Form	99	0-	PF	
FULL	55	U-		

Department of the Treasury Internal Revenue Service

EXTENDED TO FEBRUARY 18, 2025 Return of Private Foundation

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

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

Open to Public Inspection

OMB No. 1545-0047

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For caler	dar year 2023 or tax year beginning APR	1, 2023	, and ending	MAR 31, 2024	
Name of	foundation			A Employer identification	number
-	CI HEALTHCARE FOUNDATION	51-0249728			
	nd street (or P.O. box number if mail is not delivered to street a	B Telephone number 757-539-8810			
	106 W. FINNEY AVENUE				
	City or town, state or province, country, and ZIP or foreign postal code C SUFFOLK, VA 23434				ending, check here
G Check	all that apply: Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organizations	, check here
	Final return	Amended return		2. Foreign organizations me	eting the 85% test
	Address change	Name change		2. Foreign organizations me check here and attach co	mputation
	type of organization: \mathbf{X} Section 501(c)(3) ex			E If private foundation sta	
	ction 4947(a)(1) nonexempt charitable trust	Other taxable private founda		under section 507(b)(1)	
		her (specify)		F If the foundation is in a under section 507(b)(1)	
\$	149,349,654 (Part I, colum	nn (d), must be on cash basi	s.)		
Part I		(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable purposes
	necessarily equal the amounts in column (a).)	expenses per books	income	income	(cash basis only)
	Contributions, gifts, grants, etc., received				
2	Interest on savings and temporary				
4	cash investments Dividends and interest from securities	426,154.	426,154.		
5a	Gross rents				
	Net rental income or (loss)				
6a	Net gain or (loss) from sale of assets not on line 10	4,127,790.			
Die b					
Bevenue 2 °	Capital gain net income (from Part IV, line 2)		4,127,790.	27 / 2	
°	Net short-term capital gain			N/A	
9	Income modifications				
	Less: Cost of goods sold				
	Gross profit or (loss)				
	Other income		3,086,382.	0.	STATEMENT 2
12	Total. Add lines 1 through 11		7,640,326.	0.	
13	Compensation of officers, directors, trustees, etc.	396,204.	0.	0.	396,205.
14	Other employee salaries and wages	382,231. 187,400.	0.	0.	382,231. 157,876.
(A) 40.	Pension plans, employee benefits	10/,400.	0.	0.	157,070.
	Legal fees STMT 3	66,746.	0.	0.	66,746.
Administrative Expense: 0 10 11 12 12 12 12 12 12 12 12 12 12 12 12	Other professional fees STMT 4	721,231.	721,231.	0.	0.
ଅ ଶ୍ରୁ 17	Interest	29,076.	0.	0.	0.
18 <mark>gti</mark>	Interest	261,081.	0.	0.	475.
19 19	Depreciation and depletion	78,103.	0.	0.	=
20	Occupancy	72,304.	0.	0.	73,496.
	Travel, conferences, and meetings	40,277. 30,235.	0.	0.	40,682.
25 25 25 26 27	Printing and publications Other expenses STMT 6	353,327.	0.	0.	<u>31,420.</u> 346,713.
	Total operating and administrative	555,547•	0.	<u>0.</u>	540,713•
<u>,</u>	expenses. Add lines 13 through 23	2,618,215.	721,231.	0.	1,495,844.
ŏ ₂₅	Contributions, gifts, grants paid	791,215.	•		5,097,218.
	Total expenses and disbursements.				
	Add lines 24 and 25	3,409,430.	721,231.	0.	6,593,062.
	Subtract line 26 from line 12:	1 140 520			
	Excess of revenue over expenses and disbursements	1,149,539.	6,919,095.		
	Net investment income (if negative, enter -0-) Adjusted net income (if negative, enter -0-)		0,919,095.	0.	
	nujusiou liei liioulle (in negative, enter -0-)			U •	

LHA For Paperwork Reduction Act Notice, see instructions.

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Foi	m 99	0-PF (2023) OBICI HEALTHCARE FOUNDAT	FION, INC.	51-	-0249728 Page 2
	art	II Balance Sheets Attached schedules and amounts in the description	Beginning of year	End	of year
	αιι	column should be for end-of-year amounts only.	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	596,240.	653,626.	653,626.
	2	Savings and temporary cash investments	2,858,344.	4,236,460.	4,236,460.
		Accounts receivable 1,680.			
		Less: allowance for doubtful accounts		1,680.	1,680.
	4	Pledges receivable			
		Less: allowance for doubtful accounts			
	5	Grants receivable			
		Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts			
Ŋ	8	Inventories for sale or use			
Assets		Prepaid expenses and deferred charges	23,737.	15,859.	15,859.
As		Investments - U.S. and state government obligations			
	b	Investments - corporate stock STMT 8	16,377,564.	9,669,850.	9,669,850.
		Investments - corporate bonds			
		Investments - land, buildings, and equipment: basis			
		Less: accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other STMT 9	114,571,589.	133,148,058.	133,148,058.
	14	Land, buildings, and equipment: basis $2,424,444$.			
		Less: accumulated depreciation 1,290,877.	1,211,671.	1,133,567.	1,133,567.
	15	Other assets (describe STATEMENT 10)	504,558.	490,554.	490,554.
	16	Total assets (to be completed by all filers - see the			
		instructions. Also, see page 1, item I)			149,349,654.
		Accounts payable and accrued expenses	86,501.		
	18	Grants payable	7,687,870.	3,645,544.	
ŝ	19	Deferred revenue			
Liabilities		Loans from officers, directors, trustees, and other disqualified persons			
iab	21	Mortgages and other notes payable	838,137.	-	
_	22	Other liabilities (describe STATEMENT 11)	537,334.	643,126.	
			0 1 4 0 0 4 0		
	23	Total liabilities (add lines 17 through 22)	9,149,842.	4,781,457.	
		Foundations that follow FASB ASC 958, check here			
Ses		and complete lines 24, 25, 29, and 30.	126 003 961	144,568,197.	
anc	24	Net assets without donor restrictions	120,995,001.	144,300,197.	
or Fund Balances	25	Net assets with donor restrictions Foundations that do not follow FASB ASC 958, check here			
pu		and complete lines 26 through 30.			
Ē	26	Capital stock, trust principal, or current funds			
sol	27	Paid-in or capital surplus, or land, bldg., and equipment fund			
set	28	Retained earnings, accumulated income, endowment, or other funds			
Net Assets	29	Total net assets or fund balances	126,993,861.	144,568,197.	
Nei	20				
	30	Total liabilities and net assets/fund balances	136,143,703.	149,349,654.	
P	art	III Analysis of Changes in Net Assets or Fund Ba	alances		
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line	29	I	T
1			25	1	126,993,861.
2		r amount from Part I, line 27a			1,149,539.
		r increases not included in line 2 (itemize)		ATEMENT 7 3	16,424,797.

4	Add lines 1, 2, and 3	4	144,568,197.
5	Decreases not included in line 2 (itemize)	5	0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	144,568,197.

6 | 144,568,197. Form **990-PF** (2023)

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Form 990-PF (2023)		CI HEALTHCARE FO						51-02	49728	Page 3
Part IV Capi	tal Gains a	and Losses for Tax on In	vestment l	ncom					_	
 (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 acq P - Purcha D - Donat 		acquired rchase nation	(c) Date acquired (mo., day, yr.)	(d) Da (mo., d						
1a NET GAIN	NET GAINS/LOSSES FROM SALES OF SECURITIES P			03/3	1/24					
b FOREIGN	CORPORA	ATION REDEMPTION	S				Р		03/3	1/24
C										
d										
e										
(e) Gross sale	s price	(f) Depreciation allowed (or allowable)	(g) Cost plus ex					(h) Gain or (lo ((e) plus (f) minu		
a 1,78	5,681.								1,785	,681.
	8,139.		3	,12	6,030).			2,342	
C										
d										
е										
Complete only for	assets showin	g gain in column (h) and owned by	the foundation o	n 12/31	1/69.		(1)) Gains (Col. (h) ga	in minus	
(i) FMV as of 12	2/31/69	(j) Adjusted basis as of 12/31/69	(k) Exc over c	ess of c ol. (j), it				. (k), but not less the Losses (from co	nan -0-) or	
a									1,785	,681.
b									2,342	
C										
d										
e										
2 Capital gain net inc	ome or (net ca	pital loss) { If gain, also ente If (loss), enter -C	r in Part I, line 7)- in Part I, line 7	,		}			4,127	<u>,790.</u>
3 Net short-term cap	ital gain or (los	s) as defined in sections 1222(5) ar	nd (6):							
	n Part I, line 8,	column (c). See instructions. If (los	s), enter -0- in						4 1 0 1	B 0 0
Part I, line 8	a Tay Daa			4040	(-) 40		4040		4,127	,790.
		ed on Investment Incom	·	_	· //				onsj	
		lescribed in section 4940(d)(2), che			l enter "N/				0.0	105
-		letter: (at			-		uctions)		96	<u>,175.</u>
		enter 1.39% (0.0139) of line 27b. Ex		-						
4% (0.04) of Par	t I, line 12, col.	(b)								0
		ic section 4947(a)(1) trusts and taxa	able foundations	only; of	thers, ente	er -0-)			0.0	175
3 Add lines 1 and 2								3	90	,175.
		tic section 4947(a)(1) trusts and tax			others, ent	ter -0-)			0.0	175
		ne. Subtract line 4 from line 3. If ze	ero or less, enter	-0				5	90	,175.
6 Credits/Payment					I	1 4				
		nd 2022 overpayment credited to 20		6a		<u>، ۲</u>	<u>26,680</u>			
		tax withheld at source		6b			0			
		tension of time to file (Form 8868)		6c			0			
-		y withheld		6d					106	600
									120	<u>,680.</u>
		ment of estimated tax. Check here								0.
		nd 8 is more than line 7, enter amo							20	505
		than the total of lines 5 and 8, enter	ule amount ove	erpaid		505.			30	<u>,505.</u>
11 Enter the amoun	t of line 10 to b	e: Credited to 2024 estimated tax			50,3	103.	Refunded	11	Form 990-	0. PF (2022)
									Form 330-	■ ■ (2023)

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Form 990-PF (2023) OBICI HEALTHCARE FOUNDATION, INC. Part VI-A Statements Regarding Activities

			Yes	No
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in	4	163	X
	any political campaign?	1a		X
	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1b		
	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.	4.		x
	Did the foundation file Form 1120-POL for this year?	10		
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation. \$ (2) On foundation managers. \$ 0.			
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
	managers. \$0.			37
	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	If "Yes," attach a detailed description of the activities.			
	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	3	X	
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	X	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b	Х	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	• 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?	6	Х	
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	7	Х	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.			
	VA			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			
	of each state as required by General Instruction G? If "No," attach explanation	8b	Х	
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 2023 or the tax year beginning in 2023? See the instructions for Part XIII. If "Yes," complete Part XIII	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		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	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement. See instructions	12		x
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address HTTP://WWW.OBICIHCF.ORG			
14	The books are in care of THE ORGANIZATION Telephone no. 757-53	9-8	810	
	Located at 106 W. FINNEY AVENUE, SUFFOLK, VA	434		
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			
	and enter the amount of tax-exempt interest received or accrued during the year 15	N	/A	
	At any time during calendar year 2023, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
	foreign country			
		rm 990)-PF	(2023)

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Form 990-PF (2023) OBICI HEALTHCARE FOUNDATION, INC. 51-024	9728		Page 5
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
1a During the year, did the foundation (either directly or indirectly):			
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	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)	Х	
(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 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
c Organizations relying on a current notice regarding disaster assistance, check here			
d 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 2023?	1d		X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
defined in section 4942(j)(3) or 4942(j)(5)):			
a At the end of tax year 2023, did the foundation have any undistributed income (Part XII, lines			
6d and 6e) for tax year(s) beginning before 2023?	2a		X
If "Yes," list the years , , , , , , ,			
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
statement - see instructions.) N/A	2b		
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
during the year?	3a		X
b If "Yes," did it have excess business holdings in 2023 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 2023.)	. 3b		
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	. 4a		X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			
had not been removed from jeopardy before the first day of the tax year beginning in 2023?	. 4b		X

Form **990-PF** (2023)

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Form 990-PF (2023) OBICI HEALTHCARE FOUNDATION, INC.	51-0249	728	F	⁵ age 6
Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)	inued)			
5a During the year, did the foundation pay or incur any amount to:			Yes	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?		5a(1)		Х
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly,				
any voter registration drive?		5a(2)		Х
(3) Provide a grant to an individual for travel, study, or other similar purposes?		5a(3)		Х
(4) Provide a grant to an organization other than a charitable, etc., organization described in section				
4945(d)(4)(A)? See instructions		5a(4)		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?		5a(5)		X
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations				
section 53.4945 or in a current notice regarding disaster assistance? See instructions	N/A	5b		
c Organizations relying on a current notice regarding disaster assistance, check here				
d If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained				
expenditure responsibility for the grant?	N/A	5d		
If "Yes," attach the statement required by Regulations section 53.4945-5(d).				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on				
a personal benefit contract?		6a		X
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		6b		X
If "Yes" to 6b, file Form 8870.				
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?		7a		X
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A	7b		
8 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?		8		Х

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

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		396,204.	22,881.	11,749.		

