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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

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

OMB No 1545-0052

2010

For calendar year 2010, or tax year beginning 04-01-2010 , and ending 03-31-2011

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

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 page 10 of the instructions)
(757) 539-8810

City or town, state, and ZIP code
SUFFOLK, VA 23434

C If exemption application is pending, check here ▶ ☐

D 1. Foreign organizations, check here ▶ ☐

2. Foreign organizations meeting the 85% test, check here and attach computation ▶ ☐

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

I Fair market value of all assets at end of year *(from Part II, col. (c), line 16)* ▶$ 107,217,893

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

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

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

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 page 11 of the instructions))*

			(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1	Contributions, gifts, grants, etc , received (attach schedule)	29,000			
	2	Check ▶ ☐ if the foundation is **not** required to attach Sch B				
	3	Interest on savings and temporary cash investments				
	4	Dividends and interest from securities	832,538	832,538		
	5a	Gross rents				
	b	Net rental income or (loss) _____				
	6a	Net gain or (loss) from sale of assets not on line 10	3,653,915			
	b	Gross sales price for all assets on line 6a 24,876,636				
	7	Capital gain net income (from Part IV, line 2)		3,648,207		
	8	Net short-term capital gain				
	9	Income modifications			11,793	
	10a	Gross sales less returns and allowances				
	b	Less Cost of goods sold				
	c	Gross profit or (loss) (attach schedule)				
	11	Other income (attach schedule)	2,523,046	912,061		
	12	**Total.** Add lines 1 through 11	7,038,499	5,392,806	11,793	
Operating and Administrative Expenses	13	Compensation of officers, directors, trustees, etc	341,872			341,872
	14	Other employee salaries and wages	148,665			148,665
	15	Pension plans, employee benefits	117,974			118,576
	16a	Legal fees (attach schedule)	18,932	0	0	18,932
	b	Accounting fees (attach schedule)	40,126	0	0	40,126
	c	Other professional fees (attach schedule)	646,925	602,888		44,072
	17	Interest	75,134			
	18	Taxes (attach schedule) (see page 14 of the instructions)	226,026			4,859
	19	Depreciation (attach schedule) and depletion	114,818			
	20	Occupancy	25,189			25,833
	21	Travel, conferences, and meetings	48,039			46,195
	22	Printing and publications	13,611			13,761
	23	Other expenses (attach schedule)	591,070	519,199		57,519
	24	**Total operating and administrative expenses.** Add lines 13 through 23	2,408,381	1,122,087	0	860,410
	25	Contributions, gifts, grants paid	1,406,178			1,922,712
	26	**Total expenses and disbursements.** Add lines 24 and 25	3,814,559	1,122,087	0	2,783,122
	27	Subtract line 26 from line 12				
	a	**Excess of revenue over expenses and disbursements**	3,223,940			
	b	**Net investment income** (if negative, enter -0-)		4,270,719		
	c	**Adjusted net income** (if negative, enter -0-)			11,793	

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	3,608	9,914	9,914
	2 Savings and temporary cash investments	12,339,383	5,179,807	5,179,807
	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 page 15 of the 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	45,592	46,143	46,143
	10a Investments—U S and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)	20,417,309	33,538,586	33,538,586
	c Investments—corporate bonds (attach schedule)	5,152,396	2,813,359	2,813,359
	11 Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	56,704,909	62,726,764	62,726,764
	14 Land, buildings, and equipment basis ▶ 2,375,005 Less accumulated depreciation (attach schedule) ▶ 167,308	2,231,706	2,207,697	2,207,697
	15 Other assets (describe ▶ _____)	699,711	695,623	695,623
	16 **Total assets** (to be completed by all filers—see the instructions Also, see page 1, item I)	97,594,614	107,217,893	107,217,893
Liabilities	17 Accounts payable and accrued expenses	132,392	81,037	
	18 Grants payable	1,790,528	1,273,994	
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)	1,850,000	1,792,662	
	22 Other liabilities (describe ▶ _____)	0	199,059	
	23 **Total liabilities** (add lines 17 through 22)	3,772,920	3,346,752	
Net Assets or Fund Balances	**Foundations that follow SFAS 117, check here ▶ ☑ and complete lines 24 through 26 and lines 30 and 31.**			
	24 Unrestricted	93,821,694	103,871,141	
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ ☐ 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 **Total net assets or fund balances** (see page 17 of the instructions)	93,821,694	103,871,141	
	31 **Total liabilities and net assets/fund balances** (see page 17 of the instructions)	97,594,614	107,217,893	

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	93,821,694
2	Enter amount from Part I, line 27a	2	3,223,940
3	Other increases not included in line 2 (itemize) ▶ _____	3	6,838,617
4	Add lines 1, 2, and 3	4	103,884,251
5	Decreases not included in line 2 (itemize) ▶ _____	5	13,110
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	103,871,141

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 Additional Data Table			
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	See Additional Data Table			
b				
c				
d				
e				

	Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) **or** Losses (from col (h))
	(i) 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	
a	See Additional Data Table			
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	3,648,207
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 pages 13 and 17 of the instructions) If (loss), enter -0- in Part I, line 8	3	

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 page 18 of 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))
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
2005			

2	**Total** of line 1, column (d)	2	0 176387
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 044097
4	Enter the net value of noncharitable-use assets for 2010 from Part X, line 5	4	95,843,857
5	Multiply line 4 by line 3	5	4,226,427
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	42,707
7	Add lines 5 and 6	7	4,269,134
8	Enter qualifying distributions from Part XII, line 4	8	2,922,574

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 on page 18

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ 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 ▶ ☐ and enter 1% of Part I, line 27b	1	85,414
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	85,414
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4	
5	**Tax based on investment income.** Subtract line 4 from line 3 If zero or less, enter -0-	5	85,414
6	Credits/Payments		
a	2010 estimated tax payments and 2009 overpayment credited to 2010 — 6a: 32,969		
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: 0		
7	Total credits and payments Add lines 6a through 6d	7	32,969
8	Enter any **penalty** for underpayment of estimated tax Check here ☑ 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	52,445
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid.** ▶	10	
11	Enter the amount of line 10 to be **Credited to 2011 estimated tax** ▶ 0 **Refunded** ▶	11	

Part VII-A Statements Regarding Activities

			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		No
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)?	1b		No
	*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.*			
c	Did the foundation file **Form 1120-POL** for this year?	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year **(1)** On the foundation ▶ $ 0 **(2)** On foundation managers ▶ $ 0			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ $ 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.*	2		No
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*	3		No
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a	Yes	
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	4b	Yes	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? *If "Yes," attach the statement required by General Instruction T.*	5		No
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes	
7	Did the foundation have at least $5,000 in assets at any time during the year? *If "Yes," complete Part II, col (c), and Part XV*	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) ▶ VA			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? *If "No," attach explanation .*	8b	Yes	
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 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page 27)? *If "Yes," complete Part XIV*	9		No
10	Did any persons become substantial contributors during the tax year? *If "Yes," attach a schedule listing their names and addresses*	10		No

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 page 20 of the instructions).	11		No
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	

Website address ▶ HTTP //WWW OBICIHCF ORG/

14 The books are in care of ▶ MICHAEL BRINKLEY Telephone no ▶ (757) 539-8810

Located at ▶ 106 W FINNEY AVENUE 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

16	At any time during calendar year 2010, 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		No

See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes", enter the name of the foreign country ▶

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

	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☑ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . . ☐ Yes ☑ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☑ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☑ Yes ☐ 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)? . . . . . ☐ Yes ☑ 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). . . . . ☐ Yes ☑ 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 page 20 of the instructions)? . . .	1b		No
	Organizations relying on a current notice regarding disaster assistance check here. . . . . ▶ ☐			
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 2010?	1c		No
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 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2010? . . . . . ☐ Yes ☑ No			
	If "Yes," list the years ▶ 20____ , 20____ , 20____ , 20____			
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 page 20 of the 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 ▶ 20____ , 20____ , 20____ , 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . . ☐ Yes ☑ No			
b	If "Yes," did it have excess business holdings in 2010 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 2010.)*.	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
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 2010?	4b		No

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 page 22 of the 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 page 22 of the 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**		**No**
	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 page 22 of the 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
See Additional Data Table				

2 Compensation of five highest-paid employees (other than those included on line 1—see page 23 of the 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

Total number of other employees paid over $50,000 ▶

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 page 23 of the instructions). If none, enter "NONE".

