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Department of the Treasury Internal Revenue Service For the 2011 calendar year, or tax year beginning

SCANNED SEP 1 0 2012

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file
Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements ► The organization may have to use a copy of this return to satisfy state reporting requirements

, 2011, and ending

OMB No 1545-1150

Open to Public Inspection

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normally not more than \$50,000 A Form 990 exturn is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return L Add lines \$5, 6c, and 7b, to line 9 to determine gross receipts if gross receipts are \$200,000 or more, or if total assets (Part II, line 25, 200,000 or more, file from 990 instead of Form 990-15 sees (Part II, line 25, 200,000 or more, file from 990 instead of Form 990-15 sees (Part II, line 25, 200,000 or more, file from 990 instead of Form 990-15 sees (Part II, line 25, 200,000 or more, file from 990 instead of Form 990-15 sees (Part II, line 25, 200,000 or more, file from 990 instead of Form 990-15 sees (Part II, line 25, 200,000 or more, file from 990 instead of Form 990-15 sees (Part II, line 25, 200,000 or more, file from 990 instead of Form 990-15 sees (Part II, line 25, 200,000 or more, file from 990 instead of Form 990-15 sees (Part II, line 25, 200,000 or more, file from 990 instead of Form 990-15 sees (Part II, line 25, 200,000 or more, file from 990 instead of Form 990-15 sees (Part II, line 25, 200,000 or more, file from 990 instead of Form 990-15 sees (Part II, line 25, 200,000 or more, file from 990 instead of Form 990-15 sees (Part II, line 25, 200,000 or more, file from 990 instead of Form 990 instead of Form 990-15 sees (Part II, line 25, 200,000 or more, file from 990 instead of Form 990-15 sees (Part II, line 25, 200,000 or more, file from 990 instead of Form 990 ins	J	Тах-е	xempt status (ck only one) — X 501(c)(3) 501(c) () √(insert no) 4947(a)	(1) or 527 990, S	990-EZ, or 990	J-PF)
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Total expenses. Add lines 10 through 16 Excess or (deficit) for the year (Subtract line 17 from line 9) Net assets or fund balances at end of year Combine lines 18 through 20 Total expenses in net assets or fund balances at end of year Combine lines 18 through 20 Total expenses in net assets or fund balances at end of year Combine lines 18 through 20 Total expenses in net assets or fund balances at end of year Combine lines 18 through 20 Total expenses in net assets or fund balances at end of year Combine lines 18 through 20 Total expenses in net assets or fund balances at end of year Combine lines 18 through 20 L-10 Stmt 10 52,500. L-10 Stmt 10 52,500. 11 12 13 13 14 Cocupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping 15 16 8,664. 17 61,164. 18 Total expenses. Add lines 10 through 16 Total expenses or (deficit) for the year (Subtract line 17 from line 9) 18 43,211. Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Total expenses at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 21 Total expenses. Add lines 10 through 16 Total expenses. Add lines			ハビしたIVED	2 CONT COSO EZ, FAITT, LILIE & OUTER I		
Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 119, 262.				T10 Stmt		
Salaries, other compensation, and employee benefits Professional fees and other payments to independent contractors Printing, publications, postage, and shipping Other expenses (describe in Schedule O) Total expenses. Add lines 10 through 16 Excess or (deficit) for the year (Subtract line 17 from line 9) Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year Combine lines 18 through 20 12 13 14 15 16 8, 664. 17 61, 164. 18 19 76, 051. 19 76, 051.			1—1 Alia - 13			32,300.
Professional fees and other payments to independent contractors. 13 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 13 14 15 16 8,664. 17 61,164. 18 76,051.	Ε	12	Salaries other compensation, and employee benefits	71		
Frinting, publications, postage, and shipping 15 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 119,262.		13	Professional fees and other navments to independent entractors	ξĺ		
16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 119,262.	E N	14	Occupancy rent utilities and maintenance	~ [_ 	
16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 119,262.	S E			-J		
Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 119,262.	S			Form 000 E7 Bowl Line 16 Other E		8 664
18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 18 43,211. 19 76,051. 20 119,262.			·	From 990 E2, Part I, Line 16 Oiller E	·	
Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year Combine lines 18 through 20 19 76,051.						
figure reported on prior year's return) 19 76,051. 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 119,262.	Λ	i			97.0	
s 21 Net assets or fund balances at end of year Combine lines 18 through 20 • 21 119, 262.	μŞ	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (mi	ust agree with end-of-ye		76 051
s 21 Net assets or fund balances at end of year Combine lines 18 through 20 • 21 119, 262.	ξĚ	20	,			,0,031.
		l				119 262
	RΔ				121	

