Form **990-PF**

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

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

Depart	tme al Re	nt of the Treasury evenue Service			cial security nu .gov/Form990F					20 19
			or tax year beginning		1, 2019		, and e		MAR 31, 2020	0
-		of foundation							A Employer identification	
OI	эτ	OT UDAL		m T () NT	TMO				F1 004070	0
OBICI HEALTHCARE FOUNDATION, INC. 51-0249728 Number and street (or P.O. box number if mail is not delivered to street address) Room/suite R. Telanhone number									<u>5</u>	
_1() 6	W. FIN	NEY AVENUE					Room/suite	B Telephone number 757-539-88	810
		town, state or pro	ovince, country, and ZIP or fo ${f A} = {f 23434}$	reign pos	tal code				C If exemption application is	pending, check here
		k all that apply:	Initial return		Initial re	turn of a f	ormer public o	charity	D 1. Foreign organization	ne chack hore
u oi	1001	can that apply.	Final return		Amende		orritor public t	onai ity	1. Toreign organization	is, dileck liefe
			Address change		Name ch				Foreign organizations m check here and attach c	reeting the 85% test,
H Ch	iecl	k type of organiza	process and the same of the sa	c)(3) exer					7	100 110000
			nonexempt charitable trust				ation		E If private foundation st under section 507(b)(1	1)(A), check here
I Fair					method:		X Accr	ual	F If the foundation is in a	
(fro	m l	Part II, col. (c), li	ne 16) [Othe	r (specify)	=8				1)(B), check here
>			5,498,671. (Part	l, cotumn	(d), must be or	ı cash bas	is.)			
Par	t l	The total of amo	evenue and Expenses unts in columns (b), (c), and (d) may I the amounts in column (a),)	not	(a) Revenue expenses per		(b) Net in	vestment ome	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions,	gifts, grants, etc., received					Wild File		
	2	Check ▶ X i	f the foundation is not required to attach So			NU BER		500		Harrist Street Street
	3	Interest on savings cash investments	s and temporary	[
	4	Dividends and i	nterest from securities		256,	390.	25	6,390.		
	5a	Gross rents								
	b	Net rental income		9	18 2	-75			ME LAVIET EET	
0	6a	Net gain or (loss) fr	om sale of assets not on line 10		4,996,	617.	1 4 4 Sa			STATEMENT 1
Revenue	b		13,800,60				100 AVX			
eve	7		come (from Part IV, line 2)			Ton to	4,99	7,631.		
	8		capital gain		(y 3/1-75 ji	1000			N/A	
- 1	9	Income modific Gross sales less re	ations		Dec Control					
1	0a	and allowances	V-41X4X44			28 00		32100011		The same of the sa
		Less: Cost of good			21012	100		I WALK		
- ,	С 1	Other income	(loss)		107	409.	3,15	4 040	0.	STATEMENT 2
100	2		s 1 through 11		5,450,			8,040.	0.	
_	3		fficers, directors, trustees, etc.			300.	0,10	0.	0.	
			salaries and wages		391,			0.	0.	
1			employee benefits		216,			0.	0.	
	6a	Legal fees								
Expenses	b	Accounting fees	STMT	3	47,	600.		0.	0.	47,600.
X	C	Other profession	nal fees STMT	4	711,		69'	7,870.	0.	13,497.
e 1	7	Interest				733.		0.	0.	
Administrative 7 2 2 2	8	Taxes	STMT	5		395.		0.	0.	
nist	9	Depreciation and	d depletion			726.		0.	0.	
Ē 2	0	Occupancy	***********************			807.		0.	0.	
			ces, and meetings		47,	752.		0.	0.	50,651.
pu 2	2	Printing and put	olications		400	000				250.000
E 2			STMT	b. -	407,	299.		0.	0.	352,338.
2 at	4		and administrative		2 262	163	C 0.	7 070		1 406 106
Operating	.		lines 13 through 23		2,362, 7,104,		69	7,870.	0.	
۱۲,			ifts, grants paid and disbursements.		1,104,	001.				4,246,461.
20		Add lines 24 and			9,466,	824	60'	7,870.	0.	5,672,587.
27		Subtract line 26			J, 400,	024.	03	,,070.	0.	3,072,307.
				5589	-4,016,	408-				
			ncome (if negative, enter -0-)		_,,		7.710	0,191.		
			OME (if negative, enter -0-)		TUE IN	1, 1		Euglei	0.	
923501			or Paperwork Reduction Act		ee instructions					Form 990-PF (2019)

	Part	Balance Sheets Allached schedules and amounts in the description	Beginning of year	End	of year
L	art	column should be for end-ol-year amounts only.	(a) Book Value	(b) Book Value	(c) Fair Market Value
22-	1	Cash - non-interest-bearing	24,790.	165,727	165,727.
	2		5,894,805.	2,662,636	
	3	Accounts receivable			THE REAL PROPERTY.
		Less: allowance for doubtful accounts			
	4	Pledges receivable	AND THE PLANTS		
		Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	1	disqualified persons			
	7	Other notes and loans receivable		Sales of the last	12-131-221.0
	Ι΄	Less; allowance for doubtful accounts			
	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges	78,985.	21,850.	21,850.
Ass	100	Investments - U.S. and state government obligations	70,303.	21,000	21,050.
			7,741,825.	10,438,251.	10,438,251.
	١ ١	Investments - corporate stock STMT 8	7,741,023.	10,430,231.	10,430,231.
	11	Investments - corporate bonds		The second second	515 v 852 35 35 3
	l''	Investments - land, buildings, and equipment: basis			
	1.0	Less: accumulated depreciation			
	12	Investments - mortgage loans Investments - other STMT 9	106,259,153.	00 115 660	00 115 660
	13	Investments - other STMT 9	100,239,133.	90,115,660.	90,115,660.
	14	Land, buildings, and equipment: basis ► 2,417,471. Less: accumulated depreciation ► 1,009,189.	1 400 577	1 400 202	1 400 000
	4.5	Less: accumulated depreciation 1.009,189.	1,499,577.	1,408,282.	
		Other assets (describe STATEMENT 10)	760,515.	686,265.	686,265.
	16	Total assets (to be completed by all filers - see the	100 000 600	105 400 651	105 400 654
_	47	instructions. Also, see page 1, item I)		105,498,671.	105,498,671.
		Accounts payable and accrued expenses	31,855.	99,322.	
		Grants payable	1,275,226.	4,133,426.	
es	19	Deferred revenue			
Liabilities		Loans from officers, directors, trustees, and other disqualified persons	1 204 (50	1 100 214	
<u>ia</u>		Mortgages and other notes payable	1,204,658.	1,120,314.	
	22	Other liabilities (describe)	575,969.	273,424.	
		T. 1.12.1.120 (-1.1.12) 47.11 1.000	2 007 700	F (2)(40)	
-		Total liabilities (add lines 17 through 22)	3,087,708.	5,626,486.	
	0	Foundations that follow FASB ASC 958, check here			
ances		and complete lines 24, 25, 29, and 30.	110 171 042	00 070 105	
апс	24	Net assets without donor restrictions	119,171,942.	99,872,185.	
Ba		Net assets with donor restrictions			
or Fund Ba		Foundations that do not follow FASB ASC 958, check here and complete lines 26 through 30.			
리		,			
Ö		Capital stock, trust principal, or current funds			Notice States
Set		Paid-in or capital surplus, or land, bldg., and equipment fund			
As		Retained earnings, accumulated income, endowment, or other funds	110 171 040	00 070 105	
Net Assets	29	Total net assets or fund balances	119,171,942.	99,872,185.	
	20	Takal Bak Baka and nak anak Maria	122 250 650	105 400 671	
_		Total liabilities and net assets/fund balances	122,259,650.	105,498,671.	
Pa	art I	Analysis of Changes in Net Assets or Fund Ba	lances		
1	Fotal	net assets or fund balances at beginning of year - Part II, column (a), line 2	29		
		agree with end-of-year figure reported on prior year's return)		1	119,171,942.
2	nter	amount from Part I, line 27a		2	-4,016,408.
3 (Other	increases not included in line 2 (itemize) PRIOR YEAR	GRANT RECOVERE	D 3	14,193.
		nes 1, 2, and 3		4	115,169,727.
5 [ecre:	ases not included in line 2 (itemize)	SEE ST.	ATEMENT 7 5	15,297,542.
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, co		6	99,872,185.
		7	1.11		Form 990-PF (2019)

Part IV Capital Gains a	and Losses for Tax on In	vestment	Income					
(a) List and describe 2-story brick wa	the kind(s) of property sold (for exa rehouse; or common stock, 200 shs	mple, real esta s. MLC Co.)	ate,	(b) F	low acquired Purchase Donation		acquired lay, yr.)	(d) Date sold (mo., day, yr.)
1a NET GAINS/LOSSES FROM SALES OF SECURITIES P							03/30/20	
b NET GAINS/LOSSI			ASSETS		P			03/30/20
c FOREIGN CORPORA	ATION REDEMPTION:	S			P			03/30/20
d								
_ e				Ц,				
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale				ain or (loss s (f) minus	
a 371,029.				-				371,029.
13,429,574.			8,802,97	2				0. 4,626,602.
d			0,002,57	2.				4,020,002.
e								
	gain in column (h) and owned by	the foundation	ı on 12/31/69.			(I) Gains (C	Col. (h) gain	minus
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		xcess of col. (i) col. (j), if any			òl (k), but r	not less tha (from col. (n -0-) or
a								371,029.
b								0.
C								4,626,602.
đ								
e								
2 Capital gain net income or (net cap	oital loss) { If gain, also enter If (loss), enter -0	r in Part I, line - in Part I, line	7	}	2			4,997,631.
3 Net short-term capital gain or (loss	s) as defined in sections 1222(5) an	d (6):						
If gain, also enter in Part I, line 8, o		(-/-		}				
If (loss), enter -0- in Part I, line 8. Part V Qualification Ur	nder Section 4940(e) for	Daduand	Tay an Nat I		3			4,997,631.
		THE RESERVE OF THE PARTY OF THE	THE PART OF THE PA		striient inc	ome		
(For optional use by domestic private	foundations subject to the section 4	1940(a) tax on	net investment ind	come.)				
If section 4940(d)(2) applies, leave this	s part blank.							
Was the foundation liable for the secti	on 4942 tax on the distributable am	ount of any ve	ar in the base neri	od?				Yes X No
If "Yes," the foundation doesn't qualify		, ,		ou.	**************		***********	163 110
1 Enter the appropriate amount in ea				tries.				
Base period years	(b)			(c)			Diotrib	(d) oution ratio
Calendar year (or tax year beginning	g in) Adjusted qualifying dist	tributions	Net value of no		able-use assets	3	col. (b) div	ided by col. (c))
2018	5,00	9,791.			620,262			.042593
2017		3,624.	1	16,	763,646	5.		.045850
2016		1,690.			219,885			.051405
2015		1,173.			186,883			.052032
2014	5,28	3,993.	1	13,	701,688	3.		.046472
2 Total of line 1, column (d)			v			2		.238352
3 Average distribution ratio for the 5		-		,				0.45.65.0
the foundation has been in existence	e if less than 5 years	- (- X - 2 - (+ X - X + X - 4 - 4)				3		.047670
4 Enter the net value of noncharitable	-use assets for 2019 from Part X, li	ine 5				4	11	8,272,343.
5 Multiply line 4 by line 3						5		5,638,043.
6 Enter 1% of net investment income								77,102.
7 Add lines 5 and 6				,,,,,,,,,	***************	7		5,715,145.
B Enter qualifying distributions from I						8		5,677,233.
If line 8 is equal to or greater than I See the Part VI instructions	ine 7, check the box in Part VI, line	1b, and comp	lete that part using	ja 1%	tax rate.			

_	m 990-PF (2019) OBICI HEALTHCARE FOUNDATION, INC. art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 49		02497 see inst			Page 4 s)
1	a Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.	36		والخارة		Tou.
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)		- 3V -			
	b Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	1		154	, 20	04.
	of Part I, line 27b	10.5	An Sa	× ,,	S. A	
	c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b)					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	2				0.
3	ACCOUNT OF THE PARTY OF THE PAR	3		154	, 20	04.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	4				0.
5	C.C. ADMINISTRATION OF THE PROPERTY OF THE PRO	5		$\overline{154}$, 20	04.
6		36	W. = 20 //	32.5		W Sn
	a 2019 estimated tax payments and 2018 overpayment credited to 2019 6a 116,200.		0.543			
	b Exempt foreign organizations - tax withheld at source 6b 0.					
	c Tax paid with application for extension of time to file (Form 8868) 6c 120,000.		4.3			
	d Backup withholding erroneously withheld 6d 0.					
7	Total credits and payments. Add lines 6a through 6d	7		236	, 20	00.
8		8				0.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				
10		10		81	, 99	96.
	Enter the amount of line 10 to be: Credited to 2020 estimated tax > 81,996. Refunded >	11				0.
Pa	art VII-A Statements Regarding Activities					
18	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene i	in		1	res	No
	any political campaign?			1a		Х
t	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definit	tion		1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or			1		I Page
	distributed by the foundation in connection with the activities.					-
C	Did the foundation file Form 1120-POL for this year?			1c		Х
C	I Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					733
	(1) On the foundation. ► \$ (2) On foundation managers. ► \$					
ε	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation		100	107	23	13.77
	managers. ► \$0.		61			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X
	If "Yes," attach a detailed description of the activities.		150	3118	E101	133
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or				144	
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X_
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	neware:			X	
b	If "Yes," has it filed a tax return on Form 990-T for this year?			1b	X	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		<u>X</u>
	If "Yes," attach the statement required by General Instruction T.					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		3.1		- 7	500
	By language in the governing instrument, or		100	8.10		
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state la		100	8	634	di di
	remain in the governing instrument?				X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV			7	X	
			10	12		
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.			8		
	VA		- 4			
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)					Bal
	of each state as required by General Instruction G? If "No," attach explanation		3_	Ь	X	-
9	Is the foundation claiming status as a private operating foundation within the meaning of section $4942(j)(3)$ or $4942(j)(5)$ for calendarian claiming status as a private operating foundation within the meaning of section $4942(j)(3)$ or $4942(j)(5)$ for calendarian claiming status as a private operating foundation within the meaning of section $4942(j)(3)$ or $4942(j)(3)$ for calendarian claiming status as a private operating foundation within the meaning of section $4942(j)(3)$ or $4942(j)(3)$ for calendarian claiming status as a private operating foundation within the meaning of section $4942(j)(3)$ or $4942(j)(3)$ for calendarian claiming status as a private operating foundation within the meaning of section $4942(j)(3)$ or $4942(j)(3)$ for calendarian claiming status as $4942(j)(3)$ or $4942(j)(3)$ for calendarian claiming status as $4942(j)(3)$ or $4942(j)(3)$		60		2	
	year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV	(*)(*,0,0)(0,0)		9	_	<u>X</u>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			0		X
			Form 9	1 90-	PF (:	2019)

Part VII-A Statements Regarding Activities (continued)	31-0249/20		Page :
continued)		Yes	No
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
section 512(b)(13)? If "Yes," attach schedule. See instructions	11		Х
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory pri	vileges?		
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	757 530 0	010	
14 The books are in care of ► ANNETTE C. BEUCHLER Located at ► 106 W. FINNEY AVENUE, SUFFOLK, VA		810	_
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here	ZIP+4 ▶23434		
and enter the amount of tax-exempt interest received or accrued during the year	15 I N	/A	ш
16 At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank,	13	Yes	No
securities, or other financial account in a foreign country?	16		X
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			Desi.
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.		Yes	No
1a During the year, did the foundation (either directly or indirectly):	5.31	6.57	
	s X No		
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	77	¥-	
	s X No		
	s X No		
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? X Ye. (5) Transfer any income or assets to a disqualified person (or make any of either available	s No	200	
	s X No		
(6) Agree to pay money or property to a government official? (Exception. Check "No"	S ZI NO		
if the foundation agreed to make a grant to or to employ the official for a period after	18.0		
	s X No	2 1	
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	10000	N.15	
section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		Х
Organizations relying on a current notice regarding disaster assistance, check here	🕨 🔲	1898	15 15
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		100	
before the first day of the tax year beginning in 2019?	1c		<u>X</u>
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			i Barri
defined in section 4942(j)(3) or 4942(j)(5)):		1775	
a At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines		160	
6d and 6e) for tax year(s) beginning before 2019? If "Yes," list the years ▶ 2018	s No	L.	
If "Yes," list the years ► 2018 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		2.5	
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	х	
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			WS.J
	84 E		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time		New /	
	s X No	PK	
b If "Yes," did it have excess business holdings in 2019 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 disp			
of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720,			
Schedule C, to determine if the foundation had excess business holdings in 2019.)	N/A 3b		
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?			<u>X</u>
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose t			
had not been removed from jeopardy before the first day of the tax year beginning in 2019?		DE	X

Part VII-B Statements Regarding Activities for Which	Form 4720 May Be R	equired (contin	nued)	
5a During the year, did the foundation pay or incur any amount to:				Yes No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	on 4945(e))?	Y	es X No	
(2) Influence the outcome of any specific public election (see section 4955);				
any voter registration drive?		Y	es X No	
(3) Provide a grant to an individual for travel, study, or other similar purpose	s?		es X No	42 9 1 5 8
(4) Provide a grant to an organization other than a charitable, etc., organization				
4945(d)(4)(A)? See instructions		Y	es X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary				
the prevention of cruelty to children or animals?			es X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify up	nder the exceptions described i			
section 53.4945 or in a current notice regarding disaster assistance? See inst		-	N/A	5b
Organizations relying on a current notice regarding disaster assistance, check	here			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption				
expenditure responsibility for the grant?			es No	
If "Yes," attach the statement required by Regulations section 53.4945-5(d).	FOR THE TOTAL DESIGNATION OF THE TAX PORT OF T			TO SEE LES
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	nav premiums on			
a personal benefit contract?		Πv	as X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a				6b X
If "Yes" to 6b, file Form 8870.	porsonal bonom contract:			00 22
7a At any time during the tax year, was the foundation a party to a prohibited tax	chalter transaction?		es X No	
b If "Yes," did the foundation receive any proceeds or have any net income attrib				7b
8 Is the foundation subject to the section 4960 tax on payment(s) of more than 3				
Visit Control			es X No	
Part VIII Information About Officers, Directors, Trust	ees. Foundation Mar			
Paid Employees, and Contractors		ge.e,g,		
1 List all officers, directors, trustees, and foundation managers and t	heir compensation.			
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	account, other allowances
	DESCRIPTION OF THE PROPERTY OF	0	COMPONECTION	
SEE STATEMENT 12		320,300.	37,980.	0.
			,	
	1			
2 Compensation of five highest-paid employees (other than those inc	cluded on line 1). If none, a	enter "NONE."	10	
	(b) Title, and average		(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	account, other allowances
DIANE NELMS - 106 W. FINNEY AVENUE,	COMMUNICATION	S MANAGER	compensation	distrances
SUFFOLK, VA 23434	40.00	76,102.	20,450.	0.
SARAH TAYLOR - 106 W. FINNEY AVENUE,	PROGRAM OFFIC		20,1301	
SUFFOLK, VA 23434	40.00	81,000.	11,832.	0.
FIONA CHARLES - 106 W. FINNEY	PROGRAM OFFIC		11,002.	
AVENUE, SUFFOLK, VA 23434	40.00	75,563.	11,861.	0.
JESSICA MULLEN - 106 W. FINNEY	PROGRAM OFFIC		11,001.	
AVENUE, SUFFOLK, VA 23434	40.00	63,333.	9,815.	0.
ANNA ROBERTS - 106 W. FINNEY AVENUE,	EXECUTIVE ASS		2,013.	<u>.</u>
SUFFOLK, VA 23434	40.00	55,542.	16,576.	0.
Total number of other employees paid over \$50,000	40.00	33,342.	10,570.	0
Total Hambor of other employees paid over god, ood	*******************************	*******************	Enem	990-PF (2010)

