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Form

990

Department of the Treasury
Internal Revenue Service

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)

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

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 11-01-2008 and ending 10-31-2009

B Check if applicable
☒ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

C Name of organization
POTOMAC HOSPITAL CORP OF PRINCE WILLIAM
Doing Business As
Number and street (or P O box if mail is not delivered to street address)
6015 POPLAR HALL DRIVE
Room/suite
City or town, state or country, and ZIP + 4
NORFOLK, VA 23502

D Employer identification number
54-0853898
E Telephone number
(757) 455-7020
G Gross receipts \$ 245,137,723

F Name and address of principal officer
MEGAN PERRY

H(a) Is this a group return for affiliates?
H(b) Are all affiliates included? If "No," attach a list (see instructions)
H(c) Group exemption number

I Tax-exempt status ☒ 501(c) (3) (Insert no) ☐ 4947(a)(1) or ☐ 527

J Website: POTOMACHOSPITAL.COM

L Year of formation 1968

M State of legal domicile VA

Part I Summary

Activities & Governance
1 Briefly describe the organization's mission or most significant activities
THE ORGANIZATION'S MISSION IS TO IDENTIFY HEALTHCARE NEEDS AND ENHANCE THE HEALTH OF ITS INCREASINGLY DIVERSE COMMUNITY IN PRINCE WILLIAM, SOUTHERN FAIRFAX, AND NORTHERN STAFFORD COUNTIES
2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its assets
3 Number of voting members of the governing body (Part VI, line 1a) 3 1
4 Number of independent voting members of the governing body (Part VI, line 1b) 4 1
5 Total number of employees (Part V, line 2a) 5 1,60
6 Total number of volunteers (estimate if necessary) 6 30
7a Total gross unrelated business revenue from Part VIII, line 12, column (C) 7a
7b Net unrelated business taxable income from Form 990-T, line 34 7b

Revenue
8 Contributions and grants (Part VIII, line 1h) 8 614,145
9 Program service revenue (Part VIII, line 2g) 9 170,966,268
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 1,948,827
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 1,849,107
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 175,378,347
Expenses
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 13 99,733
14 Benefits paid to or for members (Part IX, column (A), line 4) 14 0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 15 79,397,446
16a Professional fundraising fees (Part IX, column (A), line 11e) 16a 0
16b Total fundraising expenses (Part IX, column (D), line 25) 16b 0
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) 17 97,987,618
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 18 177,385,064
19 Revenue less expenses Subtract line 18 from line 12 19 -2,006,717
Net Assets or Fund Balances
20 Total assets (Part X, line 16) 20 255,251,377
21 Total liabilities (Part X, line 26) 21 113,428,180
22 Net assets or fund balances Subtract line 21 from line 20 22 141,823,197

Part II Signature Block

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 officer) is based on all information of which preparer has any knowledge
Signature of officer
Date
MEGAN PERRY President
Type or print name and title

Paid Preparer's Use Only
Preparer's signature
Date
Check if self-employed
Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4
EIN
Phone no

Part III

Statement of Program Service Accomplishments (see instructions.)

1

Briefly describe the organization's mission

THE ORGANIZATION'S MISSION IS TO IDENTIFY HEALTHCARE NEEDS AND ENHANCE THE HEALTH OF ITS INCREASINGLY DIVERSE COMMUNITY IN PRINCE WILLIAM, SOUTHERN FAIRFAX, AND NORTHERN STAFFORD COUNTIES

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

☒

No

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

☒

No

If "Yes," describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 163,115,234 including grants of \$ 99,733) (Revenue \$ 184,164,264)

SEE SCHEDULE O

4b

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4c

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4d

Other program services (Describe in Schedule O)






















(Expenses \$ including grants of \$) (Revenue \$)

4e









Total program service expenses \$ 163,115,234 (Must equal Part IX, Line 25, column (B).)

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors? 	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 	4	Yes
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III 	5	No
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	Yes
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable 	11	Yes
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12	No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H 	20	Yes
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 	21	No
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 	22	Yes
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J 	23	Yes
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25 	24a	Yes
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 	25a	No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I 	25b	No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 	26	Yes
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III 	27	No

Part IV Checklist of Required Schedules (Continued)

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV 		No
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV 		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV 		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 		No

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No	
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a112			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes		
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a1,604			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b			Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		No	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No	
b	If "Yes," enter the name of the foreign country: <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No	
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		No	
6a	Did the organization solicit any contributions that were not tax deductible?	6a		No	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		No	
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a	Yes		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d0			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g			Yes
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	Yes		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		No	
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.				
a	Did the organization make any taxable distributions under section 4966?	9a		No	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No	
10	Section 501(c)(7) organizations. Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		No	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

