

Return of Private Foundation

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

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2022

Open to Public Inspection

Form 990-PF

Department of the Treasury  
Internal Revenue Service

For calendar year 2022 or tax year beginning APR 1, 2022, and ending MAR 31, 2023

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

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

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

**A** Employer identification number  
**51-0249728**

**B** Telephone number  
**757-539-8810**

**C** If exemption application is pending, check here ...

**D** 1. Foreign organizations, check here .....   
2. Foreign organizations meeting the 85% test, check here and attach computation .....

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

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

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

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

**I** Fair market value of all assets at end of year (from Part II, col. (c), line 16)  
\$ **136,143,703.**

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

<b>Part I Analysis of Revenue and Expenses</b> (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	1 Contributions, gifts, grants, etc., received .....	25,377.			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments .....				
	4 Dividends and interest from securities .....	256,337.	256,337.		
	5a Gross rents .....				
	b Net rental income or (loss) .....				
	6a Net gain or (loss) from sale of assets not on line 10 .....	5,619,116.			
	b Gross sales price for all assets on line 6a .....	17,295,721.			
	7 Capital gain net income (from Part IV, line 2) .....		5,619,116.		
	8 Net short-term capital gain .....			N/A	
	9 Income modifications .....				
	10a Gross sales less returns and allowances .....				
b Less: Cost of goods sold .....					
c Gross profit or (loss) .....					
11 Other income .....	0.	3,934,666.		STATEMENT 1	
12 <b>Total.</b> Add lines 1 through 11 .....	5,900,830.	9,810,119.	0.		
<b>Operating and Administrative Expenses</b>	13 Compensation of officers, directors, trustees, etc. ....	336,486.	0.	0.	336,486.
	14 Other employee salaries and wages .....	368,850.	0.	0.	368,850.
	15 Pension plans, employee benefits .....	176,480.	0.	0.	149,964.
	16a Legal fees .....	STMT 2 545.	0.	0.	545.
	b Accounting fees .....	STMT 3 60,595.	0.	0.	60,595.
	c Other professional fees .....	STMT 4 697,487.	697,487.	0.	0.
	17 Interest .....	36,255.	0.	0.	0.
	18 Taxes .....	STMT 5 30,849.	0.	0.	2,066.
	19 Depreciation and depletion .....	79,381.	0.	0.	
	20 Occupancy .....	77,721.	0.	0.	78,850.
	21 Travel, conferences, and meetings .....	63,879.	0.	0.	63,923.
	22 Printing and publications .....	25,640.	0.	0.	24,861.
	23 Other expenses .....	STMT 6 370,554.	0.	0.	394,435.
	24 <b>Total operating and administrative expenses.</b> Add lines 13 through 23 .....	2,324,722.	697,487.	0.	1,480,575.
	25 Contributions, gifts, grants paid .....	12,868,933.			6,000,394.
26 <b>Total expenses and disbursements.</b> Add lines 24 and 25 .....	15,193,655.	697,487.	0.	7,480,969.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements ...	-9,292,825.				
b <b>Net investment income</b> (if negative, enter -0-) .....		9,112,632.			
c <b>Adjusted net income</b> (if negative, enter -0-) .....			0.		

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only.		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing	356,428.	596,240.	596,240.
	2 Savings and temporary cash investments	1,548,165.	2,858,344.	2,858,344.
	3 Accounts receivable			
	Less: allowance for doubtful accounts			
	4 Pledges receivable			
	Less: allowance for doubtful accounts			
	5 Grants receivable	8,820.		
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable			
	Less: allowance for doubtful accounts			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges	12,812.	23,737.	23,737.
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock	STMT 8	7,519,418.	16,377,564.
	c Investments - corporate bonds			
	11 Investments - land, buildings, and equipment: basis			
Less: accumulated depreciation				
12 Investments - mortgage loans				
13 Investments - other	STMT 9	135,764,780.	114,571,589.	
14 Land, buildings, and equipment: basis	2,429,907.			
Less: accumulated depreciation	1,218,236.	1,288,904.	1,211,671.	
15 Other assets (describe STATEMENT 10)		397,669.	504,558.	
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)		146,896,996.	136,143,703.	
Liabilities	17 Accounts payable and accrued expenses	68,022.	86,501.	
	18 Grants payable	819,331.	7,687,870.	
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable	935,975.	838,137.	
	22 Other liabilities (describe STATEMENT 11)	690,120.	537,334.	
	23 Total liabilities (add lines 17 through 22)		2,513,448.	9,149,842.
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 24, 25, 29, and 30.			
	24 Net assets without donor restrictions		144,383,548.	126,993,861.
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds			
	29 Total net assets or fund balances		144,383,548.	126,993,861.
30 Total liabilities and net assets/fund balances		146,896,996.	136,143,703.	

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	144,383,548.
2 Enter amount from Part I, line 27a	2	-9,292,825.
3 Other increases not included in line 2 (itemize)	3	0.
4 Add lines 1, 2, and 3	4	135,090,723.
5 Decreases not included in line 2 (itemize) SEE STATEMENT 7	5	8,096,862.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	126,993,861.

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a <b>NET GAINS/LOSSES FROM SALES OF SECURITIES</b>	P		03/30/23
b <b>FOREIGN CORPORATION REDEMPTIONS</b>	P		03/30/23
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))
a 393,720.			393,720.
b 16,902,001.		11,676,605.	5,225,396.
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a			393,720.
b			5,225,396.
c			
d			
e			

2 Capital gain net income or (net capital loss) <span style="font-size: small;">{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 .....</span>	2	5,619,116.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8 .....	3	5,619,116.

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

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary - see instructions)	1	126,666.
b All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) of Part I, line 12, col. (b) .....		
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) .....	2	0.
3 Add lines 1 and 2 .....	3	126,666.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) .....	4	0.
5 <b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- .....	5	126,666.
6 Credits/Payments:		
a 2022 estimated tax payments and 2021 overpayment credited to 2022 .....	6a	233,555.
b Exempt foreign organizations - tax withheld at source .....	6b	0.
c Tax paid with application for extension of time to file (Form 8868) .....	6c	0.
d Backup withholding erroneously withheld .....	6d	0.
7 Total credits and payments. Add lines 6a through 6d .....	7	233,555.
8 Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached .....	8	0.
9 <b>Tax due.</b> If the total of lines 5 and 8 is more than 7, enter <b>amount owed</b> .....	9	
10 <b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> .....	10	106,889.
11 Enter the amount of line 10 to be: <b>Credited to 2023 estimated tax</b> 106,889. <b>Refunded</b> .....	11	0.

**Part VI-A Statements Regarding Activities**

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? .....		X
1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition ..... If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
1c Did the foundation file Form 1120-POL for this year? .....		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$ <u>0.</u> (2) On foundation managers. \$ <u>0.</u>		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ <u>0.</u>		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? .....		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes .....		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? .....	X	
4b If "Yes," has it filed a tax return on Form 990-T for this year? .....	X	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? .....		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? .....	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV .....	X	
8a Enter the states to which the foundation reports or with which it is registered. See instructions. <u>VA</u>		
8b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation .....	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2022 or the tax year beginning in 2022? See the instructions for Part XIII. If "Yes," complete Part XIII .....		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses .....		X
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions .....		X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions .....		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? .....	X	
Website address <u>HTTP://WWW.OBICIHCF.ORG</u>		
14 The books are in care of <u>THE ORGANIZATION</u> Telephone no. <u>757-539-8810</u> Located at <u>106 W. FINNEY AVENUE, SUFFOLK, VA</u> ZIP+4 <u>23434</u>		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year .....	15	N/A
16 At any time during calendar year 2022, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? .....		X
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country		

**Part VI-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
<b>1a</b> During the year, did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? .....	1a(1)	X
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? .....	1a(2)	X
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? .....	1a(3)	X
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? .....	1a(4)	X
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? .....	1a(5)	X
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) .....	1a(6)	X
<b>b</b> If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions .....	1b	X
<b>c</b> Organizations relying on a current notice regarding disaster assistance, check here <input type="checkbox"/>		
<b>d</b> Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2022? .....	1d	X
<b>2</b> Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
<b>a</b> At the end of tax year 2022, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2022? .....	2a	X
If "Yes," list the years _____, _____, _____, _____		
<b>b</b> Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement - see instructions.) .....	2b	N/A
<b>c</b> If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here. _____, _____, _____, _____		
<b>3a</b> Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? .....	3a	X
<b>b</b> If "Yes," did it have excess business holdings in 2022 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2022.) .....	3b	N/A
<b>4a</b> Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? .....	4a	X
<b>b</b> Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2022? .....	4b	X

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

	Yes	No
<b>5a</b> During the year, did the foundation pay or incur any amount to:		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?		X
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?		X
(3) Provide a grant to an individual for travel, study, or other similar purposes?		X
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions		X
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?		X
<b>b</b> If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions	N/A	
<b>c</b> Organizations relying on a current notice regarding disaster assistance, check here	<input type="checkbox"/>	
<b>d</b> If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945-5(d).	N/A	
<b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.		X
<b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?		X
<b>b</b> If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A	
<b>8</b> Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		X

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

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

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 12		336,486.	15,999.	7,800.

