



2011 Income Tax Returns

OBICI HEALTHCARE FOUNDATION, INC.



KPMG LLP
Suite 1200
1676 International Drive
McLean, VA 22102

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

Private

MS. GINA PITRONE
THE OBICI HEALTHCARE FOUNDATION, INC.
106 W. FINNEY AVENUE
SUFFOLK, VA 23434

Enclosed are the original and one copy of your income tax return(s) for the period ended March 31, 2012 for OBICI HEALTHCARE FOUNDATION, INC. as follows:

2011 990-PF - Return of Private Foundation
2011 Schedule B - Schedule of Contributors
2011 990-T - Exempt Organization Business Income Tax Return
2011 8453-EO - U.S. Individual Income Tax Declaration for e-filing
2011 500 - Virginia Corporation Income Tax Return

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

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

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

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

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



Ms. Gina Pitrone

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

KPMG LLP

Enclosure(s)

Instructions for filing
OBICI HEALTHCARE FOUNDATION, INC.
Form 8453-EO - Exempt Org. Declaration & Signature for E-filing
for the period ended March 31, 2012

Signature...

The original Form 8453-EO should be signed (use full name) and dated by the taxpayer.

Filing...

Return your signed Form 8453-EO declaration to:

KPMG LLP
1676 International Drive
McLean VA 22102

Overpayment of tax...

The return shows an overpayment of \$18,687. of which NONE should be refunded to you and \$18,687. has been applied to your 2012 Estimated Tax.

DO NOT separately file form 990PF with the Internal Revenue Service. Doing so will delay the processing of your return.

We must receive your signed form before we can electronically transmit your return which is due on November 15, 2012. We would appreciate your returning this form as soon as possible as this will expedite the processing of your return. The Internal Revenue Service will notify us when your return is accepted. Your return is not considered filed until the Internal Revenue Service confirms their acceptance, which may occur after the due date of your return.

Form **990-PF**Department of the Treasury
Internal Revenue Service**Return of Private Foundation**
or Section 4947(a)(1) Nonexempt Charitable Trust**Treated as a Private Foundation**

OMB No. 1545-0052

2011**Note.** The foundation may be able to use a copy of this return to satisfy state reporting requirements.**For calendar year 2011 or tax year beginning****04/01, 2011, and ending****03/31, 2012**

Name of foundation OBICI HEALTHCARE FOUNDATION, INC.		A Employer identification number 51-0249728						
Number and street (or P.O. box number if mail is not delivered to street address) 106 W. FINNEY AVENUE	Room/suite	B Telephone number (see instructions) (757) 539-8810						
City or town, state, and ZIP code SUFFOLK, VA 23434		C If exemption application is pending, check here <input type="checkbox"/> D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>						
G Check all that apply: <table style="display: inline-table; vertical-align: top;"> <tr><td><input type="checkbox"/> Initial return</td><td><input type="checkbox"/> Initial return of a former public charity</td></tr> <tr><td><input type="checkbox"/> Final return</td><td><input type="checkbox"/> Amended return</td></tr> <tr><td><input type="checkbox"/> Address change</td><td><input type="checkbox"/> Name change</td></tr> </table>			<input type="checkbox"/> Initial return	<input type="checkbox"/> Initial return of a former public charity	<input type="checkbox"/> Final return	<input type="checkbox"/> Amended return	<input type="checkbox"/> Address change	<input type="checkbox"/> Name change
<input type="checkbox"/> Initial return	<input type="checkbox"/> Initial return of a former public charity							
<input type="checkbox"/> Final return	<input type="checkbox"/> Amended return							
<input type="checkbox"/> Address change	<input type="checkbox"/> Name change							
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 102,334,572. J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)								

	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)				
Revenue				
1 Contributions, gifts, grants, etc., received (attach schedule)	5,000.			
2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
3 Interest on savings and temporary cash investments				
4 Dividends and interest from securities	1,366,996.	1,366,996.		
5a Gross rents				
b Net rental income or (loss)				
6a Net gain or (loss) from sale of assets not on line 10	2,645,365.			
b Gross sales price for all assets on line 6a 39,779,691.				
7 Capital gain net income (from Part IV, line 2)		4,190,112.		
8 Net short-term capital gain				
9 Income modifications			14,818.	
10 a Gross sales less returns and allowances				
b Less: Cost of goods sold				
c Gross profit or (loss) (attach schedule)				
11 Other income (attach schedule)	1,698,600.	1,742,429.		ATCH 1
12 Total. Add lines 1 through 11	5,715,961.	7,299,537.	14,818.	
Operating and Administrative Expenses				
13 Compensation of officers, directors, trustees, etc.	290,006.			290,006.
14 Other employee salaries and wages	267,884.			267,884.
15 Pension plans, employee benefits	138,661.			140,484.
16a Legal fees (attach schedule) ATCH 2	10,855.			10,855.
b Accounting fees (attach schedule) ATCH 3	43,075.			41,375.
c Other professional fees (attach schedule)	711,233.	630,339.		60,945.
17 Interest	72,312.			
18 Taxes (attach schedule) (see instructions)	301,220.			22,665.
19 Depreciation (attach schedule) and depletion	116,405.			
20 Occupancy	24,931.			25,992.
21 Travel, conferences, and meetings	49,212.			47,934.
22 Printing and publications	14,142.			14,142.
23 Other expenses (attach schedule) ATCH 6	86,980.			83,753.
24 Total operating and administrative expenses. Add lines 13 through 23	2,126,916.	630,339.		1,006,035.
25 Contributions, gifts, grants paid	4,430,473.			3,909,009.
26 Total expenses and disbursements. Add lines 24 and 25	6,557,389.	630,339.	0	4,915,044.
27 Subtract line 26 from line 12:				
a Excess of revenue over expenses and disbursements	-841,428.			
b Net investment income (if negative, enter -0-)		6,669,198.		
c Adjusted net income (if negative, enter -0-)			14,818.	

For Paperwork Reduction Act Notice, see instructions.

*ATCH 4 JSA ** ATCH 5

Form **990-PF** (2011)

Exempt Organization Declaration and Signature for Electronic FilingFor calendar year 2011, or tax year beginning 04/01, 2011, and ending 03/31, 20 12**2011**

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

▶ See instructions on back.

Department of the Treasury
Internal Revenue Service

Name of exempt organization

Employer identification number

OBICI HEALTHCARE FOUNDATION, INC.51-0249728**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . .	1b	
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input checked="" type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	<u>66,692.</u>
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration of Officer

6 ☐ I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

☐ If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2011 electronic return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign
Here

Signature of officer

Date

Title

11/12/2012 Executive Director

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's signature ▶ <u>Marquell A. Brockshaw</u> CPA	Date <u>11/13/12</u>	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN <u>P00501222</u>
	Firm's name (or yours if self-employed), address, and ZIP code	<u>KPMG LLP</u> <u>1676 INTERNATIONAL DRIVE</u> <u>MCLEAN VA 22102</u>			EIN <u>13-5565207</u>
					Phone no. <u>703-286-8000</u>

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no.			

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8453-EO** (2011)

Cumulative e-File History 2011	
FED	
Locator:	6401CP
Taxpayer Name:	OBICI HEALTHCARE FOUNDATION, INC.
Return Type:	990
Submitted Date:	11/14/2012 15:45:02
Acknowledgement Date:	11/14/2012 15:56:29
Status:	Accepted
Submission ID:	54028020123195000004

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

OMB No. 1545-1709

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

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

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

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

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

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

Part I only ☐

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

Enter filer's identifying number, see instructions**Type or
print**File by the
due date for
filing your
return. See
instructions.

Name of exempt organization or other filer, see instructions.

Employer identification number (EIN) or

OBICI HEALTHCARE FOUNDATION, INC.

☒ 51-0249728

Number, street, and room or suite no. If a P.O. box, see instructions.

Social security number (SSN)

106 W. FINNEY AVENUE

City, town or post office, state, and ZIP code. For a foreign address, see instructions.

SUFFOLK, VA 23434

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

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

- The books are in the care of ► MICHAEL BRINKLEY

Telephone No. ► 757 539-8810

FAX No. ► _____

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

- 1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 11/15, 20 12, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☐ calendar year 20 ____ or
- ☒ tax year beginning 04/01, 2011, and ending 03/31, 20 12.

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	51,238.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	85,379.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

Form **8868** (Rev. 1-2012)

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)		Beginning of year	End of year	
				(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash - non-interest-bearing		9,914.	24,111.	24,111.
	2	Savings and temporary cash investments		5,179,807.	5,174,776.	5,174,776.
	3	Accounts receivable ▶				
		Less: allowance for doubtful accounts ▶				
	4	Pledges receivable ▶				
		Less: allowance for doubtful accounts ▶				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)				
	7	Other notes and loans receivable (attach schedule) ▶				
		Less: allowance for doubtful accounts ▶				
	8	Inventories for sale or use				
	9	Prepaid expenses and deferred charges		46,143.	25,896.	25,896.
	10 a	Investments - U.S. and state government obligations (attach schedule), .				
	b	Investments - corporate stock (attach schedule) ATCH 7 . . .		33,538,586.	26,676,457.	26,676,457.
	c	Investments - corporate bonds (attach schedule) ATCH 8 . . .		2,813,359.	3,073,064.	3,073,064.
	11	Investments - land, buildings, and equipment: basis ▶				
	Less: accumulated depreciation (attach schedule) ▶					
12	Investments - mortgage loans					
13	Investments - other (attach schedule) ATCH 9		62,726,764.	64,514,975.	64,514,975.	
14	Land, buildings, and equipment: basis ▶		2,409,194.			
	Less: accumulated depreciation (attach schedule) ▶		283,713.	2,125,481.	2,125,481.	
15	Other assets (describe ▶ ATCH 11)		695,623.	719,812.	719,812.	
16	Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)		107,217,893.	102,334,572.	102,334,572.	
Liabilities	17	Accounts payable and accrued expenses		81,037.	109,808.	
	18	Grants payable		1,273,994.	1,780,644.	
	19	Deferred revenue				
	20	Loans from officers, directors, trustees, and other disqualified persons .				
	21	Mortgages and other notes payable (attach schedule)		1,792,662.	1,729,373.	
	22	Other liabilities (describe ▶ ATCH 12)		199,059.	306,269.	
	23	Total liabilities (add lines 17 through 22)		3,346,752.	3,926,094.	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here <input checked="" type="checkbox"/> X					
	and complete lines 24 through 26 and lines 30 and 31.					
	24	Unrestricted		103,871,141.	98,408,478.	
	25	Temporarily restricted				
	26	Permanently restricted				
	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. <input type="checkbox"/>					
	27	Capital stock, trust principal, or current funds				
	28	Paid-in or capital surplus, or land, bldg., and equipment fund				
	29	Retained earnings, accumulated income, endowment, or other funds . .				
	30	Total net assets or fund balances (see instructions)		103,871,141.	98,408,478.	
31	Total liabilities and net assets/fund balances (see instructions)		107,217,893.	102,334,572.		

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	103,871,141.
2	Enter amount from Part I, line 27a	2	-841,428.
3	Other increases not included in line 2 (itemize) ▶ ATTACHMENT 13	3	14,819.
4	Add lines 1, 2, and 3	4	103,044,532.
5	Decreases not included in line 2 (itemize) ▶ ATTACHMENT 14	5	4,636,054.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	98,408,478.

Form **990-PF** (2011)

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)			(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a SEE PART IV SCHEDULE					
b					
c					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)		
a					
b					
c					
d					
e					
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69					
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))		
a					
b					
c					
d					
e					
2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }			2	4,190,112.	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8			3	0	

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2010	2,922,574.	95,843,857.	0.030493
2009	5,568,576.	87,471,067.	0.063662
2008	5,862,506.	88,420,528.	0.066303
2007	4,585,183.	115,770,846.	0.039606
2006	717,008.	105,190,685.	0.006816
2 Total of line 1, column (d)			2 0.206880
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			3 0.041376
4 Enter the net value of noncharitable-use assets for 2011 from Part X, line 5			4 98,061,055.
5 Multiply line 4 by line 3			5 4,057,374.
6 Enter 1% of net investment income (1% of Part I, line 27b)			6 66,692.
7 Add lines 5 and 6			7 4,124,066.
8 Enter qualifying distributions from Part XII, line 4. If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.			8 4,946,736.

