basis | (e)<br>Gain recognized on transfer |
|--|-------------------------|--------------------------------|--|----------------------------|------------------------------------|
| Cash   | 04/01/13                |                                | 5,000,000.00                                 |                            |                                    |
| Stock and securities   |                         |                                |  |                            |                                    |
| Installment obligations, account receivables or similar property                             |                         |                                |  |                            |                                    |
| Foreign currency or other property denominated in foreign currency                           |                         |                                |  |                            |                                    |
| Inventory  |                         |                                |  |                            |                                    |
| Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))               |                         |                                |  |                            |                                    |
| Tangible property used in trade or business not listed under another category                |                         |                                |  |                            |                                    |
| Intangible property  |                         |                                |  |                            |                                    |
| Property to be leased (as described in final and temp. Regs. sec. 1.367(a)-4(c))             |                         |                                |  |                            |                                    |
| Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))                        |                         |                                |  |                            |                                    |
| Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e)) |                         |                                |  |                            |                                    |
| Other property   |                         |                                |  |                            |                                    |

**Supplemental Information Required To Be Reported** (see instructions):

---



---



---



---

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

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

(a) Before 0.0 % (b) After 0.07 %

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

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

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

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

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

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

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

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

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

**16** Was cash the only property transferred? . . . . .  Yes  No

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

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

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

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

Department of the Treasury  
Internal Revenue Service

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

Attachment  
Sequence No. **128**

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

|  |  |
|--|--|
| Name of transferor<br><b>OBICI HEALTHCARE FOUNDATION, INC.</b> | Identifying number (see instructions)<br><b>51-0249728</b> |
|--|--|

**1** If the transferor was a corporation, complete questions 1a through 1d.

- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations?  Yes  No
- b** Did the transferor remain in existence after the transfer?  Yes  No

If not, list the controlling shareholder(s) and their identifying number(s):

| Controlling shareholder | Identifying number |
|-------------------------|--------------------|
|                         |                    |
|                         |                    |
|                         |                    |
|                         |                    |
|                         |                    |
|                         |                    |
|                         |                    |

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

| Name of parent corporation | EIN of parent corporation |
|----------------------------|---------------------------|
|                            |                           |

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

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

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

| Name of partnership | EIN of partnership |
|---------------------|--------------------|
|                     |                    |

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

## Part II Transferee Foreign Corporation Information (see instructions)

|   |  |
|---|--|
| <b>3</b> Name of transferee (foreign corporation)<br><b>LEE FUND LIMITED</b>  | <b>4a</b> Identifying number, if any<br><b>FOREIGNUS5</b>                    |
| <b>5</b> Address (including country)<br><b>OGIER FIDUCIARY SERVICES (CAYMAN) LIMITED</b><br><b>89 NEXUS WAY</b><br><b>CAMANA BAY, GRAND CAYMAN KY1-9007, CAYMAN ISLANDS</b> | <b>4b</b> Reference ID number<br>(see instructions)<br><b>LFLTD001-10001</b> |

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

**CJ**

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

**EXEMPTED COMPANY**

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

For Paperwork Reduction Act Notice, see separate instructions.

**Part III** Information Regarding Transfer of Property (see instructions)

| Type of property   | (a)<br>Date of transfer | (b)<br>Description of property | (c)<br>Fair market value on date of transfer | (d)<br>Cost or other basis | (e)<br>Gain recognized on transfer |
|--|-------------------------|--------------------------------|--|----------------------------|------------------------------------|
| Cash   | 01/01/14                |                                | 5,000,000.00                                 |                            |                                    |
| Stock and securities   |                         |                                |  |                            |                                    |
| Installment obligations, account receivables or similar property                             |                         |                                |  |                            |                                    |
| Foreign currency or other property denominated in foreign currency                           |                         |                                |  |                            |                                    |
| Inventory  |                         |                                |  |                            |                                    |
| Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))               |                         |                                |  |                            |                                    |
| Tangible property used in trade or business not listed under another category                |                         |                                |  |                            |                                    |
| Intangible property  |                         |                                |  |                            |                                    |
| Property to be leased (as described in final and temp. Regs. sec. 1.367(a)-4(c))             |                         |                                |  |                            |                                    |
| Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))                        |                         |                                |  |                            |                                    |
| Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e)) |                         |                                |  |                            |                                    |
| Other property   |                         |                                |  |                            |                                    |

**Supplemental Information Required To Be Reported** (see instructions):

---



---



---



---

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

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

(a) Before 0.0 % (b) After 2.73 %

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

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

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

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

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

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

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

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

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

**16** Was cash the only property transferred?  Yes  No

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

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

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

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

(Rev. December 2012)

► For more information about Form 5471, see [www.irs.gov/form5471](http://www.irs.gov/form5471)

Department of the Treasury  
Internal Revenue Service

Information furnished for the foreign corporation's annual accounting period (tax year required by section 898) (see instructions) beginning 12/01/2013, and ending 12/31/2013

Attachment Sequence No. **121**

|   |  |
|---|--|
| Name of person filing this return<br>OBICI HEALTHCARE FOUNDATION, INC.  | <b>A Identifying number</b><br>51-0249728  |
| Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)<br>106 W. FINNEY AVENUE | <b>B Category of filer</b> (See instructions. Check applicable box(es): ATCH 1<br>1 (repealed) 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input checked="" type="checkbox"/> |
| City or town, state, and ZIP code<br>SUFFOLK VA 23434   | <b>C Enter the total percentage of the foreign corporation's voting stock you owned at the end of its annual accounting period</b> 20.09 %   |
| Filer's tax year beginning 04/01/2013, and ending 03/31/2014  |  |