(a) Name and address of each person paid more than $50,000	(b) Type of service	(c) Compensation
CORNERSTONE PARTNERS LLC 675 PETER JEFFERSON PARKWAY CHARLOTTESVILLE,VA 22911	INVESTMENT MGMT	412,950
PETER B CANNELL & CO INC 645 MADISON AVENUE NEW YORK,NY 10022	INVESTMENT MGMT	76,138
SHAPIRO CAPITAL MANAGEMENT LLC 3060 PEACHTREE ROAD NW SUITE 1555 ATLANTA,GA 30305	INVESTMENT MGMT	75,819
Total number of others receiving over $50,000 for professional services. ▶		

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	
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see page 24 of the instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments See page 24 of the instructions 3	
Total. Add lines 1 through 3. ▶	

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see page 24 of the 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	93,772,062
b	Average of monthly cash balances		1b	2,862,106
c	Fair market value of all other assets (see page 24 of the instructions)		1c	669,240
d	**Total** (add lines 1a, b, and c)		1d	97,303,408
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e		
2	Acquisition indebtedness applicable to line 1 assets		2	0
3	Subtract line 2 from line 1d		3	97,303,408
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see page 25 of the instructions)		4	1,459,551
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3 Enter here and on Part V, line 4		5	95,843,857
6	**Minimum investment return.** Enter 5% of line 5		6	4,792,193

Part XI Distributable Amount (see page 25 of the 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	4,792,193
2a	Tax on investment income for 2010 from Part VI, line 5	2a	85,414		
b	Income tax for 2010 (This does not include the tax from Part VI)	2b			
c	Add lines 2a and 2b			2c	85,414
3	Distributable amount before adjustments Subtract line 2c from line 1			3	4,706,779
4	Recoveries of amounts treated as qualifying distributions			4	11,793
5	Add lines 3 and 4			5	4,718,572
6	Deduction from distributable amount (see page 25 of the instructions)			6	
7	**Distributable amount** as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1			7	4,718,572

Part XII Qualifying Distributions (see page 25 of the 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	2,783,122
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	139,452
3	Amounts set aside for specific charitable projects that satisfy the			
a	Suitability test (prior IRS approval required)		3a	0
b	Cash distribution test (attach the required schedule)		3b	0
4	**Qualifying distributions.** Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4		4	2,922,574
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 page 26 of the instructions)		5	
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4		6	2,922,574

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 page 26 of the instructions)

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI, line 7				4,718,572
2 Undistributed income, if any, as of the end of 2010				
a Enter amount for 2009 only			2,818,617	
b Total for prior years 2008 , 2007 , 2006				
3 Excess distributions carryover, if any, to 2010				
a From 2005 0				
b From 2006 0				
c From 2007 0				
d From 2008 0				
e From 2009 0				
f **Total** of lines 3a through e	0			
4 Qualifying distributions for 2010 from Part XII, line 4 ▶ $ 2,922,574				
a Applied to 2009, but not more than line 2a			2,818,617	
b Applied to undistributed income of prior years (Election required—see page 26 of the instructions)				
c Treated as distributions out of corpus (Election required—see page 26 of the instructions)				
d Applied to 2010 distributable amount				103,957
e Remaining amount distributed out of corpus	0			
5 Excess distributions carryover applied to 2010	0			0
(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	0			
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 page 27 of the instructions				
e Undistributed income for 2009 Subtract line 4a from line 2a Taxable amount—see page 27 of the instructions				
f Undistributed income for 2010 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2011				4,614,615
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions)				
8 Excess distributions carryover from 2005 not applied on line 5 or line 7 (see page 27 of the instructions)				
9 **Excess distributions carryover to 2011.** Subtract lines 7 and 8 from line 6a	0			
10 Analysis of line 9				
a Excess from 2006 0				
b Excess from 2007 0				
c Excess from 2008 0				
d Excess from 2009 0				
e Excess from 2010 0				

Part XIV Private Operating Foundations (see page 27 of the instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2010, enter the date of the ruling . . . . . ▶

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

	Tax year	Prior 3 years			(e) Total
	(a) 2010	(b) 2009	(c) 2008	(d) 2007	
2a 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 organization had $5,000 or more in assets at any time during the year—see page 27 of 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 page 28 of the 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

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

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

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

c Any submission deadlines

RENEWALS - AUGUST 6 OF EACH YEAR GRANTS - AUGUST 6 OF EACH YEAR

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

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

Part XV Supplementary Information (continued)

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year* See Additional Data Table				
Total . . . . . ▶ **3a**				1,922,712
b *Approved for future payment* See Additional Data Table				
Total . . . . . ▶ **3b**				1,273,994

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See page 28 of the instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities			14	832,538	
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory	900099	5,708	18	3,648,207	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a PASSTHROUGH PARTNERSHIP K-1	900099	-34,294	14	912,061	
b EQUITY PICKUP FOREIGN CORPORATIONS			14	1,645,279	
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e)		-28,586		7,038,085	
13 **Total.** Add line 12, columns (b), (d), and (e)					7,009,499

(See worksheet in line 13 instructions on page 28 to verify calculations)

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

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes) (See page 28 of the instructions)

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

			Yes	No
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			
a	Transfers from the reporting foundation to a noncharitable exempt organization of			
	(1) Cash	1a(1)		No
	(2) Other assets	1a(2)		No
b	Other transactions			
	(1) Sales of assets to a noncharitable exempt organization	1b(1)		No
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)		No
	(3) Rental of facilities, equipment, or other assets	1b(3)		No
	(4) Reimbursement arrangements	1b(4)		No
	(5) Loans or loan guarantees	1b(5)		No
	(6) Performance of services or membership or fundraising solicitations	1b(6)		No
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		No

d If the answer to any of the above is "Yes," complete the following schedule Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received

(a) Line No	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

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

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge

Signature of officer or trustee — Date: 2011-11-08 — Title

Paid Preparer's Use Only

Preparer's Signature	Date	Check if self-employed ☐	PTIN

Firm's name ▶ KPMG LLP — Firm's EIN ▶

Firm's address ▶ 1676 International Drive, McLean, VA 22102 — Phone no (703) 286-8000

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491319009391

Schedule B (Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2010

Name of 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, aggregate 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 aggregate 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 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)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	SENTARA LOUISE OBICI MEMORIAL HOSPI 2800 GODWIN BLVD SUFFOLK, VA 23434	$ 24,000	☑ Person ☐ Payroll ☑ Noncash (Complete Part II if there is a noncash contribution)
2	CW BRINKLEY INC 3005 CORPORATE LANE SUITE 100 SUFFOLK, VA 23434	$ 5,000	☑ Person ☐ Payroll ☐ Noncash (Complete Part II if there is a noncash contribution)
____		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II if there is a noncash contribution)
____		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II if there is a noncash contribution)
____		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II if there is a noncash contribution)
____		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II if there is a noncash contribution)

Name of organization
OBICI HEALTHCARE FOUNDATION INC

Employer identification number
51-0249728

Part II **Noncash Property** (see Instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	TITLE TO CEMETERY PLOT	$ 24,000	2010-08-01

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

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

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

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

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

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 aggregating 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) ▶ $

(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

(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

(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

(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

Additional Data

Software ID:
Software Version:
EIN: 51-0249728
Name: OBICI HEALTHCARE FOUNDATION INC

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

	(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)
A	PUBLICLY TRADED SECURITIES			
B	ACACIA INSTITUTIONAL PARTNERS, LP K-1			
C	BLUESTEM PARTNERS, LP K-1			
D	CARDINAL MID-CAP VALUE EQUITY LP, K-1			
E	CEDAR ROCK CAPITAL PARTNERS, LLC K-1			
F	1607 CAPITAL INTERNATIONAL EQUITY FD K-1			
G	THE HIGHCLERE INTL INVESTORS FD K-1			
H	THE SANDERSON INTERNATIONAL VALUE FD K-1			
I	SR PHOENICIA INC SHARE			
J	TORY INTERNATIONAL OFFSHORE			

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

	(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	22,191,008		20,082,402	2,108,606
B				88,832
C				548,534
D				998,986
E				-10,587
F				85,084
G				79,220
H				93,186
I	2,656,371		3,000,000	-343,629
J	29,257		29,282	-25

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

	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	
A				2,108,606
B				
C				
D				
E				
F				
G				
H				
I				-343,629
J				-25

Form 990PF Part VIII Line 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
GEORGE Y BIRDSONG 1514 Holland Road Suite 104 Suffolk, VA 23434	CHAIRMAN 1 0	0	0	0
J SAMUEL GLASSCOCK 1514 Holland Road Suite 104 Suffolk, VA 23434	VICE CHAIRMAN 1 0	0	0	0
ROBERT M HAYES 1514 Holland Road Suite 104 Suffolk, VA 23434	SECRETARY/TREASURER 1 0	0	0	0
GINA PITRONE 1514 Holland Road Suite 104 Suffolk, VA 23434	EXECUTIVE DIRECTOR 40 0	160,208	18,975	0
MICHAEL HAMMOND 1514 Holland Road Suite 104 Suffolk, VA 23434	CFO 40 0	101,369	26,840	0
RICK SPENCER 1514 Holland Road Suite 104 Suffolk, VA 23434	SENIOR PROGRAM OFFICER 40 0	80,295	19,729	0