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

1 a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary - see instructions)			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b		1	66,692.
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2	
3 Add lines 1 and 2		3	66,692.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	0
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	66,692.
6 Credits/Payments:			
a 2011 estimated tax payments and 2010 overpayment credited to 2011	6a	85,379.	
b Exempt foreign organizations - tax withheld at source	6b		
c Tax paid with application for extension of time to file (Form 8868)	6c		
d Backup withholding erroneously withheld	6d		
7 Total credits and payments. Add lines 6a through 6d	7	85,379.	
8 Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached	8		
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	18,687.	
11 Enter the amount of line 10 to be: Credited to 2012 estimated tax <input checked="" type="checkbox"/> 18,687. Refunded <input type="checkbox"/> 11	11		

Part VII-A Statements Regarding Activities

	Yes	No
1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. <input checked="" type="checkbox"/> \$ 0 (2) On foundation managers. <input checked="" type="checkbox"/> \$ 0		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input checked="" type="checkbox"/> \$ 0		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	X	
b If "Yes," has it filed a tax return on Form 990-T for this year?	X	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	X	
8 a Enter the states to which the foundation reports or with which it is registered (see instructions) <input checked="" type="checkbox"/> 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	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

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Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
Website address <input type="checkbox"/> HTTP://WWW.OBICIHCF.ORG/				
14	The books are in care of <input type="checkbox"/> MICHAEL BRINKLEY Telephone no. <input type="checkbox"/> 757-539-8810			
Located at <input type="checkbox"/> 106 W. FINNEY AVENUE SUFFOLK, VA ZIP + 4 <input type="checkbox"/> 23434				
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here <input type="checkbox"/>			
and enter the amount of tax-exempt interest received or accrued during the year <input type="checkbox"/> 15				
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No
See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign country <input type="checkbox"/>				X

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.**

	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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b	X
Organizations relying on a current notice regarding disaster assistance check here <input type="checkbox"/>		
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2011?	1c	X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2011?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes," list the years <input type="checkbox"/>		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.)	2b	
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If "Yes," did it have excess business holdings in 2011 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2011.)	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 2011?	4b	X

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Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)**5a** During the year did the foundation pay or incur any amount to:(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☒ No(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☒ No(3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☒ No(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions) ☐ Yes ☒ No(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☒ No**b** If any answer is "Yes" to 5a(1)-(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? ☐ **5b**Organizations relying on a current notice regarding disaster assistance check here ☐**c** If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? ☐ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945-5(d).

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ **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? ☐ Yes ☒ No**b** If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? ☐ **7b****Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors****1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
ATTACHMENT 15		290,006.	40,297.	6,174.

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

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
ATTACHMENT 16		141,474.	35,627.	0

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

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE."**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
ATTACHMENT 17		571,744.
Total number of others receiving over \$50,000 for professional services		0

Part IX-A Summary of Direct Charitable Activities

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

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

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

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	93,789,301.
b	Average of monthly cash balances	1b	5,085,747.
c	Fair market value of all other assets (see instructions)	1c	679,323.
d	Total (add lines 1a, b, and c)	1d	99,554,371.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	99,554,371.
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	99,554,371.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	1,493,316.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	98,061,055.
6	Minimum investment return. Enter 5% of line 5	6	4,903,053.

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

1	Minimum investment return from Part X, line 6	1	4,903,053.
2a	Tax on investment income for 2011 from Part VI, line 5	2a	66,692.
b	Income tax for 2011. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	66,692.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	4,836,361.
4	Recoveries of amounts treated as qualifying distributions	4	14,818.
5	Add lines 3 and 4	5	4,851,179.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	4,851,179.

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	4,915,044.
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	31,692.
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	4,946,736.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions)	5	66,692.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	4,880,044.

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
1 Distributable amount for 2011 from Part XI, line 7				4,851,179.
2 Undistributed income, if any, as of the end of 2011:				
a Enter amount for 2010 only			4,614,615.	
b Total for prior years: 20 09, 20 08, 20 07				
3 Excess distributions carryover, if any, to 2011:				
a From 2006				
b From 2007				
c From 2008				
d From 2009				
e From 2010				
f Total of lines 3a through e				
4 Qualifying distributions for 2011 from Part XII, line 4: ► \$ 4,946,736.				
a Applied to 2010, but not more than line 2a			4,614,615.	
b Applied to undistributed income of prior years (Election required - see instructions)				
c Treated as distributions out of corpus (Election required - see instructions)				
d Applied to 2011 distributable amount				332,121.
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same amount must be shown in column (a).)				
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
b Prior years' undistributed income. Subtract line 4b from line 2b				
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				
d Subtract line 6c from line 6b. Taxable amount - see instructions				
e Undistributed income for 2010. Subtract line 4a from line 2a. Taxable amount - see instructions				
f Undistributed income for 2011. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2012				4,519,058.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)				
8 Excess distributions carryover from 2006 not applied on line 5 or line 7 (see instructions)				
9 Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a	0			
10 Analysis of line 9:				
a Excess from 2007				
b Excess from 2008				
c Excess from 2009				
d Excess from 2010				
e Excess from 2011				

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

NOT APPLICABLE

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2011, enter the date of the ruling ▶

b Check box to indicate whether the foundation is a private operating foundation described in section

4942(j)(3) or

4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2011	(b) 2010	(c) 2009	(d) 2008	
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year - see instructions.)**1 Information Regarding Foundation Managers:**

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

NONE

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

NONE

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

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

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

ATTACHMENT 18

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

ATTACHMENT 19

c Any submission deadlines:

ATTACHMENT 20

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

ATTACHMENT 21

Part XV Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> ATTACHMENT 22				
Total			3a	3,909,009.
b <i>Approved for future payment</i> ATTACHMENT 23				
Total			3b	1,780,647.

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Enter gross amounts unless otherwise indicated.

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

▼

Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See instructions.)

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

Kind of Property		Description				P or D	Date acquired	Date sold
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj. basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)	
31082573.		PUBLICLY TRADED SECURITIES 27414567.					VAR 3,668,006.	VAR
3,446,475.		SR GLOBAL FUND 3,089,813.					VAR 356,662.	VAR
11,228.		TORRY DEVELOPMENT OFFSHORE 85,020.					VAR -73,792.	VAR
1,386.		TORRY INTL OFFSHORE FUND 180.					VAR 1,206.	VAR
4,276,426.		WINSTON HDGED SERIES 1 4,000,000.					VAR 276,426.	VAR
961,604.		WINSTON HEDGED SERIES 28 1,000,000.					VAR -38,396.	VAR
TOTAL GAIN(LOSS)							<u>4,190,112.</u>	

Schedule of Contributors

OMB No. 1545-0047

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

2011

Name of the organization

OBICI HEALTHCARE FOUNDATION, INC.

Employer identification number

51-0249728

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☐ 501(c)() (enter number) organization

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

☐ 527 political organization

Form 990-PF

☒ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ► \$ _____

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	O'CONNOR AND COMPANY 314 W. WASHINGTON ST. SUFFOLK, VA 23434	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

51-0249728

[illegible]

Name of organization OBICI HEALTHCARE FOUNDATION, INC.

Employer identification number

51-0249728

Part III **Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year.** Complete columns (a) through (e) and the following line entry.For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ _____

Use duplicate copies of Part III if additional space is needed.

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

FORM 990PF, PART I - OTHER INCOME

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME
PARTNERSHIP INCOME	1,698,600.	1,742,429.
TOTALS	1,698,600.	1,742,429.

ATTACHMENT 2FORM 990PF, PART I - LEGAL FEES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>NET INVESTMENT INCOME</u>	<u>ADJUSTED NET INCOME</u>	<u>CHARITABLE PURPOSES</u>
LEGAL SERVICES FOR CORPORATE MATTERS, DEFENDING LAWSUIT	10,855.			10,855.
TOTALS	<u>10,855.</u>			<u>10,855.</u>

ATTACHMENT 3FORM 990PF, PART I - ACCOUNTING FEES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>NET INVESTMENT INCOME</u>	<u>ADJUSTED NET INCOME</u>	<u>CHARITABLE PURPOSES</u>
TAX COMPLIANCE AND AUDIT SVCS	43,075.			41,375.
TOTALS	<u>43,075.</u>			<u>41,375.</u>

ATTACHMENT 4FORM 990PF, PART I - OTHER PROFESSIONAL FEES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>NET INVESTMENT INCOME</u>	<u>CHARITABLE PURPOSES</u>
INVESTMENT MANAGMENT FEES	630,339.	630,339.	
CONSULTANT FEES	80,894.		60,945.
TOTALS	<u>711,233.</u>	<u>630,339.</u>	<u>60,945.</u>

ATTACHMENT 5FORM 990PF, PART I - TAXES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>CHARITABLE PURPOSES</u>
EXCISE TAXES	278,555.	
OTHER FEES AND TAXES	22,665.	22,665.
TOTALS	<u>301,220.</u>	<u>22,665.</u>

ATTACHMENT 6FORM 990PF, PART I - OTHER EXPENSES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>CHARITABLE PURPOSES</u>
ADVERTISING	15,054.	15,342.
MAINTENANCE AGREEMENTS	37,238.	36,094.
INSURANCE	12,322.	12,322.
OFFICE EXPENSES	15,113.	15,214.
AMORTIZATION	2,472.	
MISCELLANEOUS	4,781.	4,781.
TOTALS	<u>86,980.</u>	<u>83,753.</u>

ATTACHMENT 7FORM 990PF, PART II - CORPORATE STOCK

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>ENDING FMV</u>
ACCURAY INC		
ANALOG DEVICES INC.		
APPLE INC		
ASCENA RETAIL GROUP INC		
AUTOMATIC DATA PROCESSING INC	303,545.	303,545.
AVNET INC		
BABCOCK & WILCOX CO	409,425.	409,425.
CELGENE CORP		
CENOVUS ENERGY INC	222,828.	222,828.
CHECKPOINT SYS INC	183,300.	183,300.
CME GROUP INC	289,330.	289,330.
CONSTELLATION BRANDS INC		
COOPER COS INC		
CORELOGIC INC		
CREE INC		
CROWN HOLDINGS INC.		
CSX CORP		
ENCANA CORP		
EXPRESS SCRIPTS INC	325,080.	325,080.
FMI LARGE CAP		
FREEPORT-MCMORAN COPPER & GOLD		
HAYNES INTL INC		
HERTZ GLOBAL HLDGS		
INTERNATIONAL BUSINESS MACHS		
INTL FLAVORS & FRAGRANCES INC		
JOHNSON CTLS INC		
MOSAIC CO		
NALCO HLDG CO		
NV ENERGY INC		

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

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>ENDING FMV</u>
ORITANI FINL CORP		
PATTERSON COS INC		
PETSMART INC		
PHARMERICA CORP		
STRATEGY-I		
REPUBLIC SVCS		
SCOTTS MIRACLE-GRO		
SONOVA HLDG AG SPONS		
SOUTHWESTERN ENERGY CO		
STILLWATER MINING CO		
STRYKER CORP		
VERISK ANALYTICS INC		
WHIRLPOOL CORP		
XEROX CORP		
DOLAN CO/THE COM	199,126.	199,126.
FEMALE HEALTH CO/THE COM	139,251.	139,251.
HALLMARK FINL SVCS INC COM	121,056.	121,056.
INTERACTIVE INTELLIGENCE GROUP COM	457,162.	457,162.
INTL FCSTONE INC COM	407,103.	407,103.
OMEGA FLEX INC COM	45,784.	45,784.
STAMPS COM INC COM NEW	85,313.	85,313.
TANDY LEATHER FACTORY INC COM	60,877.	60,877.
UTAH MED PRODS INC COM	90,346.	90,346.
WINMARK CORP COM	359,981.	359,981.
C H ROBINSON WORLDWIDE INC COM NEW	261,960.	261,960.
DONALDSON INC COM	357,300.	357,300.
EXXON MOBIL CORP COM	173,460.	173,460.

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

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>ENDING FMV</u>
GEN-PROBE INC NEW COM	179,307.	179,307.
IDEXX LABS INC COM	122,430.	122,430.
INTEL CORP COM	337,380.	337,380.
ISHARES TR 1-3 YR TREAS INDEX ETF	252,960.	252,960.
METTLER-TOLEDO INTL INC COM	295,600.	295,600.
NATIONAL OILWELL VARCO INC COM	206,622.	206,622.
SGS SA UNSPONS ADR	291,750.	291,750.
SIGMA-ALDRICH CORP COM	189,956.	189,956.
TECHNE CORP COM	196,280.	196,280.
TERADATA CORP DEL COM	340,750.	340,750.
VARIAN MEDICAL SYS INC COM	262,048.	262,048.
BARRETT BILL CORP COM	335,529.	335,529.
BRINKER INTL INC COM	192,850.	192,850.
CABOT MICROELECTRONICS CORP COM	276,048.	276,048.
CALGON CARBON CORP COM	376,201.	376,201.
CIRCOR INTL INC COM	133,080.	133,080.
EXELIS INC COM	384,364.	384,364.
FEDERATED INVESTORS INC CL B COM	233,064.	233,064.
GENERAC HLDGS INC COM	189,035.	189,035.
HANESBRANDS INC COM	366,296.	366,296.
JOHN BEAN TECHNOLOGIES COM	288,360.	288,360.
KAR AUCTION SVCS INC COM	330,684.	330,684.
LENDER PROCESS ING SVCS INC COM	468,000.	468,000.
LIVE NATION ENTERTAINMENT INC COM	354,380.	354,380.