_	OBICI READITICARE POUNDATION, INC.		0249120 Fage 6
F	Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations	, see instructions.)
	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	115,482,630.
b	Average of monthly cash balances	1b	3,908,575.
C	Fair market value of all other assets	1c	682,240.
đ		1d	120,073,445.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	120,073,445.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	1,801,102.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	118,272,343.
6	Minimum investment return. Enter 5% of line 5	6	5,913,617.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations ar	nd certain	
	foreign organizations, check here and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	5,913,617.
	Tax on investment income for 2019 from Part VI, line 5 2a 154, 204.		
	Income tax for 2019. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	154,204.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	5,759,413.
4	Recoveries of amounts treated as qualifying distributions	4	14,193.
5	Add lines 3 and 4	5	5,773,606.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	5,773,606.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	15all	
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	5,672,587.
	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	4,646.
3	Amounts set aside for specific charitable projects that satisfy the:	F.EY	
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	5,677,233.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		, , , , , , , , , , , , , , , , , , ,
	income. Enter 1% of Part I, line 27b	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	5,677,233.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation q	ualifies fo	or the section
	4040(a) raduation of tay in these years		

Part XIII	Undistributed Income	(see instructions
		(a)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
Distributable amount for 2019 from Part XI.		I was a management of the same	W. C. L. W. C. L. W. L.	2010
line 7				5,773,606.
2 Undistributed income, if any, as of the end of 2019:				3,773,000.
a Enter amount for 2018 only			5,686,222.	
b Total for prior years:				
91		0.		
3 Excess distributions carryover, if any, to 2019:				A PER LA TRACE
a From 2014				
b From 2015				
c From 2016				
d From 2017	DATE OF STREET			
e From 2018				
f Total of lines On the control	0.	E EDI WILLIAM REG		College I in the later of the later
4 Qualifying distributions for 2019 from				VENEZIONE NO SAS
Part XII, line 4: ► \$ 5,677,233.				
. Applied to 0010 hott thou live 0.			5,677,233.	
a Applied to 2018, but not more than line 2a b Applied to undistributed income of prior		N S I I PERON SILVERS	3,011,233.	
		0.		
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	0			
(Election required - see instructions)	0.			
d Applied to 2019 distributable amount				0.
e Remaining amount distributed out of corpus	0.		NES MAJERIAN SUPPLY	
5 Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0
6 Enter the net total of each column as				
indicated below:	0			
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.	May 1 to a My 1 re		
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
assessed d Subtract line 6c from line 6b. Taxable		0.		
		0.		
amount - see instructions e Undistributed income for 2018. Subtract line				
4a from line 2a. Taxable amount - see instr.			8,989,	
f Undistributed income for 2019, Subtract			0,303.	
lines 4d and 5 from line 1. This amount must				
	OL THE STREET			5,773,606.
be distributed in 2020 7 Amounts treated as distributions out of				3,773,000.
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	0			
may be required - see instructions)	0.			
8 Excess distributions carryover from 2014				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2020.	_			
Subtract lines 7 and 8 from line 6a	0.		OVER OF STREET	
10 Analysis of line 9:			7,52 11 - 2,50	
a Excess from 2015	- Marie Care		LINE SAME TO BE	
b Excess from 2016				
c Excess from 2017	We will still Edit	SIT ST STORY - 3	SE OF LESS OF	
d Excess from 2018		St. 5 2 10 0 2 1		
e Excess from 2019				
923581 12-17-19				Form 990-PF (2019)

		OUNDATION,			49728 Page 10
Part XIV Private Operating F			-A, question 9)	N/A	
1 a If the foundation has received a ruling o					
foundation, and the ruling is effective fo	r 2019, enter the date of t	the ruling	>	· · · · · · · · · · · · · · · · · · ·	
b Check box to indicate whether the found		ng foundation described i		4942(j)(3) or4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2019	(b) 2018	(c) 2017	(d) 2016	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4, for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter: (1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6, for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Infor			the foundation	had \$5,000 or mor	e in assets
at any time during th	ne year-see instru	uctions.)			
Information Regarding Foundation a List any managers of the foundation who year (but only if they have contributed m NONE b List any managers of the foundation who	have contributed more toore than \$5,000). (See se	ection 507(d)(2).)			
other entity) of which the foundation has			n an equany large portio	on or the ownership or a pa	ruicionip oi
NONE					
2 Information Regarding Contribution	nly makes contributions to	o preselected charitable o	rganizations and does n	ot accept unsolicited reque	ests for funds. If
a The name, address, and telephone numb					TEMENT 14
		, man applica			
SEE STATEMENT 13 b The form in which applications should be	submitted and informati	on and materials they she	auld include:		
	Submitted and initifinal	on and materials they SNO	эта пышие.		
c Any submission deadlines:					
d Any restrictions or limitations on awards,	such as by geographical	areas, charitable fields, k	kinds of institutions, or o	other factors:	

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to Recipient Foundation Purpose of grant or any foundation manager status of contribution Amount Name and address (home or business) or substantial contributor recipient a Paid during the year ALBEMARLE REGIONAL HEALTH SERVICES NONE GOV STRENGTHENING THE P.O. BOX 189 SAFETY NET ELIZABETH CITY, NC 27907 33,814. AMERICAN CANCER SOCIETY NONE PC COMMUNITY ENGAGEMENT 4416 EXPRESSWAY DR. GRANT VIRGINIA BEACH, VA 23452 5,000. AMERICAN CANCER SOCIETY NONE PC COMMUNITY ENGAGEMENT 4416 EXPRESSWAY DR. GRANT VIRGINIA BEACH, VA 23452 5,000. AMERICAN DIABETES ASSOCIATION NONE PC COMMUNITY ENGAGEMENT 870 GREENBRIER CIRCLE, SUITE 404 GRANT CHESAPEAKE, VA 23320 5,000. AMERICAN NATIONAL RED CROSS NONE PC COMMUNITY ENGAGEMENT 611 W. BRAMBLETON AVENUE GRANT NORFOLK, VA 23510 3,000. SEE CONTINUATION SHEET(S) 4,232,268. Total 3a b Approved for future payment EASTERN VIRGINIA MEDICAL SCHOOL NONE PC STRENGTHENING THE P.O. BOX 1980 SAFETY NET NORFOLK, VA 23501 84,640. FOODBANK OF SOUTHEASTERN VIRGINIA NONE PC HEALTHY BEHAVIORS 800 TIDEWATER DRIVE NORFOLK, VA 23504 100,000. FORKIDS, INC. NONE PC STRENGTHENING THE 4200 COLLEY AVENUE, SUITE A SAFETY NET NORFOLK, VA 23508 16,000. SEE CONTINUATION SHEET(S) Total 4,133,426. **▶** 3b Form 990-PF (2019)

Part XVI-A	Analysis of Income-Producing	Activities
------------	------------------------------	-------------------

Enter gross amounts unless otherwise indicated,	Unrelated	business income	Exclude	by section 512, 513, or 514	(e)
	(a)	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue;	Business code	Amount	sion code	Amount	function income
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments					
4 Dividends and interest from securities			14	256,390.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income			14	197,409.	
8 Gain or (loss) from sales of assets other					
than inventory			18	4,996,617.	
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory					
1 Other revenue:					
a ,					
b					
<u>c</u>			_		
d :			-		
C Subtatal Add columns (b) (d) and (c)		0	7.5	5,450,416.	0
2 Subtotal. Add line 12 columns (b), (d), and (e)			-		5,450,416.
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.)			**********		J,4JU,410.

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

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

Form 990-PF				NDATION, INC		51-024		Pa	ge 13
Part XVI	Information Re Exempt Organ		sfers to a	and Transactions a	and Relationsh	nips With Nonchai	itable		
1 Did the	organization directly or indi		of the followi	ng with any other organiza	tion described in sec	tion 501(c)	2 6	Yes	No
	nan section 501(c)(3) organ					,	100 E		Alle
a Transfer	s from the reporting found	ation to a noncharita	ble exempt or	ganization of:				1000	
(1) Cas	h						1a(1)		X
(2) Oth	er assets						1a(2)		Х
	ansactions:							19/5	
(1) Sale	es of assets to a noncharita	ble exempt organiza	tion		************************	V	1b(1)		Х
(2) Pur	chases of assets from a no	ncharitable exempt o	organization 🍦		***************************************		1b(2)		X
(3) Ren	(3) Rental of facilities, equipment, or other assets								X
(4) Rei	mbursement arrangements						1b(4)		X
(5) Loans or loan guarantees									X
(6) Peri	(6) Performance of services or membership or fundraising solicitations								X
	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. Column (b) should always show the fair market value of the goods, other								X
								ets,	
	es given by the reporting fo				lue in any transaction	or sharing arrangement,	show in		
(a) Line no.	(d) the value of the goods, (b) Amount involved			e exempt organization	(4) 5				
(a) Lille IIO.	(b) Amount involved	(c) Name o	N/A	e exempt or gamzanon	(u) Descriptio	n of transfers, transactions, and	sharing arra	angemen	lS -
			IV/A						
					_				
	indation directly or indirect					ı	—	37	1
	n 501(c) (other than section		CTION 527?				Yes	LA	No
D II TES, C	complete the following sche (a) Name of orga			(b) Type of organization	T .	(c) Description of relation	chin		
	N/A	mzaton		(b) Type of organization	1	(c) Description of relation	2111h		
	11/11				<u> </u>				
	penalties of perjury, I declare th						ay the IRS d	iscuss th	is
Sigii	elief, its true, correct, and comp	Deter Declaration of pres	arer (other than	taxpayer) is based on all informi	ation of which preparer h	as any knowledge re	turn with the lown below?	preparer	
Here	Innesse	C.De	uch	es 10/27/20	PRESII PRESI	DENT [X Yes		No
Sig	nature of officer or trustee			Date	Title	L			_
	Print/Type preparer's nar	ne	Preparer's si	gnature	Date	Check if PTIN			
Daid			41.	. D.A. 1.1	10.18.20	self- employed			
Paid Preparer	VIRGINIA R.		JUL	CK 7000			04219		
Preparer Use Only	Firm's name KEIT	rer, stephi	ENS, HU	RST, GARY & S	HREAVES, P	Firm's EIN ► 54-1	63126	62	
USE OTHY	Firmle address b. A.A.	1 DOMESTATE	ONT D777						
	Firm's address ► 44 (40048	7/7 4	2000	
	اللق	EN ALLEN,	VA 431	J 0 U		Phone no. (804)	747-0 orm 990		
						ŀ	OLIH 990	, - a - a - ()	ZU 19)

Part XV Supplementary Informatio Grants and Contributions Paid During the				
Recipient	If recipient is an individual,			
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
ASSOCIATION OF FUNDRAISING	NONE	PC	COMMUNITY ENGAGEMENT	
PROFESSIONALS VA, HAMPTON ROADS			GRANT	
CHAPTER				
AFP HAMPTON ROADS				
NORFOLK, VA 23501				1,000
BLAKEY WEAVER COUNSELING CENTER INC	NONE	PC	STRENGTHENING THE	
129 N. SARATOGA STREET, STE 1			SAFETY NET	
SUFFOLK, VA 23434				25,000
BOYS AND GIRLS CLUBS OF SOUTHEAST	NONE	PC	HEALTHY BEHAVIORS	
VIRGINIA				
1300 DIAMOND SPRINGS ROAD, SUITE 300				
VIRGINIA BEACH, VA 23455				25,000
CENTER FOR NONPROFIT EXCELLENCE	NONE	PC	CAPACITY BUILDING	
1701-A ALLIED STREET				
CHARLOTTESVILLE, VA 22903				192,550
CENTER FOR NONPROFIT EXCELLENCE	NONE	PC	CAPACITY BUILDING	
1701-A ALLIED STREET				
CHARLOTTESVILLE, VA 22903				192,550
CITY OF SUFFOLK	NONE	GOV	COMMUNITY ENGAGEMENT	
442 WASHINGTON STREET			GRANT	
SUFFOLK, VA 23434				5,000
COALITION AGAINST POVERTY IN SUFFOLK	NONE	PC	COMMUNITY ENGAGEMENT	
(CAPS) P.O. BOX 1117			GRANT	
SUFFOLK, VA 23434				2,500
COURT 2 HOOMPANA DES GOVERN 2	TOWE	ng.	SOLDER THE	
COVER 3 FOOTBALL DBA COVER 3 FOUNDATION	NONE	PC	COMMUNITY ENGAGEMENT GRANT	
125 S. COLLEGE DRIVE			SRAIVT	
FRANKLIN, VA 23851				5,000
				3,000
COVER 3 FOOTBALL DBA COVER 3	NONE	PC	COMMUNITY ENGAGEMENT	
FOUNDATION			GRANT	
125 S. COLLEGE DRIVE				
FRANKLIN, VA 23851	-			5,000
EASTERN VIRGINIA MEDICAL SCHOOL	NONE	PC	STRENGTHENING THE	
P.O. BOX 1980			SAFETY NET	
NORFOLK, VA 23501				46,496.
Total from continuation sheets				4,180,454

Part XV Supplementary Information 3 Grants and Contributions Paid During the Y				
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	7 WHO ditt
FOODBANK OF SOUTHEASTERN VIRGINIA	NONE	PC	HEALTHY BEHAVIORS	
800 TIDEWATER DRIVE NORFOLK, VA 23504				100,000
				200,000
FORKIDS, INC.	NONE	PC	STRENGTHENING THE	
4200 COLLEY AVENUE, SUITE A			SAFETY NET	
NORFOLK, VA 23508				25,800.
FORKIDS, INC.	NONE	PC	STRENGTHENING THE	
4200 COLLEY AVENUE, SUITE A NORFOLK, VA 23508			SAFETY NET	25,000.
FORKIDS, INC.	NONE	PC	STRENGTHENING THE	
4200 COLLEY AVENUE, SUITE A			SAFETY NET	
NORFOLK, VA 23508				17,200.
FORKIDS, INC. 4200 COLLEY AVENUE, SUITE A	NONE	PC	COMMUNITY ENGAGEMENT GRANT	
NORFOLK, VA 23508			J. davi	5,000.
FRANKLIN CITY PUBLIC SCHOOLS	NONE	GOV	EARLY CHILDHOOD	
207 W. SECOND AVENUE			EDUCATION	
FRANKLIN, VA 23851				10,340
GIRL SCOUT COUNCIL OF THE COLONIAL	NONE	PC	HEALTHY BEHAVIORS	
COAST	×			
912 CEDAR RD. CHESAPEAKE, VA 23322				50,000.
				,
GIRLS ON THE RUN OF SOUTH HAMPTON ROADS	NONE	PC	HEALTHY BEHAVIORS	
287 INDEPENDENCE BLVD., STE. 120				
VIRGINIA BEACH, VA 23462				88,000.
HAMPTON ROADS COMMUNITY HEALTH CENTER	NONE	PC	COMMUNITY ENGAGEMENT	
664 LINCOLN ST.	80		GRANT	
PORTSMOUTH, VA 23704				5,000.
HIGH STREET UNITED METHODIST CHURCH	NONE	PC	COMMUNITY ENGAGEMENT	
P. O. BOX 218			GRANT	0.500
FRANKLIN, VA 23851 Total from continuation sheets				2,500.

Part XV Supplementary Informati	on			
3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	CONTRIBUTION	
HORIZON HEALTH SERVICES, INC.	NONE	PC	STRENGTHENING THE	
8314 MAIN STREET			SAFETY NET	40.000
IVOR, VA 23866				40,000.
HORIZON HEALTH SERVICES, INC.	NONE	PC	STRENGTHENING THE	
8314 MAIN STREET	170772		SAFETY NET	
IVOR, VA 23866			SII III NOI	102,000.
HORIZON HEALTH SERVICES, INC.	NONE	PC	STRENGTHENING THE	
8314 MAIN STREET			SAFETY NET	
IVOR, VA 23866				68,000.
HORIZON HEALTH SERVICES, INC.	NONE	PC	COMMUNITY ENGAGEMENT	
8314 MAIN STREET			GRANT	
IVOR, VA 23866				5,000.
ISLE OF WIGHT CHRISTIAN OUTREACH	NONE	PC	COMMUNITY ENGAGEMENT	
PROGRAM			GRANT	
402 GRACE STREET				
SMITHFIELD, VA 23430				5,000.
ISLE OF WIGHT COUNTY SCHOOLS	NONE	GOV	EARLY CHILDHOOD	
820 W. MAIN ST.			EDUCATION	
SMITHFIELD, VA 23430				12,859.
ISLE OF WIGHT EDUCATION FOUNDATION	NONE	PC	COMMUNITY ENGAGEMENT	
PO BOX 113 SMITHFIELD, VA 23431			GRANT	2,500.
JDRF VIRGINIA	NONE	PC	COMMUNITY ENGAGEMENT	
1801 LIBBIE AVE # 106			GRANT	
RICHMOND, VA 23226				3,700.
LIONS CHARITY FOUNDATION OF	NONE	PC	COMMUNITY ENGAGEMENT	
SOUTHEASTERN VIRGINIA		- 0	GRANT	
2357 HAVERSHAM CLOSE	ı			
VIRGINIA BEACH, VA 23454				5,000.
MARCH OF DIMES INC.	NONE	PC	COMMUNITY ENGAGEMENT	
2800 ALBANY COURT			GRANT	
VIRGINIA BEACH, VA 23456				2,000.
Total from continuation sheets	0244134433443444444444444444444444444444	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	***************************************	