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

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

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

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

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

|  |  |   |
|--|--|---|
| <b>a Name, address, and identifying number of branch office or agent (if any) in the United States</b> | <b>b If a U.S. income tax return was filed, enter:</b> |   |
|  | (i) Taxable income or (loss)                           | (ii) U.S. income tax paid (after all credits) |
|  |  |   |

|   |   |
|---|---|
| <b>c Name and address of foreign corporation's statutory or resident agent in country of incorporation</b><br>M&C CORPORATE SERVICES LIMITED<br>P.O. BOX 309 UGLAND HOUSE SOUTH CHURCH ST<br>GEORGETOWN GRAND CAYMAN CJ | <b>d Name and address (including corporate department, if applicable) of person (or persons) with custody of the books and records of the foreign corporation, and the location of such books and records, if different</b><br>UBS FUND SERVICES (CAYMAN) LTD.<br>154 UNIVERSITY AVENUE, SUITE 700<br>TORONTO, ONTARIO CA M5H 3YD |
|---|---|

**Schedule A Stock of the Foreign Corporation**

| (a) Description of each class of stock | (b) Number of shares issued and outstanding |                                      |
|--|---|--------------------------------------|
|  | (i) Beginning of annual accounting period   | (ii) End of annual accounting period |
| CLASS A (NON-VOTING)                   | 40,798.                                     | 36,651.                              |
| CLASS A (VOTING)                       | 7,992.                                      | 12,545.                              |
| CLASS S (NON-VOTING)                   | 5,809.                                      | 5,549.                               |
| CLASS S (VOTING)                       | 976.  | 932.                                 |

For Paperwork Reduction Act Notice, see instructions.

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

| (a) Name, address, and identifying number of shareholder                   | (b) Description of each class of stock held by shareholder. <b>Note:</b> This description should match the corresponding description entered in Schedule A, column (a). | (c) Number of shares held at beginning of annual accounting period | (d) Number of shares held at end of annual accounting period | (e) Pro rata share of subpart F income (enter as a percentage) |
|--|---|--|--|--|
| OBICI HEALTHCARE FOUNDATION, I<br>106 W. FINNEY AVENUE<br>SUFFOLK VA 23434 | CLASS A (VOTING)  |  | 2,708.   | 20.09  |
|  |   |  |  |  |
|  |   |  |  |  |
|  |   |  |  |  |
|  |   |  |  |  |
|  |   |  |  |  |
|  |   |  |  |  |
|  |   |  |  |  |
|  |   |  |  |  |

**Schedule C Income Statement** (see instructions)

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

|   |   | Functional Currency | U.S. Dollars |
|---|---|---------------------|--------------|
| <b>Income</b>   | <b>1 a</b> Gross receipts or sales . . . . .  | <b>1a</b>           |              |
|   | <b>b</b> Returns and allowances . . . . .   | <b>1b</b>           |              |
|   | <b>c</b> Subtract line 1b from line 1a . . . . .  | <b>1c</b>           |              |
|   | <b>2</b> Cost of goods sold . . . . .   | <b>2</b>            |              |
|   | <b>3</b> Gross profit (subtract line 2 from line 1c) . . . . .  | <b>3</b>            |              |
|   | <b>4</b> Dividends . . . . .  | <b>4</b>            |              |
|   | <b>5</b> Interest . . . . .   | <b>5</b>            |              |
|   | <b>6 a</b> Gross rents . . . . .  | <b>6a</b>           |              |
|   | <b>b</b> Gross royalties and license fees . . . . .   | <b>6b</b>           |              |
| <b>7</b> Net gain or (loss) on sale of capital assets . . . . .       | <b>7</b>  |                     |              |
| <b>8</b> Other income (attach statement) . . . ATTACHMENT 2 . . . . . | <b>8</b>  |                     | 8,160,348.   |
| <b>9</b> Total income (add lines 3 through 8) . . . . .               | <b>9</b>  |                     | 8,160,348.   |
| <b>Deductions</b>   | <b>10</b> Compensation not deducted elsewhere . . . . .   | <b>10</b>           |              |
|   | <b>11 a</b> Rents . . . . .   | <b>11a</b>          |              |
|   | <b>b</b> Royalties and license fees . . . . .   | <b>11b</b>          |              |
|   | <b>12</b> Interest . . . . .  | <b>12</b>           |              |
|   | <b>13</b> Depreciation not deducted elsewhere . . . . .   | <b>13</b>           |              |
|   | <b>14</b> Depletion . . . . .   | <b>14</b>           |              |
|   | <b>15</b> Taxes (exclude provision for income, war profits, and excess profits taxes) . . . . .   | <b>15</b>           |              |
|   | <b>16</b> Other deductions (attach statement - exclude provision for income, war profits, and excess profits taxes) . . . ATTACHMENT 3 . . . . .  | <b>16</b>           |              |
| <b>17</b> Total deductions (add lines 10 through 16) . . . . .        | <b>17</b>   |                     | 839,978.     |
| <b>Net Income</b>   | <b>18</b> Net income or (loss) before extraordinary items, prior period adjustments, and the provision for income, war profits, and excess profits taxes (subtract line 17 from line 9) . . . . . | <b>18</b>           | 7,320,370.   |
|   | <b>19</b> Extraordinary items and prior period adjustments (see instructions) . . . . .   | <b>19</b>           |              |
|   | <b>20</b> Provision for income, war profits, and excess profits taxes (see instructions) . . . . .  | <b>20</b>           |              |
|   | <b>21</b> Current year net income or (loss) per books (combine lines 18 through 20) . . . . .   | <b>21</b>           |              |