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

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
JESSICA MULLEN - 106 W. FINNEY AVENUE, SUFFOLK, VA 23434	PROGRAM OFFICER 40.00	88,731.	14,792.	0.
KELVIN TURNER - 106 W. FINNEY AVENUE, SUFFOLK, VA 23434	PROGRAM OFFICER 40.00	86,483.	14,049.	0.
FIONA CHARLES - 106 W. FINNEY AVENUE, SUFFOLK, VA 23434	PROGRAM OFFICER 40.00	86,875.	11,494.	0.
GINA LILLEY - 106 W. FINNEY AVENUE, SUFFOLK, VA 23434	OFFICE MANAGER 40.00	58,260.	19,319.	0.

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

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

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

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
CORNERSTONE PARTNERS LLC - 675 PETER JEFFERSON PKWY, STE 160, CHARLOTTESVILLE, VA	INVESTMENT MANAGEMENT	563,253.
THE NORTHERN TRUST COMPANY 50 S. LASALLE ST, CHICAGO, IL 60675	INVESTMENT CUSTODIAN	134,235.
THE CURTIS GROUP 2512 SHEPHERDS LANE, VIRGINIA BEACH, VA 23454	FUNDRAISING CONSULTANT-NFP PARTN	114,500.
CATCHAFIRE, INC. - 31 E 32ND STREET, 3RD FLOOR, NEW YORK, NY 10016	PLATFORM FEES FOR CAPACITY BUILDING SU	100,000.
KEITER 4401 DOMINION BLVD., GLEN ALLEN, VA 23060	AUDIT AND TAX PREPARATION	56,524.
<b>Total</b> number of others receiving over \$50,000 for professional services .....		0

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

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
<b>1</b> STRENGTHENING THE SAFETY NET	7,912,851.
<b>2</b> MATERNAL CHILD HEALTH	1,837,843.
<b>3</b> CAPACITY BUILDING	1,095,919.
<b>4</b> HEALTHY BEHAVIORS	1,665,957.

**Part VIII-B Summary of Program-Related Investments**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
<b>1</b> N/A	
<b>2</b>	
All other program-related investments. See instructions.	
<b>3</b>	
<b>Total.</b> Add lines 1 through 3 .....	0.

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities .....	1a	130,752,719.
b	Average of monthly cash balances .....	1b	4,241,033.
c	Fair market value of all other assets (see instructions) .....	1c	397,669.
d	<b>Total</b> (add lines 1a, b, and c) .....	1d	135,391,421.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) .....	1e	0.
2	Acquisition indebtedness applicable to line 1 assets .....	2	0.
3	Subtract line 2 from line 1d .....	3	135,391,421.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions) .....	4	2,030,871.
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3 .....	5	133,360,550.
6	<b>Minimum investment return.</b> Enter 5% (0.05) of line 5 .....	6	6,668,028.

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

1	Minimum investment return from Part IX, line 6 .....	1	6,668,028.
2a	Tax on investment income for 2022 from Part V, line 5 .....	2a	126,666.
b	Income tax for 2022. (This does not include the tax from Part V.) .....	2b	43,891.
c	Add lines 2a and 2b .....	2c	170,557.
3	Distributable amount before adjustments. Subtract line 2c from line 1 .....	3	6,497,471.
4	Recoveries of amounts treated as qualifying distributions .....	4	156,781.
5	Add lines 3 and 4 .....	5	6,654,252.
6	Deduction from distributable amount (see instructions) .....	6	0.
7	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1 .....	7	6,654,252.

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

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 .....	1a	7,480,969.
b	Program-related investments - total from Part VIII-B .....	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes .....	2	2,750.
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required) .....	3a	
b	Cash distribution test (attach the required schedule) .....	3b	
4	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part XII, line 4 .....	4	7,483,719.

Form 990-PF (2022)



**Part XII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2021	(c) 2021	(d) 2022
<b>1</b> Distributable amount for 2022 from Part X, line 7 .....				6,654,252.
<b>2</b> Undistributed income, if any, as of the end of 2022:				
<b>a</b> Enter amount for 2021 only .....			7,060,729.	
<b>b</b> Total for prior years:		0.		
<b>3</b> Excess distributions carryover, if any, to 2022:				
<b>a</b> From 2017 .....				
<b>b</b> From 2018 .....				
<b>c</b> From 2019 .....				
<b>d</b> From 2020 .....				
<b>e</b> From 2021 .....				
<b>f</b> Total of lines 3a through e .....	0.			
<b>4</b> Qualifying distributions for 2022 from Part XI, line 4: \$ <u>7,483,719.</u>				
<b>a</b> Applied to 2021, but not more than line 2a ...			7,060,729.	
<b>b</b> Applied to undistributed income of prior years (Election required - see instructions) ...		0.		
<b>c</b> Treated as distributions out of corpus (Election required - see instructions) .....	0.			
<b>d</b> Applied to 2022 distributable amount .....				422,990.
<b>e</b> Remaining amount distributed out of corpus .....	0.			
<b>5</b> Excess distributions carryover applied to 2022 (If an amount appears in column (d), the same amount must be shown in column (a).) .....	0.			0.
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 .....	0.			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b .....		0.		
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed .....		0.		
<b>d</b> Subtract line 6c from line 6b. Taxable amount - see instructions .....		0.		
<b>e</b> Undistributed income for 2021. Subtract line 4a from line 2a. Taxable amount - see instr. ...			0.	
<b>f</b> Undistributed income for 2022. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2023 .....				6,231,262.
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) .....	0.			
<b>8</b> Excess distributions carryover from 2017 not applied on line 5 or line 7 .....	0.			
<b>9</b> Excess distributions carryover to 2023. Subtract lines 7 and 8 from line 6a .....	0.			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2018 ...				
<b>b</b> Excess from 2019 ...				
<b>c</b> Excess from 2020 ...				
<b>d</b> Excess from 2021 ...				
<b>e</b> Excess from 2022 ...				

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

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2022, enter the date of the ruling

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

Table with 5 columns: (a) 2022, (b) 2021, (c) 2020, (d) 2019, (e) Total. Rows include 2a-e (Qualifying distributions) and 3a-d (Alternative tests).

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

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

NONE

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

NONE

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

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

SEE STATEMENT 13

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

c Any submission deadlines:

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

**Part XIV** **Supplementary Information** (continued)

<b>3 Grants and Contributions Paid During the Year or Approved for Future Payment</b>				
Recipient	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
Name and address (home or business)				
<b>a Paid during the year</b>				
ALBEMARLE AREA UNITED WAY, INC. P.O. BOX 293 ELIZABETH CITY, NC 27907	N/A	PC	COMMUNITY ENGAGEMENT GRANT	5,000.
SMART BEGINNINGS WESTERN TIDEWATER 601 NORTH MECHANIC STREET FRANKLIN, VA 23851	N/A	PC	COMMUNITY ENGAGEMENT GRANT	5,000.
ISLE OF WIGHT COMMUNITY FOUNDATION P.O. BOX 38 SMITHFIELD, VA 23430	N/A	PC	COMMUNITY ENGAGEMENT GRANT	5,000.
YMCA OF SOUTH HAMPTON ROADS 2769 GODWIN BLVD SUFFOLK, VA 23434	N/A	PC	HEALTHY BEHAVIORS	100,000.
COVER 3 FOOTBALL DBA COVER 3 FOUNDATION 125 S. COLLEGE DRIVE FRANKLIN, VA 23851	N/A	PC	COMMUNITY ENGAGEMENT GRANT	5,000.
<b>Total</b>	<b>SEE CONTINUATION SHEET(S)</b>			<b>3a</b> 6,000,394.
<b>b Approved for future payment</b>				
CENTER FOR NONPROFIT EXCELLENCE 1701-A ALLIED STREET CHARLOTTESVILLE, VA 22903		PC	CAPACITY BUILDING	218,791.
CENTER FOR NONPROFIT EXCELLENCE 1701-A ALLIED STREET CHARLOTTESVILLE, VA 22903		PC	CAPACITY BUILDING	218,791.
SMART BEGINNINGS SOUTHEAST 209 E CAWSON STREET HOPEWELL, VA 23860		PC	HEALTHY BEHAVIORS	115,491.
<b>Total</b>	<b>SEE CONTINUATION SHEET(S)</b>			<b>3b</b> 7,687,870.

Part XV-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

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

(See worksheet in line 13 instructions to verify calculations.)

