

WITT MARES PLC  
701 TOWN CENTER DRIVE, SUITE 900  
NEWPORT NEWS, VA 23606-4287

OBICI HEALTHCARE FOUNDATION, INC.  
1514 HOLLAND ROAD NO. 104  
SUFFOLK, VA 23434

|||||

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CLIENT'S COPY

COPY

Obici Healthcare Foundation, Inc.  
1514 Holland Road No. 104  
Suffolk, VA 23434

Obici Healthcare Foundation, Inc.:

Enclosed are the organization's 2007 Exempt Organization return and 2008 estimated tax payment information.

Specific filing instructions are as follows.

**FORM 990-PF RETURN:**

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

Form 990-PF has an overpayment of \$26,625. The entire overpayment has been applied to the estimated tax payments.

No amount is due on Form 990-PF.

**ESTIMATED TAX PAYMENTS FOR FORM 990-PF:**

Deposit the 2nd installment amount as soon as possible.  
Deposit the 3rd and 4th installment amounts on or before the due dates.

For your reference we have listed all estimated tax payments and their original due dates below.

Installment No. 2 by 09/15/08 .....	\$775
Installment No. 3 by 12/15/08 .....	\$13,700
Installment No. 4 by 03/16/09 .....	\$13,700

The estimated tax payments should be made by check or money order and must be deposited with an authorized commercial bank depository or federal reserve bank. Include Form 8109 for each installment when it is due. Do not send remittance to the IRS. On Form 8109, be sure to darken the boxes for 990-PF and the first quarter. Write the organization's

employer identification number and "2008 Form 990-PF" on the check or money order.

Please note that there is \$5,466,432 of undistributed income for 2007 on Form 990-PF. The organization must distribute this amount by the end of its 2008 tax year to avoid the excise tax on undistributed income.

Additionally, duly signed and authorized copies of this return should be filed with each of the following state authorities, on or before February 15, 2009.

Mail to:                   Office of the Attorney General  
                              Commerce Division  
                              900 East Main Street  
                              Richmond, Va 23219

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Very truly yours,

Witt Mares

COPY

Form **990-W**

**Estimated Tax on Unrelated Business Taxable  
Income for Tax-Exempt Organizations**

OMB No. 1545-0976

(WORKSHEET)

(and on Investment Income for Private Foundations) FORM 990-PF

**2008**

Department of the Treasury  
Internal Revenue Service

(Keep for your records. Do not send to the Internal Revenue Service.)

1	Unrelated business taxable income expected in the tax year .....	1	
2	Tax on the amount on line 1. See instructions for tax computation .....	2	
3	Alternative minimum tax (see instructions) .....	3	
4	Total. Add lines 2 and 3 .....	4	
5	Estimated tax credits (see instructions) .....	5	
6	Balance. Subtract line 5 from line 4 .....	6	
7	Other taxes (see instructions) .....	7	
8	Total. Add lines 6 and 7 .....	8	
9	Credit for federal tax paid on fuels (see instructions) .....	9	
10a	Subtract line 9 from line 8. <b>Note.</b> If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions .....	10a	
b	Enter the tax shown on the 2007 return (see instructions). <b>Caution.</b> If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c .....	10b	54,768.
c	<b>2008 Estimated Tax.</b> Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c .....	10c	54,800.
			<b>ADJUSTED TO</b>

		(a)	(b)	(c)	(d)	
11	Installment due dates (see instructions) .....	11	08/15/08	09/15/08	12/15/08	03/16/09
12	Required installments. Enter 25% of line 10c in columns (a) through (d) unless the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization" (see instructions) .....	12	13,700.	13,700.	13,700.	13,700.
13	2007 Overpayment (see instructions) .....	13	13,700.	12,925.		
14	Payment due. (Subtract line 13 from line 12.) .....	14		775.	13,700.	13,700.

LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-W (2008)

ESTIMATED TAX	54,800.
OVERPAYMENT APPLIED	26,625.
AMOUNT DUE	28,175.

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

**2007**

Department of the Treasury  
Internal Revenue Service (77)

*Note: The foundation may be able to use a copy of this return to satisfy state reporting requirements.*

For calendar year 2007, or tax year beginning **APR 1, 2007**, and ending **MAR 31, 2008**

G Check all that apply:  Initial return  Final return  Amended return  Address change  Name change

Use the IRS label. Otherwise, print or type. See Specific Instructions.	Name of foundation <b>OBICI HEALTHCARE FOUNDATION, INC.</b> Number and street (or P.O. box number if mail is not delivered to street address) Room/suite <b>1514 HOLLAND ROAD 104</b> City or town, state, and ZIP code <b>SUFFOLK, VA 23434</b>	A Employer identification number <b>51-0249728</b> B Telephone number <b>757-539-8810</b>
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		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"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) <b>\$ 108,837,289.</b> (Part I, column (d) must be on cash basis.)		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"/>
J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____		

	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)	
<b>Part I Analysis of Revenue and Expenses</b> <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)</small>					
<b>Revenue</b>	1 Contributions, gifts, grants, etc., received		<b>N/A</b>		
	2 Check <input checked="" 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	<b>3,496,957.</b>	<b>3,496,957.</b>		<b>STATEMENT 1</b>
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	<b>2,966,061.</b>			
	b Gross sales price for all assets on line 6a <b>39,888,441.</b>				
	7 Capital gain net income (from Part IV, line 2)		<b>2,966,061.</b>		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less: Cost of goods sold					
c Gross profit or (loss)					
11 Other income	<b>618,435.</b>	<b>618,435.</b>		<b>STATEMENT 2</b>	
12 <b>Total.</b> Add lines 1 through 11	<b>7,081,453.</b>	<b>7,081,453.</b>			
<b>Operating and Administrative Expenses</b>	13 Compensation of officers, directors, trustees, etc.	<b>328,535.</b>	<b>0.</b>	<b>328,535.</b>	
	14 Other employee salaries and wages	<b>74,292.</b>	<b>0.</b>	<b>74,292.</b>	
	15 Pension plans, employee benefits	<b>53,151.</b>	<b>0.</b>	<b>53,151.</b>	
	16a Legal fees <b>STMT 3</b>	<b>24,740.</b>	<b>0.</b>	<b>24,740.</b>	
	b Accounting fees <b>STMT 4</b>	<b>45,119.</b>	<b>0.</b>	<b>54,819.</b>	
	c Other professional fees				
	17 Interest				
	18 Taxes <b>STMT 5</b>	<b>60,093.</b>	<b>0.</b>	<b>26,802.</b>	
	19 Depreciation and depletion	<b>10,892.</b>	<b>0.</b>		
	20 Occupancy	<b>33,953.</b>	<b>0.</b>	<b>33,953.</b>	
	21 Travel, conferences, and meetings	<b>58,600.</b>	<b>0.</b>	<b>51,443.</b>	
	22 Printing and publications				
	23 Other expenses <b>STMT 6</b>	<b>5,450,070.</b>	<b>1,604,673.</b>	<b>120,383.</b>	
	24 <b>Total operating and administrative expenses.</b> Add lines 13 through 23	<b>6,139,445.</b>	<b>1,604,673.</b>	<b>768,118.</b>	
	25 Contributions, gifts, grants paid	<b>8,500,396.</b>		<b>3,827,897.</b>	
26 <b>Total expenses and disbursements.</b> Add lines 24 and 25	<b>14,639,841.</b>	<b>1,604,673.</b>	<b>4,596,015.</b>		
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	<b>-7,558,388.</b>				
b <b>Net investment income</b> (if negative, enter -0-)		<b>5,476,780.</b>			
c <b>Adjusted net income</b> (if negative, enter -0-)			<b>N/A</b>		