3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
NATIONAL KIDNEY FOUNDATION	NONE	PC	COMMUNITY ENGAGEMENT	
1622 E PARHAM RD			GRANT	
RICHMOND, VA 23228				2,5
RX DRUG ACCESS PARTNERSHIP	NONE	PC	STRENGTHENING THE	
1500 FOREST AVE, SUITE 200			SAFETY NET	
RICHMOND, VA 23229				9,00
RX DRUG ACCESS PARTNERSHIP	NONE	PC	STRENGTHENING THE	
1500 FOREST AVE, SUITE 200			SAFETY NET	
RICHMOND, VA 23229				6,00
SMART BEGINNINGS SOUTHEAST	NONE	PC	HEALTHY BEHAVIORS	
209 E CAWSON ST				
HOPEWELL, VA 23860				25,00
SOUTHAMPTON COUNTY PUBLIC SCHOOLS	NONE	GOV	EARLY CHILDHOOD	
21308 PLANK ROAD			EDUCATION	
COURTLAND, VA 23837				19,92
SOUTHEAST 4-H EDUCATIONAL CENTER	NONE	PC	WHAT WALL DELIVER OF A	
15189 AIRFIELD ROAD	NONE	PC	HEALTHY BEHAVIORS	
WAKEFIELD, VA 23888				50,00
COLUMN A CHERN ATROTHER HER THE CHERRY	VOVE	7.0		
SOUTHEASTERN VIRGINIA HEALTH SYSTEM 9492 WARWICK BLVD	NONE	PC	STRENGTHENING THE SAFETY NET	
NEWPORT NEWS, VA 23607				50,00
PROTECUTOR IID AND DIV DIGUT ING	MONE	na		
TRAIGHTEN UP AND FLY RIGHT, INC. 41 CHURCH STREET	NONE	PC	COMMUNITY ENGAGEMENT GRANT	
SUFFOLK, VA 23434				5,00
NIEROLU ADM. LEACUE	YOME	P.G.		
SUFFOLK ART LEAGUE	NONE	PC	COMMUNITY ENGAGEMENT GRANT	
UFFOLK, VA 23439			27/27/1	1,00
WINDOW ADVANCE FOR COMPANY				
UFFOLK CENTER FOR CULTURAL ARTS 00 W. FINNEY AVENUE	NONE	PC	COMMUNITY ENGAGEMENT GRANT	
SUFFOLK, VA 23434			January 1	4,00
Total from continuation sheets	310			-,00

3 Grants and Contributions Paid During the	Year (Continuation)	40		
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
SUFFOLK CHRISTIAN FELLOWSHIP CENTER 211 E. WASHINGTON ST SUFFOLK, VA 23434	NONE	PC	COMMUNITY ENGAGEMENT GRANT	5,000
SUFFOLK MEALS ON WHEELS 2800 GODWIN BLVD SUFFOLK, VA 23434	NONE	PC	STRENGTHENING THE SAFETY NET	5,872
SUFFOLK MEALS ON WHEELS 2800 GODWIN BLVD SUFFOLK, VA 23434	NONE	PC	COMMUNITY ENGAGEMENT GRANT	1,700
SUFFOLK PUBLIC SCHOOLS 100 NORTH MAIN STREET SUFFOLK, VA 23434	NONE	GOV	HEALTHY BEHAVIORS	25,000
SUFFOLK PUBLIC SCHOOLS 100 NORTH MAIN STREET SUFFOLK, VA 23434	NONE	GOV	EARLY CHILDHOOD EDUCATION	45,486
SUFFOLK PUBLIC SCHOOLS 100 NORTH MAIN STREET SUFFOLK, VA 23434	NONE	GOA	HEALTHY BEHAVIORS	50,000
SUFFOLK PUBLIC SCHOOLS 100 NORTH MAIN STREET SUFFOLK, VA 23434	NONE	GOV	EARLY CHILDHOOD EDUCATION	90,000
SUFFOLK PUBLIC SCHOOLS 100 NORTH MAIN STREET SUFFOLK, VA 23434	NONE	GOV	HEALTHY BEHAVIORS	100,000
SURRY COUNTY PUBLIC SCHOOLS 15 SCHOOL ST SURRY , VA 23883	NONE	GOV	EARLY CHILDHOOD EDUCATION	12,966
SUSSEX COUNTY 5080 COURTHOUSE RD SUSSEX, VA 23884 Total from continuation sheets	NONE	GOV	COMMUNITY ENGAGEMENT GRANT	1,500

3 Grants and Contributions Paid During the	Year (Continuation)	¥		
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
THE CHILDREN'S CENTER	NONE	PC	EARLY CHILDHOOD	
700 CAMPBELL AVE FRANKLIN, VA 23851			BDUCATION	10,84
THE CHILDREN'S CENTER	NONE	PC	HEALTHY BEHAVIORS	
700 CAMPBELL AVE				
FRANKLIN, VA 23851				50,00
THE CHILDREN'S CENTER	NONE	PC	MATERNAL CHILD HEALTH	
700 CAMPBELL AVE FRANKLIN, VA 23851				104,28
PHE CHILDREN'S CENTER	NONE	PC	COMMINITELY ENGLACISMENT	
700 CAMPBELL AVE	NONE	FC	COMMUNITY ENGAGEMENT GRANT	
FRANKLIN, VA 23851				5,00
THE DOORWAYS, FORMERLY HOSPITALITY HOUSE OF RICHMOND, INC.	NONE	PC	COMMUNITY ENGAGEMENT GRANT	
612 E. MARSHALL STREET RICHMOND, VA 23219				4 00
ATCHMOND, VA 23219				4,00
THE GENIEVE SHELTER	NONE	PC	STRENGTHENING THE	
2480 PRUDEN STREET SUITE A SUFFOLK, VA 23434			SAFETY NET	30,00
THE GENIEVE SHELTER 480 PRUDEN STREET SUITE A	NONE	PC	STRENGTHENING THE SAFETY NET	
UFFOLK, VA 23434				20,00
HE GENIEVE SHELTER	NONE	PC	COMMUNITY ENGAGEMENT	
480 PRUDEN STREET SUITE A	NONE	FC	GRANT	
UFFOLK, VA 23434				5,00
HE SUFFOLK FOUNDATION	NONE	PC	COMMUNITY ENGAGEMENT	
10 W. FINNEY AVE. UFFOLK, VA 23434			GRANT	5,00
HE UP CENTER	NONE	PC	STRENGTHENING THE	
50 BOUSH STREET SUITE 500 ORFOLK, VA 23510			SAFETY NET	18,75
Total from continuation sheets	X1111 X 1111 X 1			,

3 Grants and Contributions Paid During the	Year (Continuation)			
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
THE UP CENTER 150 BOUSH STREET SUITE 500 NORFOLK, VA 23510	NONE	PC	STRENGTHENING THE SAFETY NET	75,55
THE UP CENTER 50 BOUSH STREET SUITE 500 IORFOLK, VA 23510	NONE	PC	STRENGTHENING THE SAFETY NET	50,36
THE UP CENTER 50 BOUSH STREET SUITE 500 ORFOLK, VA 23510	NONE	PC	COMMUNITY ENGAGEMENT GRANT	5,00
THE YOUTH GROUP, INC. TO BOX 124 BOYKINS, VA 23827	NONE	PC	COMMUNITY ENGAGEMENT GRANT	5,00
UNIVERSITY OF VIRGINIA P.O. BOX 400195 CHARLOTTESVILLE, VA 22904	NONE	PC	EARLY CHILDHOOD EDUCATION	500,00
VIRGINIA LEGAL AID SOCIETY, INC. 513 CHURCH ST. .YNCHBURG, VA 24504	NONE	PC	STRENGTHENING THE	60,00
IRGINIA LEGAL AID SOCIETY, INC. 13 CHURCH ST. YNCHBURG, VA 24504	NONE	PC	STRENGTHENING THE	12,00
IRGINIA LEGAL AID SOCIETY, INC. 13 CHURCH ST. YNCHBURG, VA 24504	NONE	PC	STRENGTHENING THE	109,80
IRGINIA LEGAL AID SOCIETY, INC. 13 CHURCH ST. YNCHBURG, VA 24504	NONE	PC	STRENGTHENING THE SAFETY NET	73,20
IRGINIA SUPPORTIVE HOUSING .O. BOX 8585 ICHMOND, VA 23226	NONE	PC	COMMUNITY ENGAGEMENT GRANT	2,50

3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	CONTINUENCE	
VOICES FOR KIDS CASA PROGRAM OF	NONE	PC	COMMUNITY ENGAGEMENT	
SOUTHEAST VIRGINIA			GRANT	
P. O. BOX 949, 409 MAIN STREET				
SMITHFIELD, VA 23431				2,30
WALK IN IT INC.	NONE	PC	COMMUNITY ENGAGEMENT	
108 NIBLICK CIRCLE			GRANT	
SUFFOLK, VA 23434				3,000
e				
WAVERLY RESCUE SQUAD, INC.	NONE	PC	COMMUNITY ENGAGEMENT	
115 BANK ST WAVERLY, VA			GRANT	
WAVERLY, VA 23890				4,76
WESTERN TIDEWATER COMMUNITY SERVICES	NONE	PC	STRENGTHENING THE	
BOARD	NONE	FC	SAFETY NET	
7025 HARBOUR VIEW BLVD, SUITE 119				
SUFFOLK, VA 23435				44,960
DECREDA MIDENAMED COMMUNITMY CEDUTORS	MONE	D.C.	OMD ENOMINENTING MUE	
NESTERN TIDEWATER COMMUNITY SERVICES	NONE	PC	STRENGTHENING THE SAFETY NET	
7025 HARBOUR VIEW BLVD, SUITE 119			DAREIT NEI	
SUFFOLK, VA 23435				127,414
WESTERN TIDEWATER COMMUNITY SERVICES	NONE	PC	CERTIFICATION THE	
BOARD	MONE	PC	STRENGTHENING THE SAFETY NET	
7025 HARBOUR VIEW BLVD, SUITE 119			5 211 1121	
SUFFOLK, VA 23435				84,942
VESTERN TIDEWATER FREE CLINIC	NONE	PC	STRENGTHENING THE	
2019 MEADE PARKWAY			SAFETY NET	
SUFFOLK, VA 23434				238,000
JESTERN TIDEWATER FREE CLINIC	NONE	PC	STRENGTHENING THE	
019 MEADE PARKWAY			SAFETY NET	
SUFFOLK, VA 23434				296,400
VESTERN TIDEWATER FREE CLINIC	NONE	PC	STRENGTHENING THE	
019 MEADE PARKWAY			SAFETY NET	
UFFOLK, VA 23434				197,600
ESTERN TIDEWATER HEALTH DISTRICT	NONE	GOV	MATERNAL CHILD HEALTH	
35 HALL AVENUE				
UFFOLK, VA 23434				4,800

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient WESTERN TIDEWATER HEALTH DISTRICT NONE GOV MATERNAL CHILD HEALTH 135 HALL AVENUE SUFFOLK, VA 23434 45,000. WESTERN TIDEWATER HEALTH DISTRICT NONE GOV MATERNAL CHILD HEALTH 135 HALL AVENUE SUFFOLK, VA 23434 263,033. WESTERN TIDEWATER TENNIS ASSOCIATION NONE COMMUNITY ENGAGEMENT PC 136 WYNNWOOD DRIVE GRANT FRANKLIN, VA 23851 2,000. YMCA OF SOUTH HAMPTON ROADS NONE PC HEALTHY BEHAVIORS 2769 GODWIN BLVD SUFFOLK, VA 23434 25,000. YMCA OF SOUTH HAMPTON ROADS NONE PC HEALTHY BEHAVIORS 2769 GODWIN BLVD SUFFOLK, VA 23434 100,000. YMCA OF SOUTH HAMPTON ROADS NONE PC COMMUNITY ENGAGEMENT GRANT 2769 GODWIN BLVD SUFFOLK, VA 23434 5,000. YMCA OF SOUTH HAMPTON ROADS NONE PC COMMUNITY ENGAGEMENT 2769 GODWIN BLVD GRANT SUFFOLK, VA 23434 5,000. Total from continuation sheets

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Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
FORKIDS, INC.	NONE	PC	STRENGTHENING THE	
4200 COLLEY AVENUE, SUITE A NORFOLK, VA 23508			SAFETY NET	24,000
	10015	7.0		
FORKIDS, INC. 4200 COLLEY AVENUE, SUITE A NORFOLK, VA 23508	NONE	PC	STRENGTHENING THE	24,000
10.12.02.13, 1.11. 20000				24,000
FORKIDS, INC. 4200 COLLEY AVENUE, SUITE A NORFOLK, VA 23508	NONE	PC	STRENGTHENING THE SAFETY NET	16,000
GIRLS ON THE RUN OF SOUTH HAMPTON	NONE	PC	HEALTHY BEHAVIORS	10,000
287 INDEPENDENCE BLVD., STE. 120 VIRGINIA BEACH, VA 23462				100,000
GIRLS ON THE RUN OF SOUTH HAMPTON ROADS 287 INDEPENDENCE BLVD., STE. 120	NONE	PC	HEALTHY BEHAVIORS	I
VIRGINIA BEACH, VA 23462				100,000
HORIZON HEALTH SERVICES, INC. 3314 MAIN STREET LVOR, VA 23866	NONE	PC	STRENGTHENING THE SAFETY NET	68,000
ORIZON HEALTH SERVICES, INC.	NONE	PC	STRENGTHENING THE	
VOR, VA 23866				68,000
ORIZON HEALTH SERVICES, INC.	NONE	PC	STRENGTHENING THE	
VOR, VA 23866				102,000
ORIZON HEALTH SERVICES, INC. 314 MAIN STREET VOR, VA 23866	NONE	PC	STRENGTHENING THE	102,000
AUL D. CAMP COMMUNITY COLLEGE OUNDATION	NONE	PC	HEALTHY BEHAVIORS	
00 NORTH COLLEGE DRIVE RANKLIN, VA 23851				50,000

Part XV Supplementary Informatio	n			
3 Grants and Contributions Approved for Fu	ture Payment (Continuation)	·		
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
RX DRUG ACCESS PARTNERSHIP	NONE	PC	STRENGTHENING THE	
1500 FOREST AVE, SUITE 200			SAFETY NET	
RICHMOND, VA 23229				8,000.
RX DRUG ACCESS PARTNERSHIP	NONE	PC	STRENGTHENING THE	
1500 FOREST AVE, SUITE 200			SAFETY NET	
RICHMOND, VA 23229				12,000.
RX DRUG ACCESS PARTNERSHIP	NONE	PC	STRENGTHENING THE	
1500 FOREST AVE, SUITE 200 RICHMOND, VA 23229			SAFETY NET	12,000.
				12,000.
RX DRUG ACCESS PARTNERSHIP	NONE	DC.	STRENGTHENING THE	
1500 FOREST AVE, SUITE 200	NONE	PC	SAFETY NET	
RICHMOND, VA 23229			, , , , , , , , , , , , , , , , , , ,	8,000.
SUFFOLK PUBLIC SCHOOLS	NONE	GOV	HEALTHY DEHAUTODS	
100 NORTH MAIN STREET	NONE	GOV	HEALTHY BEHAVIORS	
SUFFOLK, VA 23434				100,000.
SUFFOLK PUBLIC SCHOOLS	NONE	GOV	HEALTHY BEHAVIORS	
100 NORTH MAIN STREET	10112	301	I DEIGHT DEIGHT TOKK	
SUFFOLK, VA 23434				100,000.
THE CHILDREN'S CENTER	NONE	PC	MATERNAL CHILD HEALTH	
700 CAMPBELL AVE				
FRANKLIN, VA 23851				59,518.
THE CHILDREN'S CENTER	NONE	PC	MATERNAL CHILD HEALTH	
700 CAMPBELL AVE		1		
FRANKLIN, VA 23851				89,278.
THE CHILDREN'S CENTER	NONE	PC	MATERNAL CHILD HEALTH	
700 CAMPBELL AVE				66.006
FRANKLIN, VA 23851				66,398.
THE CHILDREN'S CENTER	NONE	PC	MATERNAL CHILD HEALTH	
700 CAMPBELL AVE FRANKLIN, VA 23851				00 507
Total from continuation sheets	1	l .	1	99,597.

Part XV Supplementary Informatio 3 Grants and Contributions Approved for Fu		*		
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	, , , , , ,
THE UP CENTER	NONE	PC	STRENGTHENING THE	
150 BOUSH STREET SUITE 500 NORFOLK, VA 23510			SAFETY NET	79 597
MONTOLIK, VA 23310				79,597
THE UP CENTER	NONE	PC	STRENGTHENING THE	
150 BOUSH STREET SUITE 500			SAFETY NET	
NORFOLK, VA 23510				51,788
THE UP CENTER	NONE	PC	STRENGTHENING THE	
150 BOUSH STREET SUITE 500 NORFOLK, VA 23510			SAFETY NET	77,683
THE UP CENTER	NONE	PC	STRENGTHENING THE	
150 BOUSH STREET SUITE 500			SAFETY NET	
NORFOLK, VA 23510				53,064
VIRGINIA LEGAL AID SOCIETY, INC. P.O. BOX 6200	NONE	PC	STRENGTHENING THE SAFETY NET	
LYNCHBURG, VA 24505			DAFEII NEI	109,800
VIRGINIA LEGAL AID SOCIETY, INC.	NONE	PC	STRENGTHENING THE	
P.O. BOX 6200			SAFETY NET	
LYNCHBURG, VA 24505				73,200
VIRGINIA LEGAL AID SOCIETY, INC.	NONE	PC	STRENGTHENING THE	
P.O. BOX 6200 LYNCHBURG, VA 24505			SAFETY NET	73,200
,				
VIRGINIA LEGAL AID SOCIETY, INC.	NONE	PC	STRENGTHENING THE	
P.O. BOX 6200			SAFETY NET	
LYNCHBURG, VA 24505				109,800
WESTERN TIDEWATER COMMUNITY SERVICES	NONE	PC	STRENGTHENING THE	
BOARD			SAFETY NET	
7025 HARBOUR VIEW BLVD, SUITE 119				
SUFFOLK, VA 23435				84,942
WESTERN TIDEWATER COMMUNITY SERVICES	NONE	PC	STRENGTHENING THE	
BOARD			SAFETY NET	
7025 HARBOUR VIEW BLVD, SUITE 119 SUFFOLK, VA 23435				84,942
Total from continuation sheets				,

3 Grants and Contributions Approved for Fut	ure Payment (Continuation)	r		
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	CONTRIBUTION	
WESTERN TIDEWATER COMMUNITY SERVICES	NONE	PC	STRENGTHENING THE	
BOARD			SAFETY NET	
7025 HARBOUR VIEW BLVD, SUITE 119				
SUFFOLK, VA 23435				127,41
WESTERN TIDEWATER COMMUNITY SERVICES	NONE	PC	STRENGTHENING THE	
BOARD			SAFETY NET	
7025 HARBOUR VIEW BLVD, SUITE 119				
SUFFOLK, VA 23435				127,41
WESTERN TIDEWATER FREE CLINIC	NONE	PC	STRENGTHENING THE	
2019 MEADE PARKWAY			SAFETY NET	
SUFFOLK, VA 23434				288,00
WESTERN TIDEWATER FREE CLINIC	NONE	PC	STRENGTHENING THE	
2019 MEADE PARKWAY			SAFETY NET	
SUFFOLK, VA 23434				192,00
WESTERN TIDEWATER FREE CLINIC	NONE	PC	STRENGTHENING THE	
2019 MEADE PARKWAY			SAFETY NET	200 20
SUFFOLK, VA 23434				280,20
WESTERN TIDEWATER FREE CLINIC 2019 MEADE PARKWAY	NONE	PC	STRENGTHENING THE SAFETY NET	
SUFFOLK, VA 23434			DAFEII NEI	186,80
WESTERN TIDEWATER HEALTH DISTRICT	NONE	GOV	MATERNAL CHILD HEALTH	
135 HALL AVENUE	NONE	307	MATERIAL CHILD HEADTH	
SUFFOLK, VA 23434				103,58
WESTERN TIDEWATER HEALTH DISTRICT	NONE	GOV	MATERNAL CHILD HEALTH	
135 HALL AVENUE				
SUFFOLK, VA 23434				155,38
WESTERN TIDEWATER HEALTH DISTRICT	NONE	GOV	MATERNAL CHILD HEALTH	
35 HALL AVENUE				
SUFFOLK, VA 23434				106,07
VESTERN TIDEWATER HEALTH DISTRICT	NONE	GOV	MATERNAL CHILD HEALTH	
35 HALL AVENUE SUFFOLK, VA 23434				159,11
Total from continuation sheets				135,11