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

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>ENDING FMV</u>
PENSKE AUTOMOTIVE GRP INC COM	475,359.	475,359.
PERKINELMER INC COM	370,644.	370,644.
RALCORP HLDGS INC COM	370,450.	370,450.
SOLUTIA INC COM	104,775.	104,775.
TIDEWATER INC COM	237,688.	237,688.
UNITED STATES CELLULAR CORP COM	245,580.	245,580.
VCA ANTECH INC COM	440,201.	440,201.
ZEBRA TECHNOLOGIES CORP CORP COM CL A	160,190.	160,190.
NEUBERGER BERMAN EQUITY-I	2,864,169.	2,864,169.
PIMCO COMMODITY REALRTN STRATEGY-I	2,934,053.	2,934,053.
3M CO COM	392,524.	392,524.
ACCENTURE PLC CL A COM	309,600.	309,600.
AMERICAN EXPRESS CO COM	243,012.	243,012.
AMERISOURCEBERGEN CORP COM	256,799.	256,799.
AUTOMATIC DATA PROCESSING INC COM	220,760.	220,760.
BANK OF NEW YORK MELLON CORP COM	314,897.	314,897.
BERKSHIRE HATHAWAY INC CL B COM NEW	326,629.	326,629.
CINTAS CORP COM	216,138.	216,138.
COMERICA INC COM	273,442.	273,442.
COVIDEN PLC COM	250,161.	250,161.
DEVON ENERGY CORP NEW COM	302,260.	302,260.
DIAGEO PLC SPONS ADR	161,638.	161,638.

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

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>ENDING FMV</u>
GLAXOSMITHKLINE PLC ADR	254,864.	254,864.
ILLINOIS TOOL WKS INC COM	254,184.	254,184.
INGERSOLL-RAND PLC COM	189,176.	189,176.
KIMBERLY CLARK CORP COM	266,004.	266,004.
MICROSOFT CORP COM	239,493.	239,493.
MONSANTO CO NEW COM	155,532.	155,532.
NESTLE SA SPONS ADR	294,525.	294,525.
OMNICOM GROUP COM	274,776.	274,776.
SCHLUMBERGER LTD COM	145,105.	145,105.
STAPLES INC COM	313,276.	313,276.
SYSCO CORP COM	341,897.	341,897.
TE CONNECTIVITY LTD COM	283,894.	283,894.
TIME WARNER INC NEW COM	260,475.	260,475.
UNITED PARCEL SVC INC		
CL B COM	334,988.	334,988.
WAL-MART STORES INC COM	341,190.	341,190.
WILLIS GROUP HLDGS PLC		
USD.00011 COM	160,908.	160,908.
TOTALS	<u>26,676,457.</u>	<u>26,676,457.</u>

ATTACHMENT 8FORM 990PF, PART II - CORPORATE BONDS

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>ENDING FMV</u>
RIDGEWORTH FD TOTAL RETURN BD	2,039,385.	2,039,385.
PIMCO GLOBAL BOND FUND	1,033,679.	1,033,679.
TOTALS	<u>3,073,064.</u>	<u>3,073,064.</u>

ATTACHMENT 9FORM 990PF, PART II - OTHER INVESTMENTS

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>ENDING FMV</u>
THE TORRY DEVELOPMENT OFFSHORE FUND		
HIGHCLERE INTERNATIONAL SMALL CO FUND	6,257,575.	6,257,575.
CEDAR ROCK CAPITAL PARTNERS LLC	9,781,447.	9,781,447.
1607 CAPITAL PARTNERS	5,981,217.	5,981,217.
BLUESTEM PARTNERS LP	8,422,514.	8,422,514.
SR GLOBAL FD INC EMERGING MKT-1		
WINSTON HEDGED EQUITY	260,591.	260,591.
ACACIA INST. PARTNERS	6,159,444.	6,159,444.
REDWOOD OFFSHORE FUND LTD	4,803,006.	4,803,006.
SANDERSON INTERNATIONAL VALUE FUND	6,043,888.	6,043,888.
KYLIN OFFSHORE LTD-CCC SER 1 INITIAL	3,430,963.	3,430,963.
MERCHANTS GATE OFFSHORE LTD CL B-NR1	3,391,807.	3,391,807.
SRS PARTNERS	3,000,000.	3,000,000.
REGIMENT CAPITAL SPECIAL SITUATIONS FD	758,484.	758,484.
BROADWAY GATE OFFSHORE FUND	3,204,072.	3,204,072.
NATAHALA CAPITAL OFFSHORE FUND	3,019,967.	3,019,967.
TOTALS	<u>64,514,975.</u>	<u>64,514,975.</u>

LAND, BUILDINGS, EQUIPMENT NOT HELD FOR INVESTMENTATTACHMENT 10

FIXED ASSET DETAIL

ACCUMULATED DEPRECIATION DETAIL

ASSET DESCRIPTION	METHOD/ CLASS	BEGINNING			ENDING BALANCE	BEGINNING			ENDING BALANCE
		BALANCE	ADDITIONS	DISPOSALS		BALANCE	ADDITIONS	DISPOSALS	
LAND	L	102,507.			102,507.				
LAND-CONSTRUCTION		349,632.			349,632.	19,756.	18,243.		37,999.
LAND IMPR FENCE	SL	1,300.			1,300.	162.	163.		325.
BRONZE SIGN	SL	3,449.			3,449.	229.	230.		459.
LANDSCAPING CONTRA	SL	54,997.			54,997.	4,583.	5,500.		10,083.
CIVIL CONSTRUCTION	SL	2,373.			2,373.	31.	53.		84.
FINAL UNDERCUTTING	SL	1,524.			1,524.	59.	102.		161.
REVIEW OF FINAL DR	SL	210.			210.	3.	5.		8.
ORIGINAL CONSTRUCT		1,594,184.			1,594,184.	62,783.	57,954.		120,737.
STAIRS & CABINETS	SL	7,431.			7,431.	165.	165.		330.
CONSTRUCTION ADMN	SL	4,653.			4,653.	60.	103.		163.
SNOW GUARDS	SL	10,200.			10,200.		227.		227.
COMPUTER	SL	1,447.			1,447.	1,230.	217.		1,447.
COPIER	SL	6,100.			6,100.	5,185.	915.		6,100.
2 COMPUTER MONITOR	SL	3,423.			3,423.	2,910.	513.		3,423.
BROTHER LASER PRIN	SL	707.			707.	601.	106.		707.
COMPUTER EQUIPMENT	SL	980.			980.	832.	148.		980.
3 COMPUTER MONITOR	SL	5,308.			5,308.	4,512.	796.		5,308.

ATTACHMENT 10

LAND, BUILDINGS, EQUIPMENT NOT HELD FOR INVESTMENTATTACHMENT 10 (CONT'D)

FIXED ASSET DETAIL

ACCUMULATED DEPRECIATION DETAIL

ASSET DESCRIPTION	METHOD/ CLASS	BEGINNING			ENDING	BEGINNING			ENDING
		BALANCE	ADDITIONS	DISPOSALS	BALANCE	BALANCE	ADDITIONS	DISPOSALS	BALANCE
COMPUTER EQUIPMENT	SL	912.			912.	775.	137.		912.
PHONE SYSTEM	SL	2,939.			2,939.	1,748.	420.		2,168.
PHONES	SL	591.			591.	351.	84.		435.
PHONE - VOICEMAIL	SL	2,601.			2,601.	1,549.	372.		1,921.
PRINTER	SL	657.			657.	547.	110.		657.
LAPTOP COMPUTER	SL	1,344.			1,344.	1,053.	269.		1,322.
PROJECTOR	SL	1,302.			1,302.	1,020.	260.		1,280.
GIFTS MGT SOFTWARE	SL	14,960.			14,960.	14,960.			14,960.
3 POWER POINT SOFT	SL	595.			595.	595.			595.
AVAYA PHONE- LISA	SL	435.			435.	227.	62.		289.
2 ADOBE DREAM WEAV	SL	1,065.			1,065.	1,065.			1,065.
2 ADOBE CREATIVE S	SL	837.			837.	837.			837.
DESKTOP COMPUTER	SL	2,066.			2,066.	1,136.	413.		1,549.
MICROSOFT OFFICE P	SL	897.			897.	748.	149.		897.
FILE ROOM SYSTEM	SL	1,300.			1,300.	1,300.			1,300.
DOCUMENTS MANAGER	SL	3,156.			3,156.	1,929.	1,052.		2,981.
ESSENTIAL'S GIFTS	SL	13,720.			13,720.	5,716.	4,573.		10,289.
BUILDING PROJECT	SL	52,195.			52,195.	6,853.	6,326.		13,179.

LAND, BUILDINGS, EQUIPMENT NOT HELD FOR INVESTMENTATTACHMENT 10 (CONT'D)

FIXED ASSET DETAIL

ACCUMULATED DEPRECIATION DETAIL

ASSET DESCRIPTION	METHOD/ CLASS	BEGINNING			ENDING	BEGINNING			ENDING
		BALANCE	ADDITIONS	DISPOSALS	BALANCE	BALANCE	ADDITIONS	DISPOSALS	BALANCE
2 HP DESKTOP COMP	SL	2,596.			2,596.	389.	519.		908.
WIRELESS KEYBOARD	SL	351.			351.	29.	70.		99.
FURNITURE	SL	5,255.			5,255.	3,253.	751.		4,004.
CONFERENCE TABLE	SL	4,370.			4,370.	1,977.	624.		2,601.
8 CONFERENCE CHAIR	SL	1,253.			1,253.	567.	179.		746.
2 LEATHER MESH CHA	SL	713.			713.	272.	102.		374.
DESK & FILE CABINE	SL	781.			781.	223.	112.		335.
CONFERENCE TABLE	SL	1,750.			1,750.	42.	250.		292.
DESK, FILE CABINET	SL	3,386.			3,386.	126.	484.		610.
OFFICE CHAIR	SL	362.			362.	26.	52.		78.
BUILDING PROJECT C	SL	98,435.			98,435.	12,192.	11,254.		23,446.
SAFE	SL	582.			582.	62.	83.		145.
OAK BASE TABLE	SL	600.			600.	21.	86.		107.
TASK CHAIR & KEYBO	SL	543.			543.	19.	78.		97.
LANDSCAPING- CAC	SL		6,008.		6,008.		300.		300.
LOCATION SIGN	SL		1,680.		1,680.		9.		9.
LANDSCAPING-MAIN	SL		4,993.		4,993.				
CS5 SOFTWARE (3)	SL		1,832.		1,832.		611.		611.

LAND, BUILDINGS, EQUIPMENT NOT HELD FOR INVESTMENTATTACHMENT 10 (CONT'D)

FIXED ASSET DETAIL

ACCUMULATED DEPRECIATION DETAIL

ASSET DESCRIPTION	METHOD/ CLASS	BEGINNING			ENDING	BEGINNING			ENDING
		BALANCE	ADDITIONS	DISPOSALS	BALANCE	BALANCE	ADDITIONS	DISPOSALS	BALANCE
HP DESKTOP COMPUTE	SL		5,291.		5,291.		970.		970.
ADOBE COTRIBUTE LI	SL		339.		339.		104.		104.
HP DESKTOP COMPUTE	SL		1,890.		1,890.		221.		221.
SONIC WALL	SL		1,115.		1,115.		130.		130.
COMPUTER PROJECTOR	SL		917.		917.		107.		107.
I- PAD (&APPS)	SL		650.		650.		65.		65.
DELL DESKTOP COMPU	SL		2,800.		2,800.				
COMPUTER MONITOR	SL		240.		240.				
CHAIR (PROGRAM OFF	SL		366.		366.		48.		48.
BOOKCASE	SL		224.		224.		21.		21.
TASK CHAIR	SL		387.		387.		37.		37.
FOUNDERS PLAQUE	SL		549.		549.		39.		39.
DESK HUTCH	SL		458.		458.				
WIRE SHELVING	SL		825.		825.				
PRINTER STAND	SL		377.		377.				
LATERAL FILE CABIN	SL		2,430.		2,430.				
EXECUTIVE CHAIRS	SL		816.		816.				
SOFTWARE	SL	182.			182.	182.			182.

LAND, BUILDINGS, EQUIPMENT NOT HELD FOR INVESTMENT

ATTACHMENT 10 (CONT'D)

FIXED ASSET DETAIL					ACCUMULATED DEPRECIATION DETAIL				
ASSET DESCRIPTION	METHOD/ CLASS	BEGINNING BALANCE	ADDITIONS	DISPOSALS	ENDING BALANCE	BEGINNING BALANCE	ADDITIONS	DISPOSALS	ENDING BALANCE
SOFTWARE	SL	730.			730.	730.			730.
SOFTWARE	SL	100.		100.		100.		100.	
SOFTWARE	SL	452.			452.	452.			452.
SOFTWARE	DS	283.		283.		283.		283.	
SOFTWARE	DS	849.			849.	849.			849.
TOTALS		<u>2,375,570.</u>			<u>2,409,192.</u>	<u>167,304.</u>			<u>283,712.</u>

ATTACHMENT 11FORM 990PF, PART II - OTHER ASSETS

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>ENDING FMV</u>
ART COLLECTION	658,240.	658,240.
CEMETERY LOTS	24,000.	24,000.
ACCRUED INTEREST ON INVESTMENTS	37,472.	37,472.
DEPOSITS	100.	100.
TOTALS	<u>719,812.</u>	<u>719,812.</u>

ATTACHMENT 12FORM 990PF, PART II - OTHER LIABILITIES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>
DEFERRED EXCISE TAXES PAYABLE	306,269.
TOTALS	<u>306,269.</u>

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

<u>DESCRIPTION</u>	<u>AMOUNT</u>
PRIOR YEAR GRANTS RECOVERED	14,818.
ROUNDING	1.
TOTAL	<u>14,819.</u>

ATTACHMENT 14FORM 990PF, PART III - OTHER DECREASES IN NET WORTH OR FUND BALANCESDESCRIPTIONAMOUNT

UNREALIZED LOSSES IN INVESTMENTS
UNREALIZED LOSSES IN PARTNERSHIPS AND
FOREIGN INVESTMENTS

4,485,926.