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

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

**Schedule F Balance Sheet**

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

| Assets                                      |   | (a)<br>Beginning of annual<br>accounting period | (b)<br>End of annual<br>accounting period |
|---|---|---|---|
| 1   | Cash  | 3,152,419.                                      | 3,274,666.                                |
| 2a  | Trade notes and accounts receivable                             |   |   |
| b   | Less allowance for bad debts                                    | ( )   | ( )                                       |
| 3   | Inventories   |   |   |
| 4   | Other current assets (attach statement) ATTACHMENT 4            | 5,257,047.                                      | 4,433,456.                                |
| 5   | Loans to shareholders and other related persons                 |   |   |
| 6   | Investment in subsidiaries (attach statement)                   |   |   |
| 7   | Other investments (attach statement) ATTACHMENT 5               | 79,735,455.                                     | 70,640,084.                               |
| 8a  | Buildings and other depreciable assets                          |   |   |
| b   | Less accumulated depreciation                                   | ( )   | ( )                                       |
| 9a  | Depletable assets   |   |   |
| b   | Less accumulated depletion                                      | ( )   | ( )                                       |
| 10  | Land (net of any amortization)                                  |   |   |
| 11  | Intangible assets:  |   |   |
| a   | Goodwill  |   |   |
| b   | Organization costs  |   |   |
| c   | Patents, trademarks, and other intangible assets                |   |   |
| d   | Less accumulated amortization for lines 11a, b, and c           | ( )   | ( )                                       |
| 12  | Other assets (attach statement)                                 |   |   |
| 13  | Total assets  | 88,144,921.                                     | 78,348,206.                               |
| <b>Liabilities and Shareholders' Equity</b> |   |   |   |
| 14  | Accounts payable  | 20,437,114.                                     | 17,511,024.                               |
| 15  | Other current liabilities (attach statement) ATTACHMENT 6       | 120,228.  | 50,181.                                   |
| 16  | Loans from shareholders and other related persons               |   |   |
| 17  | Other liabilities (attach statement)                            |   |   |
| 18  | Capital stock:  |   |   |
| a   | Preferred stock   |   |   |
| b   | Common stock  | 556.  | 419.                                      |
| 19  | Paid-in or capital surplus (attach reconciliation) ATTACHMENT 7 | 20,581,621.                                     | 6,460,810.                                |
| 20  | Retained earnings   | 47,005,402.                                     | 54,325,772.                               |
| 21  | Less cost of treasury stock                                     | ( )   | ( )                                       |
| 22  | Total liabilities and shareholders' equity                      | 88,144,921.                                     | 78,348,206.                               |



**Schedule G Other Information**

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

**Schedule H Current Earnings and Profits** (see instructions)

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

|  |                         |            |
|--|-------------------------|------------|
| 1 Current year net income or (loss) per foreign books of account . . . . .   | <b>1</b>                | 7,320,370. |
| 2 Net adjustments made to line 1 to determine current earnings and profits according to U.S. financial and tax accounting standards (see instructions):                                    | <b>Net Additions</b>    |            |
|  | <b>Net Subtractions</b> |            |
| a Capital gains or losses . . . . .  |                         |            |
| b Depreciation and amortization . . . . .  |                         |            |
| c Depletion . . . . .  |                         |            |
| d Investment or incentive allowance . . . . .  |                         |            |
| e Charges to statutory reserves . . . . .  |                         |            |
| f Inventory adjustments . . . . .  |                         |            |
| g Taxes . . . . .  |                         |            |
| h Other (attach statement) <u>ATCH 8</u> . . . . .   | 4,869,058.              |            |
| 3 Total net additions . . . . .  |                         |            |
| 4 Total net subtractions . . . . .   | 4,869,058.              |            |
| 5a Current earnings and profits (line 1 plus line 3 minus line 4) . . . . .  | <b>5a</b>               | 2,451,312. |
| b DASTM gain or (loss) for foreign corporations that use DASTM (see instructions) . . . . .  | <b>5b</b>               |            |
| c Combine lines 5a and 5b . . . . .  | <b>5c</b>               | 2,451,312. |
| d Current earnings and profits in U.S. dollars (line 5c translated at the appropriate exchange rate as defined in section 989(b) and the related regulations (see instructions)) . . . . . | <b>5d</b>               |            |
| Enter exchange rate used for line 5d ▶   |                         |            |

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

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

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

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

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

**SCHEDULE J  
(Form 5471)**

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

51-0249728

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

► Information about Schedule J (Form 5471) and its instructions is at [www.irs.gov/form5471](http://www.irs.gov/form5471).  
► Attach to Form 5471.