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE GENIEVE SHELTER 1548 C HOLLAND RD SUFFOLK,VA 23434	NONE	501(c)(3)	ASSISTANCE WITH WOMEN'S HEALTH FORUM ON 5/12/10	350
LUTER YMCA 259 JAMES STREET SMITHFIELD,VA 23430	NONE	501(c)(3)	TO INCREASE CHILD AND FAMILY WELLNESS THROUGH FAMILY FUN AND FITNESS NIGHTS, PHYSICAL AND NUTRITION EDUCATION, AN EXPANDED AFTERSCHOOL PROGRAM AND IMPROVEMENTS TO ISLE OF WIGHT COUNTY PARK FACILITIES, EQUIPMENT AND STAFF	89,642
WESTERN TIDEWATER FREE CLINIC 2019 MEADE PARKWAY SUFFOLK,VA 23434	NONE	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	150,000
SQUARE ONE 287 INDEPENDENCE BLVD PEMBROKE TWO SUITE 120 VIRGINIA BEACH,VA 23462	NONE	501(c)(3)	DEVELOPMENT OF "ONLINE" PROFESSIONAL DEVELOPMENT TRAINING COURSES WHICH WILL ENHANCE THE SKILL LEVELS OF EARLY CHILDHOOD EDUCATORS, HOME VISITORS, HEALTHCARE WORKERS AND OTHERS WHO WORK WITH CHILDREN	4,000
AMERICAN CANCER SOCIETY 4416 EXPRESSWAY DR VIRGINIA BEACH,VA 23452	NONE	501(c)(3)	TO OUTREACH TO CANCER PATIENTS AND THEIR CAREGIVERS, PROVIDE PATIENT SUPPORT SERVICES AND ESTABLISH A LOCAL CANCER RESOURCE NETWORK IN THE FOUNDATION'S SERVICE AREA	3,350
ACCESS AIDS 222 WEST 21ST ST SUITE F-308 NORFOLK,VA 23517	NONE	501(c)(3)	TO CONTINUE SUFFOLK SISTAS A PROGRAM DESIGNED TO PREVENT THE SPREAD OF HIV AND OTHER SEXUALLY TRANSMITTED DISEASES IN SUFFOLK	22,049
CHESAPEAKE SERVICE SYSTEMS 1100 EXECUTIVE BLVD CHESAPEAKE,VA 23320	NONE	501(c)(3)	TO CONTINUE THE HEALTH AND WELLNESS PROGRAM FOR DEVELOPMENTALLY DELAYED ADULTS RESIDING IN THE FOUNDATION'S SERVICE AREA	7,833
EASTERN VIRGINIA MEDICAL SCHOOL PO BOX 1980 NORFOLK,VA 235011980	NONE	501(c)(3)	TO CREATE AND EVALUATE A VIDEO-BASED INTERVENTION IN SUFFOLK, FRANKLIN AND THE COUNTIES OF ISLE OF WIGHT AND SOUTHAMPTON THE FOCUS IS TO INCREASE CHILDREN'S SAFETY IN MOTOR VEHICLES	4,077
THE GENIEVE SHELTER 1548 C HOLLAND RD SUFFOLK,VA 23434	NONE	501(c)(3)	TO CONTINUE PREVENTION AND WELLNESS ACTIVITIES AND ACUTE AND CHRONIC CARE TREATMENT FOR DOMESTIC VIOLENCE VICTIMS IN THE FOUNDATION'S SERVICE AREA	40,001
ISLE OF WIGHT CHRISTIAN OUTREACH PROGRAM 12210 WATERVIEW TRAIL CARROLLTON,VA 23314	NONE	501(c)(3)	TO CONTINUE RENTAL ASSISTANCE FOR THIS VOLUNTEER-LED AGENCY SERVING THE MEDICALLY INDIGIENT IN ISLE OF WIGHT COUNTY	5,400
LET'S TALK 818 GAMMON RD VIRGINIA BEACH,VA 23464	NONE	501(c)(3)	TO CONTINUE A NUTRITION, EDUCATION, EFFECTIVE COMMUNICATION AND DANCE PROGRAM FOR TEEN BOYS AND GIRLS OF THE SUFFOLK AND FRANKLIN BOYS AND GIRLS CLUBS AND OTHER COMMUNITY SETTINGS	13,600
PENINSULA INSTITUTE FOR COMMUNITY HEALTH 1033 28TH ST 2ND FLOOR NEWPORT NEWS,VA 23607	NONE	501(c)(3)	TO CONTINUE SUPPORT OF THE MAIN STREET DENTAL CLINIC IN SUFFOLK	62,736
ROANOKE CHOWAN COMMUNITY HEALTH CENTER 113 B HERTFORD COUNTY HIGH RD AHOSKIE,NC 27910	NONE	501(c)(3)	TO FUND THE GATES COUNTY ADOLESCENT CARE CLINIC, INCLUDING NUTRITIONAL EDUCATION, FOR GATES COUNTY MEDICAL CENTER PATIENTS AND FOR GATES COUNTY AFRICAN AMERICAN CHURCH ATTENDEE WITH CHRONIC DISEASES	39,149
SMART BEGINNINGS WESTERN TIDEWATER 207 WEST SECOND AVENUE PO BOX 179 FRANKLIN,VA 23851	NONE	501(c)(3)	TO INCREASE EARLY CARE AND EDUCATION PROGRAMS AND TO INCREASE THE NUMBER OF FAMILIES PARTICIPATING IN RAISING A READER PROGRAM	18,250
SUFFOLK MEALS ON WHEELS 2800 GODWIN BLVD PO BOX 1545 SUFFOLK,VA 23434	NONE	501(c)(3)	TO PROVIDE FUNDS FOR A TEMPERATURE CONTROLLED MEAL DELIVERY VAN AND TO PROVIDE HOT/COLD MEAL DELIVERY EXPANSION IN ISLE OF WIGHT COUNTY, ORBIT, CENTRAL HILL, SMITHFIELD AND THE SURROUNDING AREAS	4,462
Total . . . . . ▶ **3a**				1,922,712

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUFFOLK PARTNERSHIP FOR A HEALTHY COMMUNITY PO BOX 6082 SUFFOLK,VA 23433	NONE	501(c)(3)	TO DETERMINE THE COMMUNITY'S HEALTH AND WELLNESS RELATED ASSETS AND CAPACITIES AND TO ORGANIZE THEM THROUGH ACTIONABLE STEPS	3,900
SUFFOLK PARTNERSHIP FOR A HEALTHY COMMUNITY PO BOX 6082 SUFFOLK,VA 23433	NONE	501(c)(3)	TO HIRE AN EXECUTIVE DIRECTOR TO IMPLEMENT A COMMUNITY HEALTH ACTION PLAN, INCLUDING SUFFOLK ON THE MOVE!, THE SUFFOLK COMMUNITY GARDEN PROJECT, AND THE MAPP COMMUNITY HEALTH ASSESSMENT	16,400
THE UP CENTER 222 W 19TH ST NORFOLK,VA 23517	NONE	501(c)(3)	TO CONTINUE OUTPATIENT CLINICAL COUNSELING SERVICES FOR SUFFOLK AND THE SURROUNDING AREAS	21,986
THE UP CENTER 222 W 19TH ST NORFOLK,VA 23517	NONE	501(c)(3)	TO CONTINUE IN-HOME COUNSELING SERVICES FOR CHILDREN AT-RISK OF OUT-OF-HOME PLACEMENT IN SUFFOLK AND THE SURROUNDING AREAS	18,873
VIRGINIA LEGAL AID SOCIETY PO BOX 6200 LYNCHBURG,VA 24505	NONE	501(c)(3)	TO CONTINUE THE HEALTH, EDUCATION, ADVOCACY AND LAW PROJECT, A MEDICAL-LEGAL COLLABORATION DESIGNED TO ENSURE BASIC NEEDS OF LOW-INCOME FAMILIES IN THE FOUNDATION'S SERVICE AREA	20,000
WESTERN TIDEWATER HEALTH DISTRICT SUFFOLK HEALTH DEPARTMENT 135 HALL AVE SUITE A SUFFOLK,VA 234344654	NONE	501(c)(3)	TO EXPAND MATERNAL AND CHILD HEALTH AND FAMILY PLANNING SERVICES THAT ADDRESS TEEN PREGNANCY RATES, PRENATAL CARE AND PREGNANCY	5,209
FORKIDS INC 4000 COLLEY AVE SUITE 300 PO BOX 6044 NORFOLK,VA 23508	NONE	501(c)(3)	TO PROVIDE FUNDS FOR A VAN AND ADULT AND CHILDREN'S CASE MANAGEMENT, INCLUDING MEDICAL AND DENTAL SERVICES, COUNSELING, LIFE SKILLS AND FOOD	57,486
WESTERN TIDEWATER HEALTH DISTRICT SUFFOLK HEALTH DEPARTMENT 135 HALL AVE SUITE A SUFFOLK,VA 234344654	NONE	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 FREE CLINIC 2019 MEADE PARKWAY SUFFOLK,VA 23434	NONE	501(c)(3)	TO PROVIDE MATCHING CAPITAL FUNDS FOR A PERMANENT FACILITY AND TO PROVIDE ONGOING OPERATIONAL SUPPORT	37,933
THE PLANNING COUNCIL 5365 ROBIN HOOD ROAD SUITE 700 NORFOLK,VA 23513	NONE	501(c)(3)	OUTCOME MEASUREMENT PROGRAM FOR OBICI HEALTHCARE FOUNDATION GRANTEES	5,000
GATES PARTNERS FOR HEALTH 29 MEDIAL CENTER ROAD GATES,NC 27937	NONE	501(c)(3)	TO SUPPORT FAMILY FUN AND FITNESS DAY	1,000
ACCESS PARTNERSHIP P O BOX 41093 NORFOLK,VA 23451	NONE	501(c)(3)	WORKING TO BRING MEDICAL AND DENTAL PROFESSIONALS TO PROVIDE CARE TO WTFC PATIENTS ON WAITING LIST	2,500
HORIZON HEALTH SERVICES WAVERLY MEDICAL CENTER PO BOX 29 WAVERLY,VA 23890	NONE	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	67,500
SENIOR SERVICES OF SOUTHEASTERN VA 5 INTERSTATE CORPORATE CENTER 6350 CENTER DR SUITE 101 NORFOLK,VA 23502	NONE	501(c)(3)	TO SUPPORT A MEDICATION AND CARE ACCESS RESOURCE SPECIALIST TO ASSIST LOW-INCOME OLDER AND DISABLED MEDICARE ELIGIBLE RESIDENTS OF WESTERN TIDEWATER IN SELECTING MEDICARE PART D BENEFITS	7,268
SUFFOLK FAMILY YMCA 2769 GODWIN BLVD SUFFOLK,VA 23434	NONE	501(c)(3)	TO PROVIDE AN AFTER-SCHOOL PROGRAM FOR SUFFOLK YOUTH AT-RISK FOR OBESITY AND FITNESS SCHOLARSHIPS FOR THE CHILDREN AND THEIR PARENTS	25,000
Total . . . . . ▶ **3a**				1,922,712