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only.		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value		
Assets	1	Cash - non-interest-bearing		6,184,839.	4,707,711.	4,707,711.
	2	Savings and temporary cash investments				
	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				
	7	Other notes and loans receivable	11,080.			
		Less: allowance for doubtful accounts		95,009.	11,080.	11,080.
	8	Inventories for sale or use				
	9	Prepaid expenses and deferred charges			48,013.	48,013.
	10a	Investments - U.S. and state government obligations				
	b	Investments - corporate stock	STMT 8	32,493,668.	29,448,768.	29,448,768.
	c	Investments - corporate bonds	STMT 9	5,284,415.	4,620,363.	4,620,363.
	11	Investments - land, buildings, and equipment: basis				
	Less: accumulated depreciation					
12	Investments - mortgage loans					
13	Investments - other	STMT 10	64,546,847.	69,284,269.	69,284,269.	
14	Land, buildings, and equipment: basis	59,110.				
	Less: accumulated depreciation	STMT 11	13,040.	31,478.	46,070.	
15	Other assets (describe)	STATEMENT 12)	5,868,436.	671,015.	671,015.	
16	<b>Total assets</b> (to be completed by all filers)		114,504,692.	108,837,289.	108,837,289.	
Liabilities	17	Accounts payable and accrued expenses		47,691.	60,098.	
	18	Grants payable		404,269.	5,076,768.	
	19	Deferred revenue		2,662,435.	2,848,593.	
	20	Loans from officers, directors, trustees, and other disqualified persons				
	21	Mortgages and other notes payable				
	22	Other liabilities (describe)		175,865.	0.	
23	<b>Total liabilities</b> (add lines 17 through 22)		3,290,260.	7,985,459.		
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.					
	24	Unrestricted		111,214,432.	100,851,830.	
	25	Temporarily restricted				
	26	Permanently restricted				
	Foundations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 31.					
	27	Capital stock, trust principal, or current funds				
	28	Paid-in or capital surplus, or land, bldg., and equipment fund				
29	Retained earnings, accumulated income, endowment, or other funds					
30	<b>Total net assets or fund balances</b>		111,214,432.	100,851,830.		
31	<b>Total liabilities and net assets/fund balances</b>		114,504,692.	108,837,289.		

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	111,214,432.
2	Enter amount from Part I, line 27a	2	-7,558,388.
3	Other increases not included in line 2 (itemize)	3	0.
4	Add lines 1, 2, and 3	4	103,656,044.
5	Decreases not included in line 2 (itemize) <b>UNREALIZED LOSS ON INVESTMENTS</b>	5	2,804,214.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	100,851,830.

**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.)
<b>1a PUBLICLY TRADED SECURITIES-ST</b>			
<b>b REALIZED GAIN FROM PARTNERSHIPS</b>			
<b>c REALIZED GAIN FROM FOREIGN INVESTMENT CORP</b>			
<b>d PUBLICLY TRADED SECURITIES-LT</b>			
<b>e</b>			

(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)
<b>a 27,594,674.</b>		<b>26,949,230.</b>	<b>645,444.</b>
<b>b</b>			<b>2,226,234.</b>
<b>c</b>			<b>1,513,851.</b>
<b>d 12,293,767.</b>		<b>13,713,235.</b>	<b>-1,419,468.</b>
<b>e</b>			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) 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	
<b>a</b>			<b>645,444.</b>
<b>b</b>			<b>2,226,234.</b>
<b>c</b>			<b>1,513,851.</b>
<b>d</b>			<b>-1,419,468.</b>
<b>e</b>			

<b>2</b> 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 }	<b>2</b>	<b>2,966,061.</b>
<b>3</b> 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) If (loss), enter -0- in Part I, line 8	<b>3</b>	<b>N/A</b>

**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 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))
2006	<b>717,008.</b>	<b>105,190,685.</b>	<b>.006816</b>
2005			
2004			
2003			
2002			

<b>2</b> Total of line 1, column (d)	<b>2</b>	<b>.006816</b>
<b>3</b> 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	<b>3</b>	<b>.006816</b>
<b>4</b> Enter the net value of noncharitable-use assets for 2007 from Part X, line 5	<b>4</b>	<b>115,770,846.</b>
<b>5</b> Multiply line 4 by line 3	<b>5</b>	<b>789,094.</b>
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)	<b>6</b>	<b>54,768.</b>
<b>7</b> Add lines 5 and 6	<b>7</b>	<b>843,862.</b>
<b>8</b> Enter qualifying distributions from Part XII, line 4	<b>8</b>	<b>4,639,951.</b>

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.



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

Table with 11 rows for excise tax calculations. Includes sub-sections 1a through 11. Total tax due is 26,625.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Columns include question number, Yes, and No. Includes questions 1a through 10 regarding political activities and reporting.

Part VII-A Statements Regarding Activities (continued)

11a At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)?
11b If "Yes," did the foundation have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in the attachment for line 11a?
12 Did the foundation acquire a direct or indirect interest in any applicable insurance contract?
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?
14 The books are in care of MIKE HAMMOND Telephone no. 757-539-8810
Located at 1514 HOLLAND ROAD, SUFFOLK, VA ZIP+4 23434
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here
and enter the amount of tax-exempt interest received or accrued during the year 15 N/A

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

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

1a During the year did the foundation (either directly or indirectly):
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?
(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)?
(6) Agree to pay money or property to a government official?
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 page 22 of the instructions)?
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 2007?
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 2007, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2007?
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?
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?
b If "Yes," did it have excess business holdings in 2007 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?
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?
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 2007?

**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)?  Yes  No

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

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

Organizations relying on a current notice regarding disaster assistance check here  Yes  No

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). N/A

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

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

If you answered "Yes" to 6b, also file Form 8870.

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

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

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

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

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 13		328,535.	42,911.	0.