150,128.

TOTAL

4,636,054.

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEESATTACHMENT 15

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u>	<u>EXPENSE ACCT AND OTHER ALLOWANCES</u>
GEORGE Y BIRDSONG 1514 HOLLAND ROAD, SUITE 104 SUFFOLK, VA 23434	CHAIRMAN 1.00	0	0	441.
J SAMUEL GLASSCOCK 1514 HOLLAND ROAD, SUITE 104 SUFFOLK, VA 23434	VICE CHAIRMAN 1.00	0	0	441.
ROBERT M HAYES 1514 HOLLAND ROAD, SUITE 104 SUFFOLK, VA 23434	SECRETARY 1.00	0	0	441.
GINA PITRONE 1514 HOLLAND ROAD, SUITE 104 SUFFOLK, VA 23434	EXECUTIVE DIRECTOR 40.00	154,687.	22,213.	441.
MICHAEL D HAMMOND 1514 HOLLAND ROAD, SUITE 104 SUFFOLK, VA 23434	CFO 40.00	101,369.	18,084.	0
MICHAEL K BRINKLEY 1514 HOLLAND ROAD, SUITE 104 SUFFOLK, VA 23434	DIRECTOR OF FINANCE 32.00	33,950.	0	441.

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEESATTACHMENT 15 (CONT'D)

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u>	<u>EXPENSE ACCT AND OTHER ALLOWANCES</u>
FRANK A SPADY III 1514 HOLLAND ROAD, SUITE 104 SUFFOLK, VA 23434	TREASURER 1.00	0	0	441.
RICHARD F BARRY III 106 W. FINNEY AVENUE SUFFOLK, VA 23434	BOARD OF DIRECTORS 1.00	0	0	441.
ROBERT C CLAUD 106 W. FINNEY AVENUE SUFFOLK, VA 23434	BOARD OF DIRECTORS 1.00	0	0	441.
JEFFREY D FORMAN MD 106 W. FINNEY AVENUE SUFFOLK, VA 23434	BOARD OF DIRECTORS 1.00	0	0	441.
WILLIAM G JACKSON MD 106 W. FINNEY AVENUE SUFFOLK, VA 23434	BOARD OF DIRECTORS 1.00	0	0	441.
DR DOUGLAS C NAISMITH 106 W. FINNEY AVENUE SUFFOLK, VA 23434	BOARD OF DIRECTORS 1.00	0	0	441.

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEESATTACHMENT 15 (CONT'D)

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u>	<u>EXPENSE ACCT AND OTHER ALLOWANCES</u>
B J WILLIE 106 W. FINNEY AVENUE SUFFOLK, VA 23434	BOARD OF DIRECTORS 1.00	0	0	441.
LULA HOLLAND 106 W. FINNEY AVENUE SUFFOLK, VA 23434	BOARD OF DIRECTORS 1.00	0	0	441.
JOYCE H TRUMP 106 W. FINNEY AVENUE SUFFOLK, VA 23434	BOARD OF DIRECTORS 1.00	0	0	441.
	GRAND TOTALS	<u>290,006.</u>	<u>40,297.</u>	<u>6,174.</u>

990PF, PART VIII - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEESATTACHMENT 16

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u>	<u>EXPENSE ACCT AND OTHER ALLOWANCES</u>
RICHARD E SPENCER JR 1514 HOLLAND ROAD, SUITE 104 SUFFOLK, VA 23434	SENIOR PRGRM OFFICER 40.00	85,745.	21,251.	0
TAMMIE A MULLINS RICE 1514 HOLLAND ROAD, SUITE 104 SUFFOLK, VA 23434	PROGRAM OFFICER 40.00	55,729.	14,376.	0
	TOTAL COMPENSATION	<u>141,474.</u>	<u>35,627.</u>	<u>0</u>

990PF, PART VIII- COMPENSATION OF THE FIVE HIGHEST PAID PROFESSIONALSATTACHMENT 17

<u>NAME AND ADDRESS</u>	<u>TYPE OF SERVICE</u>	<u>COMPENSATION</u>
CORNERSTONE PARTNERS LLC 675 PETER JEFFERSON PARKWAY CHARLOTTESVILLE, VA 22911	INVESTMENT MGMT	442,093.
SHAPIRO CAPITAL MANAGEMENT LLC 3060 PEACHTREE ROAD NW, SUITE 1555 ATLANTA, GA 30305	INVESTMENT MGMT	78,245.
CAPITAL COUNSEL LLC 527 MAIDSON AVE, 19TH FLOOR NEW YORK, NY 10022	INVESTMENT MGMT	51,406.
TOTAL COMPENSATION		<u>571,744.</u>

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

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

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

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

IN ADDITION:

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

990PF, PART XV - SUBMISSION DEADLINES

RENEWALS - FEBRUARY 15 & AUGUST 15 OF EACH YEAR

GRANTS - FEBRUARY 15 & AUGUST 15 OF EACH YEAR

990PF, PART XV - RESTRICTIONS OR LIMITATIONS ON AWARDS

RESTRICTIONS:

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

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 22

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
ACCESS PARTNERSHIP P. O. BOX 41093 NORFOLK, VA 23451	501(C)(3)	TO PROVIDE LOW-INCOME, UNINSURED RESIDENTS IN WESTERN TIDEWATER WITH EXPANDED ACCESS TO MEDICAL SERVICES.	60,776.
ACCESS PARTNERSHIP P. O. BOX 41093 NORFOLK, VA 23451	501(C)(3)	TO DEVELOP TRAINING MODULES FOR COMMUNITY HEALTH WORKERS WHO WILL LINK MEDICALLY UNDERSERVED PEOPLE WITH HEALTHCARE PROVIDERS.	2,500.
ACCESS PARTNERSHIP P. O. BOX 41093 NORFOLK, VA 23451	501(C)(3)	TO SUPPORT VOLUNTEER DENTAL PROFESSIONALS PROVIDING FULL DENTAL SERVICES TO LOW-INCOME RESIDENTS (FOCUSING ON SUFFOLK) FOR THE PANKEY CLINIC.	5,000.
ACCESS PARTNERSHIP P. O. BOX 41093 NORFOLK, VA 23451	501(C)(3)	TO SUPPORT THE PANKEY DENTAL ACCESS DAYS, A TWO-DAY EVENT, WHERE COMPREHENSIVE DENTAL CARE WILL BE PROVIDED FOR UNDER AND UNINSURED, LOW-INCOME ADULTS.	5,000.
ALBEMARLE HEALTH 1144 NORTH ROAD ELIZABETH CITY, NC 27909	501(C)(3)	TO CONDUCT A SCHOOL-BASED HEALTHY LIFESTYLE PROGRAM FOR GATES COUNTY STUDENTS AND SCHOOL EMPLOYEES BY PROVIDING EXERCISE AND NUTRITION EDUCATION.	36,000.
ALBEMARLE HEALTH 1144 NORTH ROAD ELIZABETH CITY, NC 27909	501(C)(3)	TO ACQUIRE AND IMPLEMENT A PAYMENT MANAGEMENT SYSTEM AND ELECTRONIC HEALTH RECORD THAT IS COMPLIANT WITH MEDICAID, MEDICARE AND THE HEALTH RESOURCES SERVICES ADMINISTRATION REQUIREMENTS.	35,551.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 22 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
ALZHEIMER'S ASSOCIATION - SOUTHEASTERN VIRGINIA CH 6350 CENTER DRIVE, SUITE 102 NORFOLK, VA 23502	501(C)(3)	TO SUPPORT THE 23RD ANNUAL WALK TO END ALZHEIMER'S (FORMERLY KNOWN AS THE MEMORY WALK).	1,500.
AMERICAN CANCER SOCIETY 4416 EXPRESSWAY DR. VIRGINIA BEACH, VA 23452	501(C)(3)	TO SUPPORT THE RELAY FOR LIFE PROJECT WHICH IS THE AMERICAN CANCER SOCIETY'S LARGEST NATIONWIDE FUNDRAISER. THERE IS A SURVIVOR AND CAREGIVER DINNER AND SURVIVORS' WALK TO OPEN THE EVENT.	1,000.
AMERICAN DIABETES ASSOCIATION 870 GREENBRIER CIRCLE, SUITE 404 CHESAPEAKE, VA 23320	501(C)(3)	TO TRAIN AMBASSADORS IN AFRICAN AMERICAN CONGREGATIONS TO RAISE THE AWARENESS OF DIABETES AND STRESS THE IMPORTANCE OF EARLY DETECTION, DISEASE MANAGEMENT AND HEALTH RISK FACTORS.	13,856.
AMERICAN DIABETES ASSOCIATION 870 GREENBRIER CIRCLE, SUITE 404 CHESAPEAKE, VA 23320	501(C)(3)	TO SUPPORT THE "STOP DIABETES MOVEMENT" AND IMPROVE THE HEALTH OF THE COMMUNITY THROUGH THE SHARE, ACT, LEARN AND GIVE EDUCATIONAL TENTS AT THE 2011 TOUR DE CURE.	2,500.
AMERICAN HEART ASSOCIATION 4201 PARK PLACE COURT GLEN ALLEN, VA 23060	501(C)(3)	TO DEVELOP A PLAN THAT WILL EVOKE A CULTURAL CHANGE AND IMPROVE THE NUTRITIONAL CONTENT OF MEALS SERVED IN FAITH-BASED INSTITUTIONS.	12,080.
ASSOCIATION OF FUNDRAISING PROFESSIONALS VA, HAMPT P. O. BOX 2338 NORFOLK, VA 23502	501(C)(3)	SUPPORT OF NATIONAL PHILANTHROPY DAY 2011	500.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 22 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
BON SECOURS MARYVIEW FOUNDATION 100 KINGSLEY LANE, SUITE 204 NORFOLK, VA 23505	501(C)(3)	TO PROVIDE FREE, MOBILE MEDICAL SERVICES TO THE MEDICALLY UNDERSERVED IN WESTERN TIDEWATER.	75,000.
ACCESS AIDS 222 WEST 21ST ST. , SUITE F-308 NORFOLK, VA 23517	501(C)(3)	TO PROVIDE FREE, CONFIDENTIAL HIV TESTING TO SEMINAR PARTICIPANTS AND OTHER COMMUNITY MEMBERS IDENTIFIED THROUGH RECRUITMENT ACTIVITIES.	45,297.
VOICES FOR KIDS CASA PROGRAM P.O. BOX 80 ISLE OF WIGHT, VA 23397	501(C)(3)	TO RECRUIT AND TRAIN COURT-APPOINTED VOLUNTEERS WHO WILL ADVOCATE FOR FRANKLIN AND ISLE OF WIGHT COUNTY CHILDREN WHO HAVE BEEN ABUSED AND NEGLECTED	10,750.
CATHOLIC CHARITIES OF EASTERN VIRGINIA 5361 VIRGINIA BEACH BLVD. VIRGINIA BEACH, VA 23462	501(C)(3)	TO PROVIDE LIFE COACHES AT SENTARA OBICI HOSPITAL TO WORK WITH UNINSURED OR UNDERINSURED PATIENTS WHO USE THE EMERGENCY DEPARTMENT FOR PRIMARY CARE SERVICES.	83,329.
CATHOLIC CHARITIES OF EASTERN VIRGINIA 5361 VIRGINIA BEACH BLVD. VIRGINIA BEACH, VA 23462	501(C)(3)	TO WORK WITH UNINSURED PREGNANT WOMEN AND FAMILIES OF CHILDREN WHO DO NOT HAVE HEALTH INSURANCE.	27,431.
THE CHILDREN'S CENTER 700 CAMPBELL AVE FRANKLIN, VA 23851	501(C)(3)	TO SUPPORT A PHYSICAL/OCCUPATIONAL THERAPIST AND EXPAND THE INFANT AND TODDLER THERAPY SERVICES FOR CHILDREN IN THE WESTERN TIDEWATER AREA.	3,911.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 22 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
THE CHILDREN'S CENTER 700 CAMPBELL AVE FRANKLIN, VA 23851	501(C)(3)	TO RENOVATE AND EXPAND THE CURRENT SUFFOLK FACILITY BY ADDING CLASSROOMS, A NEW KITCHEN AND A CONFERENCE ROOM AND INCREASE THE NUMBER OF CHILDREN SERVED.	25,000.
CHKD 601 CHILDREN'S LANE NORFOLK, VA 23507	501(C)(3)	TO PROVIDE A COMPREHENSIVE, 10-WEEK LIFESTYLE SERIES DESIGNED SPECIFICALLY FOR CHILDREN WHO ARE OVERWEIGHT AND OBESE.	29,435.
CITY OF SUFFOLK P.O. BOX 1858 SUFFOLK, VA 23439	501(C)(3)	TO PROVIDE ADULTS AND YOUTH THE OPPORTUNITIES TO INCREASE PHYSICAL ACTIVITY AND NUTRITION USING THE GET UP AND GET OUT PROGRAM, A 6-WEEK AFTER SCHOOL AND SUMMER WELLNESS PROGRAM.	15,897.
CITY OF SUFFOLK P.O. BOX 1858 SUFFOLK, VA 23439	501(C)(3)	TO SUPPORT THE FARMER'S MARKET WITH THE PURCHASE OF TABLES AND CHAIRS TO ADD EDUCATIONAL PROGRAMS.	5,000.
SENTARA LOUISE OBICI MEMORIAL HOSPITAL 2800 GODWIN BLVD SUFFOLK, VA 23434	501(C)(3)	TO COORDINATE A CONTINUUM OF SERVICES FOR FIRST-TIME FAMILIES BY IDENTIFYING NEEDS AND LINKING FAMILIES TO RESOURCES THAT WILL ENABLE THEM TO BECOME SELF-SUFFICIENT.	31,695.
SENTARA LOUISE OBICI MEMORIAL HOSPITAL 2800 GODWIN BLVD SUFFOLK, VA 23434	501(C)(3)	TO PROVIDE CHRONIC DISEASE MANAGEMENT BY ENSURING THAT VULNERABLE, INDIGENT PATIENTS UNDERSTAND HIS OR HER MEDICAL PLAN OF CARE AND HAVE KNOWLEDGE, RESOURCES AND SOCIAL SUPPORT TO FOLLOW THOSE INSTRUCTIONS.	39,827.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 22 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
SENTARA LOUISE OBICI MEMORIAL HOSPITAL 2800 GODWIN BLVD SUFFOLK, VA 23434	501(C)(3)	TO PROVIDE UNINSURED PATIENTS WITH COMPLEX HEALTH NEEDS CASE MANAGEMENT SERVICES THAT IMPROVE SELF-CARE DISEASE MANAGMENT SKILLS FROM THE HOSPITAL TO HOME.	37,500.
SENTARA LOUISE OBICI MEMORIAL HOSPITAL 2800 GODWIN BLVD SUFFOLK, VA 23434	501(C)(3)	TO DEVELOP AND INTEGRATE A HOSPITAL-BASED, UNIVERSAL SCREENING THAT IDENTIFIES INFANCY RISK INDICATORS DURING PREGNANCY OR AT BIRTH AND CONNECTS FAMILIES WITH APPROPRIATE COMMUNITY RESOURCES.	68,642.
COVER 3 FOUNDATION 400 E. SECOND AVENUE FRANKLIN, VA 23851	501(C)(3)	TO PROVIDE FUNDS FOR MORE FRESH FRUITS AND VEGETABLES FOR COVER 3 KID'S MEAL PROGRAM	2,000.
EASTERN VIRGINIA MEDICAL SCHOOL P.O. BOX 1980 NORFOLK, VA 23501-1980	501(C)(3)	TO INCREASE THE NUMBER OF MEDICAL ENCOUNTERS AT THE WESTERN TIDEWATER FREE CLINIC BY SCHEDULING FAMILY MEDICINE RESIDENTS, THIRD YEAR MEDICAL STUDENTS AND AN ATTENDING PHYSICIAN.	67,500.
EASTERN VIRGINIA MEDICAL SCHOOL P.O. BOX 1980 NORFOLK, VA 23501-1980	501(C)(3)	TO ATTACK THE EXCESS MORTALITY RATE FROM DIABETES IN WESETERN TIDEWATER BY EDUCATING PHYSICIANS, RAISING AWARENESS ABOUT THE DISEASE AND IMPLEMENTING A TELEPHONIC CARE MANAGEMENT PLAN.	166,039.
EASTERN VIRGINIA MEDICAL SCHOOL FOUNDATION P.O. BOX 5 NORFOLK, VA 23501	501(C)(3)	TO PROVIDE LOAN FORGIVENESS FOR TWO UNDERREPRESENTED MINORITY PHYSICIANS WHO WILL WORK IN THE FOUNDATION'S SERVICE AREA.	35,000.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 22 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
FOODBANK OF SOUTHEASTERN VIRGINIA P.O. BOX 1940 NORFOLK, VA 23501	501(C)(3)	TO RENOVATE AND EXPAND THE CURRENT FOOD STORAGE FACILITY TO INCREASE THE CAPACITY OF FOOD DISTRIBUTION.	12,500.
FORKIDS, INC. 4000 COLLEY AVE. , SUITE 300,P.O. BOX 6044 NORFOLK, VA 23508	501(C)(3)	TO PROVIDE MENTAL HEALTH ASSESSMENTS AND TREATMENT FOR HOMELESS ADULTS AND CHILDREN IN SUFFOLK HOUSE EMERGENCY SHELTER.	30,197.
FORKIDS, INC. 4000 COLLEY AVE. , SUITE 300,P.O. BOX 6044 NORFOLK, VA 23508	501(C)(3)	TO HELP HOMELESS FAMILIES IN NEED OF EMERGENCY SHELTER ACCESS INSURANCE AND HEALTHCARE SERVICES.	33,365.
FORKIDS, INC. 4000 COLLEY AVE. , SUITE 300,P.O. BOX 6044 NORFOLK, VA 23508	501(C)(3)	TO PROVIDE ALL FAMILIES WITH CASE MANAGEMENT BASED ON THE CRITICAL TIME INTERVENTION (CTI) MODEL, WHICH HAS BEEN PROVEN TO BE SUCCESSFUL IN STABILIZING THE HOMELESS IN HOUSING.	37,500.
GATES COUNTY MEDICAL CENTER P. O. BOX 297 GATESVILLE, NC 27938	501(C)(3)	TO PROVIDE COMPREHENSIVE HEALTH SERVICES TO GATES COUNTY YOUTH WITH A FOCUS ON THE MEDICALLY UNDERSERVED.	46,969.
GATES PARTNERS FOR HEALTH 29 MEDICAL CENTER RD. GATES, NC 27937	501(C)(3)	SUPPORT OF THE GATES COUNTY FARMERS MARKET IN GATES COUNTY, NC.	3,000.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 22 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
GIRL SCOUT COUNCIL OF THE COLONIAL COAST 912 CEDAR RD. CHESAPEAKE, VA 23322	501(C)(3)	SERVICE PROJECT TO SUPPORT THE COMMUNITY. TROUP PROVIDED MUSIC FOR THE FOUNDATION HOLIDAY HOMES TOUR. SERVICE GROUP #731	500.
GIRL SCOUT COUNCIL OF THE COLONIAL COAST 912 CEDAR RD. CHESAPEAKE, VA 23322	501(C)(3)	SERVICE PROJECT TO SUPPORT THE COMMUNITY. TROUP PROVIDED MUSIC FOR THE FOUNDATION HOLIDAY HOMES TOUR. SERVICE GROUP #730	500.
GRAY WALKER WASHINGTON PEACE STUDIES INSTITUTE, IN P. O. BOX 3 CARRSVILLE, VA 23325-0003	501(C)(3)	TO SUPPORT HEALTH FAIR OPEN TO PUBLIC FOCUSING ON THE UNDER SERVED POPULATIONS OF WESTERN TIDEWATER, FRANKLIN, SOUTHAMPTON AND GATES	250.
HORIZON HEALTH SERVICES WAVERLY MEDICAL CENTER P.O. BOX 29 WAVERLY, VA 23890	501(C)(3)	TO FUND A NEW DENTAL SITE AT THE IVOR MEDICAL FACILITY IN SOUTHAMPTON COUNTY AND INSTITUTE ELECTRONIC MEDICAL RECORDS AT THE IVOR, WAVERLY AND SURRY PRIMARY CARE SITES.	95,438.
ISLE OF WIGHT CHRISTIAN OUTREACH PROGRAM P. O. BOX 253 SMITHFIELD, VA 23431	501(C)(3)	TO PROVIDE ORAL HEALTH CARE SERVICES TO POOR, UNINSURED SENIORS IN ISLE OF WIGHT COUNTY	6,926.
JAMES L. CAMP, JR. FAMILY YMCA 300 CRESCENT DR. FRANKLIN, VA 23851	501(C)(3)	TO IMPLEMENT THE Y-CHANGE PROGRAM, WHICH IS A TEAM-ORIENTED CURRICULUM THAT ADDRESSES BEHAVIORAL CHANGE, BASIC NUTRITION, PHYSICAL FITNESS AND STRESS MANAGEMENT.	12,850.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 22 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
LIONS CLUB INTERNATIONAL DISTRICT 24-D 2357 HAVERSHAM CLOSE VIRGINIA BEACH, VA 23454	501(C)(3)	TO PROVIDE A VISION SCREENING TO ALL PRESCHOOL CHILDREN BEFORE FIRST GRADE FOR TREATABLE AND PREVENTABLE CAUSES OF POOR VISION OR INCOMPLETE VISION DEVELOPMENT.	10,000.
LUTER YMCA 259 JAMES STREET SMITHFIELD, VA 23430	501(C)(3)	TO SUPPORT HEALTHY WEIGHT AND LIFESTYLE AMONG OVERWEIGHT OR OBESE ADULTS BY OFFERING ASSESSMENTS, EXERCISE AND NUTRITION EDUCATION.	28,135.
MAIN STREET UNITED METHODIST CHURCH 202 NORTH MAIN STREET SUFFOLK, VA 23434	501(C)(3)	MEMORIAL DONATION IN MEMORY OF WILLIAM BIRDSONG, JR.	1,000.
MOTHER SETON HOUSE, INC. 3333 VIRGINIA BEACH BLVD. STE 28 VIRGINIA BEACH, VA 23452	501(C)(3)	TO OFFER HOUSING AND SUPPORTIVE SERVICES FOR YOUTH WHO HAVE NO RESOURCES THROUGH FAMILY OR EXTENDED FAMILY.	7,500.
NANSEMOND-SUFFOLK ACADEMY 3373 PRUDEN BLVD. SUFFOLK, VA 23434	501(C)(3)	TO PROVIDE FUNDING FOR A NEW AUDIOMETER, VITAL SIGN MONITOR AND HEALTH-O-METER SCALE FOR MEDICAL STAFF TO MONITOR STUDENTS.	4,985.
PATIENT ADVOCATE FOUNDATION 421 BUTLERLL FARM ROAD HAMPTON, VA 23666	501(C)(3)	TO INCREASE ACCESS TO HEALTH CARE, EDUCATE PATIENTS IN NAVIGATING THEIR OWN CARE, LINK RESOURCES AND EXPAND THE ELECTRONIC DATABASE FOR THE PURPOSE OF IDENTIFYING BOTH BARRIERS AND SOLUTIONS.	75,290.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 22 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
PAUL D. CAMP COMMUNITY COLLEGE P.O. BOX 737 FRANKLIN, VA 23851	501(C)(3)	TO PROVIDE EQUIPMENT AND SUPPLIES TO CONVERT THE SUFFOLK SKILLS LAB INTO A SIMULATION LAB.	55,293.
PENINSULA INSTITUTE FOR COMMUNITY HEALTH 1033 28TH ST., 2ND FLOOR NEWPORT NEWS, VA 23607	501(C)(3)	TO IDENTIFY UNDIAGNOSED DIABETICS AND TO OFFER MULTI-PHASED LEARNING SESSIONS ON DIABETES AT MAIN STREET PHYSICIANS.	90,000.
PENINSULA INSTITUTE FOR COMMUNITY HEALTH 1033 28TH ST., 2ND FLOOR NEWPORT NEWS, VA 23607	501(C)(3)	TO PROVIDE ACCESS TO ORAL HEALTH SERVICES FOR CHILDREN AND ADULTS INCLUDING EDUCATION, PREVENTION, SCREENING, DIAGNOSIS, AND TREATMENT.	135,000.