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WESTERN TIDEWATER CONTINUUM OF CARE P O BOX 1311 SMITHFIELD,VA 23431	NONE	501(c)(3)	HOMELESS ASSIST DAY 2010	3,500
ACCESS PARTNERSHIP P O BOX 41093 NORFOLK,VA 23451	NONE	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	NONE	501(c)(3)	TO PROVIDE LOW-INCOME, UNINSURED RESIDENTS WITH EXPANDED ACCESS TO MEDICAL SERVICES	34,729
ACCESS AIDS 222 WEST 21ST ST SUITE F-308 NORFOLK,VA 23517	NONE	501(c)(3)	TO PROVIDE FREE, CONFIDENTIAL HIV TESTING TO PARTICIPANTS IN SISTAS CLASSES AND OTHER COMMUNITY MEMBERS IDENTIFIED THROUGH RECRUITMENT ACTIVITIES	28,657
VOICES FOR KIDS CASA PROGRAM PO BOX 80 ISLE OF WIGHT,VA 23397	NONE	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	NONE	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	47,620
CATHOLIC CHARITIES OF EASTERN VIRGINIA 5361 VIRGINIA BEACH BLVD VIRGINIA BEACH,VA 23462	NONE	501(c)(3)	TO WORK WITH UNINSURED PREGNANT WOMEN AND FAMILIES OF CHILDREN WHO DO NOT HAVE HEALTH INSURANCE	18,961
SENTARA LOUISE OBICI MEMORIAL HOSPITAL 2800 GODWIN BLVD SUFFOLK,VA 23434	NONE	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	NONE	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
FORKIDS INC 4000 COLLEY AVE SUITE 300 PO BOX 6044 NORFOLK,VA 23508	NONE	501(c)(3)	TO HELP HOMELESS FAMILIES IN NEED OF EMERGENCY SHELTER ACCESS INSURANCE AND HEALTHCARE SERVICES	33,365
GATES COUNTY MEDICAL CENTER P O BOX 297 GATESVILLE,NC 27938	NONE	501(c)(3)	TO PROVIDE COMPREHENSIVE HEALTH SERVICES TO GATES COUNTY YOUTH WITH A FOCUS ON THE MEDICALLY UNDERSERVED	47,739
ISLE OF WIGHT CHRISTIAN OUTREACH PROGRAM 12210 WATERVIEW TRAIL CARROLLTON,VA 23314	NONE	501(c)(3)	TO PROVIDE ORAL HEALTH CARE SERVICES TO POOR, UNINSURED SENIORS IN ISLE OF WIGHT COUNTY	7,750
JAMES L CAMP JR FAMILY YMCA 300 CRESCENT DR FRANKLIN,VA 23851	NONE	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
LUTER YMCA 259 JAMES STREET SMITHFIELD,VA 23430	NONE	501(c)(3)	TO SUPPORT HEALTHY WEIGHT AND LIFESTYLE AMONG OVERWEIGHT OR OBESE ADULTS BY OFFERING ASSESSMENTS, EXERCISE AND NUTRITION EDUCATION	28,145
SENIOR SERVICES OF SOUTHEASTERN VIRGINIA 5 INTERSTATE CORPORATE CENTER 6350 CENTER DR SUITE 101 NORFOLK,VA 23502	NONE	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	28,913
Total . . . . . ▶ **3a**				1,922,712

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a *Paid during the year*				
SENTARA HEALTHCARE 6015 POPLAR HALL DRIVE SUITE 308 NORFOLK,VA 23502	NONE	501(c)(3)	TO AIRLIFT CRITICALLY ILL PATIENTS VIA NIGHTINGALE AIR SENTARA'S NIGHTINGALE AIR AMBULANCE PROGRAM FROM WESTERN TIDEWATER AND GATES COUNTY TO THE ONLY LEVEL I TRAUMA PROGRAM IN THE REGION	25,000
SMART BEGINNINGS WESTERN TIDEWATER 207 WEST SECOND AVENUE PO BOX 179 FRANKLIN,VA 23851	NONE	501(c)(3)	TO INCREASE THE NUMBER OF WESTERN TIDEWATER CHILDREN ENROLLED IN FAMIS	21,615
SUFFOLK DEPARTMENT OF SOCIAL SERVICES 135 HALL AVENUE SUFFOLK,VA 23434	NONE	501(c)(3)	TO INCREASE THE ENROLLMENT OF CHILDREN AND FAMILIES WHO ARE UNINSURED YET ELIGIBLE FOR MEDICAID AND FAMIS	18,645
SUFFOLK PARTNERSHIP FOR A HEALTHY COMMUNITY PO BOX 6082 SUFFOLK,VA 23433	NONE	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 PUBLIC SCHOOLS 100 N MAIN ST PO BOX 1549 SUFFOLK,VA 23434	NONE	501(c)(3)	TO DEVELOP A STRATEGIC HEALTH ACTION AND WELLNESS PLAN THAT WILL REDUCE THE OBESITY RATE AMONG STUDENTS, PARENTS AND STAFF	40,798
SUFFOLK SALVATION ARMY CORPS 400 BANK ST SUFFOLK,VA 23434	NONE	501(c)(3)	TO CONSTRUCT A 22,500 SQUARE FOOT BUILDING THAT WILL OFFER EXERCISE AND POSITIVE LIFESTYLE EDUCATION TO SUFFOLK YOUTH AND SENIORS	25,000
THE UP CENTER 222 W 19TH ST NORFOLK,VA 23517	NONE	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	38,750
VIRGINIA DIABETES COUNCIL 224 MOOREGATE COURT CHESAPEAKE,VA 23322	NONE	501(c)(3)	TO PROVIDE AN EVIDENCE-BASED, SELF-MANAGEMENT PROGRAM FOR TYPE 2 DIABETICS AND PROMOTE HEALTHY DINING CHOICES AND ACTIVE LIFESTYLE	23,838
VIRGINIA LEGAL AID SOCIETY PO BOX 6200 LYNCHBURG,VA 24505	NONE	501(c)(3)	TO HELP DISABLED PERSONS OBTAIN MEDICAID OR MEDICARE AT THE EARLIEST POSSIBLE POINT	37,500
WESTERN TIDEWATER FREE CLINIC 2019 MEADE PARKWAY SUFFOLK,VA 23434	NONE	501(c)(3)	TO ESTABLISH AN IN-HOUSE PHARMACY THAT WILL INCREASE AND IMPROVE ACCESS TO PRESCRIPTION MEDICATIONS	37,388
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
NEW ENERGY YOUTH RUNNING CLUB 204 1/2 BEDFORD PLACE SUFFOLK,VA 23434	NONE	501(c)(3)	TO ASSIST WITH THE PROMOTION AND EXPANSION OF NEW ENERGY THROUGHOUT UNDERSERVED AREAS IN HAMPTON ROADS, AS WELL AS TO REDUCE COSTS OF THE PROGRAM TO THE TIDEWATER STRIDERS	4,500
LUTER YMCA 259 JAMES STREET SMITHFIELD,VA 23430	NONE	501(c)(3)	TO INCREASE CHILD AND FAMILY WELLNESS THROUGH FAMILY FUN AND FITNESS NIGHTS, PHYSICAL AND NUTRITION EDUCATION, AN EXPANDED AFTERSCHOOL PROGRAM AND IMPROVEMENTS TO ISLE OF WIGHT COUNTY PARK FACILITIES	22,407
RX PARTNERSHIP 2924 EMERYWOOD PKWY SUITE 300 RICHMOND,VA 23294	NONE	501(c)(3)	TO SUPPORT WESTERN TIDEWATER FREE CLINIC'S PROJECT TO OPEN A PHARMACY AND STOCK MEDICATION THROUGH RX PARTNERSHIP	5,000
VOLUNTEER HAMPTON ROADS 400 WEST OLNEY ROAD SUITE B NORFOLK,VA 23507	NONE	501(c)(3)	TO PROMOTE CORPORATE SOCIAL RESPONSIBILITY AND DEVELOP NONPROFIT RESOURCES	5,000
Total . . . . . ▶ **3a**				1,922,712