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

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

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

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

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

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
CORNERSTONE PARTNERS, LLC 1900 ARLINGTON BOULEVARD, CHARLOTTESVILLE, VA	INVESTMENT/MANAGEMENT T	386,102.
PETER B. CANNELL & CO., INC. 645 MADISON AVENUE, NEW YORK, NY 10007	INVESTMENT/MANAGEMENT T	81,845.
SHAPIRO CAPITAL MANAGEMENT LLC 3060 PEACHTREE ROAD, NW, ATLANTA, GA 30305	INVESTMENT/MANAGEMENT T	73,470.
<b>Total number of others receiving over \$50,000 for professional services</b>		<b>0</b>

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

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 GRANTS TO IMPROVE HEALTHCARE IN THE CITY OF SUFFOLK, INCLUDING CASE MANAGEMENT FOR UNINSURED LOW INCOME INDIVIDUALS, MENTAL HEALTH, WELLNESS AND FITNESS CENTER	
2	
3	
4	

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

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

**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	109,056,883.
b	Average of monthly cash balances .....	1b	7,761,505.
c	Fair market value of all other assets .....	1c	715,466.
d	<b>Total</b> (add lines 1a, b, and c) .....	1d	117,533,854.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) .....	1e	0.
2	Acquisition indebtedness applicable to line 1 assets .....	2	0.
3	Subtract line 2 from line 1d .....	3	117,533,854.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) .....	4	1,763,008.
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4 .....	5	115,770,846.
6	<b>Minimum investment return.</b> Enter 5% of line 5 .....	6	5,788,542.

**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	5,788,542.
2a	Tax on investment income for 2007 from Part VI, line 5 .....	2a	54,768.
b	Income tax for 2007. (This does not include the tax from Part VI.) .....	2b	
c	Add lines 2a and 2b .....	2c	54,768.
3	Distributable amount before adjustments. Subtract line 2c from line 1 .....	3	5,733,774.
4	Recoveries of amounts treated as qualifying distributions .....	4	0.
5	Add lines 3 and 4 .....	5	5,733,774.
6	Deduction from distributable amount (see instructions) .....	6	0.
7	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 .....	7	5,733,774.

**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	4,596,015.
b	Program-related investments - total from Part IX-B .....	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes .....	2	43,936.
3 Amounts set aside for specific charitable projects that satisfy the:			
a	Suitability test (prior IRS approval required) .....	3a	
b	Cash distribution test (attach the required schedule) .....	3b	
4	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 .....	4	4,639,951.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b .....	5	54,768.
6	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4 .....	6	4,585,183.

**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 2006	(c) 2006	(d) 2007
1 Distributable amount for 2007 from Part XI, line 7				5,733,774.
2 Undistributed income, if any, as of the end of 2006:				
a Enter amount for 2006 only			4,372,609.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2007:				
a From 2002				
b From 2003				
c From 2004				
d From 2005				
e From 2006				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2007 from Part XII, line 4: ▶ \$ 4,639,951.				
a Applied to 2006, but not more than line 2a			4,372,609.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2007 distributable amount				267,342.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2007 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2006. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2007. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2008				5,466,432.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2002 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2008. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2003				
b Excess from 2004				
c Excess from 2005				
d Excess from 2006				
e Excess from 2007				

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

N/A

**1 a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2007, 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) 2007	(b) 2006	(c) 2005	(d) 2004	
<b>2 a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
<b>b</b> 85% of line 2a					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:					
<b>a</b> "Assets" alternative test - enter:					
<b>(1)</b> Value of all assets					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
<b>c</b> "Support" alternative test - enter:					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> 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 the 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:

SEE STATEMENT 14

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

**c** Any submission deadlines:

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









2007 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-PF PAGE 1

990-PF

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	COMPUTER & EQUIPMENT														
1	COMPUTER	12/18/06	SL	5.00			1,447.				1,447.	72.		289.	361.
21	COPIER	12/18/06	SL	5.00			6,100.				6,100.	305.		1,220.	1,525.
113	2 COMPUTER MONITORS	12/18/06	SL	5.00			3,423.				3,423.	171.		685.	856.
115	BROTHER LASER PRINTER	12/18/06	SL	5.00			707.				707.	35.		141.	176.
116	COMPUTER EQUIPMENT	12/18/06	SL	5.00			980.				980.	49.		196.	245.
117	3 COMPUTER/MONITOR	01/02/07	SL	5.00			5,308.				5,308.	265.		1,062.	1,327.
118	COMPUTER EQUIPMENT	01/02/07	SL	5.00			912.				912.	46.		182.	228.
119	PHONE SYSTEM	01/19/07	SL	7.00			2,939.				2,939.	70.		420.	490.
120	PHONES	01/24/07	SL	7.00			591.				591.	14.		84.	98.
121	PHONE VOICEMAIL	02/14/07	SL	7.00			2,600.				2,600.	62.		372.	434.
122	PRINTER	02/15/07	SL	5.00			657.				657.	22.		131.	153.
141	LAPTOP COMPUTER	04/23/07	SL	5.00			1,343.				1,343.			246.	246.
145	AVAYA PHONE	07/13/07	SL	5.00			435.				435.			42.	42.
	* 990-PF PG 1 TOTAL - COMPUTER & EQUIPMENT						27,442.				27,442.	1,111.		5,070.	6,181.
	FURNITURE & EQUIPMENT														
123	FURNITURE	12/07/06	SL	7.00			5,255.				5,255.	250.		751.	1,001.
140	CONFERENCE TABLE & 8 CHAIRS	07/27/07	SL	7.00			5,623.				5,623.			134.	134.

2007 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-PF PAGE 1

990-PF

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
142	PROJECTOR	04/23/07	SL	5.00		HY16	1,302.				1,302.			239.	239.
	* 990-PF PG 1 TOTAL - FURNITURE & EQUIPMENT						12,180.				12,180.	250.		1,124.	1,374.
	SOFTWARE														
124	SOFTWARE	01/02/07		36M		HY43	730.				730.	61.		243.	304.
125	SOFTWARE	12/18/06		36M		HY43	452.				452.	50.		150.	200.
126	SOFTWARE	03/31/07		36M		HY43	849.				849.			283.	283.
143	GIFT MANAGEMENT SOFTWARE	06/01/07	SL	3.00		HY16	14,960.				14,960.			4,156.	4,156.
144	3 POWER POINT SOFTWARE	06/01/07	SL	3.00		HY16	595.				595.			165.	165.
146	ADOBE DREAMWEAVER SOFTWARE	08/20/07	SL	3.00		HY16	1,065.				1,065.			237.	237.
147	ADOBE CREATIVE SUITE DESIGN SOFTWARE	09/21/07	SL	3.00		HY16	837.				837.			140.	140.
	* 990-PF PG 1 TOTAL - SOFTWARE						19,488.				19,488.	111.		5,374.	5,485.
	* GRAND TOTAL 990-PF PG 1 DEPR & AMORT						59,110.				59,110.	1,472.		11,568.	13,040.