Part XV Supplementary Informati 3 Grants and Contributions Approved for F	uture Payment (Continuation)			
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation	Purpose of grant or contribution	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
MCA OF SOUTH HAMPTON ROADS	NONE	PC	HEALTHY BEHAVIORS	
2769 GODWIN BLVD	Nons		I BANK TOKE	
SUFFOLK, VA 23434				100,000
MCA OF SOUTH HAMPTON ROADS	NONE	PC	HEALTHY BEHAVIORS	
2769 GODWIN BLVD				100.00
SUFFOLK, VA 23434				100,00
	_			
Total from continuation sheets			1	

FORM 990-1	PF G	SAIN OR	(LOSS)	FROM SALE	OF A	ASSETS		STA	TEMEN'	г 1
DESCRIPTION OF THE PROPERTY OF	(A) ON OF PROPERTY	,				MANNER CQUIRED		TE IRED	DATE	SOLD
NET GAINS	LOSSES FROM S	BALES OF	SECURI	TIES	PUF	RCHASED	S 		03/3	30/20
	(B) GROSS	(C COST	OR	(D) EXPENSE	OF	(E)			(F)	
:	SALES PRICE	OTHER :	BASIS	SALE		DEPRE	C.	GAIN	OR LO	oss ———
×	371,029.		0		0 .		0.		371	,029.
DESCRIPTION TO SERVICE	(A) ON OF PROPERTY					MANNER CQUIRED	DA ACQU	TE IRED	DATE	SOLD
NET GAINS	LOSSES FROM S	ALES OF	OTHER	ASSETS	PUR	RCHASED	9-		03/3	30/20
	(B)	(C)	(D)	~ =	(E)			(F)	
5	GROSS SALES PRICE	COST OTHER		EXPENSE SALE	OF	DEPRE	C.	GAIN	OR LO	oss
	0.		1,014.		0 •		0.		-1,	,014.
DESCRIPTIO	(A) ON OF PROPERTY	- 7				MANNER CQUIRED	DA ACQU	TE IRED	DATE	SOLD
FOREIGN CO	RPORATION RED	EMPTION	S		PUR	CHASED			03/3	30/20
S	(B) GROSS SALES PRICE	(C COST OTHER 1	OR	(D) EXPENSE SALE	OF	(E) DEPRE	c.		(F) OR LO	oss
		8,8			0.	-	0.		4,626,	
CAPITAL GA	LINS DIVIDENDS	FROM P	ART IV				16			0.
							-			617.

TO FORM 990-PF, PG 1, LN 16B

0.

47,600.

FORM 990-PF	OTHER	INCOME		STATEMENT 2
DESCRIPTION		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
SECURITIES LIGITATION EXCISE TAX REFUND INCOME FROM PARTNERSHIPS	-	10,459. 186,950. 0.	0.	0.
TOTAL TO FORM 990-PF, PART	I, LINE 11	197,409.	3,154,040.	0.
FORM 990-PF	ACCOUNT	ING FEES		STATEMENT 3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES
ACCOUNTING FEES	47,600	. 0	. 0	47,600.

FORM 990-PF	OTHER PROFES	SIONAL FEES	STATEMENT 4			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
INVESTMENT FEES	697,870.	697,870.	0.	0.		
OTHER PROFESSIONAL FEES	8,295.	0.	0.	8,295.		
PAYROLL PROCESS FEES	1,565.	0 .	0 •	1,565.		
BANK FEES	140.	0.	0 .	140.		
COMPLIANCE FEES	3,497.	0.	0 .	3,497.		
TO FORM 990-PF, PG 1, LN 160	711,367.	697,870.	0.	13,497.		

47,600.

FORM 990-PF	TAX	ES	S1	STATEMENT 5		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
TAXES	395. 0.	0.0	0.	395.		
TO FORM 990-PF, PG 1, LN 18	395.	0.	0.	395.		
FORM 990-PF	OTHER E	XPENSES	Si	PATEMENT 6		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
INSURANCE CONTRACTED	14,038.	0.	0.	14,071.		
SERVICES/RECRUITING MISCELLANEOUS DUES AND SUBSCRIPTIONS TECHNOLOGY EXPENSE GRANT PROGRAM EXPENSES	4,674. 2,419. 29,073. 53,487. 272,954.	0. 0. 0. 0.	0. 0. 0.	434. 2,634. 29,073. 12,827. 263,942.		
AMORTIZATION PRINTING AND PUBLICATIONS	2,472. 28,182.	0.	0.	0. 29,357.		
TO FORM 990-PF, PG 1, LN 23	407,299.	0.	0.	352,338.		

FORM 990-PF OTHE	R DECREASES IN	NET ASS	ETS OR	FUND	BALANCES	STATEMENT 7
DESCRIPTION						AMOUNT
UNREALIZED LOSSES I INVESTMENTS	N INVESTMENTS	PARTNEF	SHIPS	& FOR	EIGN	15,297,542.
TOTAL TO FORM 990-P	F, PART III, I	INE 5				15,297,542.

FORM 990-PF CORPORATE STOCK	K	STATEMENT 8
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
ALADM CON HOLDINGS THE	420, 220	420 220
ALARM.COM HOLDINGS INC	420,228.	420,228.
ALBEMARLE CORP COM ALLSCRIPTS HEALTHCARE SOLUTIONS INC	107,103. 130,240.	107,103. 130,240.
AMC NETWORKS	109,371.	109,371.
ASTRONICS CORP COM	28,605.	28,605.
AXALTA COATING SYSTEMS LTD		
	122,617.	122,617.
BOX INC	522,667.	522,667.
BWX TECHNOLOGIES INC	68,194.	68,194.
CADENCE BANCORPORATION CL A	74,670.	74,670.
CARTER INC	118,314.	118,314.
CHANNELADVISOR CORP	66,792.	66,792.
CIENA CORP	91,563.	91,563.
CIMPRESS NV	79,055.	79,055.
COMPASS MINERALS INTERNATIONAL INC	88,481.	88,481.
COMSCORE INC	40,284.	40,284.
DESPEGAR.COM CORP	80,917.	80,917.
ELEMENT SOLUTIONS INC	604,570.	604,570.
ENTEGRIS INC	94,017.	94,017.
FIREEYE INC	130,134.	130,134.
GRAPHIC PACKAGING CORP	134,200.	134,200.
GREENSKY INC CL A	43,166.	43,166.
HANES BRANDS INC	107,032.	107,032.
IMAX CORP	76,925.	76,925.
LIBERTY BRAVES GROUP CL A	39,000.	39,000.
LIBERTY BRAVES GROUP CL C	34,308.	34,308.
LIONS GATE ENTMT CORP	78,840.	78,840.
LIVE NATION ENTERTAINMENT, INC.	47,733.	47,733.
MAXAR TECHNOLOGIES LTD	53,240.	53,240.
MFC ISHARES TR RUSSELL 2000 VALUE ETF	24,609.	24,609.
MFC VANGURAD INTL EQUITY INDEX FUNDS	5,466,426.	5,466,426.
MIMECAST LIMITED	66,258.	66,258.
PAGERDUTY INC COM	100,587.	100,587.
PAPA JOHNS INTL INC	189,357.	189,357.
PERSPECTA INC COM	54,720.	54,720.
PQ GROUP HOLDINGS INC	80,660.	80,660.
SPDR S&P OILGAS EXPLORATION FUND	351,997.	351,997.
URBAN OUTFITTERS	116,768.	116,768.
VALVOLINE INC	57,596.	57,596.
VAREX IMAGING CORP COM	74,943.	74,943.
WPX ENERGY INC	55,510.	55,510.
ZUORA INC CL A COM	206,554.	206,554.
TOTAL TO FORM 990-PF, PART II, LINE 10B	10,438,251.	10,438,251.

	£		
FORM 990-PF OT	THER INVESTMENTS		STATEMENT 9
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
ALTERNATIVE INVESTMENTS - FOREIGN CORPORATIONS ALTERNATIVE INVESTMENTS - LIMITED		17,024,248.	17,024,248
PARTNERSHIPS AND CORPORATIONS TOTAL TO FORM 990-PF, PART II, LI	NE 13	73,091,412.	73,091,412
FORM 990-PF	OTHER ASSETS		STATEMENT 10
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
ART COLLECTION CEMETARY LOTS ACCRUED INTEREST ON INVESTMENTS DEPOSITS EXCISE TAX RECEIVABLE	658,240. 24,000. 11,445. 100. 66,730.	658,240. 24,000. 4,025. 0.	658,240 24,000 4,025
TO FORM 990-PF, PART II, LINE 15	760,515.	686,265.	686,265
FORM 990-PF OT	HER LIABILITIES		STATEMENT 11
DESCRIPTION		BOY AMOUNT	EOY AMOUNT
DEFERRED TAXES PAYABLE EXCISE TAXES PAYABLE		575,969. 0.	232,723 40,701
TOTAL TO FORM 990-PF, PART II, LI	NE 22	575,969.	273,424

	- LIST OF OFFICERS, DIRECTOR S AND FOUNDATION MANAGERS	S	STAT	EMENT 12
NAME AND ADDRESS	TITLE AND COMPE		EMPLOYEE BEN PLAN CONTRIB	
R. SCOTT CARR 106 W. FINNEY AVENUE SUFFOLK, VA 23434	CHAIRMAN 1.00	0.	0.	0.
LYNNE RABIL 106 W. FINNEY AVENUE SUFFOLK, VA 23434	VICE-CHAIRMAN 1.00	0 .	0.	0.
THOMAS WOODWARD III 106 W. FINNEY AVENUE SUFFOLK, VA 23434	TREASURER 1.00	0.	0.	0.
ROBERT C. BARCLAY, IV 106 W. FINNEY AVENUE SUFFOLK, VA 23434	BOARD OF DIRECTORS	0.	0.	0.
ROBERT C. CLAUD 106 W. FINNEY AVENUE SUFFOLK, VA 23434	BOARD OF DIRECTORS	0,	0.	0.
PAT EDWARDS 106 W. FINNEY AVENUE SUFFOLK, VA 23434	BOARD OF DIRECTORS	0	0.	0 *
JEFFREY D. FORMAN 106 W. FINNEY AVENUE SUFFOLK, VA 23434	BOARD OF DIRECTORS	0.	0.	0 .
RALPH HOWELL, JR. 106 W. FINNEY AVENUE SUFFOLK, VA 23434	BOARD OF DIRECTORS	0 .	0.	0.
EMANUEL MYRICK 106 W. FINNEY AVENUE SUFFOLK, VA 23434	BOARD OF DIRECTORS	0 .	0.	0.
BILL PEAK 106 W. FINNEY AVENUE SUFFOLK, VA 23434	BOARD OF DIRECTORS	0 .	0.	0.

OBICI HEALTHCARE FOUNDATION, INC.			51	-0249728
MELISSA ROLLINS 106 W. FINNEY AVENUE SUFFOLK, VA 23434	BOARD OF DIRECTOR 1.00	S 0.	0.	0.
JANICE WHITE 106 W. FINNEY AVENUE SUFFOLK, VA 23434	BOARD OF DIRECTOR 1.00	S 0.	0.	0.
ANNETTE C. BEUCHLER 106 W. FINNEY AVENUE SUFFOLK, VA 23434	PRESIDENT & CEO / 40.00	BOARD SEG 213,948.		0 •,
MICHAEL K. BRINKLEY 106 W. FINNEY AVENUE SUFFOLK, VA 23434	DIRECTOR OF FINAN	CE 29,269.	1,008.	0.
VICTORIA MASTON 106 W. FINNEY AVENUE SUFFOLK, VA 23434	DIRECTOR OF ADMIN 40.00	ISTRATION 77,083.	11,794.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6,	PART VIII	320,300.	37,980.	0.

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT 13

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

GRANTS MANAGER 106 W. FINNEY AVENUE SUFFOLK, VA 23434

TELEPHONE NUMBER

757-539-8810

FORM AND CONTENT OF APPLICATIONS

APPLICATIONS MUST BE SUBMITTED THROUGH THE FOUNDATION'S GRANT PORTAL ACCESSED THROUGH THE OBICI HEALTHCARE FOUNDATION WEBSITE: HTTPS://OBICIHCF.ORG/HOW-TO-APPLY/

THE FOLLOWING MATERIALS MUST ACCOMPANY THE PRIORITY GRANT APPLICATION:

- 1. IRS DETERMINATION LETTER OR A WRITTEN DOCUMENT CERTIFYING TAX EXEMPT STATUS
- 2. PROPOSAL COVER SHEET
- 3. PROJECT NARRATIVE
- 4. BUDGET WORKSHEET AND BUDGET NARRATIVE
- 5. CURRENT AUDITED FINANCIAL STATEMENTS OR 990
- 6. ANY OTHER SUPPLEMENTAL MATERIAL DETAILED IN THE RFP

ANY SUBMISSION DEADLINES

PRIORITY GRANTS - DEADLINES VARY BY RFP COMMUNITY ENGAGEMENT GRANTS - NO DEADLINE

RESTRICTIONS AND LIMITATIONS ON AWARDS

- 1. LOBBYING OR POLITICAL PROGRAMS OR EVENTS
- 2. ACTIVITIES THAT EXCLUSIVELY BENEFIT THE MEMBERS OF SECTARIAN OR RELIGIOUS ORGANIZATIONS
- 3. ORGANIZATIONS THAT DISCRIMINATE BY RACE, COLOR, CREED, GENDER OR NATIONAL ORIGIN
- 4. BIOMEDICAL, CLINICAL OR EDUCATIONAL RESEARCH
- 5. INDIVIDUAL SCHOLARSHIPS
- 6. DIRECT SUPPORT TO ENDOWMENTS
- 7. FUNDING THAT SUPPLANTS EXISTING SOURCES OF SUPPORT
- 8. INDIVIDUALS, INCLUDING PATIENT ASSISTANCE FUNDS
- 9. PROJECTS OUTSIDE OF THE FOUNDATION'S SERVICE AREA
- 10. MEETINGS AND CONFERENCES, UNLESS THEY ARE ESSENTIAL TO A LARGER PROJECT

FORM 990-PF

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

STATEMENT 14

RESTRICTIONS AND LIMITATIONS ON AWARDS

- 11. DIRECT FUNDING FOR MEDICAL OR SOCIAL SERVICES THAT ARE ALREADY FUNDED THROUGH EXISTING THIRD-PARTY REIMBURSEMENT SOURCES
- 12. ORGANIZATIONS THAT DO NOT HAVE 501(C)(3) STATUS OR ARE NOT A PUBLIC ENTITY
- 13. PROJECTS NOT RELATED TO THE FOUNDATION'S MISSION STATEMENT

Form **4720**

Department of the Treasury

Internal Revenue Service

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

(Sections 170(f)(10), 664(c)(2), 4911, 4912, 4941, 4942, 4943, 4944, 4945, 4955, 4958, 4959, 4960, 4965, 4966, 4967, and 4968)

► Go to www.irs.gov/Form4720 for instructions and the latest information.

2019

OMB No. 1545-0052

APR 1 MAR 31 2020 For calendar year 2019 or other tax year beginning , 2019, and ending Name of organization or entity Employer identification number OBICI HEALTHCARE FOUNDATION, INC. 51-0249728 Number, street, and room or suite no. (or P.O. box if mail is not delivered to street address) Check box for type of annual return: 106 W. FINNEY AVENUE Form 990 Form 990-EZ City or town, state or province, country, and ZIP or foreign postal code X Form 990-PF Other SUFFOLK, VA 23434 Form 5227 Yes No Х Is the organization a foreign private foundation within the meaning of section 4948(b)? Has corrective action been taken on any taxable event that resulted in Ch. 42 taxes being reported on this form? (Enter "N/A" if not applicable) If "Yes," attach a detailed description and documentation of the corrective action taken and, if applicable, enter the fair market value of any property recovered as a . If "No," (that is, any uncorrected acts or transactions), attach an explanation (see instructions) result of the correction > \$ Part I Taxes on Organization (Sections 170(f)(10), 664(c)(2), 4911(a), 4912(a), 4942(a), 4943(a), 4944(a)(1), 4945(a)(1), 4955(a)(1), 4959, 4960(a), 4965(a)(1), 4966(a)(1), and 4968(a)) 2,697. Tax on undistributed income - Schedule B, line 4 1 Tax on excess business holdings - Schedule C, line 7 2 Tax on investments that jeopardize charitable purpose - Schedule D, Part I, column (e) 3 3 Tax on taxable expenditures - Schedule E, Part I, column (g) 4 Tax on political expenditures - Schedule F, Part I, column (e) 5 5 Tax on excess lobbying expenditures - Schedule G, line 4 6 Tax on disqualifying lobbying expenditures - Schedule H, Part I, column (e) 7 7 Tax on premiums paid on personal benefit contracts 8 8 Tax on being a party to prohibited tax shelter transactions - Schedule J, Part I, column (h) 9 9 10 Tax on taxable distributions - Schedule K, Part I, column (f) 10 11 Tax on a charitable remainder trust's unrelated business taxable income. Attach statement 11 12 Tax on failure to meet the requirements of section 501(r)(3) - Schedule M, Part II, line 2 12 13 Tax on excess executive compensation - Schedule N 13 Tax on net investment income of private colleges and universities - Schedule O 14 Total (add lines 1 - 14) 15 2,697. Part II-A Taxes on Managers, Self-Dealers, Disqualified Persons, Donors, Donor Advisors, and Related Persons (Sections 4912(b), 4941(a), 4944(a)(2), 4945(a)(2), 4955(a)(2), 4958(a), 4965(a)(2), 4966(a)(2), and 4967(a)) (a) Name and address of person subject to tax. City or town, state or province, country, ZIP or foreign postal code (b) Taxpayer identification number (c) Tax on self-dealing -Schedule A, Part II, col. (d), and Part III, col. (d) (d) Tax on investments that (e) Tax on taxable expenditures -(f) Tax on political expenditures jeopardize charitable purpose -Schedule D, Part II, col. (d) Schedule F, Part II, col. (d) Schedule E, Part II, col. (d) Total (h) Tax on excess benefit transactions - Schedule I, Part II, col. (d), and Part III, col. (d) (i) Tax on being a party to prohibited tax shelter transactions - Schedule J, (j) Tax on taxable distributions -(g) Tax on disqualifying lobbying expenditures - Sch H, Part II, col. (d) Schedule K, Part II, col. (d) Part II, col. (d) Total (k) Tax on prohibited benefits - Sch L (I) Total - Add cols. (c) through (k) Part II, col. (d), and Part III, col. (d)