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a *Paid during the year*				
ACCESS AIDS 222 WEST 21ST ST SUITE F-308 NORFOLK,VA 23517	NONE	501(c)(3)	TO CONTINUE SUFFOLK SISTAS A PROGRAM DESIGNED TO PREVENT THE SPREAD OF HIV AND OTHER SEXUALLY TRANSMITTED DISEASES IN SUFFOLK	5,000
CHESAPEAKE SERVICE SYSTEMS 1100 EXECUTIVE BLVD CHESAPEAKE,VA 23320	NONE	501(c)(3)	TO CONTINUE THE HEALTH AND WELLNESS PROGRAM FOR DEVELOPMENTALLY DELAYED ADULTS RESIDING IN THE FOUNDATION'S SERVICE AREA	2,188
ISLE OF WIGHT CHRISTIAN OUTREACH PROGRAM 12210 WATERVIEW TRAIL CARROLLTON,VA 23314	NONE	501(c)(3)	TO CONTINUE RENTAL ASSISTANCE FOR THIS VOLUNTEER-LED AGENCY SERVING THE MEDICALLY INDIGIENT IN ISLE OF WIGHT COUNTY	1,350
LET'S TALK 818 GAMMON RD VIRGINIA BEACH,VA 23464	NONE	501(c)(3)	TO CONTINUE A NUTRITION, EDUCATION, EFFECTIVE COMMUNICATION AND DANCE PROGRAM FOR TEEN BOYS AND GIRLS OF THE SUFFOLK AND FRANKLIN BOYS AND GIRLS CLUBS AND OTHER COMMUNITY SETTINGS	3,400
ROANOKE CHOWAN COMMUNITY HEALTH CENTER 113 B HERTFORD COUNTY HIGH RD AHOSKIE,NC 27910	NONE	501(c)(3)	TO FUND THE GATES COUNTY ADOLESCENT CARE CLINIC, INCLUDING NUTRITIONAL DUCATION, FOR GATES COUNTY MEDICAL CENTER PATIENTS AND FOR GATES COUNTY AFRICAN AMERICAN CHURCH ATTENDEE WITH CHRONIC DISEASES	8,780
SMART BEGINNINGS WESTERN TIDEWATER 207 WEST SECOND AVENUE PO BOX 179 FRANKLIN,VA 23851	NONE	501(c)(3)	TO INCREASE EARLY CARE AND EDUCATION PROGRAMS AND TO INCREASE THE NUMBER OF FAMILIES PARTICIPATING IN RAISING A READER PROGRAM	4,563
SUFFOLK PARTNERSHIP FOR A HEALTHY COMMUNITY PO BOX 6082 SUFFOLK,VA 23434	NONE	501(c)(3)	TO HIRE AN EXECUTIVE DIRECTOR TO IMPLEMENT A COMMUNITY HEALTH ACTION PLAN, INCLUDING SUFFOLK ON THE MOVE!, THE SUFFOLK COMMUNITY GARDEN PROJECT, AND THE MAPP COMMUNITY HEALTH ASSESSMENT	642
THE UP CENTER 222 W 19TH ST NORFOLK,VA 23517	NONE	501(c)(3)	TO CONTINUE OUTPATIENT CLINICAL COUNSELING SERVICES FOR SUFFOLK AND THE SURROUNDING AREAS	5,496
VIRGINIA LEGAL AID SOCIETY P O BOX 6200 LYNCHBURG,VA 24505	NONE	501(c)(3)	TO CONTINUE THE HEALTH, EDUCATION, ADVOCACY AND LAW PROJECT, A MEDICAL-LEGAL COLLABORATION DESIGNED TO ENSURE BASIC NEEDS OF LOW-INCOME FAMILIES IN THE FOUNDATION'S SERVICE AREA	5,000
THE UP CENTER 222 W 19TH ST NORFOLK,VA 23517	NONE	501(c)(3)	TO CONTINUE IN-HOME COUNSELING SERVICES FOR CHILDREN AT-RISK OF OUT-OF-HOME PLACEMENT IN SUFFOLK AND THE SURROUNDING AREAS	4,719
PENINSULA INSTITUTE FOR COMMUNITY HEALTH 1033 28TH ST 2ND FLOOR NEWPORT NEWS,VA 23607	NONE	501(c)(3)	TO CONTINUE SUPPORT OF THE MAIN STREET DENTAL CLINIC IN SUFFOLK	15,684
WESTERN TIDEWATER FREE CLINIC 2019 MEADE PARKWAY SUFFOLK,VA 23434	NONE	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	120,000
FORKIDS INC 4000 COLLEY AVE SUITE 300 PO BOX 6044 NORFOLK,VA 23508	NONE	501(c)(3)	TO PROVIDE FUNDS FOR A VAN AND ADULT AND CHILDREN'S CASE MANAGEMENT, INCLUDING MEDICAL AND DENTAL SERVICES, COUNSELING, LIFE SKILLS AND FOOD	14,372
VIRGINIA DIABETES COUNCIL 224 MOOREGATE COURT CHESAPEAKE,VA 23322	NONE	501(c)(3)	TO PROVIDE AN EVIDENCE-BASED, SELF-MANAGEMENT PROGRAM FOR TYPE 2 DIABETICS AND PROMOTE HEALTHY DINING CHOICES AND ACTIVE LIFESTYLE	8,000
AMERICAN DIABETES ASSOCIATION 870 GREENBRIER CIRCLE SUITE 404 CHESAPEAKE,VA 23320	NONE	501(c)(3)	TO SUPPORT HAMPTON ROADS CORPORATE VOLUNTEER EXELLENCE AWARDS	2,500
Total . . . . . ▶ **3a**				1,922,712

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a *Paid during the year*				
SENTARA LOUISE OBICI MEMORIAL HOSPITAL 2800 GODWIN BLVD SUFFOLK,VA 23434	NONE	501(c)(3)	TO CONTINUE THE COMMUNITY HEALTH OUTREACH PROGRAM, A PROGRAM TO IMPROVE ACCESS TO CHRONIC CARE SERVICES FOR THE MEDICALLY INDIGENT AND FOR HEALTHY FAMILIES AND FIRST STEPS, TWO PROGRAMS THAT OFFER HELP TO FIRST TIME MOTHERS AND FAMILIES	94,516
CHAPLAIN SERVICE PRISON MINISTRY OF VIRGINIA INC 2317 WESTWOOD AVE 103A RICHMOND,VA 23230	NONE	501(c)(3)	PROVIDE SUPPORT TO THE ASSISTED LIVING UNIT AT THE DEERFIELD CORRECTIONAL CENTER	3,000
SMITHFIELD AND IOW CONVENTION AND VISITOR BUREAU 319B MAIN STREET SMITHFIELD,VA 23430	NONE	501(c)(3)	TO SUPPORT FARMER'S MARKET	5,000
SUFFOLK PROJECT LIFESAVER SEARCH AND RESCUE 300 KINGS FORK ROAD SUFFOLK,VA 23434	NONE	501(c)(3)	FUNDING FOR PREVENTION PROGRAM THAT KEEPS WANDERERS FROM GETTING LOST BY THE PURCHASE OF TRANSMITTERS, BATTERIES AND BRACELETS FOR PATIENTS, TRAINING TRACKERS AND CAREGIVERS OF PATIENTS AND TO PURCHASE TRACKING EQUIPMENT FOR FIRE DEPARTMENT	5,000
AMERICAN CANCER SOCIETY 4416 EXPRESSWAY DR VIRGINIA BEACH,VA 23452	NONE	501(c)(3)	TO SUPPORT SUFFOLK RELAY FOR LIFE	500
ASSOCIATION OF FUNDRAISING PROFESSIONALS VA HAMPTON ROADS CHAPTER P O BOX 2338 NORFOLK,VA 23502	NONE	501(c)(3)	BOARD LEADERSHIP TRAINING	400
THE PLANNING COUNCIL 5365 ROBIN HOOD ROAD SUITE 700 NORFOLK,VA 23513	NONE	501(c)(3)	TO HIRE A HEALTH ANALYST TO ANALYZE EXISTING DATABASES AT THE WESTERN TIDEWATER HEALTH DISTRICT	36,000
UNITED WAY OF SOUTH HAMPTON ROADS PO BOX 41069 2515 WALMER AVE NORFOLK,VA 23541	NONE	501(c)(3)	TO SUPPORT NEEDY FAMILIES DURING THE HOLIDAY SEASON	500
Total . . . . . ▶ **3a**				1,922,712