Pai	Check if the organization used Sche		estion in this Part II			
	51,00m. trans 67 go			(A) Beginning of ye	ar	(B) End of year
22	Cash, savings, and investments			75,264		117,987.
23	Land and buildings				. 23	0.
24	Other assets (describe in Schedule O)			787	-	1,275.
25	Total assets			76,051		119,262.
	Total liabilities (describe in Schedule O)		01)		26	119,262.
	Net assets or fund balances (line 27 of of the statement of Program Service)			76,051	. 27	Expenses
)F ai	Check if the organization used Sci	• • • • • • • • • • • • • • • • • • •	•	· —	(Rea	uired for section
bene	is the organization's primary exempt purpose? To tribe the organization's program service as sured by expenses. In a clear and concise fited, and other relevant information for e	render, contribui complishments for each of it manner, describe the service ach program title	te to free med ts three largest progra es provided, the num	ical services am services, as ber of persons	501 (d organ 4947	c)(3) and 501(c)(4) nizations and section (a)(1) trusts, optional thers)
28	Annual Gala (fundraising hospitals(2) free clinic scholarship fund of medi	s (5) and contribu		nts to area _		
	(Grants \$ 52,500.) If the	is amount includes foreign g	rants, check here	•	28 a	52,500.
29						
	(Grants \$) If th	is amount includes foreign gi	- – – – – – – – –		29 a	}
30						
	(Grants \$) If th	is amount includes foreign gi	- – – – – – – – –		30 a	
31	Other program services (describe in Sch		 			
	(Grants \$) If th	is amount includes foreign gi	rants, check here	▶ 🗍	31 a	
	Total program service expenses (add lir			<u> </u>	JE	52,500.
Par	tilV List of Officers, Directors,				(see th	e instructions for Part IV)
	Check if the organization used Sci	(b) Title and average		1	te	(a) Estimated amount of
	(a) Name and address	hours per week devoted to position	(c) Reportable compensat (Form W-2/1099-MISC) (If not paid, enter -0-)	contributions to emi	oloyee nd	(e) Estimated amount of other compensation
	ang_Shah, MD					
	Blue Heron Point	President				
	folk VA 23435	2.00		0.	0.	0.
	dana Patel, MD Blue Heron Point	Vice-President				
	folk VA 23435	2.00	1	o.	0.	0.
	NISH DHAWAN	2.00		-		
	8 VAN BUREN CT	SECRETARY				
CHE	SAPEAKE VA 23322	2.00		o.\	0.	0.
						
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]	

Pa	Other Information (Note the Schedule A and personal benefit contract statement req the instructions for Part V.) Check if the organization used Schedule O to respond to any				
		·		Yes	No
	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide each activity in Schedule O	·	33		X
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	amended documents if they reflec	34_		Х
35	a Did the organization have unrelated business gross income of \$1,000 or more during the year (such as those reported on lines 2, 6a, and 7a, among others)?	from business activities	35 a		Х
1	9 If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an ex	planation in Schedule O	35 b		X
•	was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	n 6033(e) notice,	35 c		Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of year? If 'Yes,' complete applicable parts of Schedule N	net assets during the	36		Х_
	s Enter amount of political expenditures, direct or indirect, as described in the instructions ► Did the organization file Form 1120-POL for this year?	37 a	0. 37b		X
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key er any such loans made in a prior year and still outstanding at the end of the tax year covered by	nployee or were	38 a	775.J	X
ı	if 'Yes,' complete Schedule L, Part II and enter the total		30 a		
20	amount involved Section 501(c)(7) organizations Enter	38 b			
	a Initiation fees and capital contributions included on line 9	39a			
	·	39 b		36.5	
	Gross receipts, included on line 9, for public use of club facilities			Arrano L	
40 :	section 501(c)(3) organizations Enter amount of tax imposed on the organization during the y section 4911 ; section 4912 ; section 4912		_		
ļ	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 495 transaction during the year or did it engage in an excess benefit transaction in a prior year that on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	B excess benefit thas not been reported	40 b		<u>X</u>
•	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.	-			er o
•	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization	>			70.0
•	All organizations. At any time during the tax year, was the organization a party to a prohibited shelter transaction? If 'Yes,' complete Form 8886-T	tax	40 e		X
41	List the states with which a copy of this return is filed ▶				
	The organization's books are in care of BELA OZA, ADMINISTRATOR Located at S216 PINERIDGE DRIVE CHESAPEAKE At any time during the calendar year, did the organization have an interest in or a signature or financial account in a foreign country (such as a bank account, securities account, or other final if 'Yes,' enter the name of the foreign country.	Telephone no ► <u>(757</u> VAZIP + 4 ► <u>2332</u> other authority over a incial account)?		-079	6 No X
ć	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Finan At any time during the calendar year, did the organization maintain an office outside of the US If 'Yes,' enter the name of the foreign country.		42 c		X_
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Cherand enter the amount of tax-exempt interest received or accrued during the tax year	ck here ► 43	•	Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 mus of Form 990-EZ	t be completed instead	44 a		X
k	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 instead of Form 990-EZ	must be completed	44b	ўстаў } 1, тапа	X
•	Did the organization receive any payments for indoor tanning services during the year?		44 c		Х
c	Hf 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? <i>If 'No,' pro Schedule O</i>	vide an explanation in	44 d		X 3.%.***
45 a	Did the organization have a controlled entity of the organization within the meaning of section 5	512(b)(13)?	45a		X
t	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	, , , , ,	45 b		X
	TEEA0812 02/14/12		Form 990	-EZ (2	