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

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

**Part XVI Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations**

		Yes	No
<b>1</b>	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		
<b>a</b>	Transfers from the reporting foundation to a noncharitable exempt organization of:		
<b>(1)</b>	Cash .....	1a(1)	X
<b>(2)</b>	Other assets .....	1a(2)	X
<b>b</b>	Other transactions:		
<b>(1)</b>	Sales of assets to a noncharitable exempt organization .....	1b(1)	X
<b>(2)</b>	Purchases of assets from a noncharitable exempt organization .....	1b(2)	X
<b>(3)</b>	Rental of facilities, equipment, or other assets .....	1b(3)	X
<b>(4)</b>	Reimbursement arrangements .....	1b(4)	X
<b>(5)</b>	Loans or loan guarantees .....	1b(5)	X
<b>(6)</b>	Performance of services or membership or fundraising solicitations .....	1b(6)	X
<b>c</b>	Sharing of facilities, equipment, mailing lists, other assets, or paid employees .....	1c	X
<b>d</b>	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 assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.		

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
		N/A	

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

**b** If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.					May the IRS discuss this return with the preparer shown below? See instr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Signature of officer or trustee	Date	PRESIDENT & CEO		Title	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN	
	VIRGINIA R. BELCHER				P00421964	
	Firm's name KEITER, STEPHENS, HURST, GARY & SHREAVES	Firm's EIN 54-1631262				
Firm's address 4401 DOMINION BLVD GLEN ALLEN, VA 23060	Phone no. (804) 747-0000					

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
WESTERN TIDEWATER TENNIS ASSOCIATION 136 WYNNWOOD DRIVE FRANKLIN, VA 23851	N/A	PC	COMMUNITY ENGAGEMENT GRANT	5,000.
ARMED SERVICES YMCA OF HAMPTON ROADS 1465 LAKESIDE ROAD VIRGINIA BEACH, VA 23455	N/A	PC	COMMUNITY ENGAGEMENT GRANT	5,000.
THE ALS ASSOCIATION DC/MD/VA 30 W. GUDE DRIVE ROCKVILLE, MD 20850	N/A	PC	COMMUNITY ENGAGEMENT GRANT	1,500.
OPERATION WARM 50 APPLIED BANK BLVD. GLEN MILLS, PA 19342	N/A	PC	COMMUNITY ENGAGEMENT GRANT	1,500.
AMERICAN NATIONAL RED CROSS 611 W. BRAMBLETON AVENUE NORFOLK, VA 23510	N/A	PC	COMMUNITY ENGAGEMENT GRANT	4,000.
PAUL D. CAMP COMMUNITY COLLEGE FOUNDATION 100 NORTH COLLEGE DRIVE FRANKLIN, VA 23851	N/A	PC	COMMUNITY ENGAGEMENT GRANT	5,000.
THE MICRO-NONPROFIT NETWORK INC. 1712 ROKEBY AVE CHESAPEAKE, VA 23320	N/A	PC	COMMUNITY ENGAGEMENT GRANT	5,000.
MEALS ON WHEELS OF SUFFOLK & ISLE OF WIGHT, INC. 2800 GODWIN BLVD SUFFOLK, VA 23434	N/A	PC	COMMUNITY ENGAGEMENT GRANT	5,000.
AIDS FOUNDATION OF HAMPTON ROADS 3575 BRIDGE RD, SUITE 8-401 SUFFOLK, VA 23435	N/A	PC	COMMUNITY ENGAGEMENT GRANT	5,000.
STRAIGHTEN UP AND FLY RIGHT, INC. PO BOX 774 SUFFOLK, VA 23439	N/A	PC	COMMUNITY ENGAGEMENT GRANT	5,000.
<b>Total from continuation sheets</b>				<b>5,880,394.</b>

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
COMMUNITY COALITION OF SUSSEX VA P. O. BOX 502 STONY CREEK, VA 23882	N/A	PC	COMMUNITY ENGAGEMENT GRANT	5,000.
THE GENIEVE SHELTER PO BOX 1585 SUFFOLK, VA 23439	N/A	PC	STRENGTHENING THE SAFETY NET	58,953.
THE COURTLAND HORNETS INC 27334 PORTER HOUSE ROAD BOYKINS, VA 23827	N/A	PC	COMMUNITY ENGAGEMENT GRANT	500.
THE VA LEAGUE FOR PLANNED PARENTHOOD 201 NORTH HAMILTON STREET RICHMOND, VA 23221	N/A	PC	STRENGTHENING THE SAFETY NET	5,000.
CENTER FOR NONPROFIT EXCELLENCE 1701-A ALLIED STREET CHARLOTTESVILLE, VA 22903	N/A	PC	CAPACITY BUILDING	218,791.
ALL DISTRICT READS PO BOX 3723 NORFOLK, VA 23514	N/A	PC	COMMUNITY ENGAGEMENT GRANT	4,500.
GATES COUNTY PUBLIC SCHOOLS 205 MAIN STREET GATESVILLE, NC 27938	N/A	GOV	HEALTHY BEHAVIORS	25,000.
FORKIDS, INC. 1001 POINDEXTER STREET CHESAPEAKE, VA 23324	N/A	PC	HEALTHY BEHAVIORS	25,000.
FOODBANK OF SOUTHEASTERN VIRGINIA 800 TIDEWATER DRIVE NORFOLK, VA 23504	N/A	PC	HEALTHY BEHAVIORS	100,000.
POWER OF THE MIND INC PO BOX 112 GATES, NC 27937	N/A	PC	HEALTHY BEHAVIORS	5,000.
<b>Total from continuation sheets</b>				

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
FRANKLIN PARKS FOUNDATION PO BOX 775 FRANKLIN, VA 23851	N/A	PC	HEALTHY BEHAVIORS	100,000.
PARENTS AGAINST BULLYING VA 13 HAMPSHIRE GLEN PKWY HAMPTON, VA 23666	N/A	PC	COMMUNITY ENGAGEMENT GRANT	5,000.
HOPE CENTER MINISTRIES 517 KILBY SHORES DR SUFFOLK, VA 23434	N/A	PC	COMMUNITY ENGAGEMENT GRANT	5,000.
VOICES FOR KIDS CASA PROGRAM OF SOUTHEAST VIRGINIA P. O. BOX 949, 409 MAIN STREET SMITHFIELD, VA 23431	N/A	PC	COMMUNITY ENGAGEMENT GRANT	3,250.
TOWN OF WAVERLY 119 BANK STREET WAVERLY, VA 23890	N/A	GOV	COMMUNITY ENGAGEMENT GRANT	4,100.
HEART OF GOLD SHELTER 26566 EAST NOTTOWAY DR COURTLAND, VA 23837	N/A	PC	COMMUNITY ENGAGEMENT GRANT	2,000.
DERRICK THOMPSON FOUNDATION 117 POCAHONTAS STREET FRANKLIN, VA 23851	N/A	PC	COMMUNITY ENGAGEMENT GRANT	1,000.
MAKE-A-WISH GREATER VIRGINIA 2810 N. PARHAM ROAD RICHMOND, VA 23294	N/A	PC	COMMUNITY ENGAGEMENT GRANT	5,000.
NEWMAN FITNESS FOUNDATION 3419 VA BEACH BLVD VIRGINIA BEACH, VA 23452	N/A	PC	COMMUNITY ENGAGEMENT GRANT	3,000.
TOFT, INC 6210 OAKGLEN DRIVE SUFFOLK, VA 23435	N/A	PC	COMMUNITY ENGAGEMENT GRANT	2,500.
<b>Total from continuation sheets</b>				



**Part XIV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
SURRY COUNTY PUBLIC SCHOOLS PO BOX 317 SURRY COUNTY, VA 23883	N/A	GOV	EARLY CHILDHOOD EDUCATION	12,727.
SUFFOLK PUBLIC SCHOOLS 100 NORTH MAIN STREET PO BOX 1549 SUFFOLK, VA 23434	N/A	GOV	EARLY CHILDHOOD EDUCATION	52,188.
FRANKLIN CITY PUBLIC SCHOOLS 207 W. SECOND AVENUE FRANKLIN, VA 23851	N/A	GOV	EARLY CHILDHOOD EDUCATION	14,069.
CITY OF SUFFOLK 442 WASHINGTON STREET SUFFOLK, VA 23434	N/A	GOV	HEALTHY BEHAVIORS	50,000.
ISLE OF WIGHT COUNTY SCHOOLS 820 W. MAIN ST. SMITHFIELD, VA 23430	N/A	GOV	EARLY CHILDHOOD EDUCATION	23,813.
SOUTHAMPTON COUNTY PUBLIC SCHOOLS 21308 PLANK ROAD COURTLAND, VA 23837	N/A	GOV	EARLY CHILDHOOD EDUCATION	22,620.
FORKIDS, INC. 1001 POINDEXTER STREET CHESAPEAKE, VA 23324	N/A	PC	STRENGTHENING THE SAFETY NET	40,000.
THE UP CENTER 150 BOUSH STREET, SUITE 500 NORFOLK, VA 23510	N/A	PC	STRENGTHENING THE SAFETY NET	244,370.
RX DRUG ACCESS PARTNERSHIP 1500 FOREST AVE RICHMOND, VA 23229	N/A	PC	STRENGTHENING THE SAFETY NET	15,000.
WESTERN TIDEWATER FREE CLINIC 2019 MEADE PARKWAY SUFFOLK, VA 23434	N/A	PC	STRENGTHENING THE SAFETY NET	740,000.
<b>Total from continuation sheets</b>				