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**FORM 990-PF**                      **DIVIDENDS AND INTEREST FROM SECURITIES**                      **STATEMENT**      **1**


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SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	COLUMN (A) AMOUNT
DIVIDENDS	2,280,205.	0.	2,280,205.
INTEREST AND DIVIDENDS FROM FOREIGN INVESTMENTS	119,116.	0.	119,116.
INTEREST AND DIVIDENDS FROM PARTNERSHIP (SEE FOOTNOTE)	929,163.	0.	929,163.
INTEREST INCOME	168,473.	0.	168,473.
<b>TOTAL TO FM 990-PF, PART I, LN 4</b>	<b>3,496,957.</b>	<b>0.</b>	<b>3,496,957.</b>

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**FORM 990-PF**                                      **OTHER INCOME**                                      **STATEMENT**      **2**


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DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
PARTNERSHIPS AND FOREIGN INVESTMENTS INCOME	618,435.	618,435.	
<b>TOTAL TO FORM 990-PF, PART I, LINE 11</b>	<b>618,435.</b>	<b>618,435.</b>	

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**FORM 990-PF**                                      **LEGAL FEES**                                      **STATEMENT**      **3**


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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL FEES	24,740.	0.		24,740.
<b>TO FM 990-PF, PG 1, LN 16A</b>	<b>24,740.</b>	<b>0.</b>		<b>24,740.</b>

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FORM 990-PF	ACCOUNTING FEES	STATEMENT	4
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	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
DESCRIPTION				
PROFESSIONAL FEES	45,119.	0.		54,819.
TO FORM 990-PF, PG 1, LN 16B	45,119.	0.		54,819.

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FORM 990-PF	TAXES	STATEMENT	5
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	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
DESCRIPTION				
PAYROLL TAXES	27,045.	0.		26,757.
FEDERAL EXCISE TAX	33,003.	0.		0.
OTHER FEES AND TAXES	45.	0.		45.
TO FORM 990-PF, PG 1, LN 18	60,093.	0.		26,802.

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FORM 990-PF	OTHER EXPENSES	STATEMENT	6
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	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
DESCRIPTION				
INVESTMENT FEES (SUNTRUST)	589,236.	589,236.		0.
INVESTMENT FEES (PARTNERSHIPS)	420,340.	420,340.		0.
INVESTMENT FEES (FOREIGN INVESTMENTS)	595,097.	595,097.		0.
ADVERTISING	21,221.	0.		23,677.
MISCELLANEOUS EXPENSES	12,592.	0.		12,592.
CONSULTANT SERVICE	42,527.	0.		43,502.
DUES AND SUBSCRIPTIONS	9,782.	0.		9,782.
INSURANCE	7,214.	0.		7,214.
OFFICE EXPENSES	13,246.	0.		12,429.
TELEPHONE	4,452.	0.		4,452.
POSTAGE AND SHIPPING	1,568.	0.		1,568.
CLEANING	1,540.	0.		1,540.
MAINTENANCE AGREEMENTS	3,762.	0.		3,627.
REPAYMENT OF PRIOR YEAR CONTRIBUTION	322,878.	0.		0.
LESS PARTNERSHIP AND FOREIGN INVESTMENTS FROM PRIOR YEAR	3,403,939.	0.		0.

AMORTIZATION	676.	0.	0.
TO FORM 990-PF, PG 1, LN 23	5,450,070.	1,604,673.	120,383.

FOOTNOTES

STATEMENT 7

INCOME (LOSSES), DEDUCTIONS, CREDITS, AND OTHER ITEMS FROM THE FOLLOWING PASS-THROUGH ENTITIES WERE ENTERED IN THIS TAX RETURN.

CARDINAL MID-CAP VALUE EQUITY PARTNERS, LP [FEIN:20-391816]

CEDAR ROCK CAPITAL PARTNERS, LLC [FEIN:98-0425858]

JULIUS BAER INSTITUTIONAL INTERNATIONAL EQUITY FUND II  
C/O JULIUS BAER INVESTMENT MANAGEMENT, INC.[FEIN:43-2077663]

LTB TRUST [FEIN: 04-6782445]

THE HIGHCLERE INTERNATIONAL INVESTORS SMALLER COMPANIES FUND, C/O HIGHCLERE INTERNATIONAL INVESTORS, INC [FEIN: 20-4622296]

BLUESTEM PARTNERS, LP [FEIN: 16-1671729]

ACACIA INST PARTNERS, L.P. [FEIN: 13-3885966]

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FORM 990-PF	CORPORATE STOCK	STATEMENT	8
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DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
EQUITY SECURITIES	9,818,201.	9,818,201.
EQUITY MUTUAL FUNDS	19,630,567.	19,630,567.
TOTAL TO FORM 990-PF, PART II, LINE 10B	29,448,768.	29,448,768.

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FORM 990-PF	CORPORATE BONDS	STATEMENT	9
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DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
BOND MUTUAL FUNDS	4,620,363.	4,620,363.
TOTAL TO FORM 990-PF, PART II, LINE 10C	4,620,363.	4,620,363.

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FORM 990-PF	OTHER INVESTMENTS	STATEMENT	10
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DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
DOMESTIC LIMITED PARTNERSHIPS AND CORPORATIONS	FMV	40,397,786.	40,397,786.
FOREIGN INVESTMENT CORPORATIONS	FMV	23,779,862.	23,779,862.
COMMON COLLECTIVE TRUSTS	FMV	5,106,621.	5,106,621.
TOTAL TO FORM 990-PF, PART II, LINE 13		69,284,269.	69,284,269.

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FORM 990-PF	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	11
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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
COMPUTER	1,447.	361.	1,086.
COPIER	6,100.	1,525.	4,575.
2 COMPUTER MONITORS	3,423.	856.	2,567.
BROTHER LASER PRINTER	707.	176.	531.
COMPUTER EQUIPMENT	980.	245.	735.
3 COMPUTER/MONITOR	5,308.	1,327.	3,981.
COMPUTER EQUIPMENT	912.	228.	684.