						res	NO
46 Did th	he organization engage, directly or indirec	ctly, in political campaig	n activities on behalf of	or in opposition to	46	(200	1
cand	dates for public office? If 'Yes,' complete Section 501(c)(3) organization		(a)(1) nonevemnt o	haritable tructs or	146	ction	X
i gurrais	501(c)(3) organizations and ser 47-49b and 52, and complete t	ction 4947(a)(1) no	nexempt charitable	trusts must answe	r question	ns	
	Check if the organization used Schedul	e O to respond to any q	uestion in this Part VI				
_						Yes	No
47 Did th	he organization engage in lobbying activit plete Schedule C, Part II	ties or have a section 50)1(h) election in effect di	uring the tax year? If 'Ye	es,' 47		Х
•	e organization a school as described in se	ection 170(b)(1)(A)(ii)? i	f 'Yes,' complete Schedi	ıle E	48		X
	he organization make any transfers to an				49 a		X
	s,' was the related organization a section	3		•	49 b	l	<u> </u>
50 Comp	olete this table for the organization's five ovees) who each received more than \$10	highest compensated er 0.000 of compensation	mployees (other than off from the organization off	icers, directors, trustees there is none, enter 'No	and key		
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimate other com		
None			-	deletted compensation			
-			-			_	
- -			-				
e Total	number of other employees paid over \$1	00.000			l		
	plete this table for the organization's five		dependent contractors w	ho each received more	than \$100.0	000 of	
comp	ensation from the organization. If there is	s none, enter 'None '	·				
(a) N 	Name and address of each independent contractor pair	d more than \$100,000	(b) Type	of service	(c) Comp	oensatio.	n
NONE _							
				·	 		
. – – – – -							
							
e Total	number of other independent contractors	each receiving over \$1	<u> </u> 	>			
52 Did th	ne organization complete Schedule A? No table trusts must attach a completed Sche	ote: All section 501(c)(3)	•	(a)(1) nonexempt	► X Yes		
Inder penaltie	s of perjury, I declare that I have examined this return nd complete. Declaration of preparer (other fran office	, including accompanying sche	dules and statements, and to the	e best of my knowledge and be			
4, 5011501, 4		1 /1 //	A	07/27/12			
Sign	Signature of officer	Va QVI	1	Date		-	
Here	HEMANG SHAH	100		PRESIDENT			
	Type or print name and title Print/Type preparer's name	Preparer 3 signature	Date		TIN		
	P.S.Talreja	Treparery signature	A 7/27/	Check A		1	
Paid Preparer		Accountant		self-employed P	0073931	π	
Jse Only	Firms address > 1149 Brattlebor			Firm's EIN	54-1261	093	
	Virginia Beach		VA 23464	Phone no			
lay the IR	S discuss this return with the preparer sh	own above? See instruc	tions		► X Yes		No
					Form 990)-EZ (2011)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