OMB No. 1545-0704

| Name of person filing Form 5471   | Identifying number   |  | EIN (if any)                           | (c) Previously Taxed E&P (see instructions)<br>(sections 959(c)(1) and (2) balances) | (d) Total Section 964(a) E&P (combine columns (a), (b), and (c)) |
|---|--|--|--|--|--|
|   | Reference ID number (see instructions)                                   | Subpart F Income   |  |  |  |
| OBICI HEALTHCARE FOUNDATION, INC.<br>Name of foreign corporation  | 51-0249728   | FSARMOF06-1600026  | FOREIGNUS                              |  |  |
| FEDERAL STREET ASIA/EMERGING MARKETS OFFSHORE FUND  |  |  |  |  |  |
| <b>Important:</b> Enter amounts in functional currency.   | (a) Post-1986 Undistributed Earnings (post-86 section 959(c)(3) balance) | (b) Pre-1987 E&P Not Previously Taxed (pre-87 section 959(c)(3) balance) | (i) Earnings Invested in U.S. Property | (ii) Earnings Invested in Excess Passive Assets                                      |  |
| <b>1</b> Balance at beginning of year   | 47,005,402.  |  |  |  | 47,005,402.  |
| <b>2a</b> Current year E&P  | 2,451,312.   |  |  |  |  |
| <b>b</b> Current year deficit in E&P  |  |  |  |  |  |
| <b>3</b> Total current and accumulated E&P not previously taxed (line 1 plus line 2a or line 1 minus line 2b) | 49,456,714.  |  |  |  |  |
| <b>4</b> Amounts included under section 951(a) or reclassified under section 959(c) in current year           |  |  |  |  |  |
| <b>5a</b> Actual distributions or reclassifications of previously taxed E&P                                   |  |  |  |  |  |
| <b>b</b> Actual distributions of nonpreviously taxed E&P  |  |  |  |  |  |
| <b>6a</b> Balance of previously taxed E&P at end of year (line 1 plus line 4, minus line 5a)                  |  |  |  |  |  |
| <b>b</b> Balance of E&P not previously taxed at end of year (line 3 minus line 4, minus line 5b)              | 49,456,714.  |  |  |  |  |
| <b>7</b> Balance at end of year. (Enter amount from line 6a or line 6b, whichever is applicable.)             | 49,456,714.  |  |  |  | 49,456,714.  |

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

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

**SCHEDULE O  
(Form 5471)**

(Rev. December 2012)

Department of the Treasury  
Internal Revenue Service

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

Information about Schedule O (Form 5471) and its instructions is at [www.irs.gov/form5471](http://www.irs.gov/form5471)  
▶ Attach to Form 5471.

OMB No. 1545-0704

|   |              |  |
|---|--------------|--|
| Name of person filing Form 5471             |              | Identifying number                     |
| OBICI HEALTHCARE FOUNDATION, INC.           |              | 51-0249728                             |
| Name of foreign corporation                 | EIN (if any) | Reference ID number (see instructions) |
| FEDERAL STREET ASIA/EMERGING MARKETS OFFSHO | FOREIGNUS    | ESARMOF06-1600026                      |

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

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

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

**Part II To Be Completed by U.S. Shareholders**

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

**Section A - General Shareholder Information**

| (a)<br>Name, address, and identifying number of shareholder(s) filing this schedule | (b)<br>For shareholder's latest U.S. income tax return filed, indicate: |                          |  | (c)<br>Date (if any) shareholder last filed information return under section 6046 for the foreign corporation |
|---|---|--------------------------|--|---|
|   | (1)<br>Type of return (enter form number)                               | (2)<br>Date return filed | (3)<br>Internal Revenue Service Center where filed |   |
| OBICI HEALTHCARE FDN, INC 51-0249728<br>106 W. FINNEY AVENUE<br>SUFFOLK, VA 23434   | 990-T   | 01/20/2014               | OGDEN  |   |
|   |   |                          |  |   |
|   |   |                          |  |   |

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

| (a)<br>Name of U.S. officer or director | (b)<br>Address | (c)<br>Social security number | (d) Check appropriate box(es) |     |
|---|----------------|-------------------------------|-------------------------------|-----|
|   |                |                               | Ofr                           | Dir |
|   |                |                               |                               |     |
|   |                |                               |                               |     |
|   |                |                               |                               |     |

**Section C - Acquisition of Stock**

| (a)<br>Name of shareholder(s) filing this schedule | (b)<br>Class of stock acquired | (c)<br>Date of acquisition | (d)<br>Method of acquisition | (e)<br>Number of shares acquired |                   |                       |
|--|--------------------------------|----------------------------|------------------------------|----------------------------------|-------------------|-----------------------|
|  |                                |                            |                              | (1)<br>Directly                  | (2)<br>Indirectly | (3)<br>Constructively |
| OBICI HEALTHCARE                                   | CLASS A VOT                    | 06/01/2013                 | PURCHASE                     | 1,605.                           |                   |                       |
| OBICI HEALTHCARE                                   | CLASS A VOT                    | 07/01/2013                 | PURCHASE                     | 1,103.                           |                   |                       |
|  |                                |                            |                              |                                  |                   |                       |

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

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

| (f)<br>Amount paid or value given | (g)<br>Name and address of person from whom shares were acquired                       |
|-----------------------------------|--|
| 3,000,000.                        | UBS FD SVS (CAYMAN) LTD<br>PO BOX 852,UBS HOUSE,227 ELGIN AVE GRAND CAYMAN KY1-1103 CJ |
| 2,000,000.                        | UBS FD SVS (CAYMAN) LTD<br>PO BOX 852,UBS HOUSE,227 ELGIN AVE GRAND CAYMAN KY1-1103 CJ |