Part VI

Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

			Yes	No
For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions.				
1a	Enter the number of voting members of the governing body	1a	14	
b	Enter the number of voting members that are independent	1b	13	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		No
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10		No
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		No

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
a	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		No

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶VA
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ ACCOUNTING DIRECTOR 2300 OPITZ BLVD WOODBIDGE, VA 22191 (703) 670-1239

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations
- List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons
- ☐ Check this box if the organization did not compensate any officer, director, trustee or key employee
- | (A)
Name and Title | (B)
Average hours per week | (C)
Position (check all that apply) | | | | | | (D)
Reportable compensation from the organization (W- 2/1099-MISC) | (E)
Reportable compensation from related organizations (W- 2/1099-MISC) | (F)
Estimated amount of other compensation from the organization and related organizations |
|---|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | <input checked="" type="checkbox"/> Individual | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| WILLIAM O'HOP
VICE CHAIRMAN | 1 00 | X | | X | | | | 0 | 0 | 0 |
| WILLIAM M MOSS
PRES THRU 6/09 | 40 00 | X | | X | | | | 0 | 657,960 | 186,782 |
| WILLIAM H FLANNAGAN JR
Pres EFFEC 7/09 | 40 00 | X | | X | | | | 316,539 | 0 | 236,017 |
| WAYNE MALLARD
Treasurer | 1 00 | X | | X | | | | 0 | 0 | 0 |
| VALERIE KEANE
VICE PRESIDENT | 40 00 | | | | X | | | 162,851 | 0 | 74,399 |
| THOMAS KREUTZER
Chairman | 1 00 | X | | X | | | | 0 | 0 | 0 |
| SARAH PITKIN
Trustee | 1 00 | X | | | | | | 0 | 0 | 0 |
| SAM HILL EDD
Trustee | 1 00 | X | | | | | | 0 | 0 | 0 |
| RAJA HUSSAIN
SYSTEM ADMIN | 40 00 | | | | | X | | 152,670 | 0 | 37,940 |
| PETER MENDEL THRU 1208
Trustee | 1 00 | X | | | | | | 0 | 0 | 0 |
| PAULA BROWN
CFO | 40 00 | | | X | | | | 0 | 260,463 | 138,907 |
| MICHAEL SORENSEN
Secretary | 1 00 | X | | X | | | | 0 | 0 | 0 |
| MARY BETH MICHOS
Trustee | 1 00 | X | | | | | | 0 | 0 | 0 |
| LINDA DODGE
NURSE PRACT | 40 00 | | | | | X | | 151,309 | 0 | 97,054 |
| KHALIL BOUHAROUN
VICE PRESIDENT | 40 00 | | | | | X | | 177,819 | 0 | 39,089 |
| J WILLIAMS MD THRU 1208
MED DIR REP | 1 00 | X | | | | | | 0 | 0 | 0 |
| GAIL RUSSELL
VICE PRESIDENT | 40 00 | | | | X | | | 198,005 | 0 | 114,303 |
- Form 990 (2008)

Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		<input checked="" type="checkbox"/> Individual	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
FRANK PRINCIPI Trustee EX-OFFI	1 00	X						0	0	0	
DOROTHY M RICHARDSON Trustee	1 00	X						0	0	0	
DORKA PICARD VICE PRESIDENT	40 00					X		145,569	0	50,859	
DEBORAH JOHNSON Trustee	1 00	X						0	0	0	
D HALMI MD EFF 109 MED DIR REP	1 00	X						0	0	0	
CRAIG HENSLE MD Trustee	1 00	X						0	0	0	
CARLOS CASTRO Trustee	1 00	X						0	0	0	
BOSCO REBELLO SURGICAL ASST	40 00					X		158,619	0	107,162	
BARBARA CHARLTON VICE PRESIDENT	40 00				X			162,073	0	106,663	
ALICE PORTT THRU 1208 Trustee	1 00	X						0	0	0	
A MORTAZAVI MD THRU 1208 MED DIR REP	1 00	X						26,600	0	0	
1b Total								1,652,054	918,423	1,189,175	

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization78

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
PYRAMID HEALTHCARE SOLUTIONS PO Box 17389 CLEARWATER, FL 33762	HC CONSULTANTS	1,439,643
PHYSICIAN MANAGEMENT LTD 3 Bethesda Metro SUITE 630 BETHESDA, MD 20814	PHYSICIAN SERVICES	878,362
MCCULLOCH ENGLAND ASSOCIATES 100 QUEENS ROAD CHARLOTTE, NC 28204	ARCHITECTS	900,819
DELPHI HEALTHCARE PARTNERS INC 170 SOUTHPORT DRIVE MORRISVILLE, NC 27560	PHYSICIAN GROUP	1,586,672
CUSTOMER CARE SOLUTIONS 700 KING FARM BLVD SUITE 100 ROCKVILLE, MD 20850	TEMP STAFFING	2,203,849
2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization18		