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	PROGRAM OFFIC	ER		
AVENUE, SUFFOLK, VA 23434	40.00	92,410.	14,993.	Ο.
KELVIN TURNER - 106 W. FINNEY	PROGRAM OFFIC	ER		
AVENUE, SUFFOLK, VA 23434	40.00	89,959.	14,139.	Ο.
FIONA CHARLES - 106 W. FINNEY	PROGRAM OFFIC	ER		
AVENUE, SUFFOLK, VA 23434	40.00	90,667.	11,546.	Ο.
GINA LILLEY - 106 W. FINNEY AVENUE,	OFFICE MANAGE	R		
SUFFOLK, VA 23434	40.00	59,795.	19,576.	0.
]			
Total number of other employees paid over \$50,000				0

Form 990-PF (2023)

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Form 990-PF (2023) OBICI HEALTHCARE FOUNDATION, INC.		728 Page 7
Part VII Information About Officers, Directors, Trustees, Foundati Paid Employees, and Contractors (continued)	on Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
CORNERSTONE PARTNERS LLC - 675 PETER	INVESTMENT	
JEFFERSON PKWY, STE 160, CHARLOTTESVILLE, VA	MANAGEMENT	575,900.
THE NORTHERN TRUST COMPANY - 333 S. WABASH	_	
AVENUE, WB-42, CHICAGO, IL 60604	INVESTMENT CUSTODIAN	144,640.
THE CURTIS GROUP	FUNDRAISING	
2512 SHEPHERDS LANE, VIRGINIA BEACH, VA 23454	CONSULTANT-NFP PARTN	114,500.
CATCHAFIRE, INC 31 E 32ND STREET, 3RD	PLATFORM FEES FOR	
FLOOR, NEW YORK, NY 10016	CAPACITY BUILDING SU	110,000.
KEITER	AUDIT AND TAX	
4401 DOMINION BLVD., GLEN ALLEN, VA 23060	PREPARATION	<u>60,630.</u> 0
Total number of others receiving over \$50,000 for professional services Part VIII-A Summary of Direct Charitable Activities		0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statisti number of organizations and other beneficiaries served, conferences convened, research papers produ	cal information such as the ced, etc.	Expenses
1 STRENGTHENING THE SAFETY NET		
		108,945.
2 EDUCATION		
		270,185.
3 CAPACITY BUILDING		
		229,296.
4 HEALTHY BEHAVIORS		
Dort VIII P Ourses of December Delated laws streamts		532,764.
Part VIII-B Summary of Program-Related Investments	nee 1 and 0	Amenunt
Describe the two largest program-related investments made by the foundation during the tax year on li		Amount
1N/A		
2		
All other program-related investments. See instructions.		
an other program-related investments. See instructions. 3		
٥		
Total. Add lines 1 through 3	1	0.
	I Eor	m 990-PF (2023)

Form 990-PF (2023)

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Form 990-PF (2023)	OBICI	HEALTHCARE	FOUNDATION,	INC.	51-0249728
Part IX Minimu	m Investi	ment Return (All c	lomestic foundations mu	ist 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	135,653,946.
b	Average of monthly cash balances	1b	3,285,735.
C	Fair market value of all other assets (see instructions)	1c	397,669.
d	Total (add lines 1a, b, and c)	1d	139,337,350.
	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	139,337,350.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	4	2,090,060.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	137,247,290.
6	Minimum investment return. Enter 5% (0.05) of line 5	6	6,862,365.
Ρ	art X Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations	and cert	tain
	foreign organizations, check here 📃 and do not complete this part.)		
1	Minimum investment return from Part IX, line 6	1	6,862,365.
2a	Tax on investment income for 2023 from Part V, line 52a96, 175.		
b	Income tax for 2023. (This does not include the tax from Part V.)		
C		2c	96,175.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	6,766,190.
4	Recoveries of amounts treated as qualifying distributions	4	263,680.
5	Add lines 3 and 4	5	7,029,870.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1	7	7,029,870.
Ρ	art XI Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	, , , , , , ,	1a	6,593,062.
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	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b		3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4	4	6,593,062. Form 990-PF (2023)

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Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2022	(c) 2022	(d) 2023
1 Distributable amount for 2023 from Part X,			LULL	
line 7				7,029,870.
2 Undistributed income, if any, as of the end of 2023:				
a Enter amount for 2022 only			6,231,262.	
b Total for prior years:		0		
3 Excess distributions carryover, if any, to 2023:		0.		
	-			
c From 2020				
e From 2022				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2023 from				
Part XI, line 4: \$ 6,593,062.				
a Applied to 2022, but not more than line 2a	1		6,231,262.	
b Applied to undistributed income of prior			• / = • = / = • = •	
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2023 distributable amount				361,800.
e Remaining amount distributed out of corpus	0.			
 Excess distributions carryover applied to 2023 (If an amount appears in column (d), the same amount 	0.			
must be shown in column (a).)6 Enter the net total of each column as	0.			0.
indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2022. Subtract line				
4a from line 2a. Taxable amount - see instr			Ο.	
f Undistributed income for 2023. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2024				6,668,070.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2018				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2024.				
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2019				
b Excess from 2020				
c Excess from 2021				
d Excess from 2022	-			
e Excess from 2023				Form 990-PF (2023)

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Form 990-PF (2023)

		OUNDATION,			0249728 Page 10
Part XIII Private Operating Fo			A, question 9)	N/A	
1 a If the foundation has received a ruling or					
foundation, and the ruling is effective for					
b Check box to indicate whether the found		ng foundation described in		4942(j)(3) or [4942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	(1) 0000	Prior 3 years	(1) 0000	
income from Part I or the minimum	(a) 2023	(b) 2022	(c) 2021	(d) 2020	(e) Total
investment return from Part IX for					
each year listed					
b 85% (0.85) of line 2a					
c Qualifying distributions from Part XI,					
line 4, for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part IX, line 6, for each year					
listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XIV Supplementary Info	mation (Comple	te this part only i	f the foundation	n had \$5,000 o	r more in assets
at any time during th					
1 Information Regarding Foundation	n Managers:				
a List any managers of the foundation who	have contributed more	than 2% of the total contr	ibutions received by th	e foundation before t	the close of any tax
year (but only if they have contributed m	ore than \$5,000). (See s	ection 507(d)(2).)	5		,
NONE					
b List any managers of the foundation who	own 10% or more of th	e stock of a corporation (or an equally large por	tion of the ownership	of a partnership or
other entity) of which the foundation has	a 10% or greater interes	st.			
NONE					
2 Information Regarding Contribution	on, Grant, Gift, Loan,	Scholarship, etc., Pro	ograms:		
Check here if the foundation	only makes contributior	ns to preselected charitab	e organizations and do	es not accept unsolic	cited requests for funds. If
the foundation makes gifts, grants, etc.,	to individuals or organiza	ations under other conditi	ons, complete items 2	a, 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:

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Form 990-PF (2023)

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VIRGINIA BEACH, VA 23455 58,615. FOODBANK OF SOUTHEASTERN VIRGINIA 800 TIDEWATER DRIVE NORFOLK, VA 23504 PC HEALTHY BEHAVIORS FRANKLIN PARKS FOUNDATION PO BOX 775 FRANKLIN, VA 23851 100,000. Total SEE CONTINUATION SHEET(S) 3b 3,645,547. FORM 990-PF (2023)		N/A	PC	HEALTHY BEHAVIORS	
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800 TIDEWATER DRIVE 100,000. NORFOLK, VA 23504 100,000. FRANKLIN PARKS FOUNDATION N/A PC HEALTHY BEHAVIORS PO BOX 775 FRANKLIN, VA 23851 100,000. Total SEE_CONTINUATION_SHEET(S) 3b 3,645,547. Form 990-PF (2023)	VIRGINIA BEACH, VA 25455				50,015.
800 TIDEWATER DRIVE 100,000. NORFOLK, VA 23504 100,000. FRANKLIN PARKS FOUNDATION N/A PC HEALTHY BEHAVIORS PO BOX 775 FRANKLIN, VA 23851 100,000. Total SEE_CONTINUATION_SHEET(S) 3b 3,645,547. Form 990-PF (2023)					
800 TIDEWATER DRIVE 100,000. NORFOLK, VA 23504 100,000. FRANKLIN PARKS FOUNDATION N/A PC HEALTHY BEHAVIORS PO BOX 775 FRANKLIN, VA 23851 100,000. Total SEE_CONTINUATION_SHEET(S) 3b 3,645,547. Form 990-PF (2023)					
NORFOLK, VA 23504 100,000. FRANKLIN PARKS FOUNDATION N/A PC HEALTHY BEHAVIORS PO BOX 775 FRANKLIN, VA 23851 100,000. Total SEE CONTINUATION SHEET(S) 3b 3,645,547. FOR 990-PF (2023)	FOODBANK OF SOUTHEASTERN VIRGINIA	N/A	PC	HEALTHY BEHAVIORS	
FRANKLIN PARKS FOUNDATION N/A PC HEALTHY BEHAVIORS PO BOX 775 100,000. FRANKLIN, VA 23851 100,000. Total SEE CONTINUATION SHEET(S) 3b 3,645,547. Form 990-PF (2023)	800 TIDEWATER DRIVE				
PO BOX 775 100,000. FRANKLIN, VA 23851 100,000. Total SEE CONTINUATION SHEET(S) 3b 3,645,547. Form 990-PF (2023) Form 990-PF (2023) Form 990-PF (2023)	NORFOLK, VA 23504				100,000.
PO BOX 775 100,000. FRANKLIN, VA 23851 100,000. Total SEE CONTINUATION SHEET(S) 3b 3,645,547. Form 990-PF (2023) Form 990-PF (2023) Form 990-PF (2023)					
PO BOX 775 100,000. FRANKLIN, VA 23851 100,000. Total SEE CONTINUATION SHEET(S) 3b 3,645,547. Form 990-PF (2023) Form 990-PF (2023) Form 990-PF (2023)					
PO BOX 775 100,000. FRANKLIN, VA 23851 100,000. Total SEE CONTINUATION SHEET(S) 3b 3,645,547. Form 990-PF (2023)	FDANIET TH DADEC FOILINDANTON	NT / D	PC		
FRANKLIN, VA 23851 100,000. Total SEE CONTINUATION SHEET(S) 3b 3,645,547. Form 990-PF (2023) Form 990-PF (2023) Form 990-PF (2023)		N/A	гu	DEALTHI BEHAVIORS	
Total SEE_CONTINUATION_SHEET(S) 3b 3,645,547. Form 990-PF (2023)					100 000
Form 990-PF (2023)		NTINUATION SHE	ET(S)	3h	
				Fo	orm 990-PF (2023)

Form 990-PF (2023) OBICI HEALTHCARE FOUNDATION, INC.

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

N/A

If recipient is an individual,

show any relationship to

any foundation manager

or substantial contributor

Foundation

status of

recipient

PC

Supplementary Information (continued)

Recipient

Name and address (home or business)

Part XIV

a Paid during the year

1701-A ALLIED STREET CHARLOTTESVILLE, VA 22903

CENTER FOR NONPROFIT EXCELLENCE

3

51-0249728 Page **11**

Amount

218,791.