**Section D — Disposition of Stock**

| (a)<br>Name of shareholder disposing of stock | (b)<br>Class of stock | (c)<br>Date of disposition | (d)<br>Method of disposition | (e)<br>Number of shares disposed of |                   |                       |
|---|-----------------------|----------------------------|------------------------------|-------------------------------------|-------------------|-----------------------|
|   |                       |                            |                              | (1)<br>Directly                     | (2)<br>Indirectly | (3)<br>Constructively |
|   |                       |                            |                              |                                     |                   |                       |
|   |                       |                            |                              |                                     |                   |                       |
|   |                       |                            |                              |                                     |                   |                       |

  

| (f)<br>Amount received | (g)<br>Name and address of person to whom disposition of stock was made |
|------------------------|---|
|                        |   |
|                        |   |
|                        |   |

**Section E — Organization or Reorganization of Foreign Corporation**

| (a)<br>Name and address of transferor | (b)<br>Identifying number (if any) | (c)<br>Date of transfer |
|---------------------------------------|------------------------------------|-------------------------|
|                                       |                                    |                         |
|                                       |                                    |                         |
|                                       |                                    |                         |

  

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

**Section F — Additional Information**

- (a)** If the foreign corporation or a predecessor U.S. corporation filed (or joined with a consolidated group in filing) a U.S. income tax return for any of the last 3 years, attach a statement indicating the year for which a return was filed (and, if applicable, the name of the corporation filing the consolidated return), the taxable income or loss, and the U.S. income tax paid (after all credits).
- (b)** List the date of any reorganization of the foreign corporation that occurred during the last 4 years while any U.S. person held 10% or more in value or vote (directly or indirectly) of the corporation's stock ►
- (c)** If the foreign corporation is a member of a group constituting a chain of ownership, attach a chart, for each unit of which a shareholder owns 10% or more in value or voting power of the outstanding stock. The chart must indicate the corporation's position in the chain of ownership and the percentages of stock ownership (see instructions for an example).

OBICI HEALTHCARE FOUNDATION, INC.  
FEDERAL STREET ASIA/EMERGING MARKETS OFFSHORE

ATTACHMENT 1

FORM 5471, PAGE 1 DETAIL

CATEGORY 3 FILER STATEMENT

| AMOUNT OF<br>INDEBTEDNESS | TYPE OF<br>INDEBTEDNESS | NAME                           | ADDRESS                                   | ID NUMBER  | NUMBER<br>OF SHARES |
|---------------------------|-------------------------|--------------------------------|---|------------|---------------------|
|                           |                         | OBICI HEALTHCARE FOUNDATION, I | 106 W. FINNEY AVENUE<br>SUFFOLK, VA 23434 | 51-0249728 | 2708.0000           |

FORM 5471, PAGE 2 DETAIL

SCH C, LINE 8 - OTHER INCOME

ATTACHMENT 2

|                                    |                   |
|------------------------------------|-------------------|
| NET REALIZED GAIN ON INVESTMENTS   | 3,291,290.        |
| NET UNREALIZED APPRECIATION ON INV | 4,869,058.        |
| TOTAL                              | <u>8,160,348.</u> |

SCH C, LINE 16 - OTHER DEDUCTIONS

ATTACHMENT 3

|                     |                 |
|---------------------|-----------------|
| MANAGEMENT FEES     | 724,890.        |
| ADMINISTRATION FEES | 75,000.         |
| PROFESSIONAL FEES   | 32,308.         |
| OTHER               | 7,780.          |
| TOTAL               | <u>839,978.</u> |

FORM 5471, PAGE 3 DETAIL

|                    |                    |
|--------------------|--------------------|
| <u>BEGINNING</u>   | <u>ENDING</u>      |
| <u>US CURRENCY</u> | <u>US CURRENCY</u> |

ATTACHMENT 4

SCH F, LINE 4 - OTHER CURRENT ASSETS

|                     |                   |                   |
|---------------------|-------------------|-------------------|
| PREPAID EXPENSES    | 7,047.            | 7,047.            |
| ACCOUNTS RECEIVABLE | 5,250,000.        | 4,426,409.        |
| TOTALS              | <u>5,257,047.</u> | <u>4,433,456.</u> |

ATTACHMENT 5

SCH F, LINE 7 - OTHER INVESTMENTS

|                                 |                    |                    |
|---------------------------------|--------------------|--------------------|
| INVESTMENTS IN INVESTMENT FUNDS | 79,735,455.        | 70,640,084.        |
| TOTALS                          | <u>79,735,455.</u> | <u>70,640,084.</u> |

ATTACHMENT 6

SCH F, LINE 15 - OTHER CURRENT LIABILITIES

|                            |                 |                |
|----------------------------|-----------------|----------------|
| ADMINISTRATION FEE PAYABLE | 18,750.         | 18,750.        |
| ACCRUED EXPENSES           | 30,743.         | 31,431.        |
| MANAGEMENT FEE PAYABLE     | 70,735.         |                |
| TOTALS                     | <u>120,228.</u> | <u>50,181.</u> |

ATTACHMENT 7

SCH F, LINE 19 - PAID-IN OR CAP SURPLUS

|                             |                    |                   |
|-----------------------------|--------------------|-------------------|
| TOTAL CAPITAL CONTRIBUTIONS | 20,582,177.        | 6,461,229.        |
| LESS: COMMON STOCK          | -556.              | -419.             |
| TOTALS                      | <u>20,581,621.</u> | <u>6,460,810.</u> |

FORM 5471, PAGE 4 DETAIL

| <u>SCH H, LINE 2H - OTHER RECONCILING ITEMS</u> | <u>NET ADDITIONS</u> | <u>NET SUBTRACTS</u> |
|---|----------------------|----------------------|
| NET UNREALIZED APPRECIATION ON INVESTMENTS      |                      | 4,869,058.           |
| TOTALS  |                      | <u>4,869,058.</u>    |





# 2013 Income Tax Returns

OBICI HEALTHCARE FOUNDATION, INC.