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues	1b	2,540			
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	247,101			
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total. Add lines 1a-1f		249,641			
Program Service Revenue	2a	PATIENT SERVICE REVENUE	Business Code 900,099	182,700,883	182,700,883		
	b	OTHER PROGRAM SERVICE REV	900,099	1,463,381	1,463,381		
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		184,164,264			
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		1,485,453		
4		Income from investment of tax-exempt bond proceeds . .		0			
5		Royalties		0			
6a		Gross Rents	(i) Real 1,121,284	(ii) Personal			
b		Less rental expenses	677,150				
c		Rental income or (loss)	444,134				
d		Net rental income or (loss)		444,134			444,134
7a		Gross amount from sales of assets other than inventory	(i) Securities 57,039,542	(ii) Other 1,475			
b		Less cost or other basis and sales expenses	59,387,601	68,822			
c		Gain or (loss)	-2,348,059	-67,347			
d		Net gain or (loss)		-2,415,406			-2,415,406
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
b		Less direct expenses	b				
c		Net income or (loss) from fundraising events . .		0			
9a		Gross income from gaming activities See Part IV, line 19	a				
b		Less direct expenses	b				
c		Net income or (loss) from gaming activities . .		0			
10a		Gross sales of inventory, less returns and allowances	a	174,172			
b	Less cost of goods sold . . .	b	89,604				
c	Net income or (loss) from sales of inventory . .		84,568			84,568	
Miscellaneous Revenue		Business Code					
11a	CAFETERIA/CAFE SALES	722,210	799,315			799,315	
b	AUXILIARY INCOME	900,099	102,577			102,577	
c							
d	All other revenue						
e	Total. Add lines 11a-11d		901,892				
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		184,914,546	184,164,264		500,641	

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			
2	Grants and other assistance to individuals in the U S See Part IV, line 22	99,733	99,733		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	1,932,135		1,932,135	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	61,317,216	56,706,733	4,610,483	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,271,133	2,098,080	173,053	
9	Other employee benefits	8,399,646	7,164,047	1,235,599	
10	Payroll taxes	4,652,946	4,196,425	456,521	
11	Fees for services (non-employees)				
a	Management	3,915,190	2,998,198	916,992	
b	Legal	632,121	579,420	52,701	
c	Accounting	90,000		90,000	
d	Lobbying	4,983	4,983		
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	12,030,016	9,399,128	2,630,888	
12	Advertising and promotion	764,284	469	763,815	
13	Office expenses	37,680,766	35,495,666	2,185,100	
14	Information technology	0			
15	Royalties	0			
16	Occupancy	2,571,601	2,436,479	135,122	
17	Travel	77,897	75,776	2,121	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	41,333	28,061	13,272	
20	Interest	4,072,786	74,163	3,998,623	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	11,522,665	11,047,782	474,883	
23	Insurance	2,794,448		2,794,448	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	TAXES & LICENSES	412,162	412,162		
b	OTHER EXPENSES	1,419,997	1,058,013	361,984	
c	DUES AND SUBSCRIPTIONS	266,606	143,017	123,589	
d	bAD DEBT EXPENSE	29,096,899	29,096,899		
e					
f	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24f	186,066,563	163,115,234	22,951,329	0
26	Joint Costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

				(A)		(B)	
				Beginning of year		End of year	
Assets	1	Cash—non-interest-bearing		2,393,828	1	0	
	2	Savings and temporary cash investments		53,373,307	2	35,139,409	
	3	Pledges and grants receivable, net			3	0	
	4	Accounts receivable, net		26,520,351	4	20,497,028	
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i>			5	0	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i>			6	332,453	
	7	Notes and loans receivable, net		285,388	7	626,743	
	8	Inventories for sale or use		3,276,522	8	3,518,771	
	9	Prepaid expenses and deferred charges		1,361,676	9	1,655,576	
	10a	Land, buildings, and equipment cost basis	10a	254,545,446			
	b	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10b	111,061,539	149,765,781	10c	143,483,907
	11	Investments—publicly traded securities		7,824,081	11	34,483,338	
	12	Investments—other securities See Part IV, line 11			12	0	
	13	Investments—program-related See Part IV, line 11			13	0	
	14	Intangible assets			14	0	
	15	Other assets See Part IV, line 11		10,450,443	15	7,186,597	
16	Total assets. Add lines 1 through 15 (must equal line 34)		255,251,377	16	246,923,822		
Liabilities	17	Accounts payable and accrued expenses		18,712,106	17	15,474,927	
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities		67,564,887	20	65,994,417	
	21	Escrow account liability <i>Complete Part IV of Schedule D</i>			21		
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i>			22		
	23	Secured mortgages and notes payable to unrelated third parties			23		
	24	Unsecured notes and loans payable		10,000,000	24	10,000,000	
	25	Other liabilities <i>Complete Part X of Schedule D</i>		17,151,187	25	34,935,337	
	26	Total liabilities. Add lines 17 through 25		113,428,180	26	126,404,681	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets		133,385,759	27	115,421,207	
	28	Temporarily restricted net assets		7,776,091	28	4,436,387	
	29	Permanently restricted net assets		661,347	29	661,547	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds			30		
	31	Paid-in or capital surplus, or land, building or equipment fund			31		
	32	Retained earnings, endowment, accumulated income, or other funds			32		
	33	Total net assets or fund balances		141,823,197	33	120,519,141	
	34	Total liabilities and net assets/fund balances		255,251,377	34	246,923,822	