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
SMART BEGINNINGS SOUTHEAST 209 E CAWSON STREET HOPEWELL, VA 23860	N/A	PC	HEALTHY BEHAVIORS	81,545.
JESSICA ANN MOORE FOUNDATION 408 SCHOOL STREET WAVERLY, VA 23890	N/A	PC	HEALTHY BEHAVIORS	40,000.
THE AMERICAN HEART ASSOCIATION 4669 SOUTH BLVD. STE. 103 VIRGINIA BEACH, VA 23452	N/A	PC	STRENGTHENING THE SAFETY NET	51,625.
THE CHILDREN'S CENTER 700 CAMPBELL AVE FRANKLIN, VA 23851	N/A	PC	EARLY CHILDHOOD EDUCATION	13,550.
HORIZON HEALTH SERVICES, INC. 8314 MAIN STREET IVOR, VA 23866	N/A	PC	STRENGTHENING THE SAFETY NET	371,710.
SUSSEX COUNTY YOUTH & ADULT RECREATIONAL ASSOCIATION, INC. P O BOX 173 WAVERLY, VA 23890	N/A	PC	HEALTHY BEHAVIORS	50,000.
VIRGINIA LEGAL AID SOCIETY, INC. P.O. BOX 6200 LYNCHBURG, VA 24505	N/A	PC	STRENGTHENING THE SAFETY NET	211,386.
WESTERN TIDEWATER COMMUNITY SERVICES BOARD 7025 HARBOUR VIEW BLVD, SUITE 119 SUFFOLK, VA 23435	N/A	PC	STRENGTHENING THE SAFETY NET	339,822.
ISLE OF WIGHT CHRISTIAN OUTREACH PROGRAM 402 GRACE STREET SMITHFIELD, VA 23430	N/A	PC	COMMUNITY ENGAGEMENT GRANT	2,600.
VIRGINIA SUPPORTIVE HOUSING P.O. BOX 8585 RICHMOND, VA 23226	N/A	PC	COMMUNITY ENGAGEMENT GRANT	5,000.
<b>Total from continuation sheets</b>				

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
POWER OF THE MIND INC PO BOX 112 GATES, NC 27937	N/A	PC	COMMUNITY ENGAGEMENT GRANT	3,000.
THE CHILDREN'S CENTER 700 CAMPBELL AVE FRANKLIN, VA 23851	N/A	PC	MATERNAL CHILD HEALTH	59,518.
ISLE OF WIGHT COUNTY SCHOOLS 820 W. MAIN ST. SMITHFIELD, VA 23430	N/A	GOV	COMMUNITY ENGAGEMENT GRANT	5,000.
CARE FOR ME YOUTH INITIATIVES 1225 KEMPSVILLE RD VIRGINIA BEACH, VA 23467	N/A	PC	COMMUNITY ENGAGEMENT GRANT	3,000.
AMERICAN DIABETES ASSOCIATION 237 HANBURY ROAD EAST CHESAPEAKE, VA 23322	N/A	PC	COMMUNITY ENGAGEMENT GRANT	2,500.
GIRLS ON THE RUN OF SOUTH HAMPTON ROADS 5817 WESLEYAN DRIVE VIRGINIA BEACH, VA 23455	N/A	PC	COMMUNITY ENGAGEMENT GRANT	5,000.
LOVE COMMUNITY FELLOWSHIP PO BOX 224 GATES, NC 27937	N/A	PC	COMMUNITY ENGAGEMENT GRANT	500.
OASIS LEARNING CENTER 217 A NORTH COLLEGE DRIVE FRANKLIN, VA 23851	N/A	PC	COMMUNITY ENGAGEMENT GRANT	1,000.
THE DOORWAYS, FORMERLY HOSPITALITY HOUSE OF RICHMOND, INC. 612 E. MARSHALL STREET RICHMOND, VA 23219	N/A	PC	COMMUNITY ENGAGEMENT GRANT	5,000.
SURRY COUNTY 45 SCHOOL STREET SURRY, VA 23883	N/A	GOV	HEALTHY BEHAVIORS	100,000.
<b>Total from continuation sheets</b>				

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
THE GENIEVE SHELTER PO BOX 1585 SUFFOLK, VA 23439	N/A	PC	STRENGTHENING THE SAFETY NET	150,000.
WESTERN TIDEWATER COMMUNITY SERVICES BOARD 7025 HARBOUR VIEW BLVD, SUITE 119 SUFFOLK, VA 23435	N/A	PC	STRENGTHENING THE SAFETY NET	182,150.
DOWN THE MIDDLE FOUNDATION 33350 EDGEHILL DRIVE FRANKLIN, VA 23851	N/A	PC	COMMUNITY ENGAGEMENT GRANT	3,500.
MISSIONARY OUTREACH 811 SEMINOLE DRIVE SUFFOLK, VA 23434	N/A	PC	COMMUNITY ENGAGEMENT GRANT	500.
RUSHMERE COMMUNITY DEVELOPMENT CORPORATION 4814 OLD STAGE HWY SMITHFIELD, VA 23430	N/A	PC	COMMUNITY ENGAGEMENT GRANT	3,500.
CITY OF SUFFOLK 442 WASHINGTON STREET SUFFOLK, VA 23434	N/A	GOV	COMMUNITY ENGAGEMENT GRANT	1,000.
CITY OF SUFFOLK 442 WASHINGTON STREET SUFFOLK, VA 23434	N/A	GOV	EARLY CHILDHOOD EDUCATION	20,730.
PAUL D. CAMP COMMUNITY COLLEGE FOUNDATION 100 NORTH COLLEGE DRIVE FRANKLIN, VA 23851	N/A	PC	STRENGTHENING THE SAFETY NET	275,000.
WESTERN TIDEWATER FREE CLINIC 2019 MEADE PARKWAY SUFFOLK, VA 23434	N/A	PC	STRENGTHENING THE SAFETY NET	200,000.
SMART BEGINNINGS SOUTHEAST 209 E CAWSON STREET HOPEWELL, VA 23860	N/A	PC	EARLY CHILDHOOD EDUCATION	44,305.
<b>Total from continuation sheets</b>				

**Part XIV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
SUFFOLK CHRISTIAN FELLOWSHIP CENTER 211 E. WASHINGTON ST SUFFOLK, VA 23434	N/A	PC	HEALTHY BEHAVIORS	84,000.
COMMUNITY FOUNDATION, INC. (DBA THRIVE BIRTH TO FIVE) 3409 W. MOORE ST RICHMOND, VA 23230	N/A	PC	EARLY CHILDHOOD EDUCATION	37,200.
ISLE OF WIGHT CHRISTIAN OUTREACH PROGRAM 402 GRACE STREET SMITHFIELD, VA 23430	N/A	PC	HEALTHY BEHAVIORS	60,000.
SMART BEGINNINGS WESTERN TIDEWATER 601 NORTH MECHANIC STREET FRANKLIN, VA 23851	N/A	PC	EARLY CHILDHOOD EDUCATION	15,000.
THE CHILDREN'S CENTER 700 CAMPBELL AVE FRANKLIN, VA 23851	N/A	PC	EARLY CHILDHOOD EDUCATION	75,651.
THE CHILDREN'S CENTER 700 CAMPBELL AVE FRANKLIN, VA 23851	N/A	PC	EARLY CHILDHOOD EDUCATION	100,000.
HORIZON HEALTH SERVICES, INC. 8314 MAIN STREET IVOR, VA 23866	N/A	PC	STRENGTHENING THE SAFETY NET	275,000.
FRANKLIN PARKS FOUNDATION PO BOX 775 FRANKLIN, VA 23851	N/A	PC	HEALTHY BEHAVIORS	275,000.
SUFFOLK PUBLIC SCHOOLS 100 NORTH MAIN STREET PO BOX 1549 SUFFOLK, VA 23434	N/A	GOV	HEALTHY BEHAVIORS	36,000.
GIRLS ON THE RUN OF SOUTH HAMPTON ROADS 5817 WESLEYAN DRIVE VIRGINIA BEACH, VA 23455	N/A	PC	HEALTHY BEHAVIORS	100,000.
<b>Total from continuation sheets</b>				