924061 12-04-19 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 4720	(2019)	OBICI HEALTHCARE				51-0	249728	Page 2
Part II	-B Sumn	nary of Taxes (See Tax Payr	nents in the i	nstructions.)				
1 Enter	the taxes listed in	n Part II-A, column (I), that apply to mai	nagers, self-deale	rs, disqualified				
		er advisors, and related persons who sig	n this form. If all	sign, enter the				
						1		
		ine 15, and Part II-B, line 1				2	2	,697.
	-	ing amount paid with Form 8868 (see in				3		
		ger than line 3, enter amount owed (see				4		,697.
5 Overp	ayment. If line 2	is smaller than line 3, enter the differer SCHEDULE A -	nce. This is your r	etund	ling results to the	5		
Part I	Acts of	Self-Dealing and Tax Com		on Sen-Dea	inig (Section 4941)			
(a) Act	(b) Date	The searing and Tax Com	putation					 ;
number	of act			(c) Description	n of act			
1								
2								
3								
4								
5								
(d)	Question number	r from Form 990-PF, Part VII-B, or	(a) Amoun	t involved in set	(f) Initial tax on self-		Tax on foundation	
, ,	Form 5227, Pa	art VI-B, applicable to the act	(e) Aniouii	t involved in act	dealer (10% of col. (e))	(01	applicable) (lesser of or 5% of col. (e	
Part II	Summa	ry of Tax Liability of Self-D	ealers and				A) Call dealaria to	tal tau
	(a)	Names of self-dealers liable for tax		(b) Act no. from	(c) Tax from Part I, col. (f),	liabili	 d) Self-dealer's to ty (add amounts 	in col. (c))
				Part I, col. (a)	or prorated amount	_	(see instructio	ns)
				-	-	-		
						_		
						_		
						-		
						-		
						+		
						-		
						-		
		1				+		
						-		
						-		
Part III	Summa	ry of Tax Liability of Found	ation Mana	gers and Pro	ration of Payments			
		-		(b) Act no. from	(c) Tax from Part I, col. (g),	(d)	Manager's total ta	x liability
	(a) Name	s of foundation managers liable for tax		Part I, col. (a)	or prorated amount	(3	Manager's total ta add amounts in c (see instructio	ol. (c)) ns)
		SCHEDULE B - Initia	al Tax on Ur	ndistributed li	ncome (Section 4942)			
		e for years before 2018 (from Form 990				1		
		e for 2018 (from Form 990-PF for 2019,				2	8	,989.
		come at end of current tax year beginni		•			_	0.00
		add lines 1 and 2)				3	8	,989.
4 Tax	- Enter 30% of lin	ne 3 here and on Part I, line 1			mmmatu-mmmat.	4		,697.
							⊦orm 4	720 (2019)

Page 3

		SCHEDULE C - Initial Tax	on Ex	cess Busines	s Holdir	1gs (Section 4943)		
Business Ho	ldings ar	nd Computation of Tax						
		ings in more than one business enterprise, a	attach a	separate schedule fo	or each ente	erprise. Refer to the ins	tructions for	
each line item before Name and address								
Name and address	or business	onto prise						
Employer identifica	tion number					*		

Form of enterprise	(corporation	, partnership, trust, joint venture, sole propr	ietorsh	ip, etc.) (a)	Т	(b)		(c)
				Voting stoc (profits interes beneficial inter	st or	Value		lonvoting stock capital interest)
1 Foundation hol	dings in bus	iness enterprise	1					
2 Permitted hold	ings in busir	ness enterprise	2					
		business enterprise	3					
	-	isposed of within 90 ess holdings not						
subject to secti	ion 4943 tax	(attach statement)	4					
5 Taxable excess line 3 minus lin		business enterprise -	5					
illie 5 fillius illi			J.					
			6					NAME OF TAXABLE
		ı line 6, columns (a), (b), d on Part I, line 2	7					
		E D - Initial Taxes on Investm	ents	That Jeopard	ize Cha	ritable Purpose	(Section 4	1944)
Part I Inv	estmen/	ts and Tax Computation						
) Date of vestment	(c) Description of investment		(d) Amount (investment		(e) Initial tax on foundation (10% of col. (d))	mana; (le	ial tax on foundation gers (if applicable) - esser of \$10,000 10% of col. (d))
1							_	
3								
4								
Total - Column (e).	Enter here a	nd on Part I. line 3			-		1.00	
		or prorated amount) here and in Part II, colu	mn (c),	below				
Part II Su	mmary o	of Tax Liability of Foundation	Mana	agers and Pro	ration o	f Payments		
(a	a) Names of	foundation managers liable for tax		(b) Investment no. from Part I, col. (a)		from Part I, col. (f), prorated amount	(d) Manag (add am (see	er's total tax liability nounts in col. (c)) instructions)
-								
1								
							-	

924081 12-04-19

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

Part I	Expenditures a	nd Computa	tion of Tax				
(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Name and address of	recipient			xpenditure and purposes hich made
1					-		
3					-		
4					_		
5							
	n number from Form 990- 27, Part VI-B, applicable to		(g) Initial tax imposed on (20% of col. (b)				undation managers (if applicable)- 000 or 5% of col. (b))
							2
-							
Total - Colu	mn (g). Enter here and on						
Total - Colu below	mn (h). Enter total (or pror	ated amount) here		43500455004443440433		0 111	
Part II	Summary of Ta	x Liability of	Foundation Managers ar	-	_,_		I (d) Manager I (state) - 10 and
	(a) Names of fo	undation managers	s liable for tax	(b) Item no. fro Part I, col. (a)		Tax from Part I, col. (h). or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)
							1
		CUEDIUE E	- Initial Taxes on Politica	al F a. dia			
Part I	Expenditures ar			ar Experion	ures	(Section 4955)	
(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Description of political exp	penditure	organ	nitial tax imposed on nization or foundation (10% of col. (b))	(f) Initial tax imposed on managers (if applicable) (lesser of \$5,000 or 21/2% of col. (b))
1							
2				-			
3 4							
5							
	nn (e). Enter here and on P	art I, line 5					
Total - Colun	nn (f). Enter total (or prora	ted amount) here a	and in Part II, column (c), below				-
Part II			zation Managers or Foundation				Lu
		of organization ma on managers liable		(b) Item no. f Part I, col. ((c) Tax from Part I, col. (or prorated amount	f), (d) Manager's total tax liability (add amounts in col. (c)) (see instructions)
24091 12-04-	19			1	1.		Form 4720 (2019)

Form 4720 (2019) OBI	CI HEALTH	CARE FOUNDATIO	N, INC.		51-0249728	Page 5
		SCHEDULE G	i - Tax on Excess Lob	bying Expend	ditures (Section 491	1)	
Part I 2 Exces	I-A, column (b), line 1h s of lobbying expenditu). (See the instruction res over lobbying no	ots nontaxable amount (from Sc ns before making an entry.) ntaxable amount (from Schedul s before making an entry.)	e C (Form 990 or 9	90-EZ),	1 2	
			line 1 or line 2			3	
			axes on Disqualifying				
Part I	Expenditures	and Computa	tion of Tax				
(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Description of lobbying	g expenditures	(e) Tax imposed on organization (5% of col. ((f) Tax imposed on org managers (if applic (5% of col. (b)	able)-
2 3							
4							
5						DENG- VIOLET	
Total - Colun	nn (e). Enter here and o	orated amount) here	and in Part II, column (c), below	N			
Part II	Summary of 1	ax Liability of	Organization Manag	(b) Item no. from		1	x liability
	(a) Names of org	ganization managers	liable for tax	Part I, col. (a)	or prorated amount	(add amounts in co	d. (c))
	sc	HEDULE 1 - In	itial Taxes on Excess	Benefit Tran	sactions (Section 4	1958)	
Part I	Excess Benef	it Transaction	s and Tax Computation	on			
(a) Transaction number	(b) Date of transaction			(c) Description of	transaction		
1							
2							
3							
5							
3	(d) Amount of excess t	penefit	(e) Initial tax on disq (25% of co		(f) Tax on orga (lesser of	anization managers (if appli \$20,000 or 10% of col. (d	cable)

Part II		Tax Liability of Disc						ued
		of disqualified persons liable for ta			(b) Trans_no_from Part I, col_(a)	(C) Tax from F	art I, col. (e),	(d) Disqualified person's total tay liability (add amounts in col. (c)) (see instructions)
-								
-								-
								-
Part III	Summary of	Tax Liability of 501(c)(3), (c)(4) & (d	c)(29)	Organization	Managers	and Pro	ration of Payments
	(a) Names of 501(c)(3), (c	c)(4) & (c)(29) organization manager	rs liable for tax		(b) Trans, no, from Part I, col, (a)	(C) Tax from F or prorated		(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)
								-
								-
								-
	SCHEDULE	J - Taxes on Being	g a Party to Pr	ohibi	ted Tax Shelt	er Transac	tions (Se	Lction 4965)
Part I	Prohibited Ta (see instructions)	x Shelter Transacti	ons (PTST) an	d Tax	Imposed on	the Tax-Ex		
(a) Transaction number	(b) Transaction date	(c) Type of transaction 1 - Listed 2 - Subsequently listed 3 - Confidential 4 - Contractual protection			(d) Descripti	ion of transactio	n	
1								
2								
3								
4								
5								
was a PTST	ax-exempt entity know to know this transacti when it became a part tion? Answer Yes or h	y to (1) Net income attribu	utable to the PTST	(g) 75	5% of proceeds attri PTST	butable to the		mposed on the tax-exempt tity (see instructions)
Total - Colun	nn (h). Enter here and	on Part I, line Q				/2020/00 0.0023 12 CA		
TOTAL - COMMI	m Mill Furer Here and	on raiti, iiio J mivimidalvii				000000000000000000000000000000000000000		

Form 4720 (2	2019)	OBICI HEALTHCARE FO	NOITAGNUC	, II	NC.		51-	0249728	Page 7
Part II	Tax	Imposed on Entity Managers (Sec	ction 4965) Continu	ed					
		(a) Name of entity manager		nı	Transaction umber from art I, col. (a)	transact	enter \$20,000 for each tion listed in col. (b) for manager in col. (a)	(d) Manager's liability (add an in col. (c)	nounts
								1	
·									
								-	
					-	f.			
	SCHE	DULE K - Taxes on Taxable Dist						ing Donor	
Part I	Taxa	Adible Distributions and Tax Compu	vised Funds (Section	n 4966). See 1	the instru	ctions.		
(a)	, , , , ,	(b) Name of sponsoring organization) D		
number		donor advised fund				(C) Description of distr	וסווטמו	
1									
2									
3									
4									
(d) Date	e of		(f) Tax impo	osed or	n organization		(a) Tax on fund	d managers (lesser	of 5%
distribu		(e) Amount of distribution		% of co				(e) or \$10,000)	
		er here and on Part I, line 10 er total (or prorated amount) here and in Part II,	column (a) balaw				VECTOR DELACE.		
Part II	Sumi	mary of Tax Liability of Fund Mar	nagers and Pr	orati	on of Pay	ments			
				(b)	tem no from	(C) Ta	ix from Part I, col. (g)	(d) Manager's total (add amounts in	
		(a) Name of fund managers liable for tax		Pa	rt I, col. (a)	or	prorated amount	(see instructi	
			j						
924103 12-04-1	9							Form 4	720 (2019)

OBICI HEALTHCARE FOUNDATION, INC. 51-0249728 SCHEDULE L - Taxes on Prohibited Benefits Distributed From Donor Advised Funds (Section 4967). See the instructions:

Part I	Prohibited Ber	nefits and Tax	Computation			
(a) Item number	(b) Date of prohibited benefit		(c) De	scription of benefit		
1						
2						
3 4						
5						
(1	d) Amount of prohibited	benefit	(e) Tax on donors, donor advise (125% of col. (d)) (see		(f) Tax on fund manage 10% of col. (d) or \$10	rs (if applicable) (lesser of 0,000) (see instructions)
Part II	Summary of Ta	ax Liability of	Donors, Donor Adviso	rs, Related Per	sons, and Proration	of Payments
	(a) Names of donors, don	nor advisors, or related	persons liable for tax	(b) Item no. from Part I, col. (a)	(C) Tax from Part I, col. (e) or prorated amount	(d) Donor's, donor advisor's, or related person's total tax liability (add amounts in col. (c)) (see instructions)
					Ť.	
				1		
Part III	Summary of Ta	ax Liability of	Fund Managers and P	roration of Pay	ments	
	(a) Names o	of fund managers liable	for tax	(b) Item no. from Part I, col. (a)	(C) Tax from Part I, col. (I) or prorated amount	(d) Fund manager's total tax liability (add amounts in col. (c)) (see instructions)
						-
						Form 4700 (2010)

Schedule M - Tax on Hospital Organization for Failure to Meet the Community Health Needs Assessment Requirements (Sections 4959 and 501(4/3)) (See instructions)

				(Sections 4959 and 5	i01(r)(3)). (Si	ee instructior	ıs.)		
Par	t I Failu	res to Meet Section 5	01(r)(3)					-	
(a) Iter numbe		ame of hospital facility	(c) Desc	cription of the failure		(d) Tax year h facility last co a CHN/	nducted	fa	e) Tax year hospital cility last adopted an olementation strategy
1									
2									
3									
4									
- 5									
Par	t II Com	outation of Tax							
1	Number of hospi	tal facilities operated by the hos	pital organization that f	failed to meet the Commu	nity				
I	Health Needs Ass	sessment requirements of section	n 501(r)(3)				🗖		
2	Tax - Enter \$50.0	00 multiplied by line 1 here and	on Part I. line 12					2	
	SCI	HEDULE N - Tax on E	xcess Executive	e Compensation	(Section	4960). (S€	e instr	ruction	s.)
(a) Iter numbe	') Name of covered employee	(c) E	Excess remuneration		(d) Excess payr	parachu nent	ite	(e) Total. Add column (c) and (d)
1									
2									
3									
4									
5									
6	Attachment,	if necessary. See instructions						999	
Tot	al (add column (e) items 1 - 6)							
Tax	. Enter 21% of th	ne amount above here and on Pa	art I, line 13					200	
	SCH	EDULE O - Excise Ta	x on Net Invest	ment Income of I lection 4968)	Private C	olleges a	nd Uni	iversit	ies
		(a) Name	(b) EIN	(c) Gross investment income (See instructions.)	(d) Cap gain net i	oital ex ncome to) Admini penses a income i cols. (c)	llocable included	(f) Net investment income (See instructions.)
	Filing Organization								
	Related Organization								
	Related Organization								
	Related Organization								
5	Total from attach	nment, if necessary							
6	Total								
7	Excise Tax on Ne	et lavestment Income. Enter 1.4	% of the amount in 6/f	here and on Part L line	14				

Form 4720 (OBICI HEALTHCARE FOUNDATION, INC.	51-0249728	Page 10
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements and belief it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of whether the president is true, correct, and complete. Boulds preparer (other than taxpayer) is based on all information of whether the president is true, correct, and complete.	hich preparer has any kr	
	Signature of officer or trustee Title	4	Date
	Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor advisor, or related person		Date
Sign Here	Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor advisor, or related person	1	Date
	Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor advisor, or related person		Date
	Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor advisor, or related person	1	Date
	May the IRS discuss this return with the preparer shown below? (see instructions)		0
Paid Preparer Use Only	Print/Type preparer's name Preparer's signature VIRGINIA R. BELCHER Firm's name Preparer's signature VIRGINIA R. BELCHER Preparer's signature 16.19.2 Check self- employ Self- employ Firm's name Firm's name Preparer's signature 16.19.2 Firm's EIN	P00421	
	Firm's address 4401 DOMINION BLVD Phone no.	(804)747-0	0000

924106 12-04-19

EXTENDED TO FEBRUARY 16, 2021 Form 990-T Exempt Organization Business Income Tax Return OMB No. 1545-0047 (and proxy tax under section 6033(e)) For calendar year 2019 or other tax year beginning $\,\mathrm{APR}\,\,1$, $\,\,2019$, and ending $\,\mathrm{MAR}\,\,31$, $\,\,2020$ ► Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Internal Revenue Service Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). D Employer identification numbe (Employees' trust, see Check box if Name of organization (Check box if name changed and see instructions.) address channed instructions) B Exempt under section OBICI HEALTHCARE FOUNDATION, INC. Print 51-0249728 X = 501(c)(3)E Unrelated business activity code (See instructions.) Number, street, and room or suite no. If a P.O. box, see instructions. Type 408(e)]220(e) 106 W. FINNEY AVENUE 408A [530(a) City or town, state or province, country, and ZIP or foreign postal code 529(a) SUFFOLK, VA 23434 525990 C Book value of all assets F Group exemption number (See instructions.) at end of year 105, 498, 671. G Check organization type ▶ X 501(c) corporation 501(c) trust 401(a) trust Other trust H Enter the number of the organization's unrelated trades or businesses. Describe the only (or first) unrelated trade or business here > INVESTMENT ACTIVITIES If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V. 1 During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? X No If "Yes," enter the name and identifying number of the parent corporation. The books are in care of ▶ ANNETTE C. BEUCHLER Telephone number ► 757-539-8810 Part I Unrelated Trade or Business Income (A) Income (B) Expenses 1a Gross receipts or sales **b** Less returns and allowances c Balance 1c Cost of goods sold (Schedule A, line 7) 2 Gross profit. Subtract line 2 from line 1c 3 4a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b c Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach statement) -664,863. STMT 15 -664,863. 5 Rent income (Schedule C) 6 Unrelated debt-financed income (Schedule E) 7 7 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 Exploited exempt activity income (Schedule I) 10 10 11 Advertising income (Schedule J) 11 Other income (See instructions; attach schedule) 12 12 Total. Combine lines 3 through 12 -664,863. -664,863. Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.) Compensation of officers, directors, and trustees (Schedule K) 14 Salaries and wages 15 15 Repairs and maintenance 16 16 17 17 Interest (attach schedule) (see instructions) 18 18 19 Taxes and licenses 19 Depreciation (attach Form 4562) 20 Less depreciation claimed on Schedule A and elsewhere on return 21a 21 21b 22 22 Contributions to deferred compensation plans 23 23 24 Employee benefit programs 24 Excess exempt expenses (Schedule I) 25 25 Excess readership costs (Schedule J) 26 26 27 Other deductions (attach schedule) 27 Total deductions. Add lines 14 through 27 28 28 29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 -664,863. 29 30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 SEE STATEMENT 16 30 Unrelated business taxable income. Subtract line 30 from line 29 -664.863923701 01-27-20 LHA For Paperwork Reduction Act Notice, see instructions. Form 990-T (2019)