Purpose of grant or contribution

CAPACITY BUILDING

Part XV-A

Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelate	d business income	Exclu (C) Exclu-	ded by section 512, 513, or 514	(e)	
	(a) Business	(b)		(d)	Related or exempt	
1 Program service revenue:	code	Amount	sion code	Amount	function income	
•	0000					
a						
b						
C						
d						
e						
f						
g Fees and contracts from government agencies						
2 Membership dues and assessments						
3 Interest on savings and temporary cash						
investments						
4 Dividends and interest from securities			14	426,154.		
5 Net rental income or (loss) from real estate:						
a Debt-financed property						
b Not debt-financed property						
6 Net rental income or (loss) from personal						
property			01	3,345.		
7 Other investment income				5,545.		
8 Gain or (loss) from sales of assets other			10	4 100 000		
than inventory			18	4,127,790.		
9 Net income or (loss) from special events						
10 Gross profit or (loss) from sales of inventory						
11 Other revenue:						
a OTHER INCOME	900099		01	1,680.		
b						
C						
d						
e						
12 Subtotal. Add columns (b), (d), and (e)		0.		4,558,969.	0.	
13 Total. Add line 12, columns (b), (d), and (e)				13	4,558,969.	
(See worksheet in line 13 instructions to verify calculations.)					, ,	
Part XV-B Relationship of Activities to	o the Accol	mplishment of Exe	empt	Purposes		
Line No. Explain below how each activity for which incor	me is reported in	n column (e) of Part XV-A (contrib	uted importantly to the accomm	lishment of	
the foundation's exempt purposes (other than b			CONTRIDU			
	y providing full					

15

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51-	-0249728	Page 13
27	0440140	r ugv i

90-PF (2023)	OBICI	HEALTHCARE	FOUNDATION,	INC.

						es No
Part XVI	Information Re Exempt Organ		s to and Transacti	ons and Relation	ships With Noncharitable	
FUTITI 990-FF (202	oprer	TITIETT TITETT	- OULDILL		A REAL PROPERTY AND A REAL	
Form 990-PF (202	OBTOT	HEALTHCARE	FOUNDATION,	INC.	51-0245720	Edge 10

1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c)		res	NO
	(other than section 501(c)(3) organizations) or in section 527, relating to political organizations?	140		
a	Transfers from the reporting foundation to a noncharitable exempt organization of:	1a(1)		x
	(1) Cash (2) Other assets	1a(2)		X
b	Other transactions:	46/43	10.00	x
	(1) Sales of assets to a noncharitable exempt organization	1b(1) 1b(2)		X
	(2) Purchases of assets from a noncharitable exempt organization			X
	(3) Rental of facilities, equipment, or other assets	1b(3)		X
	(4) Reimbursement arrangements	1b(4)	-	X
	(5) Loans or loan guarantees	1b(5)		X
	(6) Performance of services or membership or fundraising solicitations	1b(6)		v
C	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	10		Λ

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other 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	f noncharitable	exemp	t organization	(d) Description	n of transfers, transaction	ns, and sharing arrangen	nents
			N/A						_
				_					
									_
									-
				_					
			_	_					
				_					
			_	_					
				_					
				_					
in se	e foundation directly or indirec ction 501(c) (other than sectio es," complete the following sch	on 501(c)(3)) or in se	ection 527?						X No
	(a) Name of or	ganization		(b) Ty	/pe of organization		(c) Description of re	elationship	
	N/A								
	Under penalties of perjury, I declare	at a the second state	hie seture includie		nenving schedules and	statements, and to the	best of my knowledge	Provide and the second	
Sign	Under penalties of perjury, I deciar and belief, it is true, correct, and co	a that I have examined in omplete. Declaration of p	preparer (other tha	n taxpay	ar) is based on all infor	PRESIDE	r nas any knowledge.	May the IRS discurreturn with the president shown below? Sec.	eparer
Here		3			Dete	Title		- Tes	
	Signature of officer or truster		Drapararia		Date	Date	Check if	PTIN	
	Print/Type preparer's n	ame	Preparer's s			Bato	self- employed		
Paid	VIRGINIA R.		Chin	4-1	R.Belik	10-28-24		P0042196	54
raiu	VIRGINIA R.	Dencuer	1 - may				F 4	1 6 2 1 0 6 2	

Firm's name KEITER, STEPHENS, HURST, GARY & SHREAVES | Firm's EIN 54-1631262

323622 12-20-23

Preparer **Use Only**

Firm's address 4401 DOMINION BLVD

GLEN ALLEN, VA 23060

OBICI HEALTHCARE FOUNDATION, INC. Part XIV Supplementary Information

51-0249728

Part XIV Supplementary Informatio				
3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
COMMUNITY COALITION OF SUSSEX VA	N/A	PC	COMMUNITY ENGAGEMENT	
P. O. BOX 502			GRANT	
STONY CREEK, VA 23882				6,000
THE MICRO-NONPROFIT NETWORK INC.	N/A	PC	COMMUNITY ENGAGEMENT	
1712 ROKEBY AVE			GRANT	F 000
CHESAPEAKE, VA 23320				5,000
		Da		
THE WOMAN'S CLUB OF WINDSOR, INC. 11403 WINDSOR BLVD	N/A	PC	COMMUNITY ENGAGEMENT GRANT	
WINDSOR, VA 23487			GRAN I	3,000
STAR HAVEN INC.	N/A	PC	COMMUNITY ENGAGEMENT	
P.O. BOX 3411			GRANT	
SUFFOLK, VA 23439				5,000
SUFFOLK CENTER FOR CULTURAL ARTS	N/A	PC	COMMUNITY ENGAGEMENT	
110 W. FINNEY AVENUE			GRANT	
SUFFOLK, VA 23434				5,000
THE WELL WATERED SOUL, INC.	N/A	PC	COMMUNITY ENGAGEMENT	
P.O. 3264 HAMPTON, VA 23666			GRANT	5,000
AMPTON, VA 25000				5,000
COVER 3 FOOTBALL DBA COVER 3	N/A	PC	COMMUNITY ENGAGEMENT	
FOUNDATION			GRANT	
L25 S. COLLEGE DRIVE FRANKLIN, VA 23851-2425				6,000
CITY OF SUFFOLK	N/A	GOV	COMMUNITY ENGAGEMENT	
42 WASHINGTON STREET	[''		GRANT	
SUFFOLK, VA 23434				3,500
HEART OF GOLD SHELTER	N/A	PC	COMMUNITY ENGAGEMENT	
26566 EAST NOTTOWAY DR			GRANT	
COURTLAND, VA 23837				1,700
DERRICK THOMPSON FOUNDATION	N/A	PC	COMMUNITY ENGAGEMENT	
L17 POCAHONTAS STREET			GRANT	
FRANKLIN, VA 23851 Total from continuation sheets				2,500

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Part XIV Supplementary Informatio			T	
3 Grants and Contributions Paid During the				
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
AMERICAN NATIONAL RED CROSS 611 W. BRAMBLETON AVENUE NORFOLK, VA 23510	N/A	PC	COMMUNITY ENGAGEMENT GRANT	4,000
WORLD WIDE WOMEN GROUP INCORPORATED 6351 SCOTTSFIELD DRIVE SUFFOLK, VA 23435-2268	N/A	PC	COMMUNITY ENGAGEMENT GRANT	4,000
YOUNG AUDIENCES OF VIRGINIA, INC. 420 NORTH CENTER DRIVE NORFOLK, VA 23502	N/A	PC	COMMUNITY ENGAGEMENT GRANT	2,500
ALL DISTRICT READS PO BOX 3723 NORFOLK, VA 23514	N/A	PC	COMMUNITY ENGAGEMENT GRANT	5,000
I PRESSED ON FOUNDATION 900 COMMONWEALTH PLACE VIRGINIA BEACH, VA 23464	N/A	PC	COMMUNITY ENGAGEMENT GRANT	3,000
NO SHAME. PERIOD. 3465 HUNTERS RIDGE WILLIAMSBURG, VA 23188	N/A	PC	COMMUNITY ENGAGEMENT GRANT	575
TOFT, INC 6210 OAKGLEN DRIVE SUFFOLK , VA 23435	N/A	PC	COMMUNITY ENGAGEMENT GRANT	3,000
SURRY COUNTY PUBLIC SCHOOLS PO BOX 317 SURRY COUNTY, VA 23883	N/A	GOV	COMMUNITY ENGAGEMENT GRANT	5,000
ISLE OF WIGHT COUNTY SCHOOLS 820 W. MAIN ST. SMITHFIELD, VA 23430	N/A	GOV	COMMUNITY ENGAGEMENT GRANT	2,010
NEWSOMS UNITED METHODIST CHURCH 29189 SOUTH MAIN STREET NEWSOMS , VA 23874	N/A	PC	COMMUNITY ENGAGEMENT GRANT	7,000

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Part XIV Supplementary Information			1	
3 Grants and Contributions Paid During the Y				
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
· _ · _ ·		Tecipient		
REACH OUT AND READ, INC.	N/A	PC	COMMUNITY ENGAGEMENT	
89 SOUTH STREET STE 201			GRANT	
BOSTON, MA 02111				4,500
ALBEMARLE AREA UNITED WAY, INC.	N/A	₽C	COMMUNITY ENGAGEMENT	
P.O. BOX 293			GRANT	
ELIZABETH CITY, NC 27907				3,000
THE NASIA FOUNDATION	N/A	PC	COMMUNITY ENGAGEMENT	
739 HIGH ST.			GRANT	
PORTSMOUTH, VA 23704				1,500
AMERICAN CANCER SOCIETY	N/A	PC	COMMUNITY ENGAGEMENT	
477 VIKING DRIVE, SUITE 130		r C	GRANT	
VIRGINIA BEACH, VA 23452				2,500
JESSICA ANN MOORE FOUNDATION	N/A	PC	COMMUNITY ENGAGEMENT	
408 SCHOOL STREET	N/A	FC	GRANT	
WAVERLY, VA 23890				5,000
HAMPTON ROADS BLACK NONPROFIT ALLIANCE	N/A	PC	COMMUNITY ENGAGEMENT GRANT	
1225 KEMPSVILLE RD			Shimi	
VIRGINIA BEACH, VA 23464				3,100
	N/A	GOV	COMMINITING ENCLOSEMENT	
SURRY COUNTY 45 SCHOOL STREET	N/A	GOV	COMMUNITY ENGAGEMENT GRANT	
SURRY, VA 23883				4,000
POWER OF THE MIND INC	N/A	PC	COMMUNITY ENGAGEMENT GRANT	
GATES, NC 27937				500
	N / 2			
WESTERN TIDEWATER TENNIS ASSOCIATION 136 WYNNWOOD DRIVE	N/A	PC	COMMUNITY ENGAGEMENT GRANT	
FRANKLIN, VA 23851				3,000
SILVER CARE DEMENTIA CENTER, INC	N/A	PC	COMMUNITY ENGAGEMENT	
3659 SEWELLS POINT RD NORFOLK, VA 23513			GRANT	2,500
Total from continuation sheets	1	1		2,500

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Part XIV Supplementary Information				
3 Grants and Contributions Paid During the		1		
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	Purpose of grant or contribution	Amount
, , , , , , , , , , , , , , , , , , ,	or substantial contributor	recipient		
HOPE CENTER MINISTRIES	N/A	PC	COMMUNITY ENGAGEMENT	
517 KILBY SHORES DR			GRANT	
SUFFOLK, VA 23434				500
FORKIDS, INC.	N/A	PC	COMMUNITY ENGAGEMENT	
1001 POINDEXTER STREET			GRANT	
CHESAPEAKE, VA 23324-2444				5,000
SUFFOLK ALUMNAE CHAPTER OF DELTA	N/A	PC	COMMUNITY ENGAGEMENT	
SIGMA THETA SORORITY, INC.			GRANT	
PO BOX 3367 SUFFOLK, VA 23439				3,000
STRAIGHTEN UP AND FLY RIGHT, INC.	N/A	PC	COMMUNITY ENGAGEMENT	
P.O. BOX 774			GRANT	F 0.0
SUFFOLK, VA 23439				5,000
THE BENJAMIN GOLDBERG FOUNDATION	N/A	PC	COMMUNITY ENGAGEMENT	
PO BOX 61778			GRANT	
VIRGINIA BEACH, VA 23466				2,500
ISLE OF WIGHT CHRISTIAN OUTREACH	N/A	PC	COMMUNITY ENGAGEMENT	
PROGRAM			GRANT	
402 GRACE STREET				2 . 0.0
SMITHFIELD, VA 23430				3,000
SUFFOLK CHRISTIAN FELLOWSHIP CENTER	N/A	PC	COMMUNITY ENGAGEMENT	
211 E. WASHINGTON ST			GRANT	
SUFFOLK, VA 23434				2,000
COALITION AGAINST POVERTY IN SUFFOLK	N/A	PC	COMMUNITY ENGAGEMENT	
(CAPS)			GRANT	
157 N MAIN ST				3 000
SUFFOLK, VA 23434				3,000
SMITHFIELD MOMS COLLECTIVE	N/A	PC	COMMUNITY ENGAGEMENT	
401 GRACE STREET			GRANT	
SMITHFIELD , VA 23430				2,500
	N / 3	0017		
FRANKLIN CITY PUBLIC SCHOOLS 207 W. SECOND AVENUE	N/A	GOV	EARLY CHILDHOOD EDUCATION	
FRANKLIN, VA 23851				7,250
Total from continuation sheets		1		,