2011

OMB No. 1545-0047

∠UII «Open to Public. A

Inspection

Department of the Treasury Internal Revenue Service

Total

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization Employer identification number 51-0569999 AAPI of Hampton Roads, Inc Partil Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's 4 name, city, and state 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal. state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 7 Х 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts 9 from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment functions and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or 11 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h Type I Type II Type III - Functionally integrated Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes Nο A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) below, the governing body of the supported organization? 11 g (i) A family member of a person described in (i) above? 11 g (ii) A 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the supported organization(s) h (v) Did you notify the organization in column (i) of your support? (i) Name of supported (n) EIN (III) Type of organization (iv) is the organization in column (i) listed in (vi) is the (VII) Amount of support (described on lines 1-9 above or IRC section (see instructions)) organization rganization in column (i) organized in the your governing document? No Yes Yes (A) (B) (C) (D) (E)

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

Schedule A (Form 990 or 990-EZ) 2011 AAPI of Hampton Roads, Inc 51-0569999 Partill Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

	tion A. Public Support							
	ndar year (or fiscal year	4-> 0007	45.0000	4.2.0000	(4) 0010	(-) co1:		Takal
begi	nning in) 🟲	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f)	Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')	0.	1,000.	20,430.	94,104.	123,48	34. 23	39,018.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3	0.	1,000.	20,430.	94,104.	123,48	34. 23	39 <u>,</u> 018.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
	Public support. Subtract line 5 from line 4			of the state of th			23	39,018.
	tion B. Total Support				1			
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f)	Total
7	Amounts from line 4	0.	1,000.	20,430.	94,104.	123,48	34. 23	39,018.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
11	Total support. Add lines 7 through 10		ede Silvi				23	39,018.
12	Gross receipts from related activity	ties, etc (see instr	uctions)				12	0.
	First five years. If the Form 990 organization, check this box and	stop here		, third, fourth, or f	ifth tax year as a	section 501(c	:)(3)	> [
	tion C. Computation of Pub							
	Public support percentage for 201 Public support percentage from 2			II, column (f))		H-		0.00%
	33-1/3% support test - 2011. If the	ne organization did	d not check the bo	x on line 13, and	the line 14 is 33-1	<u>-</u>	15 , check this b	0X ► ∇
b	and stop here. The organization qualifies as a publicly supported organization b 33-1/3% support test — 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
17a	10%-facts-and-circumstances teror more, and if the organization in the organization meets the 'facts-	neets the 'facts-an	ıd-cırcumstances' [.]	test, check this bo	ox and stop here.	Explain in Pa	art IV how	▶ □
	10%-facts-and-circumstances teror more, and if the organization norganization meets the 'facts-and	neets the 'facts-an -circumstances' te	id-circumstances' est. The organization	test, check this bo on qualifies as a p	ox and stop here. bublicly supported	Explain in Pa organization	art IV how the	} ► □
18 BAA	Private foundation. If the organize	ation did not chec	k a box on line 13.	, 16a, 16b, 17a, o			nstructions rm 990 or 990) EZ 2011

Schedule A (Form 990 or 990-EZ) 2011 AAPI of Hampton Roads, Inc Partille Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Section A Bublic Support	isted below, pieds	- complete r are n	/			
Section A. Public Support	(2) 2007	(h) 2000	(2) 2000	(d) 2010	(a) 2011	(n Total
Calendar year (or fiscal yr beginning in) 1 Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants')	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 57a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)					n an Andreas	
Section B. Total Support			_	,		
Calendar year (or fiscal yr beginning in)►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses 						
acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)			,			
13 Total support. (Add Ins 9, 10c, 11, and 12)						
14 First five years. If the Form 990 organization, check this box and			d, third, fourth, or	fifth tax year as a	section 501(c)(3)	▶ □
Section C. Computation of Pu						
15 Public support percentage for 20	11 (line 8, column	(f) divided by line	e 13, column (f))	·— ·—	15	90
16 Public support percentage from 2	2010 Schedule A,	Part III, line 15			16	96
Section D. Computation of Inv	estment Incor	me Percentage	e			
17 Investment income percentage for	or 2011 (line 10c,	column (f) divided	by line 13, colum	nn (f))	17	용
18 Investment income percentage fi	rom 2010 Schedul	e A, Part III, line 1	17		18	ક
19a 33-1/3% support tests – 2011 . If is not more than 33-1/3%, check	this box and stop	here. The organi	zation qualifies as	s a publicly support	ted organization	▶ [
b 33-1/3% support tests – 2010. If line 18 is not more than 33-1/3%	s, check this box a	nd stop here. The	organization qua	lifies as a publicly	supported organiza	3%, and tion ►
20 Private foundation. If the organic	zation did not ched	ck a box on line 1	4, 19a, or 19b, ch	eck this box and se	ee instructions	P