**Part XIV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
ISLE OF WIGHT COUNTY VIRGINIA 17146 MONUMENT CIRCLE ISLE OF WIGHT, VA 23397	N/A	GOV	COMMUNITY ENGAGEMENT GRANT	5,000.
SENTARA HEALTHCARE FOUNDATION 6015 POPLAR HALL DRIVE NORFOLK, VA 23502	N/A	PC	STRENGTHENING THE SAFETY NET	50,000.
CITY OF SUFFOLK 442 WASHINGTON STREET SUFFOLK, VA 23434	N/A	GOV	HEALTHY BEHAVIORS	50,000.
WESTERN TIDEWATER HEALTH DISTRICT 135 HALL AVENUE, SUITE A SUFFOLK, VA 23434	N/A	GOV	MATERNAL CHILD HEALTH	207,391.
CHILDREN'S HEALTH INVESTMENT PROGRAM OF SOUTH HAMPTON ROADS 1302 JEFFERSON STREET CHESAPEAKE, VA 23324	N/A	PC	MATERNAL CHILD HEALTH	250,000.
USTA/MID-ATLANTIC FOUNDATION 620 HERNDON PARKWAY, SUITE 290 HERNDON, VA 20170	N/A	PC	HEALTHY BEHAVIORS	5,000.
THE CHILDREN'S CENTER 700 CAMPBELL AVE FRANKLIN, VA 23851	N/A	PC	MATERNAL CHILD HEALTH	150,620.
T2 FITNESS FOUNDATION 928 DIAMOND SPRINGS ROAD, SUITE 111 VIRGINIA BEACH, VA 23455	N/A	PC	HEALTHY BEHAVIORS	36,710.
<b>Total from continuation sheets</b>				

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
FOODBANK OF SOUTHEASTERN VIRGINIA 800 TIDEWATER DRIVE NORFOLK, VA 23504		PC	HEALTHY BEHAVIORS	100,000.
FRANKLIN PARKS FOUNDATION PO BOX 775 FRANKLIN, VA 23851		PC	HEALTHY BEHAVIORS	100,000.
RX DRUG ACCESS PARTNERSHIP 1500 FOREST AVE RICHMOND, VA 23229		PC	STRENGTHENING THE SAFETY NET	20,000.
FORKIDS, INC. 1001 POINDEXTER STREET CHESAPEAKE, VA 23324		PC	STRENGTHENING THE SAFETY NET	40,000.
THE AMERICAN HEART ASSOCIATION 4669 SOUTH BLVD. STE. 103 VIRGINIA BEACH, VA 23452		PC	STRENGTHENING THE SAFETY NET	50,793.
WESTERN TIDEWATER COMMUNITY SERVICES BOARD 7025 HARBOUR VIEW BLVD, SUITE 119 SUFFOLK, VA 23435		PC	STRENGTHENING THE SAFETY NET	179,650.
THE UP CENTER 150 BOUSH STREET, SUITE 500 NORFOLK, VA 23510		PC	STRENGTHENING THE SAFETY NET	278,244.
VIRGINIA LEGAL AID SOCIETY, INC. P.O. BOX 6200 LYNCHBURG, VA 24505		PC	STRENGTHENING THE SAFETY NET	304,850.
WESTERN TIDEWATER COMMUNITY SERVICES BOARD 7025 HARBOUR VIEW BLVD, SUITE 119 SUFFOLK, VA 23435		PC	STRENGTHENING THE SAFETY NET	339,822.
HORIZON HEALTH SERVICES, INC. 8314 MAIN STREET IVOR, VA 23866		PC	STRENGTHENING THE SAFETY NET	379,070.
<b>Total from continuation sheets</b>				<b>7,134,797.</b>

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
WESTERN TIDEWATER FREE CLINIC 2019 MEADE PARKWAY SUFFOLK, VA 23434		PC	STRENGTHENING THE SAFETY NET	764,500.
SMART BEGINNINGS WESTERN TIDEWATER 601 NORTH MECHANIC STREET FRANKLIN, VA 23851		PC	EARLY CHILDHOOD EDUCATION	15,000.
COMMUNITY FOUNDATION, INC. (DBA THRIVE BIRTH TO FIVE) 3409 W. MOORE ST RICHMOND, VA 23230		PC	EARLY CHILDHOOD EDUCATION	37,200.
SMART BEGINNINGS SOUTHEAST 209 E CAWSON STREET HOPEWELL, VA 23860		PC	EARLY CHILDHOOD EDUCATION	43,755.
THE CHILDREN'S CENTER 700 CAMPBELL AVE FRANKLIN, VA 23851		PC	EARLY CHILDHOOD EDUCATION	69,860.
CITY OF SUFFOLK 442 WASHINGTON STREET SUFFOLK, VA 23434		GOV	EARLY CHILDHOOD EDUCATION	1,929.
GIRLS ON THE RUN OF SOUTH HAMPTON ROADS 5817 WESLEYAN DRIVE VIRGINIA BEACH, VA 23455		PC	HEALTHY BEHAVIORS	100,000.
CENTER FOR NONPROFIT EXCELLENCE 1701-A ALLIED STREET CHARLOTTESVILLE, VA 22903		PC	CAPACITY BUILDING	218,791.
THE CHILDREN'S CENTER 700 CAMPBELL AVE FRANKLIN, VA 23851		PC	MATERNAL CHILD HEALTH	152,149.
CHILDREN'S HEALTH INVESTMENT PROGRAM OF SOUTH HAMPTON ROADS 1302 JEFFERSON STREET CHESAPEAKE, VA 23324		PC	MATERNAL CHILD HEALTH	250,000.
<b>Total from continuation sheets</b> .....				



**Part XIV** Supplementary Information

3 Grants and Contributions Approved for Future Payment (Continuation)				
Recipient	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
Name and address (home or business)				
WESTERN TIDEWATER HEALTH DISTRICT 135 HALL AVENUE, SUITE A SUFFOLK, VA 23434		GOV	MATERNAL CHILD HEALTH	262,392.
T2 FITNESS FOUNDATION 928 DIAMOND SPRINGS ROAD, SUITE 111 VIRGINIA BEACH, VA 23455		PC	HEALTHY BEHAVIORS	58,615.
FOODBANK OF SOUTHEASTERN VIRGINIA 800 TIDEWATER DRIVE NORFOLK, VA 23504		PC	HEALTHY BEHAVIORS	100,000.
FRANKLIN PARKS FOUNDATION PO BOX 775 FRANKLIN, VA 23851		PC	HEALTHY BEHAVIORS	100,000.
RX DRUG ACCESS PARTNERSHIP 1500 FOREST AVE RICHMOND, VA 23229		PC	STRENGTHENING THE SAFETY NET	25,000.
FORKIDS, INC. 1001 POINDEXTER STREET CHESAPEAKE, VA 23324		PC	STRENGTHENING THE SAFETY NET	40,000.
THE AMERICAN HEART ASSOCIATION 4669 SOUTH BLVD. STE. 103 VIRGINIA BEACH, VA 23452		PC	STRENGTHENING THE SAFETY NET	47,582.
WESTERN TIDEWATER COMMUNITY SERVICES BOARD 7025 HARBOUR VIEW BLVD, SUITE 119 SUFFOLK, VA 23435		PC	STRENGTHENING THE SAFETY NET	179,650.
THE UP CENTER 150 BOUSH STREET, SUITE 500 NORFOLK, VA 23510		PC	STRENGTHENING THE SAFETY NET	283,439.
VIRGINIA LEGAL AID SOCIETY, INC. P.O. BOX 6200 LYNCHBURG, VA 24505		PC	STRENGTHENING THE SAFETY NET	311,098.
<b>Total from continuation sheets</b> .....				

**Part XIV Supplementary Information**

<b>3 Grants and Contributions Approved for Future Payment (Continuation)</b>				
Recipient	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
Name and address (home or business)				
WESTERN TIDEWATER COMMUNITY SERVICES BOARD 7025 HARBOUR VIEW BLVD, SUITE 119 SUFFOLK, VA 23435		PC	STRENGTHENING THE SAFETY NET	339,822.
HORIZON HEALTH SERVICES, INC. 8314 MAIN STREET IVOR, VA 23866		PC	STRENGTHENING THE SAFETY NET	386,653.
WESTERN TIDEWATER FREE CLINIC 2019 MEADE PARKWAY SUFFOLK, VA 23434		PC	STRENGTHENING THE SAFETY NET	786,500.
GIRLS ON THE RUN OF SOUTH HAMPTON ROADS 5817 WESLEYAN DRIVE VIRGINIA BEACH, VA 23455		PC	HEALTHY BEHAVIORS	100,000.
THE CHILDREN'S CENTER 700 CAMPBELL AVE FRANKLIN, VA 23851		PC	MATERNAL CHILD HEALTH	156,041.
CHILDREN'S HEALTH INVESTMENT PROGRAM OF SOUTH HAMPTON ROADS 1302 JEFFERSON STREET CHESAPEAKE, VA 23324		PC	MATERNAL CHILD HEALTH	250,000.
WESTERN TIDEWATER HEALTH DISTRICT 135 HALL AVENUE, SUITE A SUFFOLK, VA 23434		GOV	MATERNAL CHILD HEALTH	262,392.
<b>Total from continuation sheets</b>				

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990 or Form 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Name of the organization

**OBICI HEALTHCARE FOUNDATION, INC.**

Employer identification number

**51-0249728**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ \_\_\_\_\_

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

Name of organization  <b>OBICI HEALTHCARE FOUNDATION, INC.</b>	Employer identification number  <b>51-0249728</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	VIRGINIA EARLY CHILDHOOD FOUNDATION  1703 N PARHAM RD #110  RICHMOND, VA 23229	\$ 25,377.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>OBICI HEALTHCARE FOUNDATION, INC.</b>	Employer identification number  <b>51-0249728</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization <b>OBICI HEALTHCARE FOUNDATION, INC.</b>	Employer identification number <b>51-0249728</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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

FORM 990-PF	OTHER INCOME		STATEMENT 1
DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
INCOME FROM PARTNERSHIPS	0.	3,934,666.	0.
TOTAL TO FORM 990-PF, PART I, LINE 11	0.	3,934,666.	0.