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Part XIV Supplementary Information				
3 Grants and Contributions Paid During the Y		1	1	
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
· · · ·	or substantial contributor	recipient		
SOUTHAMPTON COUNTY PUBLIC SCHOOLS	N/A	GOV	EARLY CHILDHOOD	
21308 PLANK ROAD			EDUCATION	
COURTLAND, VA 23837				11,500
SUFFOLK PUBLIC SCHOOLS	N/A	GOV	EARLY CHILDHOOD	
100 NORTH MAIN STREET PO BOX 1549			EDUCATION	
SUFFOLK, VA 23434				26,250
ISLE OF WIGHT COUNTY SCHOOLS	N/A	GOV	EARLY CHILDHOOD	
820 W. MAIN ST.			EDUCATION	
SMITHFIELD, VA 23430				11,750
THE CHILDREN'S CENTER	N/A	PC	EARLY CHILDHOOD	
700 CAMPBELL AVE	N/A	FC	EDUCATION	
FRANKLIN, VA 23851				6,750
SURRY COUNTY PUBLIC SCHOOLS	N/A	GOV	EARLY CHILDHOOD	
PO BOX 317			EDUCATION	
SURRY COUNTY, VA 23883				6,500
CENTER FOR NONPROFIT EXCELLENCE 1701-A ALLIED STREET	N/A	PC	CAPACITY BUILDING	
CHARLOTTESVILLE, VA 22903				218,791
GRAZ'N ACRES THERAPEUTIC RIDING	N/A	PC	COMMUNITY ENGAGEMENT	
CENTER			GRANT	
14492 IVOR ROAD SEDLEY, VA 23878				2,000
20070				2,000
/OICES FOR KIDS CASA PROGRAM OF SOUTHEAST VIRGINIA	N/A	PC	COMMUNITY ENGAGEMENT GRANT	
P. O. BOX 949, 409 MAIN STREET				
SMITHFIELD, VA 23431				1,000
THE CONFESS PROJECT OF THE SOUTHEAST	N/A	PC	COMMUNITY ENGAGEMENT	
DBA TRUSTED COMMUNITY PARTNERS OF THE SOUTHEAST			GRANT	
500 E MAIN STREET, 16TH FLOOR				
NORFOLK, VA 23510				2,500
VIRGINIA SUPPORTIVE HOUSING	N/A	PC	COMMUNITY ENGAGEMENT	
P.O. BOX 8585 RICHMOND, VA 23226			GRANT	3 000
Total from continuation sheets		1		3,000

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Part XIV Supplementary Information			I	
3 Grants and Contributions Paid During the Y		Γ		
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
FIRST CONNECTIONS FOR EARLY SUCCESS 209 E CAWSON STREET HOPEWELL, VA 23860	N/A	₽C	HEALTHY BEHAVIORS	115,491
EAST END BAPTIST CHURCH 1056 PORTSMOUTH BLVD. SUFFOLK, VA 23434	N/A	PC	COMMUNITY ENGAGEMENT GRANT	1,000
ISLE OF WIGHT COUNTY SCHOOLS 820 W. MAIN ST. SMITHFIELD, VA 23430	N/A	gov	COMMUNITY ENGAGEMENT GRANT	2,500
TIDEWATER ARTS OUTREACH 809 BRANDON AVENUE NORFOLK, VA 23517	N/A	PC	COMMUNITY ENGAGEMENT GRANT	1,000
FOODBANK OF SOUTHEASTERN VIRGINIA 800 TIDEWATER DRIVE NORFOLK, VA 23504	N/A	PC	HEALTHY BEHAVIORS	100,000
FRANKLIN PARKS FOUNDATION PO BOX 775 FRANKLIN, VA 23851	N/A	PC	HEALTHY BEHAVIORS	100,000
THE SUFFOLK FOUNDATION 110 W. FINNEY AVE. SUFFOLK, VA 23434	N/A	PC	EDUCATION	200,000
WALK IN IT INC. P.O. BOX 1447 SUFFOLK, VA 23439	N/A	PC	COMMUNITY ENGAGEMENT GRANT	500
LOVE COMMUNITY FELLOWSHIP PO BOX 224 GATES, NC 27937	N/A	PC	COMMUNITY ENGAGEMENT GRANT	500
CORNERSTONE BALLET 152 S. MAIN ST. SUFFOLK, VA 23434 Total from continuation sheets	N/A	PC	COMMUNITY ENGAGEMENT GRANT	500

51-0249728

Part XIV Supplementary Information				
3 Grants and Contributions Paid During the Y			_	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
MISSIONARY OUTREACH	N/A	PC	COMMUNITY ENGAGEMENT	
811 SEMINOLE DRIVE			GRANT	
SUFFOLK, VA 23434				500.
BOYS AND GIRLS CLUBS OF SOUTHEAST	N/A	PC	COMMUNITY ENGAGEMENT	
VIRGINIA			GRANT	
1300 DIAMOND SPRINGS ROAD, SUITE 300 VIRGINIA BEACH, VA 23455				3,000.
ASSOCIATION OF FUNDRAISING	N/A	₽C	COMMUNITY ENGAGEMENT	
PROFESSIONALS P.O. BOX 2338			GRANT	
NORFOLK, VA 23501				1,000.
WESTERN TIDEWATER COMMUNITY SERVICES	N/A	PC	STRENGTHENING THE	
BOARD			SAFETY NET	
7025 HARBOUR VIEW BLVD, SUITE 119				
SUFFOLK, VA 23435				179,650.
RX DRUG ACCESS PARTNERSHIP 1500 FOREST AVE	N/A	PC	STRENGTHENING THE SAFETY NET	
RICHMOND, VA 23229			SAFEII NEI	20,000.
,				
THE AMERICAN HEART ASSOCIATION	N/A	PC	STRENGTHENING THE	
4669 SOUTH BLVD. STE. 103			SAFETY NET	
VIRGINIA BEACH, VA 23452				50,793.
WESTERN TIDEWATER FREE CLINIC 2019 MEADE PARKWAY	N/A	PC	STRENGTHENING THE SAFETY NET	
SUFFOLK, VA 23434			SAFETT NET	764,500.
THE UP CENTER	N/A	PC	STRENGTHENING THE	
580 E. MAIN STREET, SUITE 400			SAFETY NET	
NORFOLK, VA 23510				278,244.
VIDGINIA LEGAL AID COCTEMV INC	N/A	PC	STRENGTHENING THE	
VIRGINIA LEGAL AID SOCIETY, INC. P.O. BOX 6200		Ĩ	SAFETY NET	
LYNCHBURG, VA 24505				304,850.
FORKIDS, INC.	N/A	PC	STRENGTHENING THE	
1001 POINDEXTER STREET			SAFETY NET	
CHESAPEAKE, VA 23324-2444 Total from continuation sheets				40,000.

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51-0249728

Part XIV Supplementary Information	EALTHCARE FOUND	-	C. 51-024	
3 Grants and Contributions Paid During the V	Year (Continuation)	-		
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
HORIZON HEALTH SERVICES, INC. 8314 MAIN STREET IVOR, VA 23866	N/A	PC	STRENGTHENING THE SAFETY NET	379,070.
MAKE-A-WISH GREATER VIRGINIA 2810 N. PARHAM ROAD RICHMOND, VA 23294	N/A	PC	COMMUNITY ENGAGEMENT GRANT	1,000.
CARE FOR ME YOUTH INITIATIVES 1225 KEMPSVILLE RD VIRGINIA BEACH, VA 23467	N/A	PC	COMMUNITY ENGAGEMENT GRANT	500.
WESTERN TIDEWATER COMMUNITY SERVICES BOARD 7025 HARBOUR VIEW BLVD, SUITE 119 SUFFOLK, VA 23435	N/A	₽C	STRENGTHENING THE SAFETY NET	339,822.
COMMUNITY COALITION OF SUSSEX VA P. O. BOX 502 STONY CREEK, VA 23882	N/A	PC	HEALTHY BEHAVIORS	50,000.
COVER 3 FOOTBALL DBA COVER 3 FOUNDATION 125 S. COLLEGE DRIVE FRANKLIN, VA 23851-2425	N/A	₽C	HEALTHY BEHAVIORS	50,000.
JESSICA ANN MOORE FOUNDATION 408 SCHOOL STREET WAVERLY, VA 23890	N/A	₽C	HEALTHY BEHAVIORS	50,000.
FORKIDS, INC. 1001 POINDEXTER STREET CHESAPEAKE, VA 23324-2444	N/A	PC	HEALTHY BEHAVIORS	100,000.
SUSSEX COUNTY YOUTH & ADULT RECREATIONAL ASSOCIATION, INC. P O BOX 173 WAVERLY, VA 23890	N/A	₽C	HEALTHY BEHAVIORS	50,000.
SOUTHEAST 4-H EDUCATIONAL CENTER 15189 AIRFIELD ROAD WAKEFIELD, VA 23888	N/A	PC	HEALTHY BEHAVIORS	30,000.

OBICI HEALTHCARE FOUNDATION, INC. Part XIV Supplementary Information

51-0249728

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	Foundation status of	Purpose of grant or contribution	Amount
() () () () () () () () () ()	or substantial contributor	recipient		
BON SECOURS MERCY HEALTH FOUNDATION 150 KINGSLEY LANE NORFOLK, VA 23505	N/A	PC	STRENGTHENING THE SAFETY NET	58,01
VIRGINIA SYMPHONY ORCHESTRA 150 BOUSH STREET NORFOLK, VA 23510	N/A	PC	COMMUNITY ENGAGEMENT GRANT	3,00
COMMUNITY FOUNDATION, INC. (DBA THRIVE BIRTH TO FIVE) 3409 W. MOORE ST	N/A	PC	EARLY CHILDHOOD EDUCATION	
RICHMOND, VA 23230				37,20
CITY OF SUFFOLK 442 WASHINGTON STREET SUFFOLK, VA 23434	N/A	GOV	EARLY CHILDHOOD EDUCATION	1,92
				_,
THE CHILDREN'S CENTER 700 CAMPBELL AVE FRANKLIN, VA 23851	N/A	PC	EARLY CHILDHOOD EDUCATION	69,86
EARLY CHILDHOOD WESTERN TIDEWATER 601 NORTH MECHANIC STREET FRANKLIN, VA 23851	N/A	PC	EARLY CHILDHOOD EDUCATION	15,00
THE DOORWAYS, FORMERLY HOSPITALITY HOUSE OF RICHMOND, INC. 612 E. MARSHALL STREET	N/A	PC	COMMUNITY ENGAGEMENT GRANT	
RICHMOND, VA 23219				5,00
THE LINKS FOUNDATION (ON BEHALF OF THE SUFFOLK VA CHAPTER) PO BOX 721	N/A	PC	COMMUNITY ENGAGEMENT GRANT	
SUFFOLK, VA 23434				1,00
FIRST CONNECTIONS FOR EARLY SUCCESS 209 E CAWSON STREET HOPEWELL, VA 23860	N/A	PC	EARLY CHILDHOOD EDUCATION	25,00
THE EDWARD BROWN FOUNDATION 230 PARADISE DRIVE PORTSMOUTH, VA 23701	N/A	PC	COMMUNITY ENGAGEMENT GRANT	1,00

Part XIV Supplementary Information				
3 Grants and Contributions Paid During the Y				
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
LIONS CHARITY FOUNDATION OF SOUTHEASTERN VIRGINIA 2357 HAVERSHAM CLOSE	N/A	PC	COMMUNITY ENGAGEMENT GRANT	0.500
VIRGINIA BEACH, VA 23454 GIRLS ON THE RUN OF SOUTH HAMPTON ROADS 5817 WESLEYAN DRIVE	N/A	PC	HEALTHY BEHAVIORS	9,500
VIRGINIA BEACH, VA 23455				100,000
CENTER FOR NONPROFIT EXCELLENCE 1701-A ALLIED STREET CHARLOTTESVILLE, VA 22903	N/A	PC	CAPACITY BUILDING	218,791
SUFFOLK EDUCATION FOUNDATION PO BOX 394 SUFFOLK, VA 23439	N/A	PC	COMMUNITY ENGAGEMENT GRANT	2,000
WESTERN TIDEWATER HEALTH DISTRICT 135 HALL AVE, SUITE A SUFFOLK, VA 23434	N/A	GOV	MATERNAL CHILD HEALTH	262,392
THE CHILDREN'S CENTER 700 CAMPBELL AVE FRANKLIN, VA 23851	N/A	PC	MATERNAL CHILD HEALTH	152,149
CHILDREN'S HEALTH INVESTMENT PROGRAM OF SOUTH HAMPTON ROADS 1302 JEFFERSON STREET	N/A	₽C	MATERNAL CHILD HEALTH	
CHESAPEAKE, VA 23324				250,000
Total from continuation sheets				