OBICI HEALTHCARE FOUNDATION INC.  
Instructions for Filing  
Form VA-8879C  
Virginia Corporation Income Tax Declaration for Electronic Filing  
for the year ended March 31, 2014

The original form should be signed (using full name and title) and dated by an authorized officer of the corporation.

The signed form should be returned on or before to:

KPMG LLP  
1676 International Drive  
McLean VA 22102

We must receive your signed Form VA-8879C before we can electronically transmit your return.

There is no tax due for the current year.

DO NOT separately file Form 500 with the state of Virginia. Doing so will delay the processing of your return.

The state of Virginia will notify us when your return has been accepted. Your return is not considered filed until the state confirms its acceptance.

| <b>Cumulative e-File History 2013</b> |                       |
|---------------------------------------|-----------------------|
| <b>Virginia</b>                       |                       |
| Locator:                              | 3776GE                |
| Taxpayer Name:                        | OBICI FOUNDATION INC. |
| Return Type:                          | 1120, REIT            |
|                                       |                       |
| Submitted Date:                       | 02/11/2015 15:39:28   |
| Acknowledgement Date:                 | 02/12/2015 04:10:19   |
| Status:                               | Accepted              |
| Submission ID:                        | 54028020150425000000  |

**DO NOT SEND THIS VA-8453C TO THE VA DEPT OF TAXATION OR THE IRS.  
IT MUST BE MAINTAINED IN YOUR FILES!**

For calendar year 2013, or tax year beginning 04/01, 2013, ending 03/31, 2014  On-line filed return

|  |   |  |
|--|---|--|
| <b>Corporation Name</b><br>OBICI HEALTHCARE FOUNDATION, INC.   |   | <b>Federal ID Number</b><br>51-0249728   |
| <b>Part I Tax Return Information</b>   |   |  |
| 1. Federal Taxable Income (Form 500, page 2, line 1)   | 1.  | NONE   |
| 2. Virginia Taxable Income (Form 500, page 2, line 7)  | 2.  | NONE   |
| 3. Income tax (Form 500, page 2, line 9)   | 3.  | NONE   |
| 4. Total payments and credits (Form 500, page 2, line 16)  | 4.  |  |
| 5. Total due (Form 500, page 2, line 21)   | 5.  | NONE   |
| 6. Amount to be refunded (Form 500, page 2, line 24)   | 6.  |  |
| <b>Part II Declaration of Officer</b>  |   |  |
| <p>I declare under penalties of perjury that I am an officer of the above corporation and that I have compared the information on the return with the information I have provided to my electronic return originator (ERO), transmitter, and/or intermediate service provider (ISP) and that the amounts described in Part I above agree with the amounts shown on the corresponding lines of my 2013 Virginia corporation income tax return. To the best of my knowledge and belief, the corporation's return is true, correct and complete. I consent that the corporation's return including this declaration and accompanying schedules and statements be sent to the Internal Revenue Service (IRS) by my ERO and by the IRS to the Virginia Department of Taxation. This declaration is to be retained by the ERO or transmitter as validation of the corporation's electronically filed Virginia income tax return. If filing a balance due return, I authorize the Virginia Department of Taxation and its designated Financial Agent to initiate an ACH electronic funds withdrawal entry to the financial institution account indicated on the 2013 Virginia income tax return for payment of state taxes owed on this return. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process.</p> <p>I understand that if the Virginia Department of Taxation does not receive full and timely payment of its liability, the corporation will remain liable for the tax liability in addition to all applicable penalties and interest.</p> |   |  |
| <br>Signature of Officer   | <u>Executive Director</u><br>Title  | <u>02-11-15</u><br>Date  |
| <b>Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer</b>  |   |  |
| <p>I declare that I have reviewed the above corporation's return and that the entries on this form are complete and correct to the best of my knowledge. I have obtained the corporate officer's signature on Form VA-8453C before submitting this return to the Internal Revenue Service (IRS) and the Virginia Department of Taxation. I have provided the officer with a copy of all forms and information to be filed with the IRS and the Virginia Department of Taxation, and have followed all other requirements as specified by the Department. If I am also the Paid Preparer, under penalties of perjury, I declare that I have examined the above corporation's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which preparer has any knowledge. ERO's and paid preparer can sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.</p>   |   |  |
| <br>ERO's Signature   | <u>2/12/15</u><br>Date  | <u>P00501222</u><br>ERO's SSN or PTIN  |
| Firm's name (or yours if self-employed)<br><u>KPMG LLP</u><br>Street Address<br><u>1676 INTERNATIONAL DRIVE</u><br>City, State, and Zip<br><u>MCLEAN VA 22102</u>  | Paid Preparer? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N   Self-employed? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | EIN<br><u>13-5565207</u><br>Phone no.<br><u>703-286-8000</u><br>Preparer's SSN or PTIN |
| <u>Same as above</u><br>Paid Preparer's Signature<br>Date  | Self-employed? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N   | EIN<br><u>13-5565207</u><br>Phone no.  |
| Firm's name (or yours if self-employed)<br><u>KPMG LLP</u><br>Street Address<br><u>1676 INTERNATIONAL DRIVE</u><br>City, State and Zip<br><u>MCLEAN VA 22102</u>   |   | EIN<br><u>13-5565207</u><br>Phone no.  |