Form 990PF Part XV Line 3b - Grants and Contributions Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
b *Approved for future payment*				
SENTARA OBICI HOSPITAL2800 GODWIN BLVD SUFFOLK,VA 23434	NONE	501(c)(3)	CASE MANAGEMENT TO LOW INCOME UNINSURED RESIDENTS	39,827
WESTERN TIDEWATER FREE CLINIC 2019 MEADE PARKWAY SUFFOLK,VA 23434	NONE	501(c)(3)	SUPPORT FOR THE WESTERN TIDEWATER FREE CLINIC	30,000
WESTERN TIDEWATER FREE CLINIC 2019 MEADE PARKWAY SUFFOLK,VA 23434	NONE	501(c)(3)	SUPPORT FOR WESTERN TIDEWATER FREE CLINIC	37,387
VIRGINIA LEGAL AID SOCIETYPO BOX 6200 513 CHURCH STREET LYNCHBURG,VA 23505	NONE	501(c)(3)	MEDICAL LEGAL COLLABORATION TO ENSURE NEEDS OF LOW INCOME FAMILIES	37,500
VIRGINIA DIABETES COUNCIL224 MOOREGATE COURT CHESAPEAKE,VA 23320	NONE	501(c)(3)	DINING WITH DIABETES PROVIDES AN EVIDENCE-BASED, SELF-MANAGEMENT PROGRAM FOR TYPE 2 DIABETES, TO PROMOTE HEALTHY DINING CHOICES	15,878
CANDII INC222 WEST 21ST ST SUITE F-308 NORFOLK,VA 23517	NONE	501(c)(3)	HIV/STD PREVENTION PROGRAM	28,657
CATHOLIC CHARITES OF EASTERN VIRGINIA5361 VIRGINIA BEACH BLVD VIRGINIA BEACH,VA 23462	NONE	501(c)(3)	SUPPORT FOR A FAMIS OUTREACH WORKER TO WORK WITH UNINSURED CHILDREN	18,960
CATHOLIC CHARITIES OF EASTERN VIRGINIA5361 VIRGINIA BEACH BLVD VIRGINIA BEACH,VA 23462	NONE	501(c)(3)	SUPPORT FOR TWO LIFE COACHES TO WORK WITH UNINSURED, UNDERINSURED OR INDIGENT PATIENTS WHO USE THE SENTARA OBICI HOSPITAL EMERGENCY ROOM AS THEIR PRIMARY CARE FACILITY	47,620
YOUNG MEN'S CHRISTIAN ASSOCIATION OF SOUTH HAMPTON250 WEST BRAMBLETON AVENUE SUITE 100 NORFOLK,VA 23510	NONE	501(c)(3)	SUPPORT FOR CONSTRUCTION OF AN ALPINE CLIMBING TOWER TO BE PART OF A REGIONAL DAY CAMP AND FAMILY CENTER THAT WILL SERVE SUFFOLK, FRANKLIN, AND GREATER SOUTH ROADS	25,000
SMART BEGINNINGS WESTERN TIDEWATER207 WEST SECOND AVENUE PO BOX 179 FRANKLIN,VA 23851	NONE	501(c)(3)	INCREASE THE NUMBER OF CHILDREN IN WESTERN TIDEWATER ENROLLED IN FAMIS	21,615
THE UP CENTER222 W 19TH ST NORFOLK,VA 23541	NONE	501(c)(3)	PROVIDE OUTPATIENT COUNSELING SERVICES INCLUDING TELEMENTAL HEALTH, FATHERHOOD DEVELOPMENT,SERVICES FOR CHILDREN WITH AUTISM	38,750
SUFFOLK DEPT OF SOCIAL SERVICES135 HALL AVENUE SUFFOLK,VA 23434	NONE	501(c)(3)	SUPPORT FOR COMMUNITY OUTREACH INITIATIVE TO INCREASE ENROLLMENT OF CHILDREN AND FAMILIES WHO ELIGIBLE FOR MEDICAID AND FAMIS	18,645
SUFFOLK SALVATION ARMY CORPS 400 BANK STREET SUFFOLK,VA 23434	NONE	501(c)(3)	SUPPORT TO BUILD A FACILITY FOR PHYSICAL EXERCISE AND POSITIVE LIFESTYLES EDUCATION	25,000
JAMES L CAMP JR FAMILY YMCA 300 CRESCENT DR FRANKLIN,VA 23851	NONE	501(c)(3)	IMPLEMENT THE Y-CHANGE PROGRAM, WHICH IS A TEAM-ORIENTED CURRICULUM THAT ADDRESSES BEHAVIORAL CHANGE,BASIC NUTRITION,AND PHYSICAL FITNESS	12,849
GATES COUNTY MEDICAL MEDICAL CENTERPO BOX 297 GATESVILLE,NC 27938	NONE	501(c)(3)	PROVIDE OPERATIONAL SUPPORT TO THE ADOLESCENT CARE CENTER, A SCHOOL-BASED HEALTH CENTER LOCATED ON THE CAMPUS OF GATES COUNTY HIGH SCHOOL, IN GARESVILLE, NC	47,739
Total . . . . . ▶ **3b**				1,273,994

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Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
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THE CHILDREN'S CENTER700 CAMPBELL AVENUE FRANKLIN,VA 23851	NONE	501(c)(3)	PHYSICAL/OCCUPATIONAL THERAPIST FUNDING FOR INFANT THERAPY SERVICES	6,229
SUFFOLK PUBLIC SCHOOLS100 N MAIN ST PO BOX 1549 SUFFOLK,VA 23433	NONE	501(c)(3)	SUPPORT TO SUFFOLK PUBLIC SCHOOLS TO DEVELOP A STRATEGIC HEALTH ACTION AND WELLNESS PLAN TO REDUCE THE OBESITY RATE AMONG STUDENTS	40,798
VOICES FOR KIDS CASA PROGRAM P O BOX 80 ISLE OF WIGHT,VA 23397	NONE	501(c)(3)	SUPPORT FOR RECRUITMENT OF VOLUNTEERS TO ASSIST ABUSED AND NEGLECTED CHILDREN WHO REQUIRE COURT INTERVENTION	10,750
SENTARA LOUISE OBICI HOSPITAL 2800 GODWIN BLVD SUFFOLK,VA 23434	NONE	501(c)(3)	HEALTHY FAMILIES	31,695
ACCESS PARTNERSHIPP O BOX 41093 NORFOLK,VA 23451	NONE	501(c)(3)	SUPPORT FOR THE COMMUNITY ACCESS TO CARE PROGRAM - A COMMUNITY BASED INITIATIVE TO EXPAND ACCESS TO MEDICAL SERVICES FOR LOW-INCOME, UNINSURED RESIDENTS	34,729
EASTERN VIRGINIA MEDICAL SCHOOLFOUNDATION PO BOX 5 NORFOLK,VA 23501	NONE	501(c)(3)	LOAN FORGIVENESS PROGRAM FOR UNDER-REPRESENTED MINORITY MEDICAL STUDENTS AND PHYSICIANS	120,000
SOUTHEASTERN VIRGINIA AREAWIDE MODEL PROGRAM5 INTERSTATE CORPORATE CENTER STE CENTER DR NORFOLK,VA 23502	NONE	501(c)(3)	FUNDING FOR STAFF TO HELP LOW INCOME OLDER & DISABLED MEDICARE ELIGIBLE PERSONS ENROLL IN CORRECT INSURANCE AND GET FREE PHARMACEUTICALS	28,912
ACCESS PARTNERSHIPP O BOX 41093 NORFOLK,VA 23451	NONE	501(c)(3)	SUPPORT FOR RECRUITMENT OF MEDICAL AND DENTAL PROFESSIONALS TO PROVIDE CARE TO THE WESTERN TIDEWATER FREE CLINIC PATIENTS ON WAITING LIST	2,500
SENTARA HEALTHCARE6015 POPULAR HALL DRIVE SUITE 308 NORFOLK,VA 23502	NONE	501(c)(3)	OPERATIONAL SUPPORT FOR SENTARA'S NIGHTINGALE AIR AMBULANCE PROGRAM FOR WESTERN TIDEWATER PATIENTS	25,000
ISLE OF WIGHT CHRISTIAN OUTREACH12210 WATERVIEW TRIAL CARROLTON,VA 23314	NONE	501(c)(3)	PROVIDE ASSISTANCE TO UNINSURED SENIORS IN ISLE OF WIGHT COUNTY TO OBTAIN ORAL HEALTH SERVICES	7,750
THE PLANNING COUNCIL5365 ROBIN HOOD ROAD SUITE 700 NORFOLK,VA 23541	NONE	501(c)(3)	FUNDING FOR HEALTH ANALYST TO ANALYZE EXISTING DATA BASES AT THE WESTERN TIDEWATER HEALTH DISTRICT	36,000
WESTERN TIDEWATER HEALTH DISTRICTSUFFOLK HEALTH DEPT 1217 N MAIN STREET SUFFOLK,VA 23434	NONE	501(c)(3)	EXPANSION OF MATERNAL & CHILD HEALTH AND FAMILY PLANNING SERVICES	76,206
PENINSULA METROPOLITAN YMCA 259 JAMES STREET SMITHFIELD,VA 23430	NONE	501(c)(3)	EXPANSION OF AFTER SCHOOL PROGRAM, WILL PROMOTE HEALTHY WEIGHT AND LIFE STYLE THROUGH EXERCISE AND NUTRITION EDUCATION	28,145
SUFFOLK PARTNERSHIP FOR A HEALTHY COMMUNITYPO BOX 6082 SUFFOLK,VA 23433	NONE	501(c)(3)	DEVELOP A POSITIVE LIFESTYLE COMMITMENT PROGRAM	37,500
FOR KIDS INC4000 COLLEY AVE SUITE 300 PO BOX 6044 NOFOLK,VA 23508	NONE	501(c)(3)	FUNDS FOR CHILDREN AND ADULT CASE MANAGEMENT, INCLUDING MEDICAL AND DENTAL SERVICES, COUNSELING, LIFE SKILLS AND FOOD	33,364
Total . . . . . ▶ **3b**				1,273,994