51-0249728

Part XIV Supplementary Information 3 Grants and Contributions Approved for Fut				
Recipient	If recipient is an individual,			
·	show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	, into and
VESTERN TIDEWATER FREE CLINIC	N/A	PC	STRENGTHENING THE	
2019 MEADE PARKWAY			SAFETY NET	
SUFFOLK, VA 23434				786,500
VESTERN TIDEWATER COMMUNITY SERVICES	N/A	PC	STRENGTHENING THE	
BOARD			SAFETY NET	
7025 HARBOUR VIEW BLVD, SUITE 119				
SUFFOLK, VA 23435				179,650
RX DRUG ACCESS PARTNERSHIP	N/A	PC	STRENGTHENING THE	
1500 FOREST AVE			SAFETY NET	25 004
RICHMOND, VA 23229				25,000
FORKIDS, INC.	N/A	PC	STRENGTHENING THE	
LOO1 POINDEXTER STREET			SAFETY NET	
CHESAPEAKE, VA 23324-2444				40,000
WESTERN TIDEWATER COMMUNITY SERVICES BOARD	N/A	PC	STRENGTHENING THE	
7025 HARBOUR VIEW BLVD, SUITE 119			SAFETY NET	
SUFFOLK, VA 23435				339,822
THE UP CENTER	N/A	PC	STRENGTHENING THE	
580 E. MAIN STREET, SUITE 400			SAFETY NET	
NORFOLK, VA 23510				283,439
THE AMERICAN HEART ASSOCIATION	N/A	PC	STRENGTHENING THE	
1669 SOUTH BLVD. STE. 103 /IRGINIA BEACH, VA 23452			SAFETY NET	47 583
INGININ DIMON, VN 20402				47,582
HORIZON HEALTH SERVICES, INC.	N/A	PC	STRENGTHENING THE	
3314 MAIN STREET			SAFETY NET	
IVOR, VA 23866				386,653
VIRGINIA LEGAL AID SOCIETY, INC.	N/A	PC	STRENGTHENING THE	
P.O. BOX 6200			SAFETY NET	
LYNCHBURG, VA 24505				311,098
FORKIDS, INC.	N/A	PC	HEALTHY BEHAVIORS	
LOO1 POINDEXTER STREET CHESAPEAKE, VA 23324-2444				200,000
Total from continuation sheets	1	1	-	3,386,932

51-0249728

Part XIV Supplementary Information	EALTHCARE FOUND		C. 51-024	5720
3 Grants and Contributions Approved for Futu				
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
FIRST CONNECTIONS FOR EARLY SUCCESS	N/A	PC	EARLY CHILDHOOD	
209 E CAWSON STREET HOPEWELL, VA 23860			EDUCATION	18,755
GIRLS ON THE RUN OF SOUTH HAMPTON ROADS	N/A	PC	HEALTHY BEHAVIORS	
5817 WESLEYAN DRIVE VIRGINIA BEACH, VA 23455				100,000.
THE CHILDREN'S CENTER 700 CAMPBELL AVE	N/A	PC	MATERNAL CHILD HEALTH	
FRANKLIN, VA 23851				156,041.
CHILDREN'S HEALTH INVESTMENT PROGRAM OF SOUTH HAMPTON ROADS 1302 JEFFERSON STREET	N/A	PC	MATERNAL CHILD HEALTH	
CHESAPEAKE, VA 23324				250,000.
WESTERN TIDEWATER HEALTH DISTRICT 135 HALL AVE, SUITE A	N/A	GOV	MATERNAL CHILD HEALTH	
SUFFOLK, VA 23434				262,392.
Total from continuation sheets	1	1		

OTHER I	NCOME	S	STATEMENT 2
	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
	0. 3,345. 1,680.	3,083,037. 3,345. 0.	
LINE 11	5,025.	3,086,382.	
ACCOUNTI	NG FEES	S	STATEMENT 3
(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
66,746.	0	. 0.	66,746.
66,746.	0	. 0.	66,746.
THER PROFES	SIONAL FEES	S	STATEMENT 4
(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE
	MENT INCOME	NUL INCOME	PURPOSES
721,231.			PURPOSES
721,231. 721,231.	721,231	. 0.	PURPOSES 0.
	721,231	0.	PURPOSES 0.
721,231.	721,231	0.	PURPOSES 0. 0.
721,231. TAX (A) EXPENSES	721,231 721,231 EES (B) NET INVEST- MENT INCOME 0 0	. 0. 0. 0. 0. C) ADJUSTED NET INCOME 0. 0.	PURPOSES 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.
	LINE 11 ACCOUNTI (A) EXPENSES PER BOOKS 66,746. 66,746. 07HER PROFES (A) EXPENSES	REVENUE PER BOOKS0.3,345.1,680.LINE 115,025.ACCOUNTING FEESACCOUNTING FEES(A)(B)EXPENSESPER BOOKSMENT INVEST- PER BOOKS66,746.066,746.066,746.0066,746.00 <td< td=""><td>(A) (B) REVENUE NET INVEST- 0. 3,083,037. 3,345. 3,345. 1,680. 0. LINE 11 5,025. 3,086,382. ACCOUNTING FEES S (A) (B) (C) ACCOUNTING FEES S (A) (B) (C) ADJUSTED NET INCOME 66,746. 0. 0. 66,746. 0. 0. OTHER PROFESSIONAL FEES S (A) (B) (C)</td></td<>	(A) (B) REVENUE NET INVEST- 0. 3,083,037. 3,345. 3,345. 1,680. 0. LINE 11 5,025. 3,086,382. ACCOUNTING FEES S (A) (B) (C) ACCOUNTING FEES S (A) (B) (C) ADJUSTED NET INCOME 66,746. 0. 0. 66,746. 0. 0. OTHER PROFESSIONAL FEES S (A) (B) (C)

FORM 990-PF	OTHER E	XPENSES	STATEMENT 6		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
PROGRAM DEVELOPMENT	283,184.	0.	0.	284,437.	
INSURANCE	15,967.	0.	0.	16,139.	
MISC. EXPENSES	2,374.	0.	0.	2,385.	
DUES & SUBSCRIPTIONS	24,036.	0.	0.	24,036.	
TECHNOLOGY EXPENSES	27,766.	0.	0.	19,716.	
TO FORM 990-PF, PG 1, LN 23	353,327.	0.	0.	346,713.	

FORM 990-PF OTHER INCREASES IN NET ASSETS OR FU	JND BALANCES	STATEMENT 7	
DESCRIPTION		AMOUNT	
UNREALIZED GAINS/LOSSES IN INVESTMENTS, PARTNERSE FOREIGN INVESTMENTS	16,424,797.		
TOTAL TO FORM 990-PF, PART III, LINE 3		16,424,797.	
FORM 990-PF CORPORATE STOCK	STATEMENT 8		
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE	
EXCHANGE-TRADED FUNDS AND MUTUAL FUNDS	9,669,850.	9,669,850.	
TOTAL TO FORM 990-PF, PART II, LINE 10B	9,669,850.	9,669,850.	

09231028 759400 735880.000

51-0249728

FORM 990-PF OT	HER INVESTMENTS		STATEMENT 9
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
ALTERNATIVE INVESTMENTS - FOREIGN	FMV		
CORPORATIONS ALTERNATIVE INVESTMENTS - LIMITED	FMV	57,499,283.	57,499,283.
PARTNERSHIPS AND CORPORATIONS		75,648,775.	75,648,775.
TOTAL TO FORM 990-PF, PART II, LI	NE 13	133,148,058.	133,148,058.

FORM 990-PF	OTHER ASSETS	STATEMENT 10	
DESCRIPTION	BEGINNING OF	END OF YEAR	FAIR MARKET
	YR BOOK VALUE	BOOK VALUE	VALUE
ART COLLECTION	373,669.	373,669.	373,669.
CEMETARY LOTS	24,000.	24,000.	24,000.
EXCISE TAX RECEIVABLE	106,889.	30,505.	30,505.
UBIT TAX RECEIVABLE	0.	62,380.	62,380.
TO FORM 990-PF, PART II, LINE 15	504,558.	490,554.	490,554.

FORM 990-PF OTHER LIABILITIES			STATEMENT 11
DESCRIPTION		BOY AMOUNT	EOY AMOUNT
DEFERRED TAXES PAYABLE EXCISE TAX PAYABLE	-	480,903. 56,431.	643,126. 0.
TOTAL TO FORM 990-PF, PART II,	LINE 22	537,334.	643,126.

FORM 990-PF P	PART VII - LIST TRUSTEES AND	OF OFFICERS, D FOUNDATION MAN	STATEMENT 12		
NAME AND ADDRESS		TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	
ROBERT C. BARCLAY, 106 W. FINNEY AVENU SUFFOLK, VA 23434		CHAIRMAN 1.00	0.	0.	0.
RALPH HOWELL, JR. 106 W. FINNEY AVENU SUFFOLK, VA 23434	JE	VICE-CHAIRMAN 1.00	0.	0.	0.
MARY HADDAD 106 W. FINNEY AVENU SUFFOLK, VA 23434	JE	SECRETARY 1.00	0.	0.	0.
J. WAYNE SCOTT 106 W. FINNEY AVENU SUFFOLK, VA 23434	JE	TREASURER 1.00	0.	0.	0.
THOMAS WOODWARD, II 106 W. FINNEY AVENU SUFFOLK, VA 23434		BOARD OF DIRE 1.00	CTORS 0.	0.	0.
LYNNE RABIL 106 W. FINNEY AVENU SUFFOLK, VA 23434	JE	BOARD OF DIRE 1.00	CTORS 0.	0.	0.
R. SCOTT CARR 106 W. FINNEY AVENU SUFFOLK, VA 23434	JE	BOARD OF DIRE 1.00	CTORS 0.	0.	0.
REX ALPHIN 106 W. FINNEY AVENU SUFFOLK, VA 23434	JE	BOARD OF DIRE 1.00	CTORS 0.	0.	0.
BILL PEAK 106 W. FINNEY AVENU SUFFOLK, VA 23434	JE	BOARD OF DIRE 1.00	CTORS 0.	0.	0.
J. MICHAEL PONDER 106 W. FINNEY AVENU SUFFOLK, VA 23434	JE	BOARD OF DIRE 1.00	CTORS 0.	0.	0.

OBICI HEALTHCARE FOUNDATION, INC.			51	-0249728
MELISSA ROLLINS 106 W. FINNEY AVENUE SUFFOLK, VA 23434	BOARD OF DIRECTORS 1.00	σ.	0.	0.
R. BATTLE BETTS, JR. 106 W. FINNEY AVENUE SUFFOLK, VA 23434	PRESIDENT & CEO 40.00 2	287,833.	17,462.	11,749.
VICTORIA MASTON 106 W. FINNEY AVENUE SUFFOLK, VA 23434	DIRECTOR OF FINANC 23.00 1	CE 108,371.	5,419.	0.
DENISE BUNN 106 W. FINNEY AVENUE SUFFOLK, VA 23434	BOARD OF DIRECTORS 1.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6,	PART VII	396,204.	22,881.	11,749.

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION PART XIV, LINES 2A THROUGH 2D

STATEMENT 13

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

GRANTS MANAGER 106 W. FINNEY AVENUE SUFFOLK, VA 23434

TELEPHONE NUMBER

757-539-8810

FORM AND CONTENT OF APPLICATIONS

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

THE FOLLOWING MATERIALS MUST ACCOMPANY THE PRIORITY GRANT APPLICATION: 1. IRS DETERMINATION LETTER OR A WRITTEN DOCUMENT CERTIFYING TAX EXEMPT STATUS

- 2. PROPOSAL COVER SHEET
- 3. PROJECT NARRATIVE
- 4. BUDGET WORKSHEET AND BUDGET NARRATIVE
- 5. CURRENT AUDITED FINANCIAL STATEMENTS OR 990
- 6. ANY OTHER SUPPLEMENTAL MATERIAL DETAILED IN THE RFP

ANY SUBMISSION DEADLINES

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

RESTRICTIONS AND LIMITATIONS ON AWARDS

1. LOBBYING OR POLITICAL PROGRAMS OR EVENTS

2. ACTIVITIES THAT EXCLUSIVELY BENEFIT THE MEMBERS OF SECTARIAN OR RELIGIOUS ORGANIZATIONS

3. ORGANIZATIONS THAT DISCRIMINATE BY RACE, COLOR, CREED, GENDER OR NATIONAL ORIGIN

4. BIOMEDICAL, CLINICAL OR EDUCATIONAL RESEARCH

- 5. INDIVIDUAL SCHOLARSHIPS
- 6. DIRECT SUPPORT TO ENDOWMENTS

7. FUNDING THAT SUPPLANTS EXISTING SOURCES OF SUPPORT

- 8. INDIVIDUALS, INCLUDING PATIENT ASSISTANCE FUNDS
- 9. PROJECTS OUTSIDE OF THE FOUNDATION'S SERVICE AREA
- 10. MEETINGS AND CONFERENCES, UNLESS THEY ARE ESSENTIAL TO A LARGER PROJECT

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION STATEMENT 14 PART XIV, LINES 2A - 2D (CONTINUATION)

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

UNRELATED BUSINESS INCOME

CARRYOVER DATA TO 2024

Name OBICI HEALTHCARE FOUNDATION, INC.	Employer Identificatio	n Number 8
Based on the information provided with this return, the following are possible carryover amounts to next year.		
FEDERAL POST-2017 NET OPERATING LOSS - PARTNERSHIP INV	ESTMEN	2,073,440.
	=	
		_
	=	