Par	t III	Total Unrelated Business Taxa	ble Income			<u> </u>	0249720 Fage 2
32		of unrelated business taxable income compute		(see instructi	ons)	32	-664,863.
33		nts paid for disallowed fringes					
34	Charit	able contributions (see instructions for limitati	on rules)			34	0.
35		Inrelated business taxable income before pre-2					-664,863.
36		tion for net operating loss arising in tax years					0.
37		f unrelated business taxable income before sp					-664,863.
38	Specif	ic deduction (Generally \$1,000, but see line 38	instructions for excentions)			38	1,000.
39	Unrela	ted business taxable income. Subtract line 3	38 from line 37. If line 38 is greater than li	ne 37		30	1,000.
00			To it of the transfer that it			39	-664,863.
Par		Tax Computation		**************		39	001,003.
40		zations Taxable as Corporations. Multiply lir	ne 39 by 21% (0.21)		xxxxxxxxxxxxxx	40	0.
41	Trusts	Taxable at Trust Rates. See instructions for	tax computation. Income tax on the amou	nt on line 39	from:	-10	
		ax rate schedule or Schedule D (Forr				- 41	
42		tax. See instructions					
43	Alterna	itive minimum tax (trusts only)	***************************************				
44	Tayon	Noncompliant Facility Income. See instructi	ons			44	
45	Total	Add lines 42, 43, and 44 to line 40 or 41, which	hever applies			45	0.
Par	V	Tax and Payments	TOVO applica			43	U •
		n tax credit (corporations attach Form 1118; tr	usts attach Form 1116)	46a			
b			doto dilacii i oriii i i i orii				
C							
d		for prior year minimum tax (attach Form 8801	or 8827)				
e	Total	redits. Add lines 46a through 46d	0. 002.7	400		460	
47						46e	0.
48	Other t	ct line 46e from line 45 axes. Check if from: Form 4255	Form 8611 Form 8607 Form	m 9966	Othor (4/	
49							0 .
50	2010 n	ax. Add lines 47 and 48 (see instructions) et 965 tax liability paid from Form 965-A or Fo	orm 065-B. Part II. column (k) line 2		***************************************	50	0.
		nts: A 2018 overpayment credited to 2019				50	
JIA	2010	etimated tay navments	***************************************	51a		1000	
0	Tay da	stimated tax payments	***************************************	51b 51c			
ا	Foreign	oosited with Form 8868 organizations: Tax paid or withheld at source	(coo instructions)	510			
4	Crodit:	withholding (see instructions) or small employer health insurance premiums	(attach Form 9041)	51e		-	
1	Other	redits, adjustments, and payments:	orm 2420	51f		900	
y		orm 4136	otherTotal	▶ 51a		1.330	
52							
53	Fetima:	ayments. Add lines 51a through 51g ed tax penalty (see instructions). Check if Fori	m 2220 is attached	***********		52	
	Tay du	e. If line 52 is less than the total of lines 49, 50	2 and 52 enter amount award				
54 55		yment. If line 52 is larger than the total of line			***************************************	54	
56		ne amount of line 55 you want: Credited to 20			Refunded	55	
Part		Statements Regarding Certain		ation (see		56	
57		ime during the 2019 calendar year, did the org					Yes No
		inancial account (bank, securities, or other) in	-				163 100
		Form 114, Report of Foreign Bank and Financ					E1871 - 1 - 1
	here	No control of the order of the	Too, onto the hame of the	ic foreign co	uniti y		x
58		the tax year, did the organization receive a dis	tribution from or was it the granter of or	traneferor to	a foreign truet?		$-\frac{x}{x}$
		see instructions for other forms the organizati		transferor to	, a loreign trust:		
		e amount of tax-exempt interest received or a					
		der peralties of perjury, I declare that I have examined		nd statements, a	and to the best of my know	ledge and be	elief, it is true.
Sign	CC	rrect, and complete. Declaration of preparer (other than	taxpayer) is based on all information of which pre	eparer has any k	nowledge		
Here	b	annald Beuch	V WRI ZO PRESI	DEMT		,	discuss this return with
		Signature of officer	Date	D11(1			shown below (see
_		Print/Type preparer's name	Preparer's signature	Date	Check	if PTIN	
Date		Jko brobaror o namo	151 02		self- employed		
Paid		VIRGINIA R. BELCHER	Our R Belel	10-19-2	Sell elliployer		00421964
Prep		Firm's name KEITER, STEPH	ENS BIRST GARY & CI	HREAVE	S, P Firm's EIN		1-1631262
Use	Only	4401 DOMIN		V Li	- t - THIRES CHA		. 1031202
		Firm's address Firm's ALLEN			Phone no.	(804)	747-0000
923711 (11-27-20		2000		T HOUR HO.	, 501	5 990-T (0010)

Schedule A - Cost of Goods	s Sold. Enter	method of inve	ntory v	aluation ▶ N/A					
1 Inventory at beginning of year				Inventory at end of year	ar		6		
2 Purchases				Cost of goods sold, St					
3 Cost of labor				from line 5. Enter here					
4a Additional section 263A costs				line 2		II alecta al GWa Down of Friedrich -	7		
(attach schedule)	4a		8	Do the rules of section	263A (\	vith respect to		Yes	No
b Other costs (attach schedule)	4b			property produced or a	acquired	for resale) apply to			8 -
5 Total. Add lines 1 through 4b	5			the organization?	UNITED SERVICE				
Schedule C - Rent Income (From Real	Property and	d Per	sonal Property L	.ease	d With Real Prop	erty)		
(see instructions)									
1. Description of property									
(1)									
(2)									
(3)									
(4)									_
	2. Rent receiv	ed or accrued							
(a) From personal property (if the perconent for personal property is more 10% but not more than 50%)	centage of than	of rent for	personal	pnal property (if the percentage property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly columns 2(a) ar			1
(1)		Wie re	III IS Das	sa on pront or income)					
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns there and on page 1, Part I, line 6, column	2(a) and 2(b). En				0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (8)			0.
Schedule E - Unrelated Deb			instru	ctions)					
			Τ.			3. Deductions directly con-			
4			2	. Gross income from or allocable to debt-	(2)	to debt-finance Straight line depreciation	-	(b) Other deduction	
1. Description of debt-fin	anced property		1	financed property	Ι (ω)	(attach schedule)		(attach schedule)	S
(1)									
(2)									
(3)									
(4)									
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a debt-fina	adjusted basis illocable to nced property n schedule)	6	. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deducti blumn 6 x total of co 3(a) and 3(b))	
(1)				%			1		
(2)				%					
(3)				%					
(4)			1	%			1		
				70	C.	iter here and on page 1,	En	ter here and on page	0.1
						art I, line 7, column (A)		ter nere and on page art I, line 7, column (
Totals						0			0.
Total dividends-received deductions in						- 2			0.

Form **990-T** (2019)

4				Exempt	Controlled O	ganizati	ions			
F, Ivame o	1. Name of controlled organization	iden	Employer Itification umber	3. Net un (loss) (se	related income e instructions)	4. To pay	tal of specified ments made	5. Part of colum included in the corganization's gro	ontrolling	6. Deductions directly connected with income in column 5
(1)										
(2)										
(3)										
(4)										
Nonexempt C	ontrolled <mark>Organ</mark> i	izations		17/						
7. Taxab	ble Income	8 Net unrelated inc (see instruction		9. Total	of specified paym made	nents	in the controlling	nn 9 that is include ng organization's income		ductions directly connecte n income in column 10
(1)										
(2)										
(3)										
(4)										
Totals						•	Enter here and line 8, c	ns 5 and 10 on page 1, Part I, olumn (A).	Enter h	d columns 6 and 11, nere and on page 1, Part I, line 8, column (B).
Schedule C	G - Investme (see inst	nt Income of a	Section	501(c)(7	"), (9), or (1	7) Org	ganization			
		ription of income			2. Amount of i	ncome	3. Deduction directly connect (attach schedu	ted 4.	Set-asides ch schedule)	5, Total deductions and set-asides (col. 3 plus col. 4)
(1)										
(2)										
(3)										
(4)										
otals				•	Enter here and o Part I, line 9, colu					Enter here and on page Part I, line 9, column (B)
	- Exploited (see instru	Exempt Activity	y Income	e, Other	Than Adv		g Income			
	pription of activity	2. Gross unrelated business income from trade or business	directly of with pro of unr	penses connected oduction	4. Net income from unrelated business (coll	trade or Jmn 2	5. Gross incor	at 0.	Expenses butable to	7. Excess exempt expenses (column
				s income	minus column gain, compute through 7	cols 5	is not unrelate business incon		olumn 5	6 minus column 5, but not more than column 4)
(1)					gain, compute	cols 5				but not more than
					gain, compute	cols 5				but not more than
(2)					gain, compute	cols 5				but not more than
(2) (3)					gain, compute	cols 5				but not more than
(2) (3) (4)		Enter here and on page 1, Part I, line 10, col. (A).	page 1 line 10,	e and on Part I, col. (B).	gain, compute	cols 5				Enter here and on page 1, Part II, line 25,
(2) (3) (4)	► I - Advertisin	page 1, Part I, line 10, col. (A),	page 1 line 10,	e and on , Part I, col. (B).	gain, compute	cols 5				but not more than column 4). Enter here and on page 1,
(2) (3) (4) otals Schedule J	► I - Advertisir come From F	page 1, Part I, line 10, col. (A),	page 1 line 10,	re and on , Part I, col. (B).	gain, compute through 7	cols, 5				Enter here and on page 1, Part II, line 25,
(2) (3) (4) otals Schedule J Part I Inc		page 1, Part I, line 10, col. (A). 0 • ng Income (see	page 1 line 10,	re and on , Part I, col. (B).	gain, compute through 7	3asis ing gain 2 minus n, compute	business incom	on 6. Re		Enter here and on page 1, Part II, line 25,
(2) (3) (4) otals Schedule J Part I Inc	ome From F	page 1, Part I, line 10, col. (A), 0 ang Income (see Periodicals Rep	page 1 line 10,	re and on , Part I, col. (B). 0 . 13. Direct	solidated E 4. Advertis or (loss) (col. ool. 3), If a gai	3asis ing gain 2 minus n, compute	business incom	on 6. Re	adership	Enter here and on page 1, Part II, line 25, 0
(2) (3) (4) otals Schedule J Part I Inc 1. Na	ome From F	page 1, Part I, line 10, col. (A), 0 ang Income (see Periodicals Rep	page 1 line 10,	re and on , Part I, col. (B). 0 . 13. Direct	solidated E 4. Advertis or (loss) (col. ool. 3), If a gai	3asis ing gain 2 minus n, compute	business incom	on 6. Re	adership	Enter here and on page 1, Part II, line 25, 0
(2) (3) (4) otals Schedule J Part I Inc 1. Na (1)	ome From F	page 1, Part I, line 10, col. (A), 0 ang Income (see Periodicals Rep	page 1 line 10,	re and on , Part I, col. (B). 0 . 13. Direct	solidated E 4. Advertis or (loss) (col. ool. 3), If a gai	3asis ing gain 2 minus n, compute	business incom	on 6. Re	adership	Enter here and on page 1, Part II, line 25, 0
(2) (3) (4) otals Schedule J Part I Inc 1. Na (1) (2) (3)	ome From F	page 1, Part I, line 10, col. (A), 0 ang Income (see Periodicals Rep	page 1 line 10,	re and on , Part I, col. (B). 0 . 13. Direct	solidated E 4. Advertis or (loss) (col. ool. 3), If a gai	3asis ing gain 2 minus n, compute	business incom	on 6. Re	adership	Enter here and on page 1, Part II, line 25, 0
(2) (3) (4) otals Schedule J Part I Inc	ome From F	page 1, Part I, line 10, col. (A), 0 ang Income (see Periodicals Rep	page 1 line 10,	re and on , Part I, col. (B). 0 . 13. Direct	solidated E 4. Advertis or (loss) (col. ool. 3), If a gai	3asis ing gain 2 minus n, compute	business incom	on 6. Re	adership	Enter here and on page 1, Part II, line 25, 0

%

Form 990-T (2019) OBICI HEALTHCARE FOUNDATION, INC. 51-02497

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.)

Coldining 2 throught 7 of the	illie by life basis.)							
1. Name of periodical	2. Gross advertising income		Direct ising costs	4. Advertising gain or (loss) (col. 2 minus col. 3), if a gain, compute cols. 5 through 7.	1.4	rculation come	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)								
(2)								
(3)								
(4)								
Totals from Part !	0.		0.					0.
2000	Enter here and on page 1, Part I, line 11, col. (A)	page	ere and on 1, Part I, 1, col. (B).					Enter here and on page 1, Part II, line 26,
Totals, Part II (lines 1-5)	0.		0.					0.
Schedule K - Compensation	of Officers, D	Directo	ors, and	Trustees (see in	struction	ns)		
1. Name				2. Title		 Percent of time devoted to business 		npensation attributable unrelated business
(1)							%	
101								

Form 990-T (2019)

0.

(3) (4)

Total. Enter here and on page 1, Part II, line 14

FORM 990-T	INCOM	E (LOSS) FROM PA	ARTNERSHIPS	STATEMENT 15
DESCRIPTION	4			NET INCOME OR (LOSS)
	 ESOTRS VI - ORDINAR MIDSTREAM CO-INVEST			139,774.
INCOME (LOS				-49,206.
(LOSS)	ENERGY FUND III - O			-177,304.
(LOSS) TAILWATER E VORTUS INVE	ENERGY FUND IV - OR ESTMENTS II - ORDIN	DINARY BUSINESS ARY BUSINESS INC	INCOME (LOSS) COME (LOSS)	-186,661. -147,916. -209,151.
INCOME (LOS	CAPITAL PARTNERS FU SS) SROWTH EQUITY FUND			-10,596.
(LOSS) MERCED PART PARTNERS FO SYNOVA CAPI MERCED PART	TNERS V - ORDINARY I DR GROWTH V - ORDIN TTAL FUND IV - ORDI TNERS IV - ORDINARY	BUSINESS INCOME ARY BUSINESS INC NARY BUSINESS IN BUSINESS INCOME	(LOSS) COME (LOSS) NCOME (LOSS) E (LOSS)	-9,567. 12,092. 9,465. 294. 6,525.
NEXUS SPECI (LOSS)	TAL SITUATIONS II -	ORDINARY BUSINE	ESS INCOME	-42,612.
TOTAL INCLU	JDED ON FORM 990-T,	PAGE 1, LINE 5		-664,863.
FORM 990-T	NET	OPERATING LOSS I	DEDUCTION	STATEMENT 16
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
		 ;		
03/31/19	939,062.	0 .	939,062.	939,062.

FORM 990-T	NET	OPERATING LO	SS DEDUCTION	STATEMENT 17
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
03/31/18	49,830.		0. 49,830.	49,830.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	49,830.	49,830.

Department of the Treasury

Internal Revenue Service

Return of U.S. Persons With Respect to Certain Foreign Partnerships Attach to your tax return. Go to www.irs.gov/Form8865 for instructions and the latest information.

Information furnished for the foreign partnership's tax year

beginning JAN 1 ,2019, and ending DEC 31 , 2019

OMB No. 1545-1668

Attachment Sequence No. 118

Name of person filing this return				Filer's identific	ation number	
				51-02	49728	
OBICI HEALTHCARE FO	OUNDATION, INC.					
Filer's address (if you aren't filing this form wi		A Category of	of filer (see Categories of Fil	ers in the instruction	s and check appli	icable box(es)):
	,	9.5	2	3 X	4	, , , , ,
		B Filer's tax				31,2020
C Filer's share of liabilities; Nonrecourse \$	Qualified nonre				er \$	31,2020
D If filer is a member of a consolidated group				Oth	οι ψ	
Name	y dat not the parent, enter the following in	morniquon abe	- decorate de la constantion d	IN		
Address				.114		
E Check if any excepted specified foreign fina	ancial accets are reported on this form. S	oo inetruetions				
F Information about certain other partners (s		oo manuuunon				
1 morniagon about garanti otrioi paratora (o	ou mod donona)				4) Check applicab	le hoy(es)
(1) Name	(2) Address		(3) Identification numl		T T	Constructive owner
*				Category	1 Gatogory 2	CONSTRUCTIVE OWNER
G1 Name and address of foreign partnership				2(a) EII	V (if any)	
OLD WELL EMERGING MAF	CAN'T CIMIL SAES				8-13871	50
ODD WILL EMERGING THE	MHIO TOND HID				ference ID nun	
27 HOSPITAL ROAD				[2(8)	ioronoo ib iian	11001
GEORGE TOWN, CAYMAN I	SI.ANDS KV1-9008			3 Count	ry under whose	e laws organized
one in the second	EBIZINDS RIT 3000			Control Control	AN ISLA	
4 Date of Principal place 5 of business	6 Principal business 7	Principal bus	iness	Lungtional		nge rate structions)
10/01/2017 CAYMAN ISLA	ANDS 523900 I	NVESTM		currency		tructions)
H Provide the following information for the fo		N V DO I II.	DIVID OD		1	000000
1 Name, address, and identification number of		2 Chock if th	e foreign partnership r	auet file:		<u>`</u>
i warro, address, and identification flambor of	or agent (if any) in the office offices				X Form 1065	:
			nter where Form 1065		EE TOTHI 1000	J
		OCIVICE OF	inter where routh 1000	is fileu.		
3 Name and address of foreign partnership's	agent in country of organization, if any	/ Name and a	dress of person(s) with cus and the location of such bo	tody of the books a	nd records of the	foreign
• Hamo and addition of foreign partitionary s	agont in country of organization, if any	a partnership,	and the location of such bo	oks and records, if o	different	
5 During the tax year, did the foreign partner	ership pay or accrue any interest or royal	Ity for which th	ne deduction is not			
allowed under section 267A? See instruc		*			Yes	X No
If "Yes," enter the total amount of the disa		****************	***************************************	*********	¢ 103	11 110
6 Is the partnership a section 721(c) partner	ership, as defined in Temporary Regulation	ons section 1.7	721(c)-1T(h)(14\2	*************	Yes	X No
7 Were any special allocations made by the	foreign portporabin?		., , , , , , , , , , , , , , , , , , ,		X Yes	No No
8 Enter the number of Forms 8858, Informa			isregarded Entities	*************	103	NO
(FDEs) and Foreign Branches (FBs), attac						
9 How is this partnership classified under the					PARTNER	SHTP
10 a Does the filer have an interest in the foreign						MALE TO THE STATE OF THE STATE
separate unit under Reg. 1.1503(d)-1(b)(-						
		_	. , . , . , . ,		Yes	X No
b If "Yes," does the separate unit or combine	ed congrate unit have a dual concolidator	d loce as defin	nod in		169	A NO
	-			▶.		N-
Reg. 1.1503(d)-1(b)(5)(ii)? 11 Does this partnership meet both of the fo	llowing requirements?				Yes	No
The partnership's total receipts for the	• 1					
 The partnership's total receipts for the The value of the partnership's total ass 		an ¢1 million	}			
If "Yes," don't complete Schedules L, M-1,	-	ιαπ φτιπιπυπ.	1.04.01.000.000.000.000.00		Yes	No No
		ations.	, , , , , , , , , , , , , , , , , , , ,			000E (0040)
LHA For Privacy Act and Paperwork Reduct	tion Act Notice, see the separate instru	นเเบกร์,			r c	orm 8865 (2019)