Form 990PF Part XV Line 3b - Grants and Contributions Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
b *Approved for future payment*				
HORIZON HEALTH SERVICES WAVERLY MEDICAL CENTERPO BOX 29 WAVERLY,VA 23890	NONE	501(c)(3)	OPERATIONAL SUPPORT FOR DENTAL CLINIC IN IVOR,VA	95,400
VCU520 N 12 ST PO BOX 980566 RICHMOND,VA 23298	NONE	501(c)(3)	FUNDS TO INCREASE UNDERREPRESENTED MINORITIES WORKING AS DENTISTS IN UNDERSERVED AREAS	213,589
Total . . . . . ▶ **3b**				1,273,994

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TY 2010 Accounting Fees Schedule

Name: OBICI HEALTHCARE FOUNDATION INC

EIN: 51-0249728

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
TAX COMPLIANCE AND AUDIT SVCS	40,126			40,126

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2010 Depreciation Schedule

Name: OBICI HEALTHCARE FOUNDATION INC

EIN: 51-0249728

TY 2010 Depreciation Schedule

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
LAND	2010-03-01	102,507		L					
LAND-CONSTRUCTION	2010-03-01	349,632	1,513			18,243			
LAND IMPR FENCE	2010-04-09	1,300	0	SL	8	162			
BRONZE SIGN	2010-04-12	3,449	0	SL	15	229			
LANDSCAPING CONTRA	2010-05-13	54,997	0	SL	10	4,583			
CIVIL CONSTRUCTION	2010-08-31	2,373	0	SL	45	31			
FINAL UNDERCUTTING	2010-09-01	1,524	0	SL	15	59			
REVIEW OF FINAL DR	2010-09-01	210	0	SL	45	3			
ORIGINAL CONSTRUCT	2010-03-01	1,594,184	4,828			57,954			
STAIRS & CABINETS	2010-09-01	7,431	0	SL	45	165			
CONSTRUCTION ADMN	2010-09-01	4,653	0	SL	45	60			
SNOW GUARDS	2011-03-10	10,200	0	SL	45	0			
COMPUTER	2006-12-18	1,447	941	SL	5	289			
COPIER	2006-12-18	6,100	3,965	SL	5	1,220			
2 COMPUTER MONITOR	2006-12-18	3,423	2,225	SL	5	685			
BROTHER LASER PRIN	2006-12-18	707	460	SL	5	141			
COMPUTER EQUIPMENT	2006-12-18	980	636	SL	5	196			
3 COMPUTER MONITOR	2007-01-02	5,308	3,450	SL	5	1,062			
COMPUTER EQUIPMENT	2007-01-02	912	593	SL	5	182			
PHONE SYSTEM	2007-01-19	2,939	1,329	SL	7	419			

TY 2010 Depreciation Schedule

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
PHONES	2007-01-24	591	267	SL	7	84			
PHONE - VOICEMAIL	2007-02-14	2,601	1,177	SL	7	372			
PRINTER	2007-02-15	657	416	SL	5	131			
SOFTWARE	2007-01-02	730	730	SL	3				
SOFTWARE	2006-12-18	452	452	SL	3				
SOFTWARE	2007-03-31	849	849	SL	3				
LABTOP COMPUTER	2007-04-23	1,344	784	SL	5	269			
PROJECTOR	2007-04-23	1,302	760	SL	5	260			
GIFTS MGT SOFTWARE	2007-06-01	14,960	14,129	SL	3	831			
3 POWER POINT SOFT	2007-06-01	595	562	SL	3	33			
AVAYA PHONE- LISA	2007-07-13	435	165	SL	7	62			
2 ADOBE DREAM WEAV	2007-07-21	1,065	947	SL	3	118			
2 ADOBE CREATIVE S	2007-09-21	837	697	SL	3	140			
DESKTOP COMPUTER	2008-08-06	2,066	723	SL	5	413			
MICROSOFT OFFICE P	2008-09-22	897	449	SL	3	299			
FILE ROOM SYSTEM	2008-10-03	1,300	1,300	SL	10	0			
DOCUMENTS MANAGER	2009-06-02	3,156	877	SL	3	1,052			
ESSENTIAL'S GIFTS	2010-01-01	13,720	1,143	SL	3	4,573			
BUILDING PROJECT	2010-03-01	52,195	527	SL	8	6,326			
2 HP DESKTOP COMP	2010-06-11	2,596	0	SL	5	389			

TY 2010 Depreciation Schedule

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
WIRELESS KEYBOARD	2010-11-05	351	0	SL	5	29			
FURNITURE	2006-12-07	5,255	2,502	SL	7	751			
CONFERENCE TABLE	2008-02-01	4,370	1,353	SL	7	624			
8 CONFERENCE CHAIR	2008-02-01	1,253	388	SL	7	179			
2 LEATHER MESH CHA	2008-08-04	713	170	SL	7	102			
DESK & FILE CABINE	2008-08-01	781	149	SL	7	74			
CONFERENCE TABLE	2010-03-01	1,750	21	SL	7	21			
DESK, FILE CABINET	2009-12-14	3,386	63	SL	7	63			
OFFICE CHAIR	2010-01-01	362	13	SL	7	13			
BUILDING PROJECT C	2010-03-01	98,435	938	SL	7	11,254			
SAFE	2010-07-02	582	0	SL	7	62			
OAK BASE TABLE	2010-12-20	600	0	SL	7	21			
TASK CHAIR & KEYBO	2011-01-10	543	0	SL	7	19			

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TY 2010 Investments Corporate Bonds Schedule

Name: OBICI HEALTHCARE FOUNDATION INC

EIN: 51-0249728

Name of Bond	End of Year Book Value	End of Year Fair Market Value
RIDGEWORTH FD TOTAL RETURN BD	1,860,420	1,860,420
PIMCO GLOBAL BOND FUND	952,939	952,939

TY 2010 Investments Corporate Stock Schedule

Name: OBICI HEALTHCARE FOUNDATION INC

EIN: 51-0249728

Name of Stock	End of Year Book Value	End of Year Fair Market Value
ACCURAY INC	192,126	192,126
ANALOG DEVICES INC.	358,358	358,358
APPLE INC	402,526	402,526
ASCENA RETAIL GROUP INC	375,956	375,956
AUTOMATIC DATA PROCESSING INC	282,205	282,205
AVNET INC	359,649	359,649
BABCOCK & WILCOX CO	467,320	467,320
BARRETT BILL CORP	478,920	478,920
BRINKER INTL INC	422,510	422,510
C H ROBINSON WORLDWIDE INC	296,520	296,520
CABOT MICROELECTRONICS CORP	344,850	344,850
CALGON CARBON CORP	112,748	112,748
CELGENE CORP	341,132	341,132
CENOVUS ENERGY INC	220,528	220,528
CHECKPOINT SYS INC	509,172	509,172
CME GROUP INC	271,395	271,395
CONSTELLATION BRANDS INC	452,244	452,244
COOPER COS INC	187,515	187,515
CORELOGIC INC	186,850	186,850
CREE INC	287,346	287,346
CROWN HOLDINGS INC.	360,723	360,723
CSX CORP	316,365	316,365
DEVON ENERGY CORP	316,606	316,606
DONALDSON INC	306,450	306,450
ENCANA CORP	429,898	429,898
EXPRESS SCRIPTS INC	289,172	289,172
EXXON MOBIL CORP	227,151	227,151
FMI LARGE CAP	7,166,118	7,166,118
FREEPORT-MCMORAN COPPER & GOLD	368,019	368,019
GENERAC HLDGS INC	97,392	97,392