PHONE SYSTEM	2,939.	490.	2,449.
PHONES	591.	98.	493.
PHONE VOICEMAIL	2,600.	434.	2,166.
PRINTER	657.	153.	504.
FURNITURE	5,255.	1,001.	4,254.
SOFTWARE	730.	304.	426.
SOFTWARE	452.	200.	252.
SOFTWARE	849.	283.	566.
CONFERENCE TABLE & 8 CHAIRS	5,623.	134.	5,489.
LAPTOP COMPUTER	1,343.	246.	1,097.
PROJECTOR	1,302.	239.	1,063.
GIFT MANAGEMENT SOFTWARE	14,960.	4,156.	10,804.
3 POWER POINT SOFTWARE	595.	165.	430.
AVAYA PHONE	435.	42.	393.
ADOBE DREAMWEAVER SOFTWARE	1,065.	237.	828.
ADOBE CREATIVE SUITE DESIGN SOFTWARE	837.	140.	697.
<b>TOTAL TO FM 990-PF, PART II, LN 14</b>	<b>59,110.</b>	<b>13,040.</b>	<b>46,070.</b>

FORM 990-PF	OTHER ASSETS		STATEMENT 12
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
ART COLLECTION	650,000.	653,240.	653,240.
ESCROW ACCOUNT	5,218,436.	0.	0.
DEVELOPMENT COSTS	0.	17,775.	17,775.
<b>TO FORM 990-PF, PART II, LINE 15</b>	<b>5,868,436.</b>	<b>671,015.</b>	<b>671,015.</b>

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FORM 990-PF                      PART VIII - LIST OF OFFICERS, DIRECTORS                      STATEMENT 13  
                                          TRUSTEES AND FOUNDATION MANAGERS

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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
GEORGE Y. BIRDSONG 1514 HOLLAND ROAD, SUITE 104 SUFFOLK, VA 23434	CHAIRMAN 1.00	0.	0.	0.
J. SAMUEL GLASSCOCK 1514 HOLLAND ROAD, SUITE 104 SUFFOLK, VA 23434	VICE CHAIRMAN 1.00	0.	0.	0.
HENRY G. SIMPSON 1514 HOLLAND ROAD, SUITE 104 SUFFOLK, VA 23434	SECRETARY / TREASURER 1.00	0.	0.	0.
MICHAEL BEACHLER 1514 HOLLAND ROAD, SUITE 104 SUFFOLK, VA 23434	EXECUTIVE DIRECTOR 40.00	162,000.	16,540.	0.
MICHAEL HAMMOND 1514 HOLLAND ROAD, SUITE 104 SUFFOLK, VA 23434	CFO 40.00	91,379.	17,821.	0.
DENISE BLAKNEY 1514 HOLLAND ROAD, SUITE 104 SUFFOLK, VA 23434	SENIOR PROGRAM OFFICER 40.00	75,156.	8,550.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		<u>328,535.</u>	<u>42,911.</u>	<u>0.</u>

FORM 990-PF

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

STATEMENT 14

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTEDLISA KELCH  
1514 HOLLAND ROAD, SUITE 104  
SUFFOLK, VA 23434TELEPHONE NUMBERNAME OF GRANT PROGRAM

757-539-8810

OBICI INITIAL GRANT PROGRAM

FORM AND CONTENT OF APPLICATIONS

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

IN ADDITION:

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

ANY SUBMISSION DEADLINES

JULY 20, 2008

RESTRICTIONS AND LIMITATIONS ON AWARDS

MAXIMUM GRANT SIZE: \$500,000

RESTRICTIONS:

- LOBBYING OR POLITICAL ACTIVITIES.
- CLINICAL RESEARCH.
- MEETINGS AND CONFERENCES UNLESS THEY ARE ESSENTIAL TO A LARGER PROJECT.
- DIRECT FUNDING FOR DIRECT MEDICAL OR SOCIAL SERVICES THAT ARE ALREADY FUNDED THROUGH EXISTING THIRD-PARTY REIMBURSEMENT SOURCES.
- CAPITAL PROJECTS ONLY CONSIDERED IF THERE IS A 1 TO 1 DOLLAR MATCH COMMITTED TO THE PROJECT, AND IT CAN BE DEMONSTRATED THAT THE PROJECT WOULD IMPROVE HEALTH AND HEALTHCARE FOR THE MEDICALLY INDIGENT.

FORM 990-PF

GRANTS AND CONTRIBUTIONS  
PAID DURING THE YEAR

STATEMENT 15

RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT	RECIPIENT STATUS	AMOUNT
SENTARA OBICI HOSPITAL 2800 GODWIN BLVD, SUFFOLK, VA 23434	CASE MANAGEMENT TO LOW INCOME UNINSURED RESIDENTS	501C3	536,612.
PENINSULA INSTITUTE FOR COMMUNITY HEALTH-DENTAL 12284 WARWICK BOULEVARD, SUITE 2G, NEWPORT NEWS, VA 23504	START UP SUPPORT FOR A DENTAL CLINIC	501C3	220,000.
COMMUNITY HEALTH RESOURCES CENTER 9603 GAYTON RD, SUITE 201, RICHMOND, VA 23233	COMMUNITY STATUS AND HEALTHCARE UTILIZATION SURVEY	501C3	9,750.
VIRGINIA LEGAL AID SOCIETY BOX 6200, 513 CHURCH STREET, LYNCHBURG, VA 23505	MEDICAL LEGAL COLLABORATION TO ENSURE NEEDS OF LOW INCOME FAMILIES	501C3	75,000.
CITY OF SUFFOLK SOCIAL SERVICES P.O. BOX 1858, SUFFOLK, VA 23439	PLANNING GRANT TO IMPROVE EARLY CHILDHOOD SERVICES IN SUFFOLK		50,000.
ROANOKE CHOWAN COMMUNITY HEATH CENTER 113 B HERTFORD COUNTY HIGH ROAD, AHOSKIE, NC 27910	EXPANSION OF TELEHEALTH NETWORK TO GATES COUNTY, NC	501C3	133,275.
CANDII, INC. 222 WEST 21ST ST, SUITE F308, NORFOLK, VA 23517	HIV/STD PREVENTION PROGRAM	501C3	72,763.
THE GENEVIEVE SHELTER 1548 HOLLAND ROAD, SUFFOLK, VA 23434	SUPPORT FOR DOMESTIC VIOLENCE VICTIMS HEALTH ISSUES & TRANSITIONAL HOUSING	501C3	279,115.