FORM 990-PF	LEGAL FEES		STATEMENT 2	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL EXPENSES	545.	0.	0.	545.
TO FM 990-PF, PG 1, LN 16A	545.	0.	0.	545.

FORM 990-PF	ACCOUNTING FEES		STATEMENT 3	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	60,595.	0.	0.	60,595.
TO FORM 990-PF, PG 1, LN 16B	60,595.	0.	0.	60,595.

FORM 990-PF	OTHER PROFESSIONAL FEES		STATEMENT 4	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INVESTMENT FEES	697,487.	697,487.	0.	0.
TO FORM 990-PF, PG 1, LN 16C	697,487.	697,487.	0.	0.

## FORM 990-PF

## TAXES

## STATEMENT 5

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
EXCISE TAXES	28,783.	0.	0.	0.
OTHER TAXES AND FEES	2,066.	0.	0.	2,066.
TO FORM 990-PF, PG 1, LN 18	30,849.	0.	0.	2,066.

## FORM 990-PF

## OTHER EXPENSES

## STATEMENT 6

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PROGRAM DEVELOPMENT	253,788.	0.	0.	260,504.
INSURANCE	15,329.	0.	0.	17,654.
MISC. EXPENSES	1,755.	0.	0.	1,748.
DUES & SUBSCRIPTIONS	34,917.	0.	0.	37,007.
TECHNOLOGY EXPENSES	26,069.	0.	0.	38,826.
RECRUITING	38,696.	0.	0.	38,696.
TO FORM 990-PF, PG 1, LN 23	370,554.	0.	0.	394,435.

## FORM 990-PF

## OTHER DECREASES IN NET ASSETS OR FUND BALANCES

## STATEMENT 7

DESCRIPTION	AMOUNT
UNREALIZED GAINS/LOSSES IN INVESTMENTS, PARTNERSHIPS & FOREIGN INVESTMENTS	8,096,862.
TOTAL TO FORM 990-PF, PART III, LINE 5	8,096,862.



FORM 990-PF	CORPORATE STOCK	STATEMENT 8
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
EXCHANGE-TRADED FUNDS AND MUTUAL FUNDS	16,377,564.	16,377,564.
TOTAL TO FORM 990-PF, PART II, LINE 10B	16,377,564.	16,377,564.

FORM 990-PF	OTHER INVESTMENTS	STATEMENT 9	
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
ALTERNATIVE INVESTMENTS - FOREIGN CORPORATIONS	FMV	48,718,640.	48,718,640.
ALTERNATIVE INVESTMENTS - LIMITED PARTNERSHIPS AND CORPORATIONS	FMV	65,852,949.	65,852,949.
TOTAL TO FORM 990-PF, PART II, LINE 13		114,571,589.	114,571,589.

FORM 990-PF	OTHER ASSETS	STATEMENT 10	
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
ART COLLECTION	373,669.	373,669.	373,669.
CEMETARY LOTS	24,000.	24,000.	24,000.
EXCISE TAX RECEIVABLE	0.	106,889.	106,889.
TO FORM 990-PF, PART II, LINE 15	397,669.	504,558.	504,558.

FORM 990-PF	OTHER LIABILITIES	STATEMENT 11
DESCRIPTION	BOY AMOUNT	EOY AMOUNT
DEFERRED TAXES PAYABLE	636,142.	480,903.
EXCISE TAX PAYABLE	53,978.	56,431.
TOTAL TO FORM 990-PF, PART II, LINE 22	690,120.	537,334.

FORM 990-PF

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

STATEMENT 12

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
THOMAS WOODWARD III 106 W. FINNEY AVENUE SUFFOLK, VA 23434	CHAIRMAN 1.00	0.	0.	0.
LYNNE RABIL 106 W. FINNEY AVENUE SUFFOLK, VA 23434	BOARD OF DIRECTORS 1.00	0.	0.	0.
ROBERT C. BARCLAY, IV 106 W. FINNEY AVENUE SUFFOLK, VA 23434	VICE-CHAIRMAN 1.00	0.	0.	0.
R. SCOTT CARR 106 W. FINNEY AVENUE SUFFOLK, VA 23434	BOARD OF DIRECTORS 1.00	0.	0.	0.
WAYNE SCOTT 106 W. FINNEY AVENUE SUFFOLK, VA 23434	BOARD OF DIRECTORS 1.00	0.	0.	0.
REX ALPHIN 106 W. FINNEY AVENUE SUFFOLK, VA 23434	BOARD OF DIRECTORS 1.00	0.	0.	0.
MIKE PONDER 106 W. FINNEY AVENUE SUFFOLK, VA 23434	BOARD OF DIRECTORS 1.00	0.	0.	0.
RALPH HOWELL, JR. 106 W. FINNEY AVENUE SUFFOLK, VA 23434	TREASURER 1.00	0.	0.	0.
BILL PEAK 106 W. FINNEY AVENUE SUFFOLK, VA 23434	BOARD OF DIRECTORS 1.00	0.	0.	0.
MELISSA ROLLINS 106 W. FINNEY AVENUE SUFFOLK, VA 23434	BOARD OF DIRECTORS 1.00	0.	0.	0.

OBICI HEALTHCARE FOUNDATION, INC.

51-0249728

JANICE WHITE 106 W. FINNEY AVENUE SUFFOLK, VA 23434	BOARD OF DIRECTORS 1.00	0.	0.	0.
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R. BATTLE BETTS, JR. 106 W. FINNEY AVENUE SUFFOLK, VA 23434	PRESIDENT & CEO 40.00	183,333.	10,841.	7,800.
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VICTORIA MASTON 106 W. FINNEY AVENUE SUFFOLK, VA 23434	DIRECTOR OF FINANCE 23.00	104,153.	5,158.	0.
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CHRISTINE MORRIS 106 W. FINNEY AVENUE SUFFOLK, VA 23434	INTERIM CEO 24.00	49,000.	0.	0.
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MARY HADDAD 106 W. FINNEY AVENUE SUFFOLK, VA 23434	BOARD OF DIRECTORS 1.00	0.	0.	0.
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TOTALS INCLUDED ON 990-PF, PAGE 6, PART VII		<u>336,486.</u>	<u>15,999.</u>	<u>7,800.</u>
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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/](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

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



Type and Entity: PARTNERSHIP INVESTMENT POST-2017 NO		DETAIL CARRYOVER SCHEDULE										
Section 382 Annual Limitation		Section 382 Carryover										
Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for 03/31/23	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A	2017	49,830.	49,830.	49,830.								
B	2018	939,062.	790,185.	790,185.								
C	2019	664,863.										
D	2020	441,433.										
E	2021	467,237.										
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												
Detail Type	ESBC	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A												
B												
C												
D												
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												

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

For calendar year 2022 or other tax year beginning APR 1, 2022, and ending MAR 31, 2023

2022

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

Form header section A-F containing organization name (OBICI HEALTHCARE FOUNDATION, INC.), address (106 W. FINNEY AVENUE, SUFFOLK, VA 23434), and EIN (51-0249728).

Form header section G-L containing organization type (501(c) corporation), filing information, and telephone number (757-539-8810).

Table for Part I: Total Unrelated Business Taxable Income. Rows 1-11 showing calculations from 210,004 to 209,004.

Table for Part II: Tax Computation. Rows 1-7 showing tax amounts, resulting in a total of 43,891.