PENINSULA INSTITUTE FOR COMMUNITY HEALTH 1033 28TH ST., 2ND FLOOR NEWPORT NEWS, VA 23607	501(C)(3)	TO FORM A PARTNERSHIP WITH OBICI HEALTHCARE FOUNDATION TO STUDY THE FEASIBILITY OF ESTABLISHING A COMMUNITY HEALTH CENTER SITE IN FRANKLIN, VIRGINIA.	25,000.
THE PLANNING COUNCIL 5365 ROBIN HOOD ROAD, SUITE 700 NORFOLK, VA 23513	501(C)(3)	OVERALL COORDINATION OF THE CONTINUUM OF CARE PROCESS FOR THE WESTERN TIDEWATER CONTINUUM OF CARE COUNCIL (WTCCC).	12,800.
RX PARTNERSHIP 2924 EMERYWOOD PKWY, SUITE 300 RICHMOND, VA 23294	501(C)(3)	TO PROVIDE FREE PRESCRIPTION MEDICATION AND RESOURCES FOR LOW-COST SUPPLIES TO LOW-INCOME, UNINSURED RESIDENTS IN THE SERVICE AREA;	7,500.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 22 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
SENIOR SERVICES OF SOUTHEASTERN VIRGINIA 5 INTERSTATE CORPORATE CENTER, 6350 CENTER DR., NORFOLK, VA 23502	501(C)(3)	TO LOCATE AND ENROLL SENIOR CITIZENS 65 AND OLDER AND ADULTS WITH DISABILITIES IN THE BENEFITS PLANS FOR WHICH THEY ARE ELIGIBLE.	90,011.
SENIOR SERVICES OF SOUTHEASTERN VIRGINIA 5 INTERSTATE CORPORATE CENTER, 6350 CENTER DR., SUITE 101 NORFOLK, VA 23502	501(C)(3)	TO PROVIDE COMMUNITY EDUCATION, COUNSELING AND ASSISTANCE TO ELIGIBLE BENEFICIARIES OF MEDICARE PARTS B AND D, THE PART D "EXTRA HELP" BENEFIT, MEDICAID AND OTHER COMMUNITY RESOURCES FOR HEALTHCARE AND PRESCRIPTION DRUG COVERAGE	25,997.
SENIOR SERVICES OF SOUTHEASTERN VIRGINIA 5 INTERSTATE CORPORATE CENTER, 6350 CENTER DR., NORFOLK, VA 23502	501(C)(3)	TO CONDUCT A TRANSPORTATION NEEDS ASSESSMENT AND CREATE A COORDINATED HUMAN SERVICES TRANSPORTATION PLAN FOR FRANKLIN, ISLE OF WIGHT AND SOUTHAMPTON COUNTIES, AND SUFFOLK.	45,483.
SENIOR SERVICES OF SOUTHEASTERN VIRGINIA 5 INTERSTATE CORPORATE CENTER, 6350 CENTER DR., NORFOLK, VA 23502	501(C)(3)	SUPPORT OF THE CONTINUUM OF CARE	2,500.
SENTARA HEALTHCARE 6015 POPLAR HALL DRIVE, SUITE #308 NORFOLK, VA 23502	501(C)(3)	TO AIRLIFT CRITICALLY ILL PATIENTS FROM WESTERN TIDEWATER AND GATES COUNTY TO THE ONLY LEVEL I TRAUMA PROGRAM IN THE REGION VIA AIR SENTARA'S NIGHTINGALE AIR AMBULANCE PROGRAM.	25,000.
SMART BEGINNINGS WESTERN TIDEWATER 601 NORTH MECHANIC STREET, SUITE 203 FRANKLIN, VA 23851	501(C)(3)	TO INCREASE THE NUMBER OF WESTERN TIDEWATER CHILDREN ENROLLED IN FAMIS.	37,615.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 22 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
SMITHFIELD AND IOW CONVENTION AND VISITOR BUREAU 319 MAIN STREET, P.O. BOX 37 SMITHFIELD, VA 23430	501(C)(3)	FUNDING TO PAY FOR MARKETING EXPENSES TO REACH MORE PEOPLE AND TO PAY FOR OPERATING EXPENSES AND ON-SITE CHILDREN'S ACTIVITIES INCLUDING EDUCATIONAL EVENTS.	2,000.
SOUTHEASTERN COUNCIL OF FOUNDATIONS 50 HURT PLAZA, SUITE 350 ATLANTA, GA 30303	501(C)(3)	TO SUPPORT SPEAKER FOR ANNUAL 2012 SECF ANNUAL CONFERENCE	5,000.
SUFFOLK COALITION FOR THE ALLEVIATION OF POVERTY 3488 GODWIN BOULEVARD SUFFOLK, VA 23434	501(C)(3)	TO SUPPORT THE SUFFOLK COALITION FOR THE ALLEVIATION OF POVERTY (SUFFOLK CAP) WITH THE USE OF NEWLY PURCHASED COMPUTER, SOFTWARE, PRINTER, WEBSITE DESIGN/HOSTING, AND PRINTED MATERIALS.	4,100.
SUFFOLK DEPARTMENT OF SOCIAL SERVICES 135 HALL AVENUE SUFFOLK, VA 23434	501(C)(3)	TO INCREASE THE ENROLLMENT OF CHILDREN AND FAMILIES WHO ARE UNINSURED YET ELIGIBLE FOR MEDICAID AND FAMIS.	21,629.
SUFFOLK FAMILY YMCA 2769 GODWIN BLVD SUFFOLK, VA 23434	501(C)(3)	TO INCREASE CARDIOVASCULAR FITNESS AND PHYSICAL STRENGTH FOR YOUTH PARTICIPANTS WHILE REDUCING SCREEN TIME (TV OR VIDEO GAMES).	37,500.
SUFFOLK FIRE AND RESCUE 300 KINGS FORK ROAD SUFFOLK, VA 23434	501(C)(3)	TO PROVIDE DIAGNOSTIC QUALITY 12 LEAD ECG MONITORS ON ALL FRONT LINE CITY OF SUFFOLK EMS VEHICLES.	106,679.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 22 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
SUFFOLK MEALS ON WHEELS 2800 GODWIN BLVD. SUFFOLK, VA 23434	501(C)(3)	TO PROVIDE MEAL DELIVERY TO A GROWING POPULATION OF SENIOR AND DISABLED RECIPIENTS WHO ARE HOMEBOUND AND/OR HOME ALONE IN SUFFOLK AND ISLE OF WIGHT REGION.	93,845.
SUFFOLK PARTNERSHIP FOR A HEALTHY COMMUNITY P.O. BOX 6082 SUFFOLK, VA 23433	501(C)(3)	TO EXPAND COMMUNITY EDUCATION, TRAINING AND OUTREACH ACTIVITIES OF THE SUFFOLK ON THE MOVE AND THE COMMUNITY GARDENS PROJECTS.	37,500.
SUFFOLK PARTNERSHIP FOR A HEALTHY COMMUNITY P.O. BOX 6082 SUFFOLK, VA 23433	501(C)(3)	TO IDENTIFY POTENTIAL COMMUNITY ENGAGEMENT, ENVIRONMENTAL CHANGE AND MEASUREABLE OUTCOMES THAT WILL BE INCLUDED IN A COMPREHENSIVE PLAN ENCOURAGING ACTIVE LIFESTYLE FOR SUFFOLK CITIZENS.	43,800.
SUFFOLK PARTNERSHIP FOR A HEALTHY COMMUNITY P.O. BOX 6082 SUFFOLK, VA 23433	501(C)(3)	TO IMPLEMENT THE FIRST PHASE (1 YEAR) OF A MULTI-YEAR, COMMUNITY-WIDE COMPREHENSIVE WELL CARE MANAGEMENT PROGRAM, WHICH EMPOWERS INDIVIDUALS WITH THE TOOLS NEEDED TO IMPROVE THEIR HEALTH STATUS.	16,150.
SUFFOLK PUBLIC SCHOOLS 100 N. MAIN ST., P.O. BOX 1549 SUFFOLK, VA 23434	501(C)(3)	TO DEVELOP A STRATEGIC HEALTH ACTION AND WELLNESS PLAN THAT WILL REDUCE THE OBESITY RATE AMONG STUDENTS, PARENTS AND STAFF.	26,950.
SUFFOLK PUBLIC SCHOOLS 100 N. MAIN ST., P.O. BOX 1549 SUFFOLK, VA 23434	501(C)(3)	TO EXPAND SERVICES FOR OBESITY PREVENTION BY DEVELOPING A COMPREHENSIVE HEALTH PLAN, IMPLEMENTING AFTER SCHOOL CHALLENGE CLUBS AND PROMOTING BETTER NUTRITIONAL HEALTH IN CAFETERIAS AND CLASSROOMS.	103,000.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 22 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
SUFFOLK PUBLIC SCHOOLS 100 N. MAIN ST., P.O. BOX 1549 SUFFOLK, VA 23434	501(C)(3)	TO ENCOURAGE TEACHERS AND STUDENTS TO INCORPORATE EXERCISE AND NUTRITIONAL INFORMATION INTO THEIR CORE CURRICULUM.	37,500.
SUFFOLK ROTARY CLUB P.O. BOX 1972 SUFFOLK, VA 23439	501(C)(3)	SPONSORSHIP OF THE FIRST CITIZEN RECEPTION	1,000.
SUFFOLK SALVATION ARMY CORPS 400 BANK ST. SUFFOLK, VA 23434	501(C)(3)	TO SUPPORT CONSTRUCTION OF A 22,500 SQ. FT. BUILDING THAT WILL PROVIDE A FACILITY FOR PHYSICAL HEALTH, EDUCATION AND SPIRITUAL HEALTH, WITH AN EMPHASIS ON PROVIDING MEANINGFUL ACTIVITIES FOR OUR YOUTH, OUR SENIORS AND THE LESS FORTUNATE, WITHOUT DISCRIMINATION.	50,000.
SUFFOLK SALVATION ARMY CORPS 400 BANK ST. SUFFOLK, VA 23434	501(C)(3)	TO SUPPORT TRANSPORTATION FOR DOCTORS VISITS, TREATMENTS AND OTHER MEDICAL NEEDS.	5,000.
SURRY AREA FREE CLINIC P.O. BOX 32 SURRY, VA 23883	501(C)(3)	TO IMPLEMENT A PLAN THAT WILL LEAD TO THE CONSTRUCTION AND MANAGEMENT OF THE SURRY FREE CLINIC.	77,670.
SURRY AREA FREE CLINIC P.O. BOX 32 SURRY, VA 23883	501(C)(3)	TO SUPPORT THE 4TH ANNUAL EVENING OF ELEGANCE BENEFIT DINNER	100.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 22 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
TOWN OF SMITHFIELD P. O. BOX 246 SMITHFIELD, VA 23431	501(C)(3)	TO STRENGTHEN THE DEVELOPMENT OF A WELLNESS PLAN IN THE TOWN OF SMITHFIELD THAT WILL PROMOTE HEALTHY LIFESTYLE AND CULTURAL CHANGES.	37,775.
UNION MISSION MINISTRIES P. O. BOX 3203 NORFOLK, VA 23514	501(C)(3)	TO PROVIDE HEALTHCARE COORDINATION, MEDICAL CASE MANAGEMENT, TRANSPORTATION, AND MEDICATION ASSISTANCE.	5,000.
UNITED WAY OF SOUTH HAMPTON ROADS PO BOX 41069 , 2515 WALMER AVE NORFOLK, VA 23541	501(C)(3)	HOLIDAY GIFT HONORING THE OBICI HEALTHCARE FOUNDATION'S COMMUNITY PARTNERS.	500.
THE UP CENTER 222 W. 19TH ST. NORFOLK, VA 23517	501(C)(3)	TO EXPAND TRAUMA-INFORMED-CARE GROUPS TO REACH A LARGER POPULATION OF ADULTS WHO HAVE EXPERIENCED TRAUMA; IMPLEMENT TRAUMA-INFORMED GROUPS FOR CHILDREN AND ADOLESCENTS BASED ON BEST-PRACTICES CONCEPTS; AND EDUCATE OTHER COMMUNITY PROVIDERS OF HUMAN SERVICES IN TRAUMA-INFORMED-CARE.	151,405.
THE UP CENTER 222 W. 19TH ST. NORFOLK, VA 23517	501(C)(3)	TO MEET THE BEHAVIORAL HEALTHCARE NEEDS OF RESIDENTS OF WESTERN TIDEWATER BY PROVIDING COUNSELING SERVICES THAT CONSIST OF TELEMENTAL HEALTH, FATHERHOOD DEVELOPMENT, SERVICES FOR CHILDREN WITH AUTISM AND THEIR PARENTS AND ADOLESCENT ANGER MANAGEMENT.	67,812.
VIRGINIA DIABETES COUNCIL 2618 IRON FORGE ROAD HERNDON, VA 20171	501(C)(3)	TO PROVIDE AN EVIDENCE-BASED, SELF-MANAGEMENT PROGRAM FOR TYPE 2 DIABETICS AND PROMOTE HEALTHY DINING CHOICES AND ACTIVE LIFESTYLE.	32,803.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 22 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
VIRGINIA HEALTHCARE FOUNDATION 707 EAST MAIN STREET, SUITE 1350 RICHMOND, VA 23219	501(C)(3)	TO SUPPORT CHARTING THE FUTURE: PREPARING VIRGINIA'S HEALTH CARE SAFETY NET INITIATIVE.	5,000.
VIRGINIA LEGAL AID SOCIETY P.O. BOX 6200 LYNCHBURG, VA 24505	501(C)(3)	TO HELP DISABLED PERSONS OBTAIN MEDICAID OR MEDICARE AT THE EARLIEST POSSIBLE POINT.	75,000.
VOLUNTEER HAMPTON ROADS 400 WEST OLNEY ROAD, SUITE B NORFOLK, VA 23507	501(C)(3)	TO SUPPORT PROGRAMING TO PROMOTE CORPORATE SOCIAL RESPONSIBILITY AND DEVELOP NONPROFIT RESOURCES.	5,000.
WESTERN TIDEWATER COMMUNITY SERVICES BOARD 5268 GODWIN BLVD SUFFOLK, VA 23434	501(C)(3)	TO PROVIDE A LICENSED PRACTICAL NURSE FOR MEDICAL CARE MONITORING AND INTERVENTION FOR PARTICIPANTS WITH SEVERE/PROFOUND INTELLECTUAL DISABILITIES AND PHYSICAL DISABILITIES	54,846.
WESTERN TIDEWATER COMMUNITY SERVICES BOARD 5268 GODWIN BLVD SUFFOLK, VA 23434	501(C)(3)	TO PROVIDE DAILY CLIENT MEDICAL CHECKS, MEDICATION, AND DAILY GROUP, FAMILY, AND/OR INDIVIDUAL THERAPY SESSIONS AND OTHER SUPPORTS AS NEEDED, AS WELL AS CONTINUITY OF CARE AND DISCHARGE PLANNING.	100,000.
WESTERN TIDEWATER FREE CLINIC 2019 MEADE PARKWAY SUFFOLK, VA 23434	501(C)(3)	TO INCREASE THE NUMBER OF MEDICAL AND DENTAL PATIENTS SERVED BY COLLABORATING WITH THE EASTERN VIRGINIA MEDICAL SCHOOL AND OLD DOMINION UNIVERSITY.	225,000.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 22 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
WESTERN TIDEWATER FREE CLINIC 2019 MEADE PARKWAY SUFFOLK, VA 23434	501(C)(3)	TO EXPAND CLINICAL SERVICES TO A BROADER POPULATION WITH ATTENTION TO PROVIDING A MEDICAL HOME WITH CONSISTANT CARE FOR INDIVIDUALS WITH CHRONIC MEDICAL CONDITIONS.	30,000.
WESTERN TIDEWATER FREE CLINIC 2019 MEADE PARKWAY SUFFOLK, VA 23434	501(C)(3)	TO ESTABLISH AN IN-HOUSE PHARMACY THAT WILL INCREASE AND IMPROVE ACCESS TO PRESCRIPTION MEDICATIONS.	29,910.
WESTERN TIDEWATER FREE CLINIC 2019 MEADE PARKWAY SUFFOLK, VA 23434	501(C)(3)	TO PROVIDE OPERATING FUNDS TO SERVE LOW-INCOME, UNINSURED RESIDENTS AND SUPPORT FUND DEVELOPMENT ACTIVITIES THAT WILL INCREASE REVENUE AND LONG-TERM SUSTAINABILITY.	225,000.
WESTERN TIDEWATER HEALTH DISTRICT SUFFOLK HEALTH D 135 HALL AVE, SUITE A SUFFOLK, VA 23434-4654	501(C)(3)	TO REDUCE THE NUMBER OF UNDESIRABLE BIRTH OUTCOMES THROUGH EDUCATION, INTENSE NURSE CASE MANAGEMENT, HOME VISITATION AND PATIENT ASSISTANCE TO MEDICAL APPOINTMENTS.	90,995.
WESTERN TIDEWATER HEALTH DISTRICT SUFFOLK HEALTH D 135 HALL AVE, SUITE A SUFFOLK, VA 23434-4654	501(C)(3)	TO EXPAND MATERNAL AND CHILD HEALTH AND FAMILY PLANNING SERVICES THAT ADDRESS TEEN PREGNANCY RATES, PRENATAL CARE AND PREGNANCY OUTCOMES.	76,206.
WESTERN TIDEWATER HEALTH DISTRICT SUFFOLK HEALTH D 135 HALL AVE, SUITE A SUFFOLK, VA 23434-4654	501(C)(3)	TO IMPROVE PREGNANCY OUTCOMES BY HELPING WOMEN IMPROVE PRENATAL HEALTH, IMPROVE CHILD HEALTH AND DEVELOPMENT AND IMPROVE THE ECONOMIC SELF-SUFFICIENCY OF FAMILIES IN FRANKLIN CITY AND ISLE OF WIGHT COUNTY.	47,890.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 22 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
WESTERN TIDEWATER TASK FORCE ON AGING 1226 WHITE MARSH ROAD SUFFOLK, VA 23434	501(C)(3)	PROVIDING ASSISTANCE TO THE INDIGENT POPULATION LIVING IN AN ASSISTED LIVING FACILITY IN WESTERN TIDEWATER.	4,824.
YMCA OF SOUTH HAMPTON ROADS 250 W. BRAMBLETON AVE. , SUITE 100 NORFOLK, VA 23510	NONE 501(C)(3)	THE YMCA OF SOUTH HAMPTON ROADS WILL CONSTRUCT A SWIMMING POOL AT THE YMCA'S KENYON ROAD LOCATION. THE POOL WILL BE PART OF A RENOVATION THAT INCLUDES A CLIMBING TOWER, SOFTBALL FIELDS, AN AMPHITHEATER, PICNIC SHELTERS, AN ARCHERY RANGE AND OTHER OUTDOOR ACTIVITIES.	45,000.
YMCA OF SOUTH HAMPTON ROADS 250 W. BRAMBLETON AVE. , SUITE 100 NORFOLK, VA 23510	NONE 501(C)(3)	TO BUILD AN ALPINE CLIMBING TOWER TO BE PART OF A REGIONAL DAY CAMP AND FAMILY CENTER THAT WILL SERVE SUFFOLK, FRANKLIN AND GREATER SOUTH HAMPTON ROADS	25,000.
TOTAL CONTRIBUTIONS PAID			<u>3,909,009.</u>