NORFOLK STATE UNIVERSITY 700 PARK AVENUE, NORFOLK, VA 23504	501C3 SUPPORT FOR HEALTH PROMOTION PROGRAM AT LOCAL CHURCHES	85,433.
YOUNG MEN'S CHRISTIAN ASSOCIATION OF SOUTH HAMPTON ROADS 250 WEST BRAMBLETON AVENUE, SUITE 100, NORFOLK, VA 23510	501C3 FUNDS FOR AFTER SCHOOL PROGRAM FOR SUFFOLK YOUTH AT RISK FOR OBESITY	250,000.
WESTERN TIDEWATER HEALTH DISTRICT 1217 N. MAIN ST., SUFFOLK, VA 23434	501C3 FUNDS TO FORMULATE ACTION PLAN TO ADDRESS OBESITY IN SUFFOLK	79,369.
THE UP CENTER 109 CLAY STREET, SUFFOLK, VA 23434	501C3 IN-HOME COUNSELING FOR AT-RISK YOUTH	90,000.
THE UP CENTER 109 CLAY STREET, SUFFOLK, VA 23434	501C3 OUTPATIENT COUNSELING FOR AT-RISK INDIVIDUALS AND FAMILIES	90,000.
WESTERN TIDEWATER COMMUNITY SERVICES BOARD 5268 GODWIN BLVD., SUFFOLK, VA 23434	501C3 SUPPORT FOR FAMILY THERAPY FOR YOUTH WITH SUBSTANCE ABUSE PROBLEMS	94,899.
CITY OF SUFFOLK P.O. BOX 1858, SUFFOLK, VA 23439	501C3 MATCHING CAPITAL FUNDS FOR NEW SUFFOLK HUMAN SERVICES BUILDING	250,000.
PAUL D. CAMP COMMUNITY COLLEGE P.O. BOX 737, FRANKLIN, VA 23851	501C3 FUNDS FOR NURSE EDUCATION AND NURSING SKILLS LAB	115,650.
PAUL D. CAMP COMMUNITY COLLEGE P.O. BOX 737, FRANKLIN, VA 23851	501C3 FUNDS FOR SURVEY OF HEALTH CARE	73,929.
AMERICAN LUNG ASSOCIATION OF VIRGINIA 9221 FOREST HILL AVENUE, RICHMOND, VA 23235	501C3 SUPPORT FOR ASTHMA EDUCATION PROGRAMS FOR KIDS AND ADULTS	55,760.

THE CHILDREN'S CENTER 700 CAMPBELL AVENUE, FRANKLIN, VA 23851	501C3 PHYSICAL/OCCUPATIONAL THERAPIST FUNDING FOR INFANT THERAPY SERVICES	72,500.
LET'S TALK 818 GAMMON ROAD, VIRGINIA BEACH, VA 23464	501C3 SUPPORT FOR EDUCATION, NUTRITION AND EXERCISE TEEN PROGRAM	49,294.
CHESAPEAKE SERVICE SYSTEMS 1100 EXECUTIVE BOULEVARD, CHESAPEAKE, VA 23320	501C3 NUTRITION EDUCATION AND EXERCISE PROGRAM FOR DEVELOPMENTALLY DISABLED ADULTS	94,560.
THEATRE IV 114 WEST BROAD STREET, RICHMOND, VA 23220	501C3 FUNDING FOR PERFORMANCES OF CHILD ABUSE PREVENTION/INTERVENTION PLAY	44,637.
EASTERN VIRGINIA MEDICAL SCHOOL 855 W. BRAMBLETON AVENUE, NORFOLK, VA 23510	501C3 FUNDS FOR VIDEO BASED INTERVENTION TO INCREASE SAFETY OF CHILDREN IN VEHICLE	64,999.
EASTERN VIRGINIA MEDICAL SCHOOL FOUNDATION P.O. BOX 5, NORFOLK, VA 23501	501C3 LOAN FORGIVENESS PROGRAM FOR UNDER-REPRESENTED MINORITY MED. STUDENTS/PHYS.	120,000.
SOUTHEASTERN VIRGINIA AREAWIDE 5 INTERSTATE CORPORATE CENTER, NORFOLK, VA 23502	501C3 FUNDS FOR STAFF TO HELP LOW INCOME OLDER & DISABLED MEDICARE ELIGIBLE PERSON	74,643.
HORIZON HEALTH SERVICES, WAVERLY MEDICAL CENTER P.O. BOX 29, WAVERLY, VA 23890	501C3 MATCHING CAPITAL FUNDSFOR NEW FEDERALLY QUALIFIED HEATH CENTER	150,000.
ISLE OF WIGHT CHRISTIAN OUTREACH PROGRAM 15309 CREEK POINT LANE, CARROLLTON, VA 23314	501C3 FUNDS FOR BUILDING RENTAL TO HOUSE PROGRAMS AND DURABLE GOODS	31,000.

AMERICAN CANCER SOCIETY 4116 EXPRESSWAY DRIVE, VIRGINIA BEACH, VA 23452	501C3 FUNDS- SUPPORT SVCS AND IMPROVE ACCESS TO CARE FOR CANCER PATIENTS	59,828.
HAMPTON ROADS EDUCATIONAL COMMUNICATIONS ASSOCIATION 5200 HAMPTON BOULEVARD, NORFOLK, VA 23508	501C3 SUPPORT FOR STAFF TO PRESENT OBESITY EDUCATIONAL GUIDE TO DAYCARE PROVIDERS/	84,025.
EDMARC, INC. 516 LONDON STREET, PORTSMOUTH, VA 23704	501C3 FUNDS TO EXPAND PEDIATRIC HOSPICE AND PALLIATIVE CARE PROGRAM	50,000.
CENTER FOR NEW HOPE AND BEGINNINGS 400 FINNEY AVENUE, SUFFOLK, VA 23439	501C3 SUPPORT FOR CASE MGMT SERVICES & ACTIVITIES THAT SUPPORT TRANSITIONING HOMEL	50,250.
PENINSULA INSTITUTE FOR COMMUNITY HEALTH 12284 WARWICK BLVD, SUITE 2G, NEWPORT NEWS, VA 23606	501C3 FUNDS FOR PHARMACEUTICAL ACCESS NETWORK OF PROVIDERS PLANNING GRANT	40,300.
CITY OF FRANKLIN, 207 WEST 207 WEST SECOND AVE, FRANKLIN, VA 23851	501C3 PLANNING GRANT TO IMPROVE EARLY CHILDHOOD SERVICES IN FRANKLIN	57,038.
SUFFOLK MEALS ON WHEELS, 2800 2800 GODWIN BLVD, SUFFOLK, VA 23434	501C3 SUPPORT FOR HOT/COLD MEAL DELIVERY EXPANSION AND FOR DELIVERY VAN	93,315.
AMERICAN RED CROSS 157 NORTH MAIN ST, SUITE C, SUFFOLK, VA 23434	501C3 SUPPORT FOR COMMUNITY ASSESSMENT OF NEED FOR AUTOMATED EXT. DEFIBRILLATORS	29,953.
SUFFOLK PARTNERSHIP FOR A HEALTHY COMMUNITY 402 PRINCETON ROAD, SUFFOLK, VA 23434	501C3 SUPPORT FOR THE WESTERN TIDEWATER FREE CLINIC	100,000.
TOTAL TO FORM 990-PF, PART XV, LINE 3A		<u>3,827,897.</u>