N	ame:	OBICI HEALTHC	ARE FOUNDATION	INC.							FEIN:	51-0249728
		and Entity: PAR 382 Annual Limitation	RTNERSHIP INVES	TMENT POST-201 Section 382 Carryover	.7 NO	DETAIL C	ARRYOVER SCH	IEDULE				
	Year Drigi- lated	Original Carryover Amount	Total Amount	Amount Used for 03/31/23	Amount Used for							
A B C D	2018 2019 2020 2021 2023	939,062. 664,863. 441,433. 467,237. 351,030.	790,185.	790,185.								
W	Detail Fype	E Amount S Used for B	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 BC DE FG H I J K L M N O P Q R S T U V W												

312571 04-01-23

		EXTENDED TO FEBRUARY 18, 2025		
Form	990-T	Exempt Organization Business Income Tax Retur	n	OMB No. 1545-0047
		(and proxy tax under section 6033(e))		0000
		For calendar year 2023 or other tax year beginning $\underline{\text{APR 1, } 2023}$, and ending $\underline{\text{MAR 31, } 20}$	24	ZUZ 3
	ent of the Treasury 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
_	Check box if			ployer identification number
A	address changed.	Name of organization (Check box if name changed and see instructions.)		
B Exe	mpt under section	Print OBICI HEALTHCARE FOUNDATION, INC.	5	51-0249728
	501(c)(3)	_or Number, street, and room or suite no. If a P.O. box, see instructions.	E Gro	oup exemption number
	408(e) 220(e)	Type 106 W. FINNEY AVENUE	(Se	e instructions)
	408A 530(a)	City or town, state or province, country, and ZIP or foreign postal code		
	529(a) 529A	SUFFOLK, VA 23434	F	Check box if
	.,	C Book value of all assets at end of year		an amended return.
G Cł	neck organization		State	college/university
	C C	6417(d)(1)(A) Applicable entity		
H Cł	neck if filing only to	o claim Credit from Form 8941 Refund shown on Form 2439 Elective paym	ent amo	ount from Form 3800
I Cł	neck if a 501(c)(3)	organization filing a consolidated return with a 501(c)(2) titleholding corporation		
J Er	ter the number of	attached Schedules A (Form 990-T)		1
K Du	uring the tax year,	was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes X No
lf	"Yes," enter the na	ame and identifying number of the parent corporation		
-	ie books are in car		757-	539-8810
Part	I Total Unr	elated Business Taxable Income		
1	Total of unrelated	I business taxable income computed from all unrelated trades or businesses (see instructions) \dots	. 1	0.
2	Reserved		2	
3	Add lines 1 and 2		3	
4		outions (see instructions for limitation rules)		0.
5	Total unrelated b	usiness taxable income before net operating losses. Subtract line 4 from line 3	5	
6	Deduction for net	operating loss. See instructions	6	
7	Total of unrelated	I business taxable income before specific deduction and section 199A deduction.		
	Subtract line 6 fro		7	1.000
8		n (generally \$1,000, but see instructions for exceptions)		1,000.
9		99A deduction. See instructions		1 000
10		s. Add lines 8 and 9	10	1,000.
11 Part		ess taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	. 11	0.
				0.
1		xable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2		t trust rates. See instructions for tax computation. Income tax on the amount on		
•		m: Tax rate schedule or Schedule D (Form 1041)		
3		istructions	3	
4		ts. See instructions	4 5	
5 6		um tax	6	
7		8 through 6 to line 1 or 2, whichever applies	7	0.
Part	III Tax and	Payments		
1a	Foreign tax credit	: (corporations attach Form 1118; trusts attach Form 1116)		
b	Other credits (see			
с	General business	credit. Attach Form 3800 (see instructions)		
d		ar minimum tax (attach Form 8801 or 8827)1d		
е		ld lines 1a through 1d	1e	
2	Subtract line 1e f	rom Part II, line 7	2	0.
3a	Amount due from	Form 4255 3a		
b	Amount due from	Form 8611 3b		
с	Amount due from	Form 8697 3c		
d	Amount due from	Form 8866 3d		
е		ue (see instructions) 3e		
f		ie. Add lines 3a through 3e	Зf	0.
4	Total tax. Add lin	es 2 and 3f (see instructions).		_
		nter tax amount here		0.
5	Current net 965 t	ax liability paid from Form 965-A, Part II, column (k)	5	0.

	90-T (2023)				ŀ	⁻ age 2
Part	III Tax and Payments (continued)					
6 a	Payments: Preceding year's overpayment credited to the current year	<u>6a</u>	8,901.			
b	Current year's estimated tax payments. Check if section 643(g) election					
	applies	6b	35,019.			
с	Tax deposited with Form 8868	6c				
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d				
е	Backup withholding (see instructions)	6e				
f	Credit for small employer health insurance premiums (attach Form 8941)	6f				
g	Elective payment election amount from Form 3800	6g				
h	Payment from Form 2439	6h				
i	Credit from Form 4136	6i				
j	Other (see instructions)					
7	Total payments. Add lines 6a through 6j			7	<u>43,9</u>	20.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached			8		
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed			9		
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount over	rpaid		10	43,9	
	Enter the amount of line 10 you want: Credited to 2024 estimated tax	43,9		11		0.
Part	IV Statements Regarding Certain Activities and Other Informa	ition (se	ee instructions)			
1	At any time during the 2023 calendar year, did the organization have an interest in c	or a signa [.]	ture or other authority		Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the	e organiza	ation may have to file			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the	he name o	of the foreign country			
	here					X
2	During the tax year, did the organization receive a distribution from, or was it the gra	antor of, o	or transferor to, a			
	foreign trust?					X
	If "Yes," see instructions for other forms the organization may have to file.					
3	Enter the amount of tax-exempt interest received or accrued during the tax year		\$			
4	Enter available pre-2018 NOL carryovers here \$ Do no	t include	any post-2017 NOL car	ryover		
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by	/ any ded	uction reported on Part	I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-201	17 NOL ca	arryovers. Don't reduce			
	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 f	or the tax	year. See instructions.			
	Business Activity Code	Av	ailable post-2017 NOL	carryover		
	525990	\$	1,7	22,410.		
		\$				
		\$				
		\$				
6 a	Reserved for future use					
b	Reserved for future use	<u></u>	·····			
Part	V Supplemental Information					

Provide any additional information. See instructions.

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.								
	Signature of officer	Date	PRESI Title	CEO	May the IRS discuss this return with the preparer shown below (see instructions)? X Yes No				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature		Date	Check	if F	PTIN		
					self-employe	d			
	r VIRGINIA R. BELCHER						P004	21964	
		HENS, HURST,	, GARY &	SHREAN	7E Firm's EIN		54-1	63126	2
	4401 DOMINION BLVD								
	Firm's address GLEN ALLEN	, VA 23060			Phone no.	(80	4) 7	47-00	00
							-	000 T	

323711 11-20-23

SCHEDULE A (Form 990-T)

Department of the Treasury

Internal Revenue Service

С

Unrelated Business Taxable Income From an Unrelated Trade or Business

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).

OMB No. 1545-0047

1

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

Α

Name of the organization OBICI HEALTHCARE FOUNDATIO	N, INC.	B Employer ident 51-0249		n numbe	ər	
Unrelated business activity code (see instructions)	525990	D Sequence:	1	of	1	

PARTNERSHIP INVESTMENT ACTIVITIES Describe the unrelated trade or business

ΕI	Describe the unrelated trade or business PARTNERSHIP	TUAT	ESTMENT ACTIV	TTIES	
Pa	rt I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances c Balance	1c			
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4 a	Capital gain net income (attach Schedule D (Form 1041 or Form				
	1120)). See instructions	4a			
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			
с	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement) STATEMENT 15	5	-351,030.		-351,030.
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17)				
	organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11			
12	Other income (see instructions; attach statement)	12			
13	Total. Combine lines 3 through 12	13	-351,030.		-351,030.

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

1	Compensation of officers, directors, and trustees (Part X)		 1	
2	Salaries and wages		2	
3	Repairs and maintenance		 3	
4	Bad debts		4	
5	Interest (attach statement). See instructions		5	
6	Taxes and licenses		 6	
7	Depreciation (attach Form 4562). See instructions	7		
8	Less depreciation claimed in Part III and elsewhere on return		8b	
9	Depletion		 9	
10	Contributions to deferred compensation plans		10	
11	Employee benefit programs		11	
12	Excess exempt expenses (Part VIII)		12	
13	Excess readership costs (Part IX)		13	
14	Other deductions (attach statement)		14	
15	Total deductions. Add lines 1 through 14		15	0.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from			
	column (C)		 16	-351,030.
17	Deduction for net operating loss. See instructions		17	0.
18	Unrelated business taxable income. Subtract line 17 from line 16		18	-351,030.
For F	Paperwork Reduction Act Notice, see instructions.		 Schedu	le A (Form 990-T) 2023

LHA 323741 01-19-24

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Sched	ule A (Form 990-T) 2023				1 Page 2
Part		nod of inventory valuat	ion	т г	<u> </u>
1	Inventory at beginning of year			1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter h				Yes No
9 Part	Do the rules of section 263A (with respect to property p IV Rent Income (From Real Property and				
1	Description of property (property street address, city, s	•	-		
	A 🗌	, ,			
	в 🗌				
	c 🗌				
	D				
		Α	В	С	D
2	Rent received or accrued				
а	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)				
с	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 Deductions directly connected with the income	A through D. Enter here	e and on Part I, line 6, c	olumn (A)	0.
4	in lines 2a and 2b (attach statement)				
5	Total deductions. Add line 4, columns A through D. Er	nter here and on Part I	line 6. column (B)		0.
Part		ee instructions)			
1	Description of debt-financed property (street address, o		heck if a dual-use. See	instructions.	
	A 🗌				
	в 🔄				
	c 🗌				
	D		гг		
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	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 \dots				
8	Total gross income (add line 7, columns A through D)	. Enter here and on Pa	rt I, line 7, column (A)	·····	0.
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A thr	ough D. Enter here an	d on Part I, line 7, colun	nn (B)	0.
11	Total dividends-received deductions included in line	10			0.
323721	01-19-24	43		Schedule A	A (Form 990-T) 2023

40 2023.05000 OBICI HEALTHCARE FOUNDATI 735880.1

	/=	_										1
Schede Part	ule A (Form 990-T) 2023	ities. Ro	valties, and Ro	ents Fro	m Contro	lled O	rganization	S (se	e instruct	ions)		Page 3
	,						Exempt Control	· ·		,		
	1. Name of controller organization	ed	2. Employer identification	incon	unrelated ne (loss)	4. Tota	al of specified nents made	5. Pa that is	rt of colur included olling orga	nn 4 in the	C	eductions directly onnected with
			number	(see ins	structions)				gross inc		inco	ome in column 5
<u>(1)</u>												
<u>(2)</u>												
(3)												
<u>(4)</u>			No	nevempt (Controlled O	 raanizati	ions					
7	. Taxable Income	8 N	let unrelated		otal of specif	-	10. Part o	of colu	mn 9	11	Dedi	uctions directly
		inc	come (loss) instructions)		yments mad		that is inc controlling	luded i	in the ation's		conr	in column 10
<u>(1)</u>												
(2)												
(3)												
<u>(4)</u>												
							Add colum Enter here line 8, c	and on	Part I,	Ent	er her	imns 6 and 11. e and on Part I, column (B).
Totals									0.			0.
Part			of a Section 50)1(c)(7), (nization _{(s}	ee inst	ructions)			
	1. Desc	cription of ir	ncome		2. Amou incor		3. Deduction directly connormal (attach stater	ected	4. Set- (attach st		nt)	Total deductions and set-asides add cols 3 and 4)
(1)												
(2)												
(3)												
(4)												
					Add amou column 2 here and o line 9, colu	. Enter n Part I,					h	Add amounts in column 5. Enter ere and on Part I, ine 9, column (B).
Totals						0.						0.
Part	VIII Exploited E	xempt A	ctivity Income	, Other T	han Adve	ertising	g Income	(see ins	structions)			
1	Description of exploite	ed activity:										
2	Gross unrelated busin	ness income	from trade or busi	ness. Ente	r here and o	n Part I,	line 10, colum	n (A)		2		
3	Expenses directly con	nected with	production of unr	elated busi	ness income	e. Enter l	here and on Pa	art I,				
										3		
4	Net income (loss) from	n unrelated t	trade or business.	Subtract lir	ne 3 from line	e 2. If a g	gain, complete	1				
										4		
5	Gross income from ac									5		
6	Expenses attributable									6		
7	Excess exempt expen											
	4. Enter here and on F	Part II, line 1	2							7		