FORM 990PF, PART XV - CONTRIBUTIONS APPROVED FOR FUTURE PAYMENTATTACHMENT 23

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
EVMS P. O. BOX 1980 NORFOLK, VA 23501	501(C)(3)	TO PROVIDE LOAN FORGIVENESS FOR TWO UNDERREPRESENTED MINORITY PHYSICIANS WHO WILL WORK IN THE FOUNDATION'S SERVICE AREA.	25,000.
VCU 520 N. 12TH STREET, P. O. BOX 980566 RICHMOND, VA 23298	501(C)(3)	TO INCREASE THE NUMBER OF UNDERREPRESENTED MINORITIES AND LOW-INCOME STUDENTS WORKING AS DENTISTS IN UNDERSERVED AREA THROUGH HEALTH ADVISOR WORKSHOPS, A FOUR-WEEK SUMMER PROGRAM AND A LOAN FORGIVENESS PROGRAM.	213,589.
THE PLANNING COUNCIL 5365 ROBIN HOOD ROAD, SUITE 700 NORFOLK, VA 23513	501(C)(3)	TO HIRE A HEALTH ANALYST TO ANALYZE EXISTING DATABASES AT THE WESTERN TIDEWATER HEALTH DISTRICT.	36,000.
WESTERN TIDEWATER FREE CLINIC 2019 MEADE PARKWAY SUFFOLK, VA 23434	501(C)(3)	TO IMPROVE PATIENT ACCESS TO MEDICAL AND DENTAL CARE.	7,477.
CHKD 601 CHILDREN'S LANE NORFOLK, VA 23507	501(C)(3)	TO IMPLEMENT A CLINICAL APPROACH TO REDUCE OBESITY AMONG WESTERN TIDEWATER AND GATES COUNTY CHILDREN WHO HAVE BEEN DIAGNOSED WITH OBESITY AND ANOTHER CHRONIC DISEASES.	3,271.
EASTERN VIRGINIA MEDICAL SCHOOL P.O. BOX 1980 NORFOLK, VA 23501-1980	501(C)(3)	TO RAISE AWARENESS AND REDUCE THE RISK OF DIABETES BY EDUCATING PHYSICIANS, CONDUCTING SCREENINGS AND IMPLEMENTING A TELEPHONIC CARE MANAGEMENT PLAN TO PATIENTS REFERRED.	18,449.

ATTACHMENT 23

FORM 990PF, PART XV - CONTRIBUTIONS APPROVED FOR FUTURE PAYMENTATTACHMENT 23 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
FORKIDS, INC. 4000 COLLEY AVE., SUITE 300, P.O. BOX 6044 NORFOLK, VA 23508	501(C)(3)	TO OFFER BEHAVIORAL HEALTH SCREENINGS, REFERRAL TO CARE, AND TRANSPORTATION TO SERVICES FOR NEWLY IDENTIFIED HOMELESS ADULTS AND CHILDREN	3,356.
PATIENT ADVOCATE FOUNDATION 421 BUTLERLL FARM ROAD HAMPTON, VA 23666	501(C)(3)	TO INCREASE ACCESS TO HEALTHCARE THROUGH PATIENT EDUCATION AND HEALTHCARE ASSISTANCE RESOURCES.	8,365.
PENINSULA INSTITUTE FOR COMMUNITY HEALTH 1033 28TH ST., 2ND FLOOR NEWPORT NEWS, VA 23607	501(C)(3)	TO PROVIDE BASIC DENTAL SERVICES FOR CHILDREN AND ADULTS.	15,000.
PENINSULA INSTITUTE FOR COMMUNITY HEALTH 1033 28TH ST., 2ND FLOOR NEWPORT NEWS, VA 23607	501(C)(3)	TO SCREEN AND IDENTIFY UNDIAGNOSED DIABETICS AND PROVIDE CLINICAL LEARNING GROUPS THAT HELP PATIENTS TREAT AND MANAGE THE DISEASE.	10,000.
SUFFOLK MEALS ON WHEELS 2800 GODWIN BLVD. SUFFOLK, VA 23434	501(C)(3)	TO PROVIDE NUTRITIOUS MEAL DELIVERY TO SENIORS AND THE DISABLED RESIDENTS WHO ARE HOMEBOUND, HOME ALONE AND IN FINANCIAL NEED.	10,427.
SUFFOLK SALVATION ARMY CORPS 400 BANK ST. SUFFOLK, VA 23434	501(C)(3)	TO HELP BUILD A FACILITY WHERE CHILDREN AND OLDER ADULTS CAN EXERCISE, LEARN ABOUT NUTRITION AND ACCESS OTHER PROGRAMS AND RESOURCES.	25,000.

FORM 990PF, PART XV - CONTRIBUTIONS APPROVED FOR FUTURE PAYMENTATTACHMENT 23 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
SURRY AREA FREE CLINIC P.O. BOX 32 SURRY, VA 23883	501(C)(3)	TO EXPAND SERVICES AND PROVIDE NEW CONSTRUCTION FOR THE SURRY FREE CLINIC.	8,630.
TOWN OF SMITHFIELD P. O. BOX 246 SMITHFIELD, VA 23431	501(C)(3)	TO DEVELOP A COMMUNITY WELLNESS PLAN IN THE TOWN OF SMITHFIELD TO PROMOTE HEALTHY LIFESTYLES AND ENCOURAGE ACTIVITIES AT WINDSOR CASTLE PARK.	7,775.
THE UP CENTER 222 W. 19TH ST. NORFOLK, VA 23517	501(C)(3)	TO OFFER TRAUMATIC STRESS SYMPTOM EDUCATION AND REFERRAL SYSTEM TO COMMUNITY PROVIDERS AND CONDUCT TRAUMATIC STRESS THERAPY TO INDIVIDUALS REFERRED.	16,823.
WESTERN TIDEWATER COMMUNITY SERVICES BOARD 5268 GODWIN BLVD SUFFOLK, VA 23434	501(C)(3)	TO PURCHASE PHYSICAL AND OCCUPATIONAL THERAPY EQUIPMENT AND EMPLOY A LICENSED PRACTICAL NURSE TO MONITOR CHRONIC DISEASE SYMPTOMS FOR ADULT PATIENTS WITH PROFOUND INTELLECTUAL AND OTHER COMPLEX DISABILITIES.	6,095.
WESTERN TIDEWATER FREE CLINIC 2019 MEADE PARKWAY SUFFOLK, VA 23434	501(C)(3)	TO IMPROVE PATIENT ACCESS TO MEDICAL AND DENTAL CARE.	25,000.
WESTERN TIDEWATER HEALTH DISTRICT 135 HALL AVE, SUITE A SUFFOLK, VA 23434-4654	501(C)(3)	TO IMPLEMENT A NATIONAL MODEL - THE NURSE FAMILY PARTNERSHIP PROGRAM - TO HELP IMPROVE PRENATAL HEALTH, CHILD HEALTH AND DEVELOPMENT THOUGH AGE TWO IN FRANKLIN CITY AND ISLE OF WIGHT COUNTY.	10,111.

FORM 990PF, PART XV - CONTRIBUTIONS APPROVED FOR FUTURE PAYMENTATTACHMENT 23 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
YMCA OF SOUTH HAMPTON ROADS 250 W. BRAMBLETON AVE. , SUITE 100 NORFOLK, VA 23510	501(C)(3)	TO CONSTRUCT A REGIONAL SWIMMING POOL THAT WILL PROVIDE CHILDREN WITH EXERCISE, SAFETY TRAINING AND HEALTHY GROUP ACTIVITIES AT THE Y'S CAMP ARROWHEAD.	5,000.
ACCESS PARTNERSHIP P. O. BOX 41093 NORFOLK, VA 23451	501(C)(3)	TO PROVIDE LOW-INCOME, UNINSURED RESIDENTS IN WESTERN TIDEWATER WITH EXPANDED ACCESS TO DIAGNOSTIC AND SPECIALTY MEDICAL SERVICES.	26,047.
ALBEMARLE HEALTH 1144 NORTH ROAD ELIZABETH CITY, NC 27909	501(C)(3)	TO ACQUIRE AND IMPLEMENT AN ELECTRONIC HEALTH RECORD AND PAYMENT MANAGEMENT SYSTEM TO IMPROVE CLINICAL QUALITY AND SAFETY OF PATIENTS.	35,551.
ALBEMARLE HEALTH 1144 NORTH ROAD ELIZABETH CITY, NC 27909	501(C)(3)	TO CONDUCT A SCHOOL-BASED HEALTHY LIFESTYLE PROGRAM BASED ON EXERCISE AND NUTRITION EDUCATION FOR GATES COUNTY STUDENTS AND SCHOOL EMPLOYEES.	36,000.
AMERICAN DIABETES ASSOCIATION 870 GREENBRIER CIRCLE, SUITE 404 CHESAPEAKE, VA 23320	501(C)(3)	TO TRAIN AMBASSADORS IN AFRICAN AMERICAN CONGREGATIONS TO RAISE AWARENESS OF DIABETES AND STRESS THE IMPORTANCE OF EARLY DETECTION, DISEASE MANAGEMENT, AND HEALTH RISK FACTORS.	13,856.
AMERICAN HEART ASSOCIATION 4201 PARK PLACE COURT GLEN ALLEN, VA 23060	501(C)(3)	TO DEVELOP A PLAN TO EVOKE A CULTURAL CHANGE AND IMPROVE THE NUTRITIONAL CONTENT OF MEALS SERVED IN FAITH-BASED INSTITUTIONS.	12,080.