LHA For Paperwork Reduction Act Notice, see instructions. Form 990-T (2022)



<b>Part III Tax and Payments</b>			
<b>1a</b>	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>1a</b>	
<b>b</b>	Other credits (see instructions)	<b>1b</b>	
<b>c</b>	General business credit. Attach Form 3800 (see instructions)	<b>1c</b>	
<b>d</b>	Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>1d</b>	
<b>e</b>	<b>Total credits.</b> Add lines 1a through 1d	<b>1e</b>	
<b>2</b>	Subtract line 1e from Part II, line 7	<b>2</b>	43,891.
<b>3</b>	Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	<b>3</b>	
<b>4</b>	<b>Total tax.</b> Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	<b>4</b>	43,891.
<b>5</b>	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	<b>5</b>	0.
<b>6a</b>	Payments: A 2021 overpayment credited to 2022	<b>6a</b>	
<b>b</b>	2022 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	<b>6b</b>	55,000.
<b>c</b>	Tax deposited with Form 8868	<b>6c</b>	
<b>d</b>	Foreign organizations: Tax paid or withheld at source (see instructions)	<b>6d</b>	
<b>e</b>	Backup withholding (see instructions)	<b>6e</b>	
<b>f</b>	Credit for small employer health insurance premiums (attach Form 8941)	<b>6f</b>	
<b>g</b>	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	<b>6g</b>	
<b>7</b>	<b>Total payments.</b> Add lines 6a through 6g	<b>7</b>	55,000.
<b>8</b>	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	<b>8</b>	2,208.
<b>9</b>	<b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	<b>9</b>	
<b>10</b>	<b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	<b>10</b>	8,901.
<b>11</b>	Enter the amount of line 10 you want: <b>Credited to 2023 estimated tax</b> 8,901. <b>Refunded</b>	<b>11</b>	0.

<b>Part IV Statements Regarding Certain Activities and Other Information</b> (see instructions)		Yes	No						
<b>1</b>	At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		X						
<b>2</b>	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X						
<b>3</b>	Enter the amount of tax-exempt interest received or accrued during the tax year \$								
<b>4</b>	Enter available pre-2018 NOL carryovers here \$ <b>49,830.</b> Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.								
<b>5</b>	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.								
<table border="1"> <thead> <tr> <th>Business Activity Code</th> <th>Available post-2017 NOL carryover</th> </tr> </thead> <tbody> <tr> <td>525990</td> <td>\$ 2,562,425.</td> </tr> <tr> <td></td> <td>\$</td> </tr> </tbody> </table>		Business Activity Code	Available post-2017 NOL carryover	525990	\$ 2,562,425.		\$		
Business Activity Code	Available post-2017 NOL carryover								
525990	\$ 2,562,425.								
	\$								
<b>6a</b>	Did the organization change its method of accounting? (see instructions)		X						
<b>b</b>	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V								

**Part V Supplemental Information**

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer	Date	PRESIDENT & CEO Title	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	VIRGINIA R. BELCHER			P00421964
	Firm's name	KEITER, STEPHENS, HURST, GARY & SHREAVE		Firm's EIN
	4401 DOMINION BLVD	GLEN ALLEN, VA 23060		54-1631262
	Firm's address	GLEN ALLEN, VA 23060		Phone no. (804) 747-0000

May the IRS discuss this return with the preparer shown below (see instructions)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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FORM 990-T

PRE-2018 NET OPERATING LOSS DEDUCTION

STATEMENT 15

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
03/31/18	49,830.	0.	49,830.	49,830.
NOL CARRYOVER AVAILABLE THIS YEAR			49,830.	49,830.

**SCHEDULE A  
(Form 990-T)**

Department of the Treasury  
Internal Revenue Service

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

1  
OMB No. 1545-0047

**2022**

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

<b>A</b> Name of the organization <b>OBICI HEALTHCARE FOUNDATION, INC.</b>	<b>B</b> Employer identification number <b>51-0249728</b>
<b>C</b> Unrelated business activity code (see instructions) <b>525990</b>	<b>D</b> Sequence: <b>1</b> of <b>1</b>

**E** Describe the unrelated trade or business **PARTNERSHIP INVESTMENT ACTIVITIES**

<b>Part I</b> Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales _____				
<b>b</b> Less returns and allowances _____ <b>c</b> Balance	<b>1c</b>			
<b>2</b> Cost of goods sold (Part III, line 8) .....	<b>2</b>			
<b>3</b> Gross profit. Subtract line 2 from line 1c .....	<b>3</b>			
<b>4 a</b> Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions .....	<b>4a</b>			
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	<b>4b</b>			
<b>c</b> Capital loss deduction for trusts .....	<b>4c</b>			
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement) <b>STATEMENT 16</b>	<b>5</b>	1,050,019.		1,050,019.
<b>6</b> Rent income (Part IV) .....	<b>6</b>			
<b>7</b> Unrelated debt-financed income (Part V) .....	<b>7</b>			
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI) .....	<b>8</b>			
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) .....	<b>9</b>			
<b>10</b> Exploited exempt activity income (Part VIII) .....	<b>10</b>			
<b>11</b> Advertising income (Part IX) .....	<b>11</b>			
<b>12</b> Other income (see instructions; attach statement) .....	<b>12</b>			
<b>13 Total.</b> Combine lines 3 through 12 .....	<b>13</b>	1,050,019.		1,050,019.

**Part II Deductions Not Taken Elsewhere** See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

<b>1</b> Compensation of officers, directors, and trustees (Part X) .....									
<b>2</b> Salaries and wages .....									
<b>3</b> Repairs and maintenance .....									
<b>4</b> Bad debts .....									
<b>5</b> Interest (attach statement). See instructions .....									
<b>6</b> Taxes and licenses .....									
<b>7</b> Depreciation (attach Form 4562). See instructions .....		<b>7</b>							
<b>8</b> Less depreciation claimed in Part III and elsewhere on return .....		<b>8a</b>							
<b>9</b> Depletion .....									
<b>10</b> Contributions to deferred compensation plans .....									
<b>11</b> Employee benefit programs .....									
<b>12</b> Excess exempt expenses (Part VIII) .....									
<b>13</b> Excess readership costs (Part IX) .....									
<b>14</b> Other deductions (attach statement) .....									
<b>15 Total deductions.</b> Add lines 1 through 14 .....									0.
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) .....									1,050,019.
<b>17</b> Deduction for net operating loss. See instructions .....					<b>STMT 17</b>	<b>STMT 19</b>			840,015.
<b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16 .....									210,004.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

**Part III Cost of Goods Sold** Enter method of inventory valuation

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

**Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)**

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) .....				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) .....				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D .....				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) .....				0.
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) .....				
5 <b>Total deductions.</b> Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) .....				0.

**Part V Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

	A	B	C	D
2 Gross income from or allocable to debt-financed property .....				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement) .....				
b Other deductions (attach statement) .....				
c Total deductions (add lines 3a and 3b, columns A through D) .....				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) .....				
5 Average adjusted basis of or allocable to debt-financed property (attach statement) .....				
6 Divide line 4 by line 5 .....	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6 .....				
8 <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) .....				0.
9 Allocable deductions. Multiply line 3c by line 6 .....				
10 <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) .....				0.
11 <b>Total dividends-received deductions</b> included in line 10 .....				0.

**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
			3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations						
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10		
(1)						
(2)						
(3)						
(4)						
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)		
<b>Totals</b>			0.	0.		

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
<b>Totals</b>		0.		0.

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) .....	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) .....	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 .....	4	
5	Gross income from activity that is not unrelated business income .....	5	
6	Expenses attributable to income entered on line 5 .....	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 .....	7	

**Part IX Advertising Income**

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A
- B
- C
- D

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income .....				
Add columns A through D. Enter here and on Part I, line 11, column (A) .....				0.

a				
3 Direct advertising costs by periodical .....				
a Add columns A through D. Enter here and on Part I, line 11, column (B) .....				0.

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8 .....

5 Readership costs .....

6 Circulation income .....

7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero .....

8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 .....


a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13 .....