Schedule A (Form 990-T) 2023

323731 01-19-24

	ule A (Form 990-T) 2023					Page 4
Part	IX Advertising Income					
1	Name(s) of periodical(s). Check box if reportir	ng two or	more periodicals on	a consolidated bas	sis.	
	A 🛄					
	в					
	c 🖂					
	D					
Enter	amounts for each periodical listed above in the	correspor	ndina column			
Linton		ooncopor	A	В	С	D
2	Gross advertising income		A		v	
2	Add columns A through D. Enter here and on		a 11. aalumn (A)			0.
_	Add columns A through D. Enter here and on	r Fart I, III				
a	B					
3	Direct advertising costs by periodical					
а	Add columns A through D. Enter here and on	n Part I, lin	e 11, column (B)			0.
4	Advertising gain (loss). Subtract line 3 from lin	ne				
	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 complet					
	lines 5 through 7, and enter -0- on line 8 \dots					
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 le	ss				
	than line 6, enter -0-					
8	Excess readership costs allowed as a					
	deduction. For each column showing a gain of	on				
	line 4, enter the lesser of line 4 or line 7					
а	Add line 8, columns A through D. Enter the g		he line 8a columns t	otal or -0- here and	d on	
	Part II, line 13					0.
Part	X Compensation of Officers, Di	rectors,	and Trustees	(see instructions)		
					3. Percentage	4. Compensation
	1. Name		2. Title		of time devoted	attributable to
					to business	unrelated business
(1)					%	
(2)					%	
(3)					%	
(4)					%	
Total	. Enter here and on Part II, line 1					0.
Part	XI Supplemental Information (se	ee instruct	ions)			

1

FORM 990-T (A) INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 15
DESCRIPTION	NET INCOME OR (LOSS)
ALPINE INVESOTRS VI - ORDINARY BUSINESS INCOME (LOSS)	-13,616
GOODNIGHT MIDSTREAM CO-INVEST LP - ORDINARY BUSINESS	
INCOME (LOSS)	-9,353
AILWATER ENERGY FUND III - ORDINARY BUSINESS INCOME	
(LOSS)	131,111
AILWATER ENERGY FUND IV - ORDINARY BUSINESS INCOME (LOSS) -43,861
ORTUS INVESTMENTS II - ORDINARY BUSINESS INCOME (LOSS)	-551,405
ROADVAIL CAPITAL PARTNERS FUND I - ORDINARY BUSINESS	
NCOME (LOSS)	19,080
ROADVAIL GROWTH EQUITY FUND II - ORDINARY BUSINESS INCOM	
LOSS)	-23,800
IERCED PARTNERS V - ORDINARY BUSINESS INCOME (LOSS)	457,765
ARTNERS FOR GROWTH V - ORDINARY BUSINESS INCOME (LOSS)	3,429
ERCED PARTNERS IV - ORDINARY BUSINESS INCOME (LOSS)	1,516
ARTNERS FOR GROWTH VI - ORDINARY BUSINESS INCOME (LOSS)	6,556
UTTONWOOD HOLDINGS INVESTMENT LTD ORDINARY BUSINESS	
NCOME (LOSS)	10,438
HITMAN PETERSON PARTNERS IV LP - ORDINARY BUSINESS INCOM	E
LOSS)	-9,070
CCESS HOLIDINGS FUND I, LP - ORDINARY BUSINESS INCOME	
LOSS)	-99,737
CCOLADE PARTNERS VIII LP - ORDINARY BUSINESS INCOME	
LOSS)	-424
ROADVAIL GROWTH EQUITY FUND III, LP - ORDINARY BUSINESS	
NCOME (LOSS)	-28,000
IELLCORE CAPITAL PARTNERS LP - ORDINARY BUSINESS INCOME	
LOSS)	-21
ROTHWELL VENTURES I, LP - ORDINARY BUSINESS INCOME (LOSS)	153,784
IMBER BAY FUND II, LP - ORDINARY BUSINESS INCOME (LOSS)	5,943
HITMAN-PETERSON PARTNERS III, LP - ORDINARY BUSINESS	
NCOME (LOSS)	-268,741
ROADVAIL FUND III SIDECAR I, LP - ORDINARY BUSINESS	
NCOME (LOSS)	-399
NERGY TRANSFER LP - ORDINARY BUSINESS INCOME (LOSS)	-1,076
EXUS SPECIAL SITUATIONS III, LP - ORDINARY BUSINESS	
NCOME (LOSS)	-7,114
4G CAPITAL PARTNERS I CO-INVEST FUND - ORDINARY BUSINESS	
NCOME (LOSS)	-18,106
4G CAPITAL PARTNERS I, LP - ORDINARY BUSINESS INCOME	
LOSS)	-50,894
CCESS FUND II CO-INVESTMENT LP - ORDINARY BUSINESS INCOM	
LOSS)	-7,225
ENTRE LANE PARTNERS V, LP - ORDINARY BUSINESS INCOME	
LOSS)	2,517
ROWTH CATALYST PARTNERS II-A LP - ORDINARY BUSINESS	
NCOME (LOSS)	53
CP FUND II CSP CO-INVEST FUND, LP - ORDINARY BUSINESS	
NCOME (LOSS)	- 39
EW STATE CAPITAL PARTNERS CSP CO-INVEST - ORDINARY	
USINESS INCOME (LOSS)	705
LEASANT LAKE ONSHORE FEEDER FUND, LP - ORDINARY BUSINESS	
NCOME (LOSS)	-3,961

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OBICI HEALTHCARE	FOUNDATION, INC.	51-0249728
WHITMAN/PETERSON (LOSS)	CORE PLUS LP - ORDINARY BUSINESS INCOME	-7,085.

TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5

-7,085.

-351,030.

990-T SCH #	A POST-201	7 NET OPERATING	LOSS DEDUCTION	STATEMENT 16
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
03/31/18	49,830.	49,830.	0.	0.
03/31/19 03/31/20	939,062. 664,863.	790,185. 0.	148,877. 664,863.	148,877. 664,863.
03/31/21 03/31/22	441,433. 467,237.	0. 0.	441,433. 467,237.	441,433. 467,237.
NOL CARRYON	/ER AVAILABLE THIS Y	YEAR	1,722,410.	1,722,410.



Alternative Minimum Tax-Corporations

OMB No. 1545-0123

Attach to your tax return.

Go to www.irs.gov/Form4626 for instructions and the latest information.

2023

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Nam	e				Employ	er identificat	ion numbei
	OBICI HEALTHCARE FOUNDATION, INC.				5	1-0249	728
A	Is the corporation filing this form a member of a controlled group treated as a single	employ	er under sections 59(k)	(1)(D) and 52?		Yes	X No
	If "Yes," the corporation must complete Part V listing the names, EINs, and		. ,				
	statement income or loss for each member of the controlled group treated						
	account in the determination of "applicable corporation" under section 59(I		• • •				
	ls the corporation filing this form a member of a foreign-parented multinational grou			f section 59(k)(2)	(B)?	Yes	X No
	If "Yes," the corporation must complete Part V listing the names, EINs, and		, -		() _		
	statement income or loss for each member of the FPMG under section 59(k)(2)(B)					
Pa	rt I Applicable Corporation Determination (Report all am	ounts i	n U.S. dollars.)				
	If you have already determined in current or prior years you are an a	pplical	ble corporation, skip l				
			(a) First Preceding	(b) Second Pr	eceding	(c) Third F	Preceding
			Year Ended	Year End	ed	Year E	Ended
1	Net income or loss per applicable financial statement(s) (AFS) (see inst):						
а	Consolidated net income or loss per the AFS of the corporation	1a					
b	Include AFS net income or loss of other includible entities (add						
	net income and subtract net loss)	1b					
с	Exclude AFS net income or loss of excludible entities (add net						
	loss and subtract net income)	1c					
d	Adjustment for certain consolidating entries (see instructions)	1d					
е	Specified additional net income or loss item B. Reserved for future use	1e					
f	AFS net income or loss of all entities in the test group before						
	adjustments. Combine lines 1a through 1d	1f					
2	Adjustments:						
а	Financial statements covering different tax years	2a					
b	Corporations that are not included on the taxpayer's consolidated						
	return (see instructions)	2b					
с	Pro-rata share of net income from controlled foreign corporations for						
	which the corporation is a U.S. shareholder. If zero or less, enter -0-						
	(see instructions for special rules if completing this form for an FPMG)	2c					
d	Amounts that are not effectively connected to a U.S. trade or business						
	(see instructions for special rules if completing this form for an FPMG)	2d					
е	Certain taxes (see instructions)	2e					
f	Patronage dividends and per-unit retain allocations (cooperatives only)	2f					
g	Alaska native corporations	2g					
h	Certain credits (see instructions)	2h					
i	Mortgage servicing income	2 i					
j	Tax-exempt entities (organizations subject to tax under section 511) \dots	2j					
k	Depreciation	2k					
Ι	Qualified wireless spectrum	21					
m	Covered transactions	2m					
n	Adjustments related to bankruptcy and insolvency	2n					
0	Certain insurance company adjustments	20					
р	Adjustment P - Reserved for future use	2р					
q	Adjustment Q - Reserved for future use	2q					
r	Adjustment R - Reserved for future use	2r					
s	Adjustment S - Reserved for future use	2s					
z	Other (see instructions)	2z					
3	Specified adjustment. Reserved for future use	3					
4	Total adjustments. Combine lines 2a through 2z	4					
5	AFSI. Combine lines 1f and 4	5					
6	AFSI of first, second, and third preceding tax years. Combine columns (a),	(b), an	id (c) of line 5		6		
7	3-year average annual AFSI (see instructions)				7		

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LHA For Paperwork Reduction Act Notice, see separate instructions.

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Form 4	626 (2023)				Page 2
Part	Applicable Corporation Determination (Report all amound	unts in U.S.	dollars.) (continued	d)	
8	Is line 7 more than \$1 billion?			,	
	Yes. Continue to line 9.				
	No. STOP here and attach to your tax return.				
9	Is the corporation a member of an FPMG within the meaning of section 5	59(k)(2)(B)?			
	Yes. Continue to line 10.				
	No. Continue to Part II.			<u>.</u>	
			(a)	(b)	(c)
			First Preceding	Second Preceding	Third Preceding
			Year Ended	Year Ended	Year Ended
10	AFSI for purposes of the \$100 million test before adjustments:				
а	AFSI from line 5	10 a			
b	Aggregation differences (see instructions)	10b			
С	Total AFSI for purposes of the \$100 million test before adjustments.				
	Combine lines 10a and 10b	10c			
11	Adjustments:				
а	Income not effectively connected to a U.S. trade or business	11a			
b	Pro-rata share of CFC net income described in section 56A(c)(3)				
	(attach worksheet) (see instructions)	11b			
с	Reserved for future use - Other adjustments 1	11c			
d	Reserved for future use - Other adjustments 2	11d			
12	Total adjustments. Combine lines 11a and 11b	12			
13	Total AFSI for purposes of the \$100 million test. Combine lines				
	10c and 12	13			
14	AFSI of first, second, and third preceding tax years. Combine columns (a), (b), and ((c) of line 13	14	
15	3-year average annual AFSI for purposes of the \$100 million test			15	
16	Is line 15 \$100 million or more?				
	Yes. Continue to Part II.				
	No. STOP here. Attach to your tax return.				