Form 88	365 (2019	9)	ORICI HEVP	THEARE	FOU	NDATION, INC	•			5	1 - 02	49	28	Page 2
12 a	Is the fil	ler of	this Form 8865 claimin	ng a foreign-do	erived int	angible income deduction (under section 25	0) with resp	pect to					
			listed on Schedule N?								▶ □	Yes	X	No
b	If "Yes,"	enter	the amount of gross in	ncome derived	l from sa	es, leases, exchanges, or o	ther dispositions	(but not lic	censes)					
				eign partnersh	ip that th	e filer included in its comp	utation of foreign	-derived de	duction					
						*************************			000000000000000000000000000000000000000		_			
C					l from a l	cense of property to or by	the foreign partne	ership that	the					
			in its computation of Fl	305,500 8 700 9		*****************************	M6777873079070000	000000000000000000000000000000000000000	(************	1822X	_			
d						vices provided to or by the	- '							
			computation of FDDEI							2222	_			
13						(c)(8) as a result of transfe								
						ership					· 1			
14				_	between	the partnership and its par	tners subject to t	he disclosu	re				-	
			of Regulations section			**********************				0000		Yes	X	No
15 a						ear period between the part								
						-6? If "Yes," attach a staten							77	¬
						tax treatment. See instruct						Yes	X	No
						bject to a liability where su								
	-					ip? If "Yes," attach a staten	w 91 w 9	2000		1,		V	v	T.,
Sign Here						aken by the partnership, ar turn, including accompanying so				knowle	dge and b	Yes elief, it i		No
if You're F This Form	iling cor					al partner or limited liability com								
Separately	and										1.3			
Not With Y Tax Return		Sic	gnature of general partner or	r limited liability	company h	nember						<u></u>	ate	
			preparer's name		_	er's signature		Date	Chec		T., PTI			
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Only			idress ►4401 DO ALLEN, VA						Phone n				000	0
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Sched Sched Name of part	dule A-	11 2	ALLEN, VA Constructive Or box b, enter the interest you cons a Owns a dir Name Certain Partner Name Foreign Partner Addr ve any other foreign per Affiliation Scheoo	23060 wnership of name, add structively rect interest s of Foreigness erson as a direct dule. List a	of Partidress, a own. S on 721	nership Interest. Cl nd U.S. taxpayer ider ee instructions. b Address nership (see instructions) Address c) Partnership (see instructions) Country of organization (if any) er? nerships (foreign or do	owns a continuous) instructions) U.S. taxpay identification or (if any)	es that appropriate tha	Phone not poply to the pople of	o. (8)	o4)7 r. If you son(s) where (if any) number (if any) Yes rship o	47-u che whose any)	Ck Check if foreign person ge interes Pr	Check if direct partner Check if foreign person st offits % % No
Sched Sched Name of part	dule A-	11 2	ALLEN, VA Constructive Or box b, enter the interest you cons a Owns a dir Name Certain Partners Name Foreign Partner Addr ve any other foreign per Affiliation Scheel a direct interest of	23060 wnership of name, add structively rect interest s of Foreigness erson as a direct dule. List a	of Partidress, a own. S on 721	nership Interest. Clark Ind U.S. taxpayer ider ee instructions. b Address nership (see instructions) Address c) Partnership (see Country of organization (if any) er? nerships (foreign or do a 10% interest.	owns a continuous) instructions) U.S. taxpay identification or (if any)	es that appropriate tha	Phone not poply to the pople of	o. (8)	o4)7 r. If you son(s) where (if any) number (if any) Yes rship o	47-u che whose any) ercenta % wwns	Ck Check if foreign person ge interes Pr	Check if direct partner Check if foreign person st offits

Form 8865 (2019)

SCHEDULE O (Form 8865)

Transfer of Property to a Foreign Partnership (Under Section 6038B)

(Rev. December 2018)
Department of the Treasury

Attach to Form 8865. See the Instructions for Form 8865.

► Go to www.irs.gov/Form8865 for instructions and the latest information.

OMB No. 1545-1668

Name of transfero	or									Filer's identi	fying numbe	r
	OBICI									51-0	249728	
Name of foreign p	oartnership OL	D WEL	L EME	RGING	MAR	KETS	FUND	LT	EIN (if any) 98-138		Reference I	D number (see instr
b If "Yes," wa	nership a section 73 is the gain deferral stangible property t	method ap	olied to avoi	d the recogni	tion of	gain upon 1	the contrib	oution of	1T(b)(14))? Soproperty?			Yes X No Yes No
	ifter, a platform co											Yes X No
Part I T	ransfers Reportabl	e Under Se	ction 6038	3								
Type of property	(a) Date of transfer	(b) Description of properly		(c) arket value of transfer		(d) Cost or othe basis	M.		(e) ry period	(f) Section 704 allocation me		(g) Gain recognized on transfer
Cash	12/31/19		1,800	,000.		78.50		1 g 11	2	y 1		
Stock, notes receivable and payable, and other securities												
Inventory												
Tangible property used in trade or business												
Intangible property described in section 197(f)(9) Intangible												
property, other than intangible property described in section 197(n)(9)												
Other property												
Totals			1,80	0,000.			-		diseas, Hije			
	ansferor's percenta rrmation Required		in the partn	ership: (a) Be		e transfer	.0	000	%	(b) After	the transfer	1.2047 %
Part-II Dis	spositions Reporta	ble Under	Section 603	18B								
(a) Type of property	(b) Date of original transfer		(c) ate of position	(d) Manner of disposition		(e) Gain recognize partners	ed by	rec rec	(f) preciation capture cognized artnership	(g) Gain alloca to partne		(h) Depreciation recapture allocated to partner
Part III Is i	any transfer reporte	ed on this s	chedule su t	oject to gain r	ecognit	tion under s	section 90	4(f)(3) or	r section 904(f)(5)(F)?		Yes X No
HA For Panerw	ork Reduction Act	Notice see	the Instruc	tions for For	m 886	5				9	chedule O (orm 8865) 12-2018

910661 04-01-19

Department of the Treasury

Internal Revenue Service

Return of U.S. Persons With Respect to Certain Foreign Partnerships

Attach to your tax return. ► Go to www.irs.gov/Form8865 for instructions and the latest information.

Information furnished for the foreign partnership's tax year

beginning JAN 1 ,2019, and ending DEC 31 . 2019 OMB No. 1545-1668

Attachment Sequence No. 118

Name of person filing this return Filer's identification number 51-0249728 OBICI HEALTHCARE FOUNDATION, Filer's address (if you aren't filing this form with your tax return) Category of filer (see Categories of Filers in the instructions and check applicable box(es)): 3 X APR 1 2019 and ending MAR 31 2020 beginning Qualified nonrecourse financing \$ C Filer's share of liabilities: Nonrecourse \$ Other \$ D If filer is a member of a consolidated group but not the parent, enter the following information about the parent; Name EIN Check if any excepted specified foreign financial assets are reported on this form. See instructions Information about certain other partners (see instructions) (4) Check applicable box(es) (1) Name (2) Address (3) Identification numbe Category 2 Constructive owner 2(a) EIN (if any) G1 Name and address of foreign partnership H CAPITAL V, LP 98-1453278 2(b) Reference ID number CRICKET SQUARE, PO BOX 268 GRAND CAYMAN CAYMAN ISLANDS KY1-1004 3 Country under whose laws organized CAYMAN ISLANDS 4 Date of organization 5 Principal place of business 6 Principal business activity code number 7 Principal business Exchange rate (see instructions) 8a Functiona currency 11/02/2018 CAYMAN ISLANDS 523900 INVESTMENTS USD 1.000000 H Provide the following information for the foreign partnership's tax year: 1 Name, address, and identification number of agent (if any) in the United States 2 Check if the foreign partnership must file: Form 8804 Form 1042 Form 1065 Service Center where Form 1065 is filed: A Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different 3 Name and address of foreign partnership's agent in country of organization, if any H CAPITAL MGMT CO LTD CRICKET SQUARE, PO BOX 268 GRAND CAYMAN CAYMAN ISLANDS KY1-110 5 During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions X No If "Yes," enter the total amount of the disallowed deductions X No 6 Is the partnership a section 721(c) partnership, as defined in Temporary Regulations section 1.721(c)-1T(b)(14)? X No 7 Were any special allocations made by the foreign partnership? 8 Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions 9 How is this partnership classified under the law of the country in which it's organized?

LTD PARTNERSHIP 10 a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Reg. 1.1503(d)-1(b)(4) or part of a combined separate unit under Reg. 1.1503(d)-1(b)(4)(ii)? If "No," X No b If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Reg. 1.1503(d)-1(b)(5)(ii)? 11 Does this partnership meet both of the following requirements? 1. The partnership's total receipts for the tax year were less than \$250,000. 2. The value of the partnership's total assets at the end of the tax year was less than \$1 million. If "Yes," don't complete Schedules L, M-1, and M-2. LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form 8865 (2019)

Form 886	65 (2019)	OBICI HEALTHCARE	FOU	NDATION, INC	•			51-0249	728	Page 2
12 a	Is the filer o	f this Form 8865 claiming a foreign-d	erived int	angible income deduction (u	under section 2	50) with r	espect to			
	-							Yes		X No
		er the amount of gross income derive			-	,	,			
		ctions with or by the foreign partnersl	nip that th	ne filer included in its compu	itation of foreig	ın-derived	deduction			
	eligible inco							•		
		er the amount of gross income derive	d from a	icense of property to or by t	he foreign part	nership th	nat the			
		r the amount of gross income derived ts computation of FDDEI								
		mber of foreign partners subject to se		M(c)(8) as a result of transfe				-		
		hip or of receiving a distribution from								
14	At any time	during the tax year were any transfers	betweer	the partnership and its part	ners subject to	the discle	escendente de la constante de			
		f D - ti ti 4 707 00		(12.24)				Yes	. 7	X No
15 a	Were there a	any transfers of property or money wi								
	that would re	equire disclosure under Regs. 1.703-	3 or 1.70	7-6? If "Yes," attach a statem	ent identifying	the trans	fers, the			
	amount or v	alue of each transfer, and an explanat	ion of the	tax treatment. See instructi	ons for excepti	ons		Yes		X No
b	Did the partr	nership assume a liability or receive p	roperty s	ubject to a liability where su	ch liability was	incurred l	by a partner withi	п		
		od of transferring the property to the	'	'	, ,	. F F				
		or value of each transfer, the debt ass						▶ Yes		X No
Sign Here (if You're Fil		enalties of perjury, I declare that I have exam and complete, Declaration of preparer (other								
This Form Separately	and k							Î Ko		
Not With Yourn		signature of general partner or limited liability		n amb ar				 		
		pe preparer's name		rer's signature		Date	To f	PTIN	Date	
Paid	VIRG	GINIA R. BELCHER					Check L self-emp	loyed P00	4219	164
Prepai Use	Firm's		ENS.	HURST GARY &	SHREAV	ES.P	C Firm's EIN I			
Only	Firm's	address >4401 DOMINIO						804)747		
Olliy	GLEN	ALLEN, VA 23060						,	7.75.0	2070
Sched	ule A	Constructive Ownership	of Part	nership Interest. Ch	neck the box	ces that	apply to the f	filer. If you ch	ieck	
		box b , enter the name, add			itification nu	ımber (i	f any) of the p	erson(s) who	se	
		interest you constructively	own. S	ee instructions.						
		a X Owns a direct interest		b [Owns a o	constructi	ve interest			
		Name		Address			Identification nu	umber (if anv)	Check if foreign	Check if direct
	DIMAI	MOVE GO LED	an To	TITE COLLABOR	DO DO!!	0.60			person	partner
H CAI	PITAL	MGMT CO LTD	GRAN		PO BOX		99-9999	999	X	X
Sched	ule A-1	Certain Partners of Forei				IAND				
Conca	uic A i	Oct tain 1 the 13 of 1 of en	Jiii aii	ileranip (see matruc	tions)					Check if
		Name		Address			Identificat	ion number (if any)		foreign
										person
			7							
Sched	ule A-2	Foreign Partners of Secti	on 721	(c) Partnership (see	instructions	5)				-
Name of	foreign	Address		Country of organization	U.S. taxp		Check if related	to Percer	ntage intere	est
partr	ner	Address		(if any)	identification (if any		U.S. transferor	Capital	F	Profits
									%	%
									%	%
		nave <mark>any other foreign person as a di</mark> r						Yes		No
Sched	ule A-3	Affiliation Schedule. List			mestic) in w	hich th	e foreign part	nership own	3	
		a direct interest or indirectl	y owns	a 10% interest.		- 1				lov
		Name		Address			EIN (if any)		rdinary or loss	Check if foreign partner- ship
י אר	יאתד כ	MCMM CO IMP	CDTC	VEM COLLEGE S	DO DOT	200	·		JI 1088	ship
H CAE	TIAL	MGMT CO LTD		KET SQUARE,			YEATTEDE(OK		
			RYYY	D CAYMAN CAYI	TOT MAIN	חואדאו				05 (0040)
									rorm 88	65 (2019)

SCHEDULE O (Form 8865)

Transfer of Property to a Foreign Partnership (Under Section 6038B)

(Rev. December 2018)

Department of the Treasury
Internal Revenue Service

► Attach to Form 8865. See the Instructions for Form 8865.

► Go to www.irs.gov/Form8865 for instructions and the latest information.

OMB No. 1545-1668

Name of transfero								Filer's identi			
					ATION, INC.				24972		
Name of foreign p	artnership H	CAPIT	AL V,	LP			EIN (if any) 98-145		Reference	e ID num	iber (see instr)
b If "Yes," wa2 Was any in	s the gain deferral tangible property t	method app ransferred o	olied to avoi considered o	d the recogni or anticipated	porary Regulations sectition of gain upon the core to be, at the time of the section 1.482-7(c)(1)?	ntribution of transfer or at	1T(b)(14))? S property?	ee instructions		Yes Yes	X No No
	ransfers Reportabl				oction in top respect		IDOURNAL DATE OF				121 110
Type of property	(a) Date of transfer	(b) Description of property	Fair ma	(c) rket value of transfer	(d) Cost or other basis		ry period	(f) Section 704 allocation me			(g) recognized transfer
Cash	12/31/19		170	,400.	The state of the s	To live to	V - V - 7				
Stock, notes receivable and payable, and other securities											
Inventory											
Tangible property used in trade or business											
Intangible property described in section 197(f)(9) Intangible property, other than intangible property described in section 197(f)(9)											
Other property											
Totals			170	0,400.							
	ansferor's percenta	ge interest			fore the transfer		%	(b) After t	the transfe	<u></u>	%
	rmation Required										
Part II Dis	spositions Reporta	ble Under S	Section 603	8B							
(a) Type of property	(b) Date of original transfer		(c) ate of position	(d) Manner of disposition	(e) Gain recognized by partnership	rec	(f) oreciation capture cognized artnership	(g) Gain alloca to partne		recaptu	(h) reciation re allocated partner
Part III Is i	any transfer reserv	ad on this s	chadula out	igat to gain :	appointion under eactive	004/6/20	anation 004/	EVEVE VO		V	▼
	ork Reduction Act				ecognition under section m 8865	1 904(1)(3) 01	section 904(chedule (Yes	X No

Form **8865**

Department of the Treasury

Internal Revenue Service

Return of U.S. Persons With Respect to Certain Foreign Partnerships

Attach to your tax return.

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Information furnished for the foreign partnership's tax year

beginning JAN 1 , 2019, and ending DEC 31 , 2019

2019

OMB No. 1545-1668

Attachment Sequence No. 118

Name of person filing this return Filer's identification number 51-0249728 OBICI HEALTHCARE FOUNDATION, INC. Filer's address (if you aren't filing this form with your tax return) Category of filer (see Categories of Filers in the instructions and check applicable box(es)) 3 X Filor's tax beginning APR 1 2019 and ending MAR 31 2020 C Filer's share of liabilities: Nonrecourse \$ Qualified nonrecourse financing \$ Other \$ D If filer is a member of a consolidated group but not the parent, enter the following information about the parent; Name EIN Check if any excepted specified foreign financial assets are reported on this form. See instructions Information about certain other partners (see instructions) (4) Check applicable box(es) (1) Name (2) Address Category 1 Category 2 Constructive owner 2(a) EIN (if any) G1 Name and address of foreign partnership D1 CAPITAL PARTNERS OFFSHORE LP 2(b) Reference ID number 7-11 SIR JOHN ROGERSON'S QUAY D1CAPOFFSHORE DUBLIN 2, IRELAND 3 Country under whose laws organized IRELAND 4 Date of organization 5 Principal place of business 6 Principal business activity code number 7 Principal business activity 8b Exchange rate (see instructions) 8a Functions INVESTMENTS IRELAND 523900 H Provide the following information for the foreign partnership's tax year: 1 Name, address, and identification number of agent (if any) in the United States 2 Check if the foreign partnership must file: Form 8804 Form 1042 Form 1065 Service Center where Form 1065 is filed: 4 Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different 3 Name and address of foreign partnership's agent in country of organization, if any D1 CAPITAL PARTNERS OFFSHORE FUND LTD 7-11 SIR JOHN ROGERSON'S QUAY DUBLIN, DUBLIN 2 IRELAND 5 During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions No If "Yes," enter the total amount of the disallowed deductions 6 Is the partnership a section 721(c) partnership, as defined in Temporary Regulations section 1.721(c)-1T(b)(14)? No Were any special allocations made by the foreign partnership? Nο 8 Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions 9 How is this partnership classified under the law of the country in which it's organized? 10 a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Reg. 1.1503(d)-1(b)(4) or part of a combined separate unit under Reg. 1.1503(d)-1(b)(4)(ij)? If "No," No b If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Reg. 1.1503(d)-1(b)(5)(ii)? 11 Does this partnership meet both of the following requirements? 1. The partnership's total receipts for the tax year were less than \$250,000. 2. The value of the partnership's total assets at the end of the tax year was less than \$1 million. If "Yes," don't complete Schedules L, M-1, and M-2.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 8865 (2019)