FORM 990-PF

GRANTS AND CONTRIBUTIONS  
APPROVED FOR FUTURE PAYMENT

STATEMENT 16

RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT	RECIPIENT STATUS	AMOUNT
SENTARA OBICI HOSPITAL 2800 GODWIN BLVD, SUFFOLK, VA 23434	CASE MANAGEMENT TO LOW INCOME UNINSURED RESIDENTS	501C3	923,348.
PENINSULA METROPOLITAN YOUNG MEN'S CHRISTIAN ASSOCIATION 259 JAMES STREET, SMITHFIELD, VA 23430	MATCHING CAPITAL FUNDS FOR EXPANSION OF FACILITIES	501C3	100,200.
SUFFOLK PARTNERSHIP FOR A HEALTHY COMMUNITY 402 PRINCETON ROAD, SUFFOLK, VA 23434	SUPPORT FOR THE WESTERN TIDEWATER FREE CLINIC	501C3	950,000.
PENINSULA INSTITUTE FOR COMMUNITY HEALTH-DENTAL 12284 WARWICK BLVD, SUITE 2G, NEWPORT NEWS, VA 23504	START UP SUPPORT FOR A DENTAL CLINIC	501C3	180,000.
VIRGINIA LEGAL AID SOCIETY P.O. BOX 6200, LYNCHBURG, VA 23505	MEDICAL LEGAL COLLABORATION TO ENSURE NEEDS OF LOW INCOME FAMILIES	501C3	75,000.
ROANOKE CHOWAN COMMUNITY HEALTH CENTER 113 B. HERFORD COUNTY HIGH ROAD, AHOSKIE, NC 27910	EXPANSION OF TELEHEALTH NETWORK TO GATES COUNTY, NC	501C3	62,649.
CANDII, INC. 222 WEST 21ST. STREET, SUITE F308, NORFOLK, VA 23517	HIV/STD PREVENTION PROGRAM	501C3	73,500.
THE GENIEVE SHELTER 1548 HOLLAND ROAD, SUFFOLK, VA 23434	SUPPORT FOR DOMESTIC VIOLENCE VICTIMS HEALTH ISSUES & TRANSITIONAL HOUSING	501C3	220,885.



NORFOLK STATE UNIVERSITY 700 PARK AVENUE, NORFOLK, VA 23504	501C3 SUPPORT FOR HEALTH PROMOTION PROGRAM AT LOCAL CHURCHES	64,445.
YOUNG MEN'S CHRISTIAN ASSOCIATION OF SOUTH HAMPTON ROADS 250 WEST BRAMBLETON AVE, SUITE 100, NORFOLK, VA 23510	501C3 FUNDS FOR AFTER SCHOOL PROGRAM FOR SUFFOLK YOUTH AT RISK FOR OBESITY	250,000.
WESTERN TIDEWATER HEALTH DISTRICT 1217 N. MAIN ST., SUFFOLK, VA 23434	501C3 FUNDS TO FORMULATE ACTION PLAN TO ADDRESS OBESITY IN SUFFOLK	38,040.
THE UP CENTER 109 CLAY STREET, SUFFOLK, VA 23434	501C3 IN-HOME COUNSELING FOR AT-RISK YOUTH	60,000.
THE UP CENTER 109 CLAY STREET, SUFFOLK, VA 23434	501C3 OUTPATIENT COUNSELING FOR AT-RISK INDIVIDUALS AND FAMILIES	60,000.
WESTERN TIDEWATER COMMUNITY SERVICES BOARD 5268 GODWIN BLVD., SUFFOLK, VA 23434	501C3 SUPPORT FOR FAMILY THERAPY FOR YOUTH WITH SUBSTANCE ABUSE PROBLEMS	54,972.
CITY OF SUFFOLK P. O. BOX 1858, SUFFOLK, VA 23439	MATCHING CAPITAL FUNDS FOR SUFFOLK HUMAN SERVICES BUILDING	250,000.
PAUL D. CAMP COMMUNITY COLLEGE P. O. BOX 737, FRANKLIN, VA 23851	501C3 FUNDS FOR NURSE EDUCATION AND NURSING SKILLS LAB	34,350.
PAUL D. CAMP COMMUNITY COLLEGE P. O. BOX 737, FRANKLIN, VA 23851	501C3 FOR SURVEY OF HEALTH CARE EMPLOYERS FOR NEW EDUC. PROGRAM AND DEVEL. DEGREE	49,552.
AMERICAN LUNG ASSOCIATION OF VIRGINIA 9221 FOREST HILL AVENUE, RICHMOND, VA 23235	501C3 SUPPORT FOR ASTHMA EDUCATION PROGRAMS FOR KIDS AND ADULTS	58,676.

THE CHILDREN'S CENTER 700 CAMPBELL AVENUE, FRANKLIN, VA 23851	501C3 PHYSICAL/OCCUPATIONAL THERAPIST FUNDING FOR INFANT THERAPY SERVICES	63,750.
LET'S TALK 818 GAMMON ROAD, VIRGINIA BEACH, VA 23464	501C3 SUPPORT FOR EDUCATION, NUTRITION AND EXERCISE TEEN PROGRAM	43,894.
CHESAPEAKE SERVICE SYSTEMS 1100 EXECUTIVE BOULEVARD, CHESAPEAKE, VA 23320	501C3 SUPPORT-NUTRITION EDUCATION & EXERCISE PROGRAM FOR DEVELOP. DISABLED ADULTS	55,440.
THEATRE IV 114 WEST BROAD STREET, RICHMOND, VA 23220	501C3 FUNDING FOR PERFORMANCES OF CHILD ABUSE PREVENTION/INTERVENTION PLAY	65,873.
EASTERN VIRGINIA MEDICAL SCHOOL 855 W. BRAMBLETON AVENUE, NORFOLK, VA 23510	501C3 FUNDS-VIDEO BASED INTERVENTION TO INCREASE SAFETY OF CHILDREN IN VEHICLES	66,866.
EASTERN VIRGINIA MEDICAL SCHOOL FOUNDATION P.O. BOX 5, NORFOLK, VA 23501	501C3 LOAN FORGIVENESS PROGRAM FOR UNDER-REPRESENTED MINORITY MED. STUDENTS/PHYS.	120,000.
SOUTHEASTERN VIRGINIA AREAWIDE 5 INTERSTATE CORPORATE CENTER, SUITE 101, NORFOLK, VA 23502	501C3 FUNDS FOR STAFF TO HELP LOW INCOME OLDER & DISABLED MEDIARE ELIGIBLE PERSONS	71,816.
AMERICAN CANCER SOCIETY 4116 EXPRESSWAY DRIVE, VIRGINIA BEACH, VA 23452	501C3 FUND FOR OUTREACH TO CANCER PATIENTS, SUPPORT SERVICES AND TO IMPROVE ACCESS	64,688.
HAMPTON ROADS EDUCATIONAL TELECOMMUNICATIONS ASSOCIATION 5200 HAMPTON BLVD., NORFOLK, VA 23508	501C3 FOR STAFF TO PRESENT OBESITY EDUCATIONAL GUIDE TO DAYCARE PROVIDERS/TEACHERS	84,123.