**2013 Virginia Corporation  
 Income Tax Return**



Official Use Only

FISCAL or  
 SHORT Year Filer: **Beginning Date** 04/01, 2013; **Ending Date** 03/31, 2014

Short Year Return  Change in Accounting Period

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

|  |  |  |                          |
|--|--|--|--------------------------|
| Federal Employer ID Number<br><u>51-0249728</u>      |  | <b>Check if:</b>   |                          |
| Name<br><u>OBICI HEALTHCARE FOUNDATION, INC.</u>     |  | <input type="checkbox"/> Initial Filer                             |                          |
| Mailing Address<br><u>106 W. FINNEY AVENUE</u>       |  | <input type="checkbox"/> Name Change                               |                          |
| City or Town<br><u>SUFFOLK</u>                       |  | State<br><u>VA</u>   | ZIP Code<br><u>23434</u> |
| Physical Address (if different from Mailing Address) |  | Entity Type Code   |                          |
| Physical City or Town                                |  | State  | ZIP Code                 |
|  |  |  | NAICS<br><u>525990</u>   |
| Date Incorporated<br><u>02/01/2006</u>               | State or Country of Incorporation<br><u>VA</u> | Description of Business Activity<br><u>CHARITABLE ORGANIZATION</u> |                          |

**Check Applicable Boxes**

- Consolidated - Sch 500AC Attached
- Combined - Sch 500AC Attached
- Change in Filing Status
- Multistate Sch 500A Attached
- Schedule 500AB Attached
- Nonprofit Corporation

**Final Return**

- Final Return - Check here and applicable boxes below.
- Withdrawn
- Dissolved-No longer liable for tax.
- Dissolved Date \_\_\_\_\_
- Merged
- Merged Date \_\_\_\_\_
- Merged FEIN # \_\_\_\_\_
- S Corp Effective \_\_\_\_\_

**Corporate Telecommunications Company**

Enter amount from Form 500T, Line 7: \_\_\_\_\_  
 .00

**Noncorporate Telecommunications Company**

Check box and enter amount from Form 500T, Line 10:  \_\_\_\_\_  
 .00

**Electric Supplier Company**

Enter amount from Sch 500EL, Line 7 or 14: \_\_\_\_\_  
 .00

**Amended Return**

Complete Form 500 and Schedule 500ADJ. Attach an explanation of changes to income and modifications.

**DO NOT FILE THIS FORM TO CARRY BACK A NET OPERATING LOSS. File Form 500NOLD.**

- Amended Return - Check here and other applicable boxes.
- Federal Audit - Attach copy of IRS final determination.
- Schedule 500A Changes
- Schedule 500ADJ Changes

- Nonrefundable or Refundable Credit Change
- Schedule 500AB Changes
- Capital Loss Carryback
- Other-Attach explanation.

**Questions and Related Information**

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

Enter Exception amount from Schedule 500AB, Line 8 \_\_\_\_\_ .00

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

**C** If a net operating loss deduction was claimed in computing federal taxable income on the U.S. Corporation Income Tax Return, provide the requested information. If a NOL results from a merger, enter below the FEIN of the company generating the NOL prior to merger date.

(1) Year of loss 2008

(2) Federal NOL 33917.

(3) Percent of federal NOL used this year 32.11 %

FEIN \_\_\_\_\_  
 (If there are NOLs for more than one year, attach a schedule.)

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

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

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

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

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

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

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

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

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

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

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

Enter filer's identifying number, see instructions

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

Enter the Return code for the return that this application is for (file a separate application for each return)

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

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

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

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

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/16, 20 15, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

►  calendar year 20 \_\_\_\_\_ or

►  tax year beginning 04/01, 20 13, and ending 03/31, 20 14.

**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

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

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

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

**2013 Virginia Form 500**

Federal Employer ID Number 51-0249728  
Page 2



**INCOME**

|   |  |   |                 |
|---|--|---|-----------------|
| 1 | Federal taxable income (from attached federal return)                | 1 | <u>NONE .00</u> |
| 2 | Total Additions from Schedule 500ADJ, Section A, Line 7              | 2 | <u>.00</u>      |
| 3 | Total (add Lines 1 and 2)  | 3 | <u>NONE .00</u> |
| 4 | Total Subtractions from Schedule 500ADJ, Section B, Line 10          | 4 | <u>.00</u>      |
| 5 | Balance (subtract Line 4 from Line 3)                                | 5 | <u>NONE .00</u> |
| 6 | Savings and Loan Association's Bad Debt Deduction (see Instructions) | 6 | <u>.00</u>      |
| 7 | <b>Virginia Taxable Income</b> (subtract Line 6 from Line 5)         | 7 | <u>NONE .00</u> |