Form 88	365 (2019	3) (OBICI HEALTHCAR	E FOU	NDATION, INC	•			5	1 - 0.2	2497	28	Page 2
12 a	Is the fi	ler of t	his Form 8865 claiming a foreign-	derived int	angible income deduction (u	under section 2	250) with re	espect to					
	апу ат	ounts I	isted on Schedule N?								Yes		No
b	If "Yes,"	site titler of this Form 8885 caiming a foreign-derived intangible income deduction (under section 250) with respect to my amounts listed on Schedule 87 "Yes," enter the amount of gross income derived from sales, leases, exchanges, or other dispositions (but not licenses) rorn transactions with or by the foreign partnership that the filter included in its computation of FDDE1 "Yes," enter the amount of gross income derived from a license of property to or by the foreign partnership that the filter included in its computation of FDDE1 "Yes," enter the amount of gross income derived from a license of property to or by the foreign partnership that the filter included in its computation of FDDE1 "Yes," enter the amount of gross income derived from a license of property to or by the foreign partnership that the filter included in its computation of FDDE1 "Yes," enter the amount of gross income derived from a license of property to or by the foreign partnership that the filter included in its computation of FDDE1 "Yes," enter the amount of gross income derived from a license of property or by the foreign partnership that the filter included in its computation of FDDE1 "Yes," enter the amount of gross income derived from a license of property or the foreign partnership that the filter included in its computation of foreign partnership and a partnership and any of its partners											
	from tra	ınsacti	ons with or by the foreign partner	ship that th	ne filer included in its compu	ıtation of forei	gn-derived	deduction					
	eligible	income	e (FDDEI)			0.0000000000000000000000000000000000000				> <u></u>			
C	If "Yes,"	enter t	the amount of gross income deriv	ed from a l	icense of property to or by t	he foreign par	tnership th	at the					
	filer inc	uded i	n its computation of FDDEI							,			
d	If "Yes,"	enter t											
	included	d in its	computation of FDDEI		***************************************								
13	Enter th	e numl											
	the part	nership	or of receiving a distribution from	n the partr	nership	eweenween in the							
14	At any t	ime du	ring the tax year were any transfe	s between	the partnership and its part	ners subject to	the disclo	sure					
											Yes		No
15 a	Were th	ere any											
	that wou	ıld req	uire disclosure under Regs. 1.703	-3 or 1.70	7-6? If "Yes," attach a statem	ent identifying	the transf	ers, the					
										I	Yes		No
b													
								-			Yes		No
Sign Here	Only Un	der pen	alties of perjury, I declare that I have exa	mined this re	turn, including accompanying sch	nedules and state	ements, and t	o the best of r	ny knowl				
if You're F This Form		rect, an	d complete, Declaration of preparer (oth	er than gener	al partner or limited liability comp	any member) is t	oased on all i	ntormation of	which pre	eparer has	any kno	wledge	
Separatel Not With													
Tax Retur		Sign	nature of general partner or limited liabili	y company r	nember						D	ate	
Paid	Prir	ıt/Туре į	preparer's name	Prepa	rer's signature		Date	Ch	eck	P1	IN		
Prepa	var VI	RGI	NIA R. BELCHER							ed J	2004	219	64
Use	11 C1 -		575	HENS.	HURST GARY &	SHREAT	JES.PO	C Firm's	FIN 🏲				
Only	Fir	m's ad											
Only									110. (0	-,			
Sche	dule A				nership Interest. Ch	eck the bo	xes that	apply to	the file	r. If yo	u che	ck	
			box b, enter the name, ac	ldress, a	ınd U.S. taxpayer iden	tification nu	umber (if	any) of th	ne per	son(s)	whose	Э	
					· ·		,			. ,			
					ere F	Owns a	constructiv	e interest					
							1						
			Name		Address			Identifica	tion numl	per (if any	, I		
Sched	dule A-	1	Certain Partners of Fore	ign Part	nership (see instruc	tions)							
				Ī									Check if
			Name		Address			Ider	tification	number (if any)		
-				_									parosin
7.													
Sched	dule A-	2	Foreign Partners of Sect	ion 721	(c) Partnership (see	instruction	s)						
Name o	f foreign				Country of	U.S. tax	payer	Check if r	elated to		Percenta	ge interes	t
	tner		Address							Car	oital	Pr	ofits
					, , ,		.,		7		0/,		0/2
									1				
Does the	partners	hip hav	/e any other foreign nerson as a d	rect partn	er?					Var			10000
	dule A-					mestic) in v	which the	e foreian	partne				110
		_						- Torongir	P 41 (1 1 C	oi iip	S 171 IO		
				Í			T	Eis.		T	Tetel		Check if
			Name	1	Address			EIN (if any			Total ord ncome o		foreign partner-
													ship
				1						-			1
													0.10

910652 01-15-20

Form 8865 (2019)

SCHEDULE 0 (Form 8865)

Transfer of Property to a Foreign Partnership (Under Section 6038B)

(Rev. December 2018)

Attach to Form 8865. See the Instructions for Form 8865

OMB No. 1545-1668

Department of the Tr Internal Revenue Ser	easury vice	▶ Go			8865 for instruction			nation.			
Name of transfer	or							Filer's identi	fying num	ber	
	OBICI	HEALT	HCARE	FOUND	ATION, INC	•		51-0	24972		
Name of foreign p	partnership D1	CAPI	TAL F	PARTNER	S OFFSHORE	LP	EIN (if any)			e ID numbe OFFSH	r (see instr
1a Is the parti	nership a section 7	21(c) partne	ership (as d	defined in Temr	orary Regulations sec	 etion 1 721(c)	-1T(b)(14))2 S			Yes	No
					ion of gain upon the c			****************		Yes	No
					to be, at the time of th			***************	**1>****		
time therea	after, a platform co	ntribution a	s defined ir	n Regulations s	ection 1.482-7(c)(1)?			(****************		Yes	No
	ransfers Reportabl										
Type of property	(a) Date of transfer	(b) Description of property		(c) arket value e of transfer	(d) Cost or other basis	Recov	(e) ery period	(f) Section 704 allocation me		(g Gain rec on tra	ognized
Cash	10/21/19		1,000	,000.		11 2 8 8 7	15 11 5 1				
Stock, notes receivable and payable, and other securities											
Inventory											
Tangible											
property											
used in trade or business											
Intangible property											
described in											
section											
197(f)(9) Intangible											
property, other											
than intangible property											
described in section 197(f)(9)											
section ray(i)(a)											
Other											
property											
Totals		2.0	1,00	0,000.		fiv'i 'sur	Lection of	11 11 11	s Ém i		
	ansferor's percenta ormation Required				ore the transfer		%	(b) After	the transfe	r	%
Part II Di	spositions Reporta	ble Under	Section 60	38B							
(a) Type of property	(b) Date of original transfer		(c) ate of position	(d) Manner of disposition	(e) Gain recognized by partnership	r re	(f) epreciation ecapture ecognized partnership	(g) Gain alloca to partne		(h Deprec recapture : to par	iation allocated
		_									
Part III			-6-4-1	Min at 1		004(0/0)		0.453.4530		1	(T)
Part III Is	any transfer report	eu on this s	cneaule su	nject to gain re	cognition under section	on 904(1)(3) (or section 904(1)(5)(F)?		Yes	X No

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 8865.

Schedule O (Form 8865) 12-2018

(Rev. November 2018) Department of the Treasury Internal Revenue Service

Return by a U.S. Transferor of Property to a Foreign Corporation • Go to www.irs.gov/Form926 for instructions and the latest information.

Attach to	VOUR INCOMO	tax return for the	no waar of the	transfer or	dictribution
Attach to	your miconne	tax return for th	ie year or the	u ansiei oi	uisuibuuon

OMB No., 1545-0026

Attachment Sequence No. 128

Name of transferor OBICI HEALTHCARE FOUNDATION, INC.		Identifying numbe	r (see instructions
 1 Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corpor 2 If the transferor was a corporation, complete questions 2a through 2d. a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368 five or fewer domestic corporations? b Did the transferor remain in existence after the transfer? If not, list the controlling shareholder(s) and their identifying number(s). 	(c)) by	Yes	X No X No
Controlling shareholder	Ide	ntifying 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	on
 d Have basis adjustments under section 367(a)(4) been made? 3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as complete questions 3a through 3d. a List the name and EIN of the transferor's partnership. 	such under sectic	Yes	X No
Name of partnership	EIN	l of partnership	
VY CAPITAL HOLDINGS LTD b Did the partner pick up its pro rata share of gain on the transfer of partnership assets?	98-11915		X No
c Is the partner disposing of its entire interest in the partnership? d Is the partner disposing of an interest in a limited partnership that is regularly traded on an establis securities market? Part II Transferee Foreign Corporation Information (see instructions)	shed		X No
4 Name of transferee (foreign corporation) UPGRADE INC.	5а І	dentifying numbe	er, if any
6 Address (including country) C/O VY CAPITAL HOLDINGS LTD, TRIDENT CHAMBERS, POB 1 ROAD TOWN, TORTOLA VG1110 BRITISH VIRGIN ISLANDS 7 Country code of country of incorporation or organization VI	46	Reference ID numb	
8 Foreign law characterization (see instructions) CORPORATION			
9 Is the transferee foreign corporation a controlled foreign corporation?			X No

Part III Information		fer of Property (see		ions)		Page 2
Section A - Cash	Triogarding Trans	ior or rioperty (acc	motract	10/13/		
Type of property	(a) Date of transfer	(b) Description of property		(c) narket value on te of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	01/29/2020			140,000.		
10 Was cash the only pr If "Yes," skip the rem Section B - Other Pro	nainder of Part III and go	!!"				X Yes No
Type of property	(a) Date of transfer	(b) Description of property	Fair n	(c) narket value on te of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities						
Inventory						
Other property (not listed under another category)						
Property with built-in loss						
Totals						
(including a branch the If "Yes," continue to I continue to I mediately after the transferee foreign cor If "Yes," continue to I do Enter the transferred I Did the transferor trans If "No," skip Section (b. domestic corporation the nat is a foreign disregardine 12c. If "No," skip lin transfer, was the dome poration? ine 12d. If "No," skip lin loss amount included in a fer property described and questions 14a the	eat transferred substantially ded entity) to a specified 10 es 12c and 12d, and go to stic corporation a U.S. share 12d, and go to line 13. It gross income as required this section 367(d)(4)?	y all of the 0%-owned line 13. areholder v	assets of a foreign I foreign corporation with respect to the	oranch ?	Yes No Yes No Yes No Yes No
Section C - Intangible	e Property Subjec	t to Section 367(d)	_		Ti .	7
Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described n sec. 367(d)(4)						
otals					F	Form 926 (Rev. 11-2018)

Forr	n 926 (Rev. 11-2018) OBICI HEALTHCARE FOUNDATION, INC.		Page 3
14 a	Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years? At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?	Yes Yes Yes	No No No
Sup	oplemental Part III Information Required To Be Reported (see instructions)		
_			
_			
_			
_			
_			
_			
_			
_			
Pa	rt IV Additional Information Regarding Transfer of Property (see instructions)		
	g s s s s s s s s s s s s s s s s s s s		
16	Enter the transferor's interest in the transferee foreign corporation before and after the transfer		
	(a) Before % (b) After %		
17	Type of nonrecognition transaction (see instructions) ► IRC SECTION 351		
18	Indicate whether any transfer reported in Part III is subject to any of the following.		
а	Gain recognition under section 904(f)(3)	Yes	X No
b	Gain recognition under section 904(f)(5)(F)	Yes	X No
С	Recapture under section 1503(d)	Yes	X No
d	Exchange gain under section 987	Yes	X No
19	Did this transfer result from a change in entity classification?	Yes	X No
20 a	Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)	Yes	X No
	If "Yes," complete lines 20b and 20c.		
b	Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b)	\$	
С	Did the domestic corporation not recognize gain or loss on the distribution of property because the		
	property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?	Yes	No
21	Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation		
	covered by section 367(e)(1)? See instructions	Yes	X No
		Form 926 (F	Rev. 11-2018)

Form 926 (Rev., November 2018) Department of the Treasury Internal Revenue Service

Return by a U.S. Transferor of Property to a Foreign Corporation • Go to www.irs.gov/Form926 for instructions and the latest information.

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

Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Attachment Sequence No. 128

Name of transferor OBICI HEALTHCARE FOUNDATION, INC.	Identifying number (see instructions)
	51-0249728
 1 Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation? 2 If the transferor was a corporation, complete questions 2a through 2d. 	Yes X No
a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations?	Yes X No
b Did the transferor remain in existence after the transfer?	
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 corpor If not, list the name and employer identification number (EIN) of the parent corporation.	ation? Yes No
Name of parent corporation	EIN of parent corporation
d Have basis adjustments under section 367(a)(4) been made?	Yes X No
If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such u	
complete questions 3a through 3d,	11407 33011011 3077,
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? Part II Transferee Foreign Corporation Information (see instructions)	Yes No
Name of transferee (foreign corporation)	5a Identifying number, if any
THE WINDACRE PARTNERSHIP INTERNATIONAL FUND LTD	oa identifying number, if any
Address (including country) RICKET SQUARE	5b Reference ID number
EORGE TOWN, GRAND CAYMAN KY1-1104 CAYMAN ISLANDS	WINDACRE
Country code of country of incorporation or organization CJ	WINDACKE
Foreign law characterization (see instructions) CORPORATION	
Is the transferee foreign corporation a controlled foreign corporation?	Yes X No
1531 04-01-19 LHA For Paperwork Reduction Act Notice, see separate instructions.	Form 926 (Rev. 11-2018)

	m 926 (Rev. 11-2018) OBICI HEALTHCARE FOUNDATION, INC.	51-0249728	Page 3
b	Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years? At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?	Yes Yes	No No No No
Sup	pplemental Part III Information Required To Be Reported (see instructions)		
_			
_			
_			
	ext IV Additional Information Degarding Transfer of Dranarty (against winting)		
Pa	art IV Additional Information Regarding Transfer of Property (see instructions)		
16 17	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before		
16 17 18	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before % (b) After % Type of nonrecognition transaction (see instructions) > IRC SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following.		V
16 17 18 a	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before		X No
16 17 18 a b	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before	Yes	X No
16 17 18 a b	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before	Yes	X No
16 17 18 a b c	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before	Yes Yes Yes	X No X No X No
16 17 18 a b c d	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before	Yes Yes Yes Yes	X No
16 17 18 a b c d	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before	Yes Yes Yes Yes	X No X No X No X No
16 17 18 a b c d 19 20 a	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before	Yes Yes Yes Yes Yes Yes	X No X No X No X No
16 17 18 a b c d 19 20 a	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before	Yes Yes Yes Yes Yes Yes	X No X No X No X No
16 17 18 a b c d 19 20 a	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before	Yes Yes Yes Yes Yes Yes	X No X No X No X No
16 17 18 a b c d 19 20 a	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before	Yes Yes Yes Yes Yes Yes Yes Yes	X No X No X No X No X No

(Rev. November 2018) Department of the Treasury Internal Revenue Service

Return by a U.S. Transferor of Property to a Foreign Corporation • Go to www.irs.gov/Form926 for instructions and the latest information.

Attachmen	ita	00
Sequence	No. 7	28

OMB No. 1545-0026

Attach to your income tax return for the year of the transfer or distribution. Part I U.S. Transferor Information (see instructions)

Name of transferor OBICI HEALTHCARE FOUNDATION, INC.	Identifying number (see inst	ructions)	
OBICI REALIRCARE FOUNDATION, INC.	51-0249728		
 Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign co If the transferor was a corporation, complete questions 2a through 2d. 	Yes X	No	
a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section five or fewer domestic corporations?		Yes X	No
b Did the transferor remain in existence after the transfer?			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 par If not, list the name and employer identification number (EIN) of the parent corporation.	ent corporation?	Yes Yes	No
Name of parent corporation	E	IN of parent corporation	
d Have basis adjustments under section 367(a)(4) been made?		Yes X	No
3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated complete questions 3a through 3d.	l as such under s	section 367),	
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 I	No
c Is the partner disposing of its entire interest in the partnership?			No
d Is the partner disposing of an interest in a limited partnership that is regularly traded on an est			
securities market? Part II Transferee Foreign Corporation Information (see instructions)		YesI	No
4 Name of transferee (foreign corporation)		5a Identifying number, if an	v
TENCORE PARTNERS OFFSHORE LTD			,
6 Address (including country)		5b Reference ID number	
COLUMBUS CIR. STE. 1200	######################################	_	
IEW YORK, NY 10019 7 Country code of country of incorporation or organization		TENCOREOFFSHORE	3
CJ			
Foreign law characterization (see instructions) CORPORATION			
9 Is the transferee foreign corporation a controlled foreign corporation?		Yes X	No
WEST OF STATE AND A LINE FOR PROPERTY PROJECTION AND NOTICE AND REPORTS INSTRUCTIONS		Form 000 (Dov. 44)	2010

Form 926 (Rev. 11-2018)				NC.	51-0	0249728 Page
Part III Information	n Regarding Trans	fer of Property (see	instruct	tions)		
Section A - Cash						
Type of	(a)	(b) Description of		(c) market value on	(d) Cost or other	(e) Gain recognized on
property	Date of transfer	property	Fairi	market value on late of transfer	Cost or other basis	Gain recognized on transfer
Cash	01/13/2019	property		,800,000.	Dasis	udisiei
Odsii	01/15/2015			,000,000.		
10 Was cash the only pr	roperty transferred?	to Dork IV				X Yes No
ii Tes, skip tile telli	iallider of Fart III and go	to Part IV.				
Section B - Other Pr	operty (other than	intangible property	subjec	t to section 36	7(d))	
Type of	(a)	(b)		(c)	(d)	(e)
property	Date of transfer	Description of property	Fair r	market value on transfer	Cost or other basis	Gain recognized on transfer
Stock and	transier	ргорогсу	Jua	ite of transier	Dadio	transier
securities						
-						
Inventory						
Other property						
(not listed under						
another category)						
Property with						
built-in loss						
			_			
Totals	few few and the second	and the second of the second				
If "Yes," go to line 12 b Was the transferor a continue to lead to le	b. domestic corporation the nat is a foreign disregard ine 12c. If "No," skip lin transfer, was the dome poration? ine 12d. If "No," skip lin		y all of the 0%-owned o line 13, areholder	e assets of a foreigr d foreign corporatio with respect to the	branch n?[Yes No
Section C - Intangible	e Property Subjec	t to Section 367(d)		70		
N7-		10-17:				10
Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length pric on date of transfe		(f) Income inclusion fo year of transfer
Property described						
n sec. 367(d)(4)						
555. 551 (4)(4)						
						1
						
Totals						

Forn	926 (Rev. 11-2018) OBICI HEALTHCARE FOUNDATION, INC.	51-0249728	Page 3
b	Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years? At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1,367(d)-1(c)(3)(ii) for any intangible property? If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) \$\Bigsim \Bigsim	Yes Yes	No No No
Sup	plemental Part III Information Required To Be Reported (see instructions)		
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-	TO A LONG THE CONTRACT OF THE		
Pa	rt IV Additional Information Regarding Transfer of Property (see instructions)		
40			
16	Enter the transferor's interest in the transferee foreign corporation before and after the transfer.		
47	(a) Before % (b) After % The of annual time translation (as instanting) > TPC CECUTON 3.5.1		
17	Type of nonrecognition transaction (see instructions) IRC SECTION 351	 -	
18	Indicate whether any transfer reported in Part III is subject to any of the following.		v
a ,	Gain recognition under section 904(f)(3)	Yes	X No
b	Gain recognition under section 904(f)(5)(F)	Yes	X No
C	Recapture under section 1503(d)	Yes	X No
	Exchange gain under section 987		X No
19	Did this transfer result from a change in entity classification?		X No
	Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) If "Yes," complete lines 20b and 20c.	Yes	X No
b	Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b)	▶ \$	
C	Did the domestic corporation not recognize gain or loss on the distribution of property because the		
	property was used in the conduct of U.S. trade or business under Regulations section 1,367(e)-2(b)(2)?	Yes	No No
21	Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation		
	covered by section 367(e)(1)? See instructions	Yes	X No
		Form 926 (Re	ev. 11-2018)

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