		Page 3
Part II Corporate Alternative Minimum Tax		
1 Net income or loss per applicable financial statement(s) (AFS) (see instructions):		353 030
a Consolidated net income or loss per the AFS of the corporation		-352,030.
b Include AFS net income or loss of other includible entities (add net income and subtract net loss)		
c Exclude AFS net income or loss of excludible entities (add net loss and subtract net income)		
d Adjustment for certain consolidating entries (see instructions)		
e Specified additional net income or loss item D. Reserved for future use		250.020
f AFS net income or loss before adjustments. Combine lines 1a through 1d	1 f	-352,030.
2 Adjustments:		
a Financial statements covering different tax years	2a	
b Reserved for future use - Adjustment 2b	2b	
c Corporations that are not included on the taxpayers - consolidated return (see instructions)	2c	
d The corporation's distributive share of adjusted financial statement income of partnerships	2d	
e Pro-rata share of net income from controlled foreign corporations for which the corporation is a U.S.		
shareholder. If zero or less, enter -0 (See instructions)	2e	
f Amounts that are not effectively connected to a U.S. trade or business	2f	
g Certain taxes. Enter the amount from Part III, line 7	2g	
h Patronage dividends and per-unit retain allocations (cooperatives only)		
i Alaska native corporations	2i	
j Certain credits (see instructions)		
k Mortgage servicing income		
Covered benefit plans described in section 56A(c)(11)(B)		
m Tax-exempt entities (organizations subject to tax under section 511)		
n Depreciation		
Qualified wireless spectrum		
p Covered transactions		
 q Adjustments related to bankruptcy and insolvency 		
 r Certain insurance company adjustments 		
z Other (see instructions)		
3 Total adjustments. Combine lines 2a through 2z		-352,030.
AFSI before financial statement net operating loss carryover. Combine lines 1f and 3		-332,030.
5 Financial statement net operating loss (FSNOL) (see instructions)		
AFSI. Subtract line 5 from line 4. If zero or less, enter -0-		
7 Multiply line 6 by 15% (0.15)	7	
B Corporate alternative minimum tax foreign tax credit (CAMT FTC). Enter amount from Part IV, Section I, line 6 (see inst)		
Tentative minimum tax. Subtract line 8 from line 7. If zero or less, enter -0-)		
Regular tax liability (see instructions)	10	
Base erosion minimum tax (see instructions)		
2 Combine lines 10 and 11	12	
Alternative minimum tax. Subtract line 12 from line 9. If zero or less, enter -0 Enter here and on Form		
1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	13	
art III Adjustment for Certain Taxes Under Section 56A(c)(5)		
Current income tax provision - Foreign	1	
2 Current income tax provision - Federal	2	
B Deferred income tax provision - Foreign	3	
Deferred income tax provision - Federal	. 4	
Income taxes included in equity method investment income		
a Adjustment A - Reserved for future use	6a	
b Adjustment B - Reserved for future use		
c Adjustment C - Reserved for future use		
d Adjustment D - Reserved for future use		
e Adjustment E - Reserved for future use		
f Adjustment F - Reserved for future use		
g Adjustment G - Reserved for future use		
h Adjustment H - Reserved for future use		
z Income taxes in other places		
 7 Total. Combine lines 1 through 6z. Enter here and on Part II, line 2g 		
	/	Form 4626 (2023)

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Form	4626 (2023)				Page 4
Pa	t IV Alternative Minimum Tax - Corporations Foreign Tax Credit				
Sec	tion I - AMT Foreign Tax Credit				
1	Domestic corporation AMT foreign income taxes:				
а	Total foreign taxes paid or accrued as reported on Form 1118, Schedule B,				
	Part I, column 2(j)	1a			
b	Adjustment	1b			
с	Adjustment	1c			
d	Adjustment	1d			
е	Adjustment	1e			
f	Adjustment	1f			
g	Adjustment	1g			
2	Total domestic corporation AMT foreign income taxes. Combine lines 1a through 1g $$			2	
3	Allowable controlled foreign corporation (CFC) AMT foreign income taxes:				
а	Pro-rata share of CFC AMT foreign income taxes from Part IV, Section II, line				
	11, column (n)	3a			
b	Carryover of excess foreign taxes (from Part IV, Section III, line 4, column (vii))	3b			
с	Total CFC AMT foreign income taxes. Add lines 3a and 3b			3c	
d	Percentage specified in section 55(b)(2)(A)(i)	3d	15%		
е	Pro-rata share of CFC net income described in section 56A(c)(3) (attach				
	worksheet) (see instructions)	3e			
f	CFC AMT foreign tax credit limitation (multiply line 3d by line 3e)			3f	
g	Allowable CFC AMT foreign income taxes (lesser of line 3c or line 3f)			3g	
4	CAMT FTC Line 4 - Reserved for future use			4	
5	CAMT FTC Line 5 - Reserved for future use			5	
6	Total AMT foreign income taxes. Combine lines 2 and 3g. Enter this amount on Part II, I	line 8		6	

Form 4626 (2023)

Form 500

Virginia Department of Taxation P.O. Box 1500 Richmond, VA 23218-1500

2023 Virginia Corporation Income Tax Return



Atte	Attention: Return must be filed electronically. Use this form only if you have an approved waiver.					Official Use Only		
FISC	Do not file this form to carry back a net operating loss. Use Form 500NOLD. FISCAL or							
	SHORT Year Filer: Beginning Date <u>APRIL 1</u> ,2023; Ending Date <u>MARCH 31, 2024</u>							
	Short Year Return	Change in A	ccounting Period					
FEIN	1	Name					Check all that apply:	
5	1-0249728	OBIC	I HEALTHCARE	FOUNDAT	'ION, I	NC.	Initial Filer	
Mail	ing Address	•					Name Change	
1	06 W. FINNEY A	VENUE					Mailing Address Change	
	or Town			State	ZIP Code		Physical Address Change	
S	UFFOLK			VA	234	34		
	sical Address (if different from Mailing	g Address)				-	Entity Type Code	
							NP	
Phys	sical City or Town			State	ZIP Code		NAICS Code	
							525990	
Date	Incorporated	State or Country of I	ncorporation	Description of B	usiness Activity		525990	
					-		TRO	
	2/01/2006			INVES.	L'MENT A	ACTIVIT		
Ch	eck Applicable Boxes		Final Return				Telecommunications Company	
	Consolidated - Sch. 500	AC Enclosed	Final Return / Cl			Enter amou	Int from Form 500T, Line 7:	
			here and applicat	ole boxes belo	w.			
	Combined - Sch. 500AC	Enclosed				_	.00	
	Combined / Consolidate	ed Filers -	Withdrawn					
	Enter number of affiliate	es:				Noncorpo	te Telecommunications Company	
			Dissolved - No	longer liable	for tax.	Check box a	nd enter amount from Form 500T, Line 10:	
	Change in Filing Status			U U				
	Sch. 500A Enclosed		Dissolved Date	e:			.00	
	Sch. 500AB Enclosed		Discontra Bat			Electric Su	oplier Company	
			Merged				unt from Sch. 500EL, Line 7 or 14:	
T	Nonprofit Corporation						ant norm Son. Soule, line 7 of 14.	
1 23			Marray Data				00	
			Merger Date:				.00	
Certified Company Apportionment - Sch. 500AP Enclosed					Home Ser	vice Contract Provider		
	Sch. SUUAP Enclosed		Merged FEIN:			Enter amou	Int from Form 500HS, Line 10:	
	7							
	Amended Return (See in	structions)	S Corp Effection	ve:			Check box if a noncorporate HSCP.	
	Enter reason code:						.00	
QU	ESTIONS AND RELATED	INFORMATION	ĺ					
Α.	Have you made any payme	ents to an affiliat	ted corporation, a related	l individual. or	other relate	d entity for ir	terest, rovalties or other	
	expenses related to intang			,				
	enclose Schedule 500AB.			•	Ū.			
		Enter exc	eption amount from Sc	hedule 500AE	3, Line 8.	A	.00	
В.	RESERVED FOR FUTURE	EUSE				В		
С.	If a net operating loss dedu	uction was claim	ned in computing federal	(1)	ear of Loss			
	taxable income on the U.S	•				_		
	the requested information.			ne (2) F	ederal NOL			
	FEIN of the company gene	erating the NOL	prior to the merger date.	.,	Percent of fe			
	FEIN			.,	NOL used th		%	
	(If there are NOLs for more	than one year	enclose a schedule for e					
	If pass-through entity with			-		ion requeste		
0.	complete and enclose Sch	•	•		and	D.		
F	•	-	•		,			
Ĕ.	Has your federal income ta					Year E		
	IRS and finalized for any p				-			
	reported to the Departmen	tt? If yes, provid	e tne year(s).			Year _		
		100 -				Year _		
F.	Location of corporation's b	books 106 V	N. FINNEY AVE	INU, SUF	FOLK,	-		
	_							
	Contact for corporation's b	oooks THE (ORGANIZATION	Cor	tact Phone	Number '	757-539-8810	

Va. Dept. of Taxation 2601004-W Rev. 08/23 383401 12-13-23 1019

2023 Virginia
Form 500
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FEIN 51-0249728



INCOME

1. Federal taxable income (from enclosed federal return)		0.00
2. Total additions from Schedule 500ADJ, Section A, Line 7	2.	.00
3. Total (add Lines 1 and 2)		.00
4. Total subtractions from Schedule 500ADJ, Section B, Line 10	4.	.00
5. Balance (subtract Line 4 from Line 3)	5.	.00
6. Savings and Loan Association's Bad Debt Deduction (see instructions)		.00
7. Virginia taxable income (subtract Line 6 from Line 5)	7.	.00

TAX COMPUTATION

8. Apportionable Income (Schedule 500A Filers) - Complete Lines 8(a) through 8(d). See instructions.		
(a) Income subject to Virginia tax from Schedule 500A, Section B, Line 3(j)	8(a).	.00
(b) Apportionment factor percentage from Schedule 500A, Section B, Line 1 or Line 2(f)	8(b).	%
(c) Nonapportionable investment function income from Schedule 500A, Section B, Line 3(c)	8(c).	.00
(d) Nonapportionable investment function loss from Schedule 500A, Section B, Line 3(e)	8(d).	.00
9. Income tax (6% of Line 7 or 6% of Line 8(a))	9.	00
PAYMENTS AND CREDITS		

10. Nonrefundable tax credits: Enter the amount from Schedule 500CR, Section 2, Part 1, Line 1B	10.	.00
11. Adjusted corporate tax (subtract Line 10 from Line 9)	11.	.00
12. 2023 estimated Virginia income tax payments including overpayment credit from 2022	12.	19216 .00
13. Extension payment	13.	.00
14. Refundable tax credits from Schedule 500CR, Section 4, Part 1, Line 1A	14.	.00
15. Pass-through entity total withholding from Schedule 500ADJ, Section D	15.	.00
16. Total payments and credits (add Lines 12 through 15)	16.	19216 .00

REFUND OR TAX DUE

17. Tax owed (if Line 11 is greater than Line 16, subtract Line 16 from Line 11)	17.	.00
18. Penalty (see instructions)	18.	.00
19. Interest (see instructions)	19.	.00
20. Additional charge from Form 500C, Line 17 (enclose Form 500C)	20.	.00
21. Total due (add Lines 17 through 20)	21.	.00
22. Overpayment (if Line 16 is greater than Line 11, subtract Line 11 from Line 16)	22.	19216 .00
23. Amount to be credited to 2024 estimated tax	23.	19216 .00
24. Amount to be refunded (subtract Line 23 from Line 22)	24.	.00

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

By checking the box to the right, I (we) authorize the Department to discuss this return with the undersigned preparer. 🔶 🔀					
Date	Signature of Officer		Title		
			PRESIDENT & CEO		
Printed Name of Officer			Phone Number		
R. BATTLE E	BETTS, JR.		757-539-8810		
Print Preparer's Name and Firm Name VIRGINIA R. BELCHER			Preparer Phone Number		
KEITER, STEPHENS, HURST, GARY & SHREAVES			(804) 747-0000		
Date	Individual or Firm, Signature of Preparer	Address of Preparer	401 DOMINION BLVD		
		GLEN ALI	EN, VA 23060		
Preparer's FEIN, PTIN, or SSN		Approved Vendor Coc	e		
P00421964			1019		

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

2023 Virginia Schedule 500FED

Corporation Schedule of Federal Line Items



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

Name as shown on Virginia return OBICI HEALTHCARE FOUNDATION, INC.	FEIN 51-0249728	3
Form 1120 - Deductions and Taxable Income		
4 Endevel Tayable Income hafeye NOL and Cassial Deductions		00
Federal Taxable Income before NOL and Special Deductions		
2. Net Operating Loss Deduction		4 4 4 4
3. Special Deductions		
4. Federal Taxable Income after NOL and Special Deductions	4	.00
Form 1120, Schedule C - Dividends and Special Deductions		
5. Subpart F Income and/or Global Intangible Low-Taxed Income		.00
6. Gross-Up for Foreign Taxes Deemed Paid		
	• <u> </u>	
Form 1120, Schedule K or M-1		
7. Tax Exempt Interest		.00
Form 5884 - Work Opportunity Credit		
8. Salaries and Wages not deducted due to the WOTC	8	.00
Form 4562 - Special Depreciation Allowance and Other Depreciation		
9. Special depreciation allowance for qualified property placed in service during the	0	00
taxable year		
10. Property subject to 168(f)(1) election		
11. Other depreciation		.00
Form 1118, Schedule A - Income or Loss Before Adjustments - Gross Incom	e or Loss	
12. Total: Dividends	12	.00
13. Reserved for future use		
14. Total: Inclusions (Exclude Gross-up)	14	.00
15. Total: Inclusions (Gross-up)		
16. Total: Interest		
17. Total: Gross Rents, Royalties, and License Fees		
18. Total: Gross Income from Performance of Services		.00
19. Total: Other		
20. Total: Total Gross Income or Loss from Outside the US	20	.00
Form 1118, Schedule A - Income or Loss Before Adjustments - Deductions		
21. Total: Allocable - Rental, Royalty, and Licensing Expenses -		
Depreciation, Depletion, and Amortization	21	.00
22. Total: Allocable - Rental, Royalty, and Licensing Expenses - Other Expenses		
23. Total: Allocable - Expenses Related to Gross Income from Performance of Services		
24. Total: Allocable - Other Allocable Deductions		
25. Total: Total Allocable Deductions		
26. Total: Apportioned Share of Deductions		
27. Total: Net Operating Loss Deduction		
28. Total: Total Deductions		
Form 1118, Schedule A - Income or Loss Before Adjustments - Total Income		
29. Total: Total Income or (Loss) Before Adjustments		.00

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