**TAX COMPUTATION**

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

|     |  |             |                 |
|-----|--|-------------|-----------------|
| (a) | Income subject to Virginia tax from Schedule 500A, Section B, Line 3(j)              | <b>8(a)</b> | <u>.00</u>      |
| (b) | Apportionment factor from Schedule 500A, Section B, Line 1 or Line 2(g)              | <b>8(b)</b> | <u>%</u>        |
| (c) | Nonapportionable investment function income from Schedule 500A, Section B, Line 3(c) | <b>8(c)</b> | <u>.00</u>      |
| (d) | Nonapportionable investment function loss from Schedule 500A, Section B, Line 3(e)   | <b>8(d)</b> | <u>.00</u>      |
| 9   | <b>Income tax</b> [6% of Line 7 or 6% of Line 8(a)]                                  | 9           | <u>NONE .00</u> |

**PAYMENTS AND CREDITS**

|    |   |    |                 |
|----|---|----|-----------------|
| 10 | Nonrefundable Tax Credits: Enter the amount from Schedule 500CR, Part XXX, Line 134 | 10 | <u>.00</u>      |
| 11 | Adjusted Corporate Tax (subtract Line 10 from Line 9)                               | 11 | <u>NONE .00</u> |
| 12 | 2013 estimated Virginia income tax payments including overpayment credit from 2012  | 12 | <u>.00</u>      |
| 13 | Extension payment   | 13 | <u>.00</u>      |
| 14 | Refundable Tax Credits from Schedule 500CR, Part XXXIV, Line 142                    | 14 | <u>.00</u>      |
| 15 | Pass-Through Entity total withholding from Schedule 500ADJ, Section D               | 15 | <u>.00</u>      |
| 16 | <b>Total payments and credits</b> (add Lines 12 through 15)                         | 16 | <u>.00</u>      |

**REFUND OR TAX DUE**

|    |   |    |                 |
|----|---|----|-----------------|
| 17 | Tax owed (if Line 11 is greater than Line 16, subtract Line 16 from Line 11)    | 17 | <u>NONE .00</u> |
| 18 | Penalty (see Instructions)  | 18 | <u>.00</u>      |
| 19 | Interest (see Instructions)   | 19 | <u>.00</u>      |
| 20 | Additional charge from Form 500C, Line 17 (attach Form 500C)                    | 20 | <u>.00</u>      |
| 21 | <b>Total due</b> (add Lines 17 through 20)                                      | 21 | <u>NONE .00</u> |
| 22 | Overpayment (if Line 16 is greater than Line 11, subtract Line 11 from Line 16) | 22 | <u>.00</u>      |
| 23 | Amount to be credited to 2014 estimated tax                                     | 23 | <u>.00</u>      |
| 24 | <b>Amount to be refunded</b> (subtract Line 23 from Line 22)                    | 24 | <u>.00</u>      |

I, the undersigned president, vice-president, treasurer, assistant treasurer, chief accounting officer, or other officer duly authorized to act, 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 taxpayer, their declaration is based on all information of which they have any knowledge.

|                                    |  |   |
|------------------------------------|--|---|
| _____<br>(Date)                    | _____<br>(Signature of Officer)  | _____<br>(Title)  |
| _____<br>(Printed Name of Officer) | _____<br>(Phone Number)  |   |
| <u>2/12/15</u><br>(Date)           | <u>KPMG LLP</u> <u>Margaret A. Backhaus</u><br>Print Preparer's Name, Firm Name and Phone Number | <u>1676 INTERNATIONAL DRIVE</u><br><u>MCLEAN, VA 22102</u><br>(Address) |

Preparer's FEIN, PTIN or SSN 13-5565207 Approved Vendor Code 1062

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

**2013 Virginia  
Schedule 500FED**

**Schedule of Federal  
Line Items**



Name as shown on Virginia return OBICI HEALTHCARE FOUNDATION, INC. Federal Employer ID Number 51-0249728

**Form 1120-Deductions and Taxable Income**

|   |   |                |
|---|---|----------------|
| 1. Domestic Production Activities Deduction . . . . .                 | 1 | <u>.00</u>     |
| 2. Federal Taxable Income before NOL and Special Deductions . . . . . | 2 | <u>.00</u>     |
| 3. Net Operating Loss Deduction . . . . .                             | 3 | <u>.00</u>     |
| 4. Special Deductions . . . . .                                       | 4 | <u>.00</u>     |
| 5. Federal Taxable Income after NOL and Special Deductions . . . . .  | 5 | <u>NONE.00</u> |

**Form 1120, Schedule C-Dividends and Special Deductions**

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

**Form 1120, Schedule K or M-3**

|                                  |   |            |
|----------------------------------|---|------------|
| 8. Tax Exempt Interest . . . . . | 8 | <u>.00</u> |
|----------------------------------|---|------------|

**Form 5884**

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

**Form 4562-Special Depreciation Allowance and Other Depreciation**

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

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

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

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

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

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

|  |    |            |
|--|----|------------|
| 30. Total: Total Income or (Loss) Before Adjustments . . . . . | 30 | <u>.00</u> |
|--|----|------------|

Attach Schedule 500FED to Your Virginia Corporation Return, Form 500.  
Schedule 500FED does not replace the requirement to attach a complete federal Form 1120 to your Virginia return.



VIRGINIA FORM 500, PAGE 1 DETAIL

=====

LOCATION OF CORPORATION'S BOOKS

-----

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