FORM 990PF, PART XV - CONTRIBUTIONS APPROVED FOR FUTURE PAYMENTATTACHMENT 23 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
BON SECOURS MARYVIEW FOUNDATION 100 KINGSLEY LANE, SUITE 204 NORFOLK, VA 23505	501(C)(3)	TO PROVIDE CONSISTENT, FREE, PRIMARY HEALTHCARE TO THE MEDICALLY UNDERSERVED PATIENTS USING THE MOBILE CARE-A-VAN.	75,000.
ACCESS AIDS 222 WEST 21ST ST., SUITE F-308 NORFOLK, VA 23517	501(C)(3)	TO EXPAND RAPID-HIV TESTING AND EDUCATION TO SUFFOLK, FRANKLIN AND ISLE OF WIGHT COUNTY RESIDENTS.	21,493.
CATHOLIC CHARITIES OF EASTERN VIRGINIA 5361 VIRGINIA BEACH BLVD. VIRGINIA BEACH, VA 23462	501(C)(3)	TO ENROLL UNINSURED PREGNANT WOMEN, AND FAMILIES OF CHILDREN WHO DO NOT HAVE HEALTH INSURANCE IN FAMIS.	14,146.
CATHOLIC CHARITIES OF EASTERN VIRGINIA 5361 VIRGINIA BEACH BLVD. VIRGINIA BEACH, VA 23462	501(C)(3)	TO PROVIDE LIFE COACHES IN SENTARA OBICI HOSPITAL'S EMERGENCY ROOM TO HELP UNINSURED OR UNDERINSURED PATIENTS SECURE PRIMARY CARE SERVICES AND OTHER RESOURCES.	35,709.
THE CHILDREN'S CENTER 700 CAMPBELL AVE FRANKLIN, VA 23851	501(C)(3)	TO RENOVATE AND EXPAND THE CURRENT SUFFOLK FACILITY TO ALLOW AN INCREASE IN THE NUMBER OF CHILDREN SERVED.	25,000.
CITY OF SUFFOLK P.O. BOX 1858 SUFFOLK, VA 23439	501(C)(3)	TO PROVIDE ADULTS AND YOUTH WITH INCREASED PHYSICAL ACTIVITY AND BETTER NUTRITION USING THE GET UP AND GET OUT PROGRAM..	15,897.

FORM 990PF, PART XV - CONTRIBUTIONS APPROVED FOR FUTURE PAYMENTATTACHMENT 23 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
SENTARA LOUISE OBICI MEMORIAL HOSPITAL 2800 GODWIN BLVD SUFFOLK, VA 23434	501(C)(3)	TO PROVIDE UNINSURED PATIENTS WITH CASE MANAGEMENT SERVICES THAT IMPROVE SELF CARE DISEASE MANAGEMENT SKILLS FROM THE HOSPITAL TO HOME.	37,500.
SENTARA LOUISE OBICI MEMORIAL HOSPITAL 2800 GODWIN BLVD SUFFOLK, VA 23434	501(C)(3)	TO DEVELOP AND IMPLEMENT A HOSPITAL-BASED, UNIVERSAL RISK SCREENING DURING PREGNANCY OR AT BIRTH THAT CONNECTS NEW PARENTS WITH APPROPRIATE COMMUNITY RESOURCES.	68,642.
FOODBANK OF SOUTHEASTERN VIRGINIA P.O. BOX 1940 NORFOLK, VA 23501	501(C)(3)	TO RENOVATE AND EXPAND THE STORAGE FACILITY TO INCREASE FOOD DISTRIBUTION.	12,500.
MOTHER SETON HOUSE, INC. 3333 VA B. BLVD. VIRGINIA BEACH, VA 23452	501(C)(3)	TO DEVELOP A PLAN FOR HOUSING AND SUPPORTIVE SERVICES FOR YOUTH WHO HAVE NO RESOURCES THROUGH FAMILY OR EXTENDED FAMILY.	7,500.

FORM 990PF, PART XV - CONTRIBUTIONS APPROVED FOR FUTURE PAYMENTATTACHMENT 23 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
PAUL D. CAMP COMMUNITY COLLEGE P.O. BOX 737 FRANKLIN, VA 23851	501(C)(3)	TO EXPAND LABORATORY TRAINING EQUIPMENT IN THE NURSING AND ALLIED HEALTH PROGRAM (SUFFOLK CAMPUS) AND INCREASE THE NUMBER OF STUDENTS GRADUATING.	55,293.
RX PARTNERSHIP 2924 EMERYWOOD PKWY RICHMOND, VA 23294	501(C)(3)	TO PROVIDE FREE PRESCRIPTION MEDICATION AND LOW-COST SUPPLIES TO LOW-INCOME, UNINSURED RESIDENTS SERVED BY THE WESTERN TIDEWATER FREE CLINIC.	7,500.
SMART BEGINNINGS WESTERN TIDEWATER 601 NORTH MECHANIC STREET; SUITE 203 FRANKLIN, VA 23851	501(C)(3)	TO INCREASE THE NUMBER OF WESTERN TIDEWATER CHILDREN ENROLLED IN FAMIS.	16,000.
SUFFOLK DEPARTMENT OF SOCIAL SERVICES 135 HALL AVENUE SUFFOLK, VA 23434	501(C)(3)	TO INCREASE THE ENROLLMENT OF CHILDREN AND FAMILIES IN MEDICAID AND FAMIS.	13,960.
SUFFOLK FAMILY YMCA 2769 GODWIN BLVD SUFFOLK, VA 23434	501(C)(3)	TO INCREASE CARDIOVASCULAR FITNESS, PHYSICAL STRENGTH, AND LIFE SKILLS FOR YOUTH PARTICIPATING IN AN AFTER-SCHOOL JUMP ROPE PROGRAM.	37,500.

FORM 990PF, PART XV - CONTRIBUTIONS APPROVED FOR FUTURE PAYMENTATTACHMENT 23 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
SUFFOLK PARTNERSHIP FOR A HEALTHY COMMUNITY P.O. BOX 6082 SUFFOLK, VA 23433	501(C)(3)	TO DEVELOP A 10-YEAR COMMUNITY WELLNESS PLAN THAT PROMOTES ACTIVE LIFESTYLES, ACCESS TO HEALTHY FOODS, NEIGHBORHOOD ENGAGEMENT AND IMPLEMENTATION.	43,800.
SUFFOLK PARTNERSHIP FOR A HEALTHY COMMUNITY P.O. BOX 6082 SUFFOLK, VA 23433	501(C)(3)	TO IMPLEMENT THE POSITIVE LIFESTYLE COMMITMENT PROGRAM, AN INDIVIDUAL, COMPREHENSIVE WELLNESS CARE MANAGEMENT PROGRAM IN SUFFOLK.	16,150.
SUFFOLK PUBLIC SCHOOLS 100 N. MAIN ST. SUFFOLK, VA 23434	501(C)(3)	TO PROVIDE A WELLNESS COACH FOR TEACHERS AND STUDENTS TO INCORPORATE EXERCISE AND NUTRITIONAL INFORMATION INTO DAILY CORE CURRICULUM.	37,500.
SUFFOLK PUBLIC SCHOOLS 100 N. MAIN ST. SUFFOLK, VA 23434	501(C)(3)	TO DEVELOP A COMPREHENSIVE HEALTH PLAN; IMPLEMENT AFTER-SCHOOL CHALLENGE CLUBS FOCUSED ON OBESITY PREVENTION; AND ESTABLISH SALAD BARS IN CAFETERIAS FOR BETTER NUTRITION.	103,000.
THE UP CENTER 222 W. 19TH ST. NORFOLK, VA 23517	501(C)(3)	TO OFFER TELEMENTAL HEALTH COUNSELING SERVICES FOR FATHERHOOD DEVELOPMENT, ANGER MANAGEMENT AND AUTISTIC CHILDREN AND THEIR PARENTS	29,063.
VIRGINIA DIABETES COUNCIL 2618 IRON FORGE ROAD HERNDON, VA 20171	501(C)(3)	TO PROVIDE AN EVIDENCE-BASED, SELF-MANAGEMENT PROGRAM FOR TYPE 2 DIABETICS AND PROMOTE HEALTHY DINING CHOICES AND ACTIVE LIFESTYLES.	17,723.

FORM 990PF, PART XV - CONTRIBUTIONS APPROVED FOR FUTURE PAYMENTATTACHMENT 23 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
VIRGINIA LEGAL AID SOCIETY P.O. BOX 6200 LYNCHBURG, VA 24505	501(C)(3)	TO HELP INDIVIDUALS WITH COMPLICATED DISABILITY CASES NAVIGATE THE APPLICATION PROCESS TO SECURE MEDICAID OR MEDICARE.	37,500.
WESTERN TIDEWATER COMMUNITY SERVICES BOARD 5268 GODWIN BLVD SUFFOLK, VA 23434	501(C)(3)	TO ESTABLISH WESTERN TIDEWATER'S FIRST OUTPATIENT MEDICAL DETOXIFICATION PROGRAM, PROVIDING DAILY TESTING, COUNSELING, SUPPORT AND REFERRAL SERVICES TO SUBSTANCE ABUSERS.	100,000.
WESTERN TIDEWATER FREE CLINIC 2019 MEADE PARKWAY SUFFOLK, VA 23434	501(C)(3)	TO PROVIDE OPERATIONAL SUPPORT FOR MEDICAL CARE AND CHRONIC DISEASE MANAGEMENT OF UNINSURED PATIENTS.	225,000.
WESTERN TIDEWATER HEALTH DISTRICT 135 HALL AVE. SUFFOLK, VA 23434-4654	501(C)(3)	TO IMPLEMENT A NATIONAL MODEL - THE NURSE FAMILY PARTNERSHIP PROGRAM - TO IMPROVE PRENATAL HEALTH, CHILD HEALTH AND DEVELOPMENT THROUGH AGE TWO IN FRANKLIN CITY AND ISLE OF WIGHT COUNTY.	47,884.
EASTERN VIRGINIA MEDICAL SCHOOL P.O.BOX 1980 NORFOLK, VA 23501-1980	501(C)(3)	TO IMPROVE ACCESS TO CARE FOR UNINSURED PATIENTS AT THE WESTERN TIDEWATER FREE CLINIC BY PROVIDING MEDICAL APPOINTMENTS WITH EASTERN VIRGINIA MEDICAL SCHOOL FAMILY MEDICINE RESIDENTS, THIRD-YEAR MEDICAL STUDENTS AND AN ATTENDING PHYSICIAN.	7,500.
SENIOR SERVICES OF SOUTHEASTERN VIRGINIA 5 INTERSTATE CORPORATE CENTER, 6350 CENTER DR. SUITE 101 NORFOLK, VA 23502	501(C)(3)	TO PROVIDE COMMUNITY EDUCATION, COUNSELING AND ASSISTANCE TO ENROLL SENIORS IN MEDICARE AND MEDICAID BENEFITS AND OTHER COMMUNITY RESOURCES FOR HEALTHCARE AND PRESCRIPTION DRUG COVERAGE.	10,002.

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

ATTACHMENT 23 (CONT'D)

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
SENIOR SERVICES OF SOUTHEASTERN VIRGINIA 5 INTERSTATE CORPORATE CENTER; 6350 CENTER DR. NORFOLK, VA 23502	501(C)(3)	TO CONDUCT A TRANSPORTATION NEEDS ASSESSMENT AND DEVELOP A PUBLIC TRANSPORTATION PLAN FOR (WHO?) IN THE CITIES OF SUFFOLK AND FRANKLIN AND THE COUNTIES OF ISLE OF WIGHT AND SOUTHAMPTON.	45,483.
FORKIDS, INC. 4000 COLLEY AVE. NORFOLK, VA 23508	501(C)(3)	TO CONNECT HOMELESS FAMILIES WITH EMERGENCY SHELTER, RAPID RE-HOUSING, INSURANCE AND HEALTHCARE SERVICES.	37,500.
TOTAL CONTRIBUTIONS APPROVED			1,780,647.

Form **4562**Department of the Treasury
Internal Revenue Service (99)**Depreciation and Amortization**
(Including Information on Listed Property)

OMB No. 1545-0172

2011Attachment
Sequence No. **179**

Name(s) shown on return

OBICI HEALTHCARE FOUNDATION, INC.

Identifying number

51-0249728

Business or activity to which this form relates

GENERAL DEPRECIATION**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2010 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2012. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	43,438.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2011	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B - Assets Placed in Service During 2011 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C - Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	43,438.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☒ No **24b** If "Yes," is the evidence written? ☐ Yes ☒ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)							25	
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29	

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
30 Total business/investment miles driven during the year (do not include commuting miles)						
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2011 tax year (see instructions):					
43 Amortization of costs that began before your 2011 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44