Schedule A	(Form 990 or 9	90-EZ) 2011	AAPI OI	Hampton R	oads, Inc		51-0569	999 Page 4
Part IV	Supplement Part II, line (See instruc	al Informati 17a or 17b; tions).	on. Comple and Part III	te this part , line 12. Als	to provide th so complete	ne explanation this part for a	s required by P ny additional in	art II, line 10; formation.
								
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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545 0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ. See separate instructions. Employer identification number Name of the organization 51-0569999 AAPI of Hampton Roads, Inc Rartil Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17 Form 990-EZ filers are not required to complete this part Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants e а Internet and email solicitations f Solicitation of government grants b Special fundraising events Phone solicitations c g In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (iv) Gross receipts (i) Name and address of individual (ii) Activity (III) Did fundraiser (v) Amount paid to (vi) Amount paid to or entity (fundraiser) have custody or control of contributions? (or retained by) (or retained by) from activity fundraiser listed in organization column (i) Yes No 1 2 3 4 5 6 7 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

51-0569999 Schedule G (Form 990 or 990-EZ) 2011 AAPI of Hampton Roads, Inc Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add column (a) ANNUAL GALA through column (c) REVENUE (event type) (total number) (event type) 1 Gross receipts 143,484. 143,484. 2 Less Charitable contributions 123,484. 123,484. 20,000. 3 Gross income (line 1 minus line 2) 20,000. 4 Cash prizes 5 Noncash prizes DIRECT 6 Rent/facility costs 17,726. 17,726. 7 Food and beverages 20,190. 20,190. 3,698. 3,698. 8 Entertainment 9 Other direct expenses 6,224. 6,224. 10 Direct expense summary Add lines 4 through 9 in column (d) 47,838. Net income summary Combine line 3, column (d), and line 10 -27,838. Rart III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/Instant (c) Other gaming (a) Bingo (d) Total gaming REVENUE bingo/progressive (add column (a) through column (c) bingo 1 Gross revenue 2 Cash prizes EXPENSES DIRECT 3 Non-cash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes 용 Yes 6 Volunteer labor No No 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Combine lines 1, column (d) and line 7 **9** Enter the state(s) in which the organization operates gaming activities a Is the organization licensed to operate gaming activities in each of these states? No b if 'No,' explain'

RAA			

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If 'Yes,' explain

Schedule G (Form 990 or 990 EZ) 2011 AAPI of Hampton Roads, Inc 51-056	9999	Page 3
11 Does the organization operate gaming activities with nonmembers?	Yes	No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	Yes	No
13 Indicate the percentage of gaming activity operated in		
a The organization's facility		8
b An outside facility		<u>_</u>
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records		
Name ►		_
Address ►		- -
15a Does the organization have a contact with a third party from whom the organization receives gaming revenue? b If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ and the amount of the state	Yes	No
of gaming revenue retained by the third party ► \$ c If 'Yes,' enter name and address of the third party		
Name ▶		
Address ►		
16 Gaming manager information		
Name ►		
Gaming manager compensation ► \$		
Description of services provided	- -	
☐ Director/officer ☐ Employee ☐ Independent contractor		
17 Mandatory distributions		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	Yes	No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the state law to be distributed to other exempt organizations or spent in the state law to be distributed to other exempt organizations or spent in the state law to be distributed to other exempt organizations or spent in the state law to be distributed to other exempt organizations or spent in the state law to be distributed to other exempt organizations or spent in the state law to be distributed to other exempt organizations or spent in the state law to be distributed to other exempt organizations or spent in the state law to be distributed to other exempt organizations or spent in the state law to be distributed to other exempt organizations or spent in the state law to be distributed to other exempt organizations or spent in the state law to be distributed to other exempt organizations.	ne	
organization's own exempt activities during the tax year ► \$ Partify: Supplemental Information. Complete this part to provide the explanations required by Picolumns (III) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. this part to provide any additional information (see instructions).	art I, line Also com	2b, plete