EDMARC, INC. 516 LONDON STREET, PORTSMOUTH, VA 23704	501C3 FUNDS TO EXPAND PEDIATRIC HOSPICE AND PALLIATIVE CARE PROGRAM	50,000.
CENTER FOR NEW HOPE AND BEGINNINGS 400 FINNEY AVENUE, SUFFOLK, VA 23439	501C3 SUPPORT FOR CASE MGMT SERVICES & ACTIVITIES FOR TRANSITION HOMELESS FAMILIES	50,250.
PENINSULA INSTITUTE FOR COMMUNITY HEALTH 12284 WARWICK BLVD. SUITE 2G, NEWPORT NEWS, VA 23606	501C3 FUNDS FOR PHARMACEUTICAL ACCESS NETWORK OF PROVIDERS PLANNING GRANT	40,000.
CITY OF FRANKLIN 207 WEST SECOND AVE. , FRANKLIN, VA 23851	PLANNING GRANT TO IMPROVE EARLY CHILDHOOD SERVICES IN FRANKLIN	32,250.
SUFFOLK MEALS ON WHEELS 2800 GODWIN BLVD, SUFFOLK, VA 23434	501C3 SUPPORT FOR HOT/COLD MEAL DELIVERY EXPANSION AND FOR DELIVERY VAN	53,617.
AMERICAN RED CROSS 157 NORTH MAIN STREET, SUITE C, SUFFOLK, VA 23434	501C3 SUPPORT FOR COMMUNITY ASSESSMENT OF NEED FOR AUTOMATED EXT. DEFIBRILLATORS	105,133.
WESTERN TIDEWATER HEALTH DISTRICT 1217 N. MAIN ST., SUFFOLK, VA 23434	501C3 EXPANSION OF MATERNAL & CHILD HEALTH AND FAMILY PLANNING SERVICES	554,166.
ROANOKE CHOWAN COMMUNITY HEALTH CENTER 113 B. HERFORD COUNTY HIGH ROAD, AHOSKIE, NC 27910	501C3 PLANNING GRANT TO BETTER SERVE THE MEDICALLY INDIGENT IN GATES COUNTY, NC	49,285.
TOTAL TO FORM 990-PF, PART XV, LINE 3B		<u>5,076,768.</u>

**Depreciation and Amortization** 990-PF  
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

**OBICI HEALTHCARE FOUNDATION, INC.**

**FORM 990-PF PAGE 1**

**51-0249728**

**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 the instructions for a higher limit for certain businesses	1	125,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	500,000.
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 2006 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	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 2008. 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.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	10,892.

**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 2007	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	▶ <input type="checkbox"/>	

**Section B - Assets Placed in Service During 2007 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	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

**Section C - Assets Placed in Service During 2007 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 instr.	22	10,892.
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, cellular telephones, 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.)**

<b>24a</b> Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>24b</b> If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> 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
<b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use .....								<b>25</b>
<b>26</b> Property used more than 50% in a qualified business use:								
	:	:	%					
	:	:	%					
	:	:	%					
<b>27</b> Property used 50% or less in a qualified business use:								
	:	:	%			S/L -		
	:	:	%			S/L -		
	:	:	%			S/L -		
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 .....							<b>28</b>	
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1 .....								<b>29</b>

**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.

30 Total business/investment miles driven during the year (do not include commuting miles) .....	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
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.

<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? .....	<b>Yes</b>	<b>No</b>
<b>38</b> 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 .....		
<b>39</b> Do you treat all use of vehicles by employees as personal use? .....		
<b>40</b> 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? .....		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? .....		

**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	
<b>42</b> Amortization of costs that begins during your 2007 tax year:						
	:					
	:					
<b>43</b> Amortization of costs that began before your 2007 tax year .....					<b>43</b>	676.
<b>44 Total.</b> Add amounts in column (f). See the instructions for where to report .....					<b>44</b>	676.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

<b>Part II</b>			<b>Additional (Not Automatic) 3-Month Extension of Time.</b> You must file original and one copy.		
Type or print  File by the extended due date for filing the return. See instructions.	Name of Exempt Organization				Employer identification number
	OBICI HEALTHCARE FOUNDATION, INC.				51-0249728
	Number, street, and room or suite no. If a P.O. box, see instructions.				For IRS use only
1514 HOLLAND ROAD, NO. 104					
City, town or post office, state, and ZIP code. For a foreign address, see instructions.					
SUFFOLK, VA 23434					

**Check type of return to be filed** (File a separate application for each return):

- Form 990   
  Form 990-EZ   
  Form 990-T (sec. 401(a) or 408(a) trust)   
  Form 1041-A   
  Form 5227   
  Form 8870  
 Form 990-BL   
 Form 990-PF   
 Form 990-T (trust other than above)   
 Form 4720   
 Form 6069

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of **MIKE HAMMOND**  
 Telephone No. **757-539-8810**      FAX No. **757-539-8887**
- 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.

- 4 I request an additional 3-month extension of time until **FEBRUARY 15, 2009.**
- 5 For calendar year \_\_\_\_\_, or other tax year beginning **APR 1, 2007**, and ending **MAR 31, 2008**.
- 6 If this tax year is for less than 12 months, check reason:  Initial return     Final return     Change in accounting period
- 7 State in detail why you need the extension  
**ADDITIONAL TIME IS NEEDED TO PREPARE A COMPLETE AND ACCURATE RETURN.**

<b>8a</b>	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$	<b>54,768.</b>
<b>b</b>	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$	<b>81,393.</b>
<b>c</b>	<b>Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$	<b>0.</b>

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title **EXECUTIVE DIRECTOR** Date

Form **8879-EO**

**IRS e-file Signature Authorization  
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2007, or fiscal year beginning APR 1, 2007, and ending MAR 31, 2008

**2007**

Department of the Treasury  
Internal Revenue Service

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

Return ID (20-digit number) ▶

N/A

Name of exempt organization

**OBICI HEALTHCARE FOUNDATION, INC.**

Employer identification number

**51-0249728**

Name and title of officer

**DOUGLAS NAISMITH  
EXECUTIVE DIRECTOR**

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

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

<b>1a</b> Form 990 check here ▶ <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, line 12) .....	<b>1b</b> _____
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input checked="" type="checkbox"/>	<b>b</b> Tax Based on Investment Income (Form 990-PF, Part VI, line 5) .....	<b>4b</b> <u>54768</u>
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b</b> Balance Due (Form 8868, line 3c) .....	<b>5b</b> _____

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2007 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) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize WITT MARES PLC ERO firm name to enter my PIN 23434 do not enter all zeros

as my signature on the organization's tax year 2007 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2007 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ **\*\*\*\*\* THIS IS NOT A FILEABLE COPY \*\*\*\*\*** Date ▶ \_\_\_\_\_

**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 54130345678  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2007 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

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