Name of Stock	End of Year Book Value	End of Year Fair Market Value
GEN-PROBE INC	199,050	199,050
HANESBRANDS INC	481,312	481,312
HAYNES INTL INC	65,930	65,930
HERTZ GLOBAL HLDGS	360,272	360,272
IDEXX LABS INC	108,108	108,108
INTEL CORP	201,800	201,800
INTERNATIONAL BUSINESS MACHS	326,955	326,955
INTL FLAVORS & FRAGRANCES INC	404,950	404,950
JOHN BEAN TECHNOLOGIES	413,445	413,445
JOHNSON CTLS INC	330,482	330,482
KAR AUCTION SVCS INC	312,936	312,936
LIVE NATION ENTERTAINMENT INC	381,000	381,000
METTLER-TOLEDO INTL INC	240,800	240,800
MOSAIC CO	336,656	336,656
NALCO HLDG CO	480,656	480,656
NEUBERGER BERMAN EQUITY-I	2,733,314	2,733,314
NV ENERGY INC	268,020	268,020
ORITANI FINL CORP	323,987	323,987
PATTERSON COS INC	177,045	177,045
PENSKE AUTOMOTIVE GRP INC	452,452	452,452
PETSMART INC	176,085	176,085
PHARMERICA CORP	137,280	137,280
STRATEGY-I	3,296,026	3,296,026
REPUBLIC SVCS	319,926	319,926
SCOTTS MIRACLE-GRO	360,116	360,116
SGS S A ADR	268,800	268,800
SONOVA HLDG AG SPONS	62,860	62,860
SOUTHWESTERN ENERGY CO	321,201	321,201
STILLWATER MINING CO	363,440	363,440
STRYKER CORP	218,880	218,880

Name of Stock	End of Year Book Value	End of Year Fair Market Value
TECHNE CORP	200,452	200,452
TIDEWATER INC	412,965	412,965
UNITED STATES CELLULAR CORP	437,665	437,665
VARIAN MEDICAL SYS INC	257,032	257,032
VCA ANTECH INC	447,170	447,170
VERISK ANALYTICS INC	163,800	163,800
WHIRLPOOL CORP	330,770	330,770
XEROX CORP	321,631	321,631
ZEBRA TECHNOLOGIES CORP	415,553	415,553

TY 2010 Investments - Other Schedule

Name: OBICI HEALTHCARE FOUNDATION INC

EIN: 51-0249728

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
THE TORRY DEVELOPMENT			
OFFSHORE FUND		8,233	8,233
HIGHCLERE INTERNATION SMALL			
CO FUND		6,426,015	6,426,015
CEDAR ROCK CAPITAL			
PARTNERS LLC		8,444,185	8,444,185
1607 CAPITAL PARTNERS		6,159,905	6,159,905
BLUESTEM PARTNERS LP		7,742,623	7,742,623
SR GLOBAL FD INC EMERGING			
MKT-1		4,026,817	4,026,817
WINSTON HEDGED EQUITY		5,683,399	5,683,399
ACACIA INST. PARTNERS		6,572,064	6,572,064
REDWOOD OFFSHORE FUND LTD		4,741,392	4,741,392
SANDERSON INTERNATIONAL			
VALUE FUND		6,019,875	6,019,875
KYLIN OFFSHORE LTD-CCC			
SER 1 INITIAL		3,451,567	3,451,567
MERCHANTS GATE OFFSHORE LTD			
CL B-NR1		3,450,689	3,450,689

TY 2010 Land, Etc. Schedule

Name: OBICI HEALTHCARE FOUNDATION INC

EIN: 51-0249728

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
LAND	102,507		102,507	
LAND-CONSTRUCTION	349,632	19,756	329,876	
LAND IMPR FENCE	1,300	162	1,138	
BRONZE SIGN	3,449	229	3,220	
LANDSCAPING CONTRAE	54,997	4,583	50,414	
CIVIL CONSTRUCTIONF	2,373	31	2,342	
FINAL UNDERCUTTING	1,524	59	1,465	
REVIEW OF FINAL DR	210	3	207	
ORIGINAL CONSTRUCT	1,594,184	62,782	1,531,402	
STAIRS & CABINETS	7,431	165	7,266	
CONSTRUCTION ADMN	4,653	60	4,593	
SNOW GUARDS	10,200	0	10,200	
COMPUTER	1,447	1,230	217	
COPIER	6,100	5,185	915	
2 COMPUTER MONITOR	3,423	2,910	513	
BROTHER LASER PRIN	707	601	106	
COMPUTER EQUIPMENT	980	832	148	
3 COMPUTER MONITOR	5,308	4,512	796	
COMPUTER EQUIPMENT	912	775	137	
PHONE SYSTEM	2,939	1,748	1,191	
PHONES	591	351	240	
PHONE - VOICEMAIL	2,601	1,549	1,052	
PRINTER	657	547	110	
SOFTWARE	730	730		
SOFTWARE	452	452		
SOFTWARE	849	849		
LABTOP COMPUTER	1,344	1,053	291	
PROJECTOR	1,302	1,020	282	
GIFTS MGT SOFTWAREG	14,960	14,960		
3 POWER POINT SOFT	595	595		
AVAYA PHONE- LISA	435	227	208	
2 ADOBE DREAM WEAV	1,065	1,065		
2 ADOBE CREATIVE S	837	837		
DESKTOP COMPUTER	2,066	1,136	930	
MICROSOFT OFFICE P	897	748	149	
FILE ROOM SYSTEM	1,300	1,300		
DOCUMENTS MANAGER	3,156	1,929	1,227	
ESSENTIAL'S GIFTS	13,720	5,716	8,004	
BUILDING PROJECT	52,195	6,853	45,342	
2 HP DESKTOP COMP	2,596	389	2,207	
WIRELESS KEYBOARD	351	29	322	
FURNITURE	5,255	3,253	2,002	
CONFERENCE TABLE	4,370	1,977	2,393	
8 CONFERENCE CHAIR	1,253	567	686	
2 LEATHER MESH CHA	713	272	441	
DESK & FILE CABINED	781	223	558	
CONFERENCE TABLE	1,750	42	1,708	
DESK, FILE CABINET	3,386	126	3,260	
OFFICE CHAIR	362	26	336	
BUILDING PROJECT C	98,435	12,192	86,243	
SAFE	582	62	520	
OAK BASE TABLE	600	21	579	
TASK CHAIR & KEYBO	543	19	524	

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TY 2010 Legal Fees Schedule

Name: OBICI HEALTHCARE FOUNDATION INC

EIN: 51-0249728

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL SERVICES FOR CORPORATE	18,932			18,932
MATTERS, DEFENDING LAWSUIT				

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TY 2010 Other Assets Schedule

Name: OBICI HEALTHCARE FOUNDATION INC

EIN: 51-0249728

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
ART COLLECTION	653,240	653,240	653,240
CEMETERY LOTS	0	24,000	24,000
ACCRUED INTEREST ON			
INVESTMENTS	18,971	18,283	18,283
DEPOSITS	27,500	100	100

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TY 2010 Other Decreases Schedule

Name: OBICI HEALTHCARE FOUNDATION INC

EIN: 51-0249728

Description	Amount
PRIOR YEAR ACCRUAL ADJUSTMENT	13,110

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TY 2010 Other Expenses Schedule

Name: OBICI HEALTHCARE FOUNDATION INC

EIN: 51-0249728

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT FEES (PARTNERSHIPS)	519,199	519,199		
ADVERTISING	13,489			13,141
MAINTENANCE AGREEMENTS	15,935			16,046
ARTWORK RESTORATION	12,450			
INSURANCE	9,173			9,173
OFFICE EXPENSES	18,352			19,159
AMORTIZATION	2,472			

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TY 2010 Other Income Schedule

Name: OBICI HEALTHCARE FOUNDATION INC

EIN: 51-0249728

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
PASSTHROUGH K-1 INCOME	877,767	912,061	
EQUITY PICKUP FOREIGN CORPORATIONS	1,645,279		

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TY 2010 Other Increases Schedule

Name: OBICI HEALTHCARE FOUNDATION INC

EIN: 51-0249728

Description	Amount
UNREALIZED GAINS IN INVESTMENTS	2,841,285
UNREALIZED GAIN IN PARTNERSHIPS AND	0
FOREIGN INVESTMENTS	3,985,539
PRIOR YEAR GRANTS RECOVERED	11,793

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TY 2010 Other Liabilities Schedule

Name: OBICI HEALTHCARE FOUNDATION INC

EIN: 51-0249728

Description	Beginning of Year - Book Value	End of Year - Book Value
DEFERRED EXCISE TAXES PAYABLE	0	199,059

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TY 2010 Other Professional Fees Schedule

Name: OBICI HEALTHCARE FOUNDATION INC

EIN: 51-0249728

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT MANAGMENT FEES	602,888	602,888		
CONSULTANT FEES	44,037			44,072

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TY 2010 Taxes Schedule

Name: OBICI HEALTHCARE FOUNDATION INC

EIN: 51-0249728

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXCISE TAXES	221,217			
OTHER FEES AND TAXES	4,809			4,859