**Part X Compensation of Officers, Directors, and Trustees** (see instructions)

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

**Part XI Supplemental Information** (see instructions)

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FORM 990-T (A)

INCOME (LOSS) FROM PARTNERSHIPS

STATEMENT 16

DESCRIPTION	NET INCOME OR (LOSS)
ALPINE INVESTRS VI - ORDINARY BUSINESS INCOME (LOSS)	248,741.
GOODNIGHT MIDSTREAM CO-INVEST LP - ORDINARY BUSINESS INCOME (LOSS)	-30,343.
TAILWATER ENERGY FUND III - ORDINARY BUSINESS INCOME (LOSS)	340,048.
TAILWATER ENERGY FUND IV - ORDINARY BUSINESS INCOME (LOSS)	220,994.
VORTUS INVESTMENTS II - ORDINARY BUSINESS INCOME (LOSS)	-419,558.
BROADVAIL CAPITAL PARTNERS FUND I - ORDINARY BUSINESS INCOME (LOSS)	543,399.
BROADVAIL GROWTH EQUITY FUND II - ORDINARY BUSINESS INCOME (LOSS)	171,538.
MERCED PARTNERS V - ORDINARY BUSINESS INCOME (LOSS)	166,170.
PARTNERS FOR GROWTH V - ORDINARY BUSINESS INCOME (LOSS)	4,785.
MERCED PARTNERS IV - ORDINARY BUSINESS INCOME (LOSS)	-6,547.
PARTNERS FOR GROWTH VI - ORDINARY BUSINESS INCOME (LOSS)	5,654.
BUTTONWOOD HOLDINGS INVESTMENT LTD. - ORDINARY BUSINESS INCOME (LOSS)	58,545.
WHITMAN PETERSON PARTNERS IV LP - ORDINARY BUSINESS INCOME (LOSS)	-5,544.
ACCESS HOLIDINGS FUND I, LP - ORDINARY BUSINESS INCOME (LOSS)	-172,447.
ACCOLADE PARTNERS VIII LP - ORDINARY BUSINESS INCOME (LOSS)	-689.
BROADVAIL GROWTH EQUITY FUND III, LP - ORDINARY BUSINESS INCOME (LOSS)	-39,111.
NELLCORE CAPITAL PARTNERS LP - ORDINARY BUSINESS INCOME (LOSS)	-6,095.
ROTHWELL VENTURES I, LP - ORDINARY BUSINESS INCOME (LOSS)	69,832.
TIMBER BAY FUND II, LP - ORDINARY BUSINESS INCOME (LOSS)	-10,827.
WHITMAN-PETERSON PARTNERS III, LP - ORDINARY BUSINESS INCOME (LOSS)	-70,628.
ACACIA INSTITUTIONAL PARTNERS LP - ORDINARY BUSINESS INCOME (LOSS)	-141.
BROADVAIL FUND III SIDECAR I, LP - ORDINARY BUSINESS INCOME (LOSS)	-9,484.
ENERGY TRANSFER LP - ORDINARY BUSINESS INCOME (LOSS)	-2,820.
NEXUS SPECIAL SITUATIONS III, LP - ORDINARY BUSINESS INCOME (LOSS)	-2,820.
P4G CAPITAL PARTNERS I CO-INVEST FUND - ORDINARY BUSINESS INCOME (LOSS)	-702.
P4G CAPITAL PARTNERS I, LP - ORDINARY BUSINESS INCOME (LOSS)	-1,931.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	1,050,019.

FORM 990-T (A)

POST 2017 NOL SCHEDULE

STATEMENT 17

PRIOR YEAR POST 2017 NOL	NOL DEDUCTION	CARRYFORWARD OF POST 2017 NOL
2,562,425.	840,015.	1,722,410.

990-T SCH A

POST-2017 NET OPERATING LOSS DEDUCTION

STATEMENT 18

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
03/31/18	49,830.	0.	49,830.	49,830.
03/31/19	939,062.	0.	939,062.	939,062.
03/31/20	664,863.	0.	664,863.	664,863.
03/31/21	441,433.	0.	441,433.	441,433.
03/31/22	467,237.	0.	467,237.	467,237.
NOL CARRYOVER AVAILABLE THIS YEAR			2,562,425.	2,562,425.

SCH A (990-T)

SCHEDULE A NOL DETAIL

STATEMENT 19

TAXABLE INCOME FROM ALL ENTITIES	1,050,019.
THIS ENTITIES PORTION OF TAXABLE INCOME	1,050,019.
THIS ENTITIES PERCENTAGE OF PRE-2018 NET OPERATING LOSS	100.00%
THIS ENTITIES ALLOWED PRE-2018 NET OPERATING LOSS	0.
TAXABLE INCOME AFTER PRE-2018 NET OPERATING LOSS	1,050,019.
80% INCOME LIMITATION	840,015.
POST-2017 AVAILABLE	2,562,425.
LESSER OF POST-2017 NET OPERATING LOSS OR 80% LIMITATION	840,015.



# Underpayment of Estimated Tax by Corporations

Attach to the corporation's tax return. **FORM 990-T**

**2022**

Go to [www.irs.gov/Form2220](http://www.irs.gov/Form2220) for instructions and the latest information.

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

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

**Part I Required Annual Payment**

1	Total tax (see instructions) .....	1	43,891.
2a	Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 .....	2a	
2b	Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method .....	2b	
2c	Credit for federal tax paid on fuels (see instructions) .....	2c	
2d	<b>Total.</b> Add lines 2a through 2c .....	2d	
3	Subtract line 2d from line 1. If the result is less than \$500, <b>do not</b> complete or file this form. The corporation does not owe the penalty .....	3	43,891.
4	Enter the tax shown on the corporation's 2021 income tax return. See instructions. <b>Caution:</b> If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5 .....	4	
5	<b>Required annual payment.</b> Enter the <b>smaller</b> of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3 .....	5	43,891.

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

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

**Part III Figuring the Underpayment**

	(a)	(b)	(c)	(d)
9 <b>Installment due dates.</b> Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year .....	08/15/22	09/15/22	12/15/22	03/15/23
10 <b>Required installments.</b> If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column .....	10,973.	10,973.	10,972.	10,973.
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions .....				
<b>Complete lines 12 through 18 of one column before going to the next column.</b>				
12 Enter amount, if any, from line 18 of the preceding column .....				
13 Add lines 11 and 12 .....				
14 Add amounts on lines 16 and 17 of the preceding column .....		10,973.	21,946.	32,918.
15 Subtract line 14 from line 13. If zero or less, enter -0- .....	0.	0.	0.	0.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- .....		10,973.	21,946.	
17 <b>Underpayment.</b> If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 .....	10,973.	10,973.	10,972.	10,973.
18 <b>Overpayment.</b> If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column .....				

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

**Part IV Figuring the Penalty**

	(a)	(b)	(c)	(d)
<b>19</b> Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. <b>(C corporations with tax years ending June 30 and S corporations:</b> Use 3rd month instead of 4th month. <b>Form 990-PF and Form 990-T filers:</b> Use 5th month instead of 4th month.) See instructions .....	<b>19</b>			
<b>20</b> Number of days from due date of installment on line 9 to the date shown on line 19 .....	<b>20</b>			
<b>21</b> Number of days on line 20 after 4/15/2022 and before 7/1/2022 .....	<b>21</b>			
<b>22</b> Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 4\% (0.04)}{365}$ ...	<b>22</b> \$	\$	\$	\$
<b>23</b> Number of days on line 20 after 6/30/2022 and before 10/1/2022 .....	<b>23</b>			
<b>24</b> Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 5\% (0.05)}{365}$ ...	<b>24</b> \$	\$	\$	\$
<b>25</b> Number of days on line 20 after 9/30/2022 and before 1/1/2023 .....	<b>25</b>			
<b>26</b> Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 6\% (0.06)}{365}$ ...	<b>26</b> \$	\$	\$	\$
<b>27</b> Number of days on line 20 after 12/31/2022 and before 4/1/2023 .....	<b>27</b>	<b>SEE ATTACHED WORKSHEET</b>		
<b>28</b> Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 7\% (0.07)}{365}$ ...	<b>28</b> \$	\$	\$	\$
<b>29</b> Number of days on line 20 after 3/31/2023 and before 7/1/2023 .....	<b>29</b>			
<b>30</b> Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$ .....	<b>30</b> \$	\$	\$	\$
<b>31</b> Number of days on line 20 after 6/30/2023 and before 10/1/2023 .....	<b>31</b>			
<b>32</b> Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$ .....	<b>32</b> \$	\$	\$	\$
<b>33</b> Number of days on line 20 after 9/30/2023 and before 1/1/2024 .....	<b>33</b>			
<b>34</b> Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$ .....	<b>34</b> \$	\$	\$	\$
<b>35</b> Number of days on line 20 after 12/31/2023 and before 3/16/2024 .....	<b>35</b>			
<b>36</b> Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{366}$ .....	<b>36</b> \$	\$	\$	\$
<b>37</b> Add lines 22, 24, 26, 28, 30, 32, 34, and 36 .....	<b>37</b> \$	\$	\$	\$
<b>38 Penalty.</b> Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns .....	<b>38</b> \$			<b>2,208.</b>

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

FORM 990-T  
**UNDERPAYMENT OF ESTIMATED TAX WORKSHEET**

Name(s)					Identifying Number
<b>OBICI HEALTHCARE FOUNDATION, INC.</b>					<b>51-0249728</b>
(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty
		-0-			
08/15/22	10,973.	10,973.	31	.000136986	47.
09/15/22	10,973.	21,946.	15	.000136986	45.
09/30/22	0.	21,946.	76	.000164384	274.
12/15/22	10,972.	32,918.	16	.000164384	87.
12/31/22	0.	32,918.	74	.000191781	467.
03/15/23	10,973.	43,891.	153	.000191781	1,288.
09/06/23	-55,000.	-11,109.			

Penalty Due (Sum of Column F). ..... **2,208.**

\* Date of estimated tax payment, withholding credit date or installment due date.