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

Open to Public

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ. Department of the Treasury Internal Revenue Service Name of the organization Employer identification number 51-0569999 AAPI of Hampton Roads, Inc

·	n 990 or 990-EZ), Supplemental Information t I, Line 8 Other Revenue	to Form 990 or 990-EZ	
Other revenue (de	escribe in Schedule O) m Banks	33.	
Total		33.	
	n 990 or 990-EZ), Supplemental Information	ı to Form 990 or 990-EZ	
<u>Administrati</u>	describe in Schedule O) on expense eetings Expense	3,422. 5,242.	
Total		8,664.	
	n 990 or 990-EZ), Supplemental Information t I, Line 10 Grants and Similar Amounts Pa		
Purpose of Payme	ent GRANT_		
Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
HOSPITAL	Business X Person BON SECOURS FOUNDATION 150 KINGSLY LANE NORFOLK VA 2350	NONE 5	5,000.
If property other the Description of ProDate of Gift	han cash was given, the following additional perty	I information needs to be	provided:
Book Value	How Book Valu	ie Determined	
FMV	How FMV D	letermined	
Purpose of Payme	ent GRANT		
Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
FREE CLINIC	Business X Person HOPES FREE CLINIC P.O. BOX 1980 NORFOLK VA 2350	NONE 1	5,000.
If property other the Description of Pro Date of Gift	nan cash was given, the following additional perty	information needs to be	provided
Book Value	How Book Valu	le Determined	
FMV	How FMV D	etermined	

AAPI of Hampton	Roads, Inc 51-0569999		
· ·	n 990 or 990-EZ), Supplemental Information to t I, Line 10 Grants and Similar Amounts Paid		Continue
Purpose of Payme	ent <u>GRANT</u>		
Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
FREE CLINIC	Business X Person VIRGINIA BEACH FREE CLINIC 2396 HOLLAND ROAD #102 VIRGINIA BEACH VA 23462	NONE	5,000.
If property other to Description of Pro Date of Gift	nan cash was given, the following additional in perty	nformation needs to be	provided:
Book Value	How Book Value	Determined	
FMV	How FMV De	termined	
Purpose of Payme	ent <u>GRANT</u>		
Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
FREE CLINIC	Business X Person WESTERN TIDEWATER FREE CLINIC 2109 MEADE PKWY SUFFOLK VA 23434	NONE	5,000.
If property other the Description of Pro Date of Gift	nan cash was given, the following additional in perty	nformation needs to be	provided
Book Value	How Book Value	Determined	
FMV	How FMV Det	ermined	
Purpose of Payme	ent GRANT		
Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
MEDICAL SERVICE	Business X Person PHYSICIANS FOR PEACE 500 EAST MAIN STREET #900 NORFOLK VA 23510	NONE	5,000.
If property other the Description of Prop Date of Gift	nan cash was given, the following additional incerty	nformation needs to be	provided.

How Book Value Determined

How FMV Determined

Book Value

FMV

	n 990 or 990-EZ), Supplemental Information to t I, Line 10 Grants and Similar Amounts Paid		Continued
Purpose of Paymo	ent <u>GRANT</u>		
Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
FREE CLINIC	Business X Person CHESAPEAKE FREE CLINIC 2145 SOUHT MILITARY HWY CHESAPEAKE VA 23320	NONE	
If property other the Description of Product of Gift	nan cash was given, the following additional ii		
Book Value	How Book Value	Determined	
FMV	How FMV Det	termined	···
Purpose of Payme	ent <u>GRANT</u>		•
Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
FREE CLINIC	Business X Person GLOUCESTER-MATHEWS FREE CLINIC 2276 GEORGE WASHINGTON HWY HAYES VA 23072	NONE	2,500.
If property other the Description of Pro Date of Gift	nan cash was given, the following additional in	nformation needs to be	
Book Value	How Book Value	Determined	
FMV	How FMV Det	ermined	
_ Purpose of Payme	nt GRANT		
Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
MEDICAL SCHOO	Business X Person EASTERN VIRGINIA MEDICAL SCHOOL PO BOX 1980 NORFOLK VA 23501	NONE	20,000.
If property other th Description of Prop Date of Gift	an cash was given, the following additional incerty	oformation needs to be	
Book Value	How Book Value	Determined	·
	How EMV Dot	overage of	