Part XI

Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	No
b	Were the organization's financial statements audited by an independent accountant?	2b	No
c	If "Yes" to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	No
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	No
b	If "Yes," did the organization undergo the required audit or audits?	3b	No

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization POTOMAC HOSPITAL CORP OF PRINCE WILLIAM	Employer identification number 54-0853898
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Part I

Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

1	<input type="checkbox"/>	A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i).
2	<input type="checkbox"/>	A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E)
3	<input checked="" type="checkbox"/>	A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H)
4	<input type="checkbox"/>	A medical research organization operated in conjunction with a hospital described in Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
5	<input type="checkbox"/>	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)
6	<input type="checkbox"/>	A federal, state, or local government or governmental unit described in Section 170(b)(1)(A)(v).
7	<input type="checkbox"/>	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)
8	<input type="checkbox"/>	A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II)
9	<input type="checkbox"/>	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts 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 income 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	<input type="checkbox"/>	An organization organized and operated exclusively to test for public safety See Section 509(a)(4). (See instructions)
11	<input type="checkbox"/>	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 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
	<input type="checkbox"/>	a <input type="checkbox"/> Type I
	<input type="checkbox"/>	b <input type="checkbox"/> Type II
	<input type="checkbox"/>	c <input type="checkbox"/> Type III - Functionally Integrated
	<input type="checkbox"/>	d <input type="checkbox"/> Type III - Other
e	<input type="checkbox"/>	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)
f	<input type="checkbox"/>	If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
g	<input type="checkbox"/>	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
	<input type="checkbox"/>	(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
	<input type="checkbox"/>	(ii) a family member of a person described in (i) above?
	<input type="checkbox"/>	(iii) a 35% controlled entity of a person described in (i) or (ii) above?
h	<input type="checkbox"/>	Provide the following information about the organizations the organization supports

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (See Instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 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.)

Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
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 line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 Public Support subtract line 5 from line 4						

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
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)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Computation of Public Support Percentage		
14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	
16a 33 1/3% Test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% Test - 2007. If the organization did not check the 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		<input type="checkbox"/>
17a 10% Facts and Circumstances Test - 2008. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% Facts and Circumstances Test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private Foundation. If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		<input type="checkbox"/>

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total Add lines 1-5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
cTotal of lines 7a and 7b						
8Public Support (Subtract line 7c from line 6)						

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13Total Support (Add lines 9, 10c, 11 and 12)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Computation of Public Support Percentage			
15	Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15	
16	Public Support Percentage for 2007 Schedule A, Part IV -A, line 27g	16	

Computation of Investment Income Percentage			
17	Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	17	
18	Investment Income Percentage from 2007 Schedule A, Part IV -A, line 27h	18	
19a	33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
b	33 1/3% Tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
20	Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

Part IV

Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

OMB No 1545-0047

2008

Open to Public Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)

- Section 501(c)(3) organizations complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations complete Part I-A only

If the organization answered “Yes,” to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities)

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) complete Part II-A Do not complete Part II-B
 - Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A
- If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax)
- Section 501(c)(4), (5), or (6) organizations complete Part III

Name of the organization POTOMAC HOSPITAL CORP OF PRINCE WILLIAM	Employer identification number 54-0853898
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Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations. (See the instructions for Schedule C for details.)

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV	
2	Political expenditures	\$
3	Volunteer hours	

Part I-B To be completed by all organizations exempt under section 501(c)(3). (See the instructions for Schedule C for details.)

1	Enter the amount of any excise tax incurred by the organization under section 4955	\$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	\$
3	If the organization incurred in a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b	If "Yes," describe in Part IV	

Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3). (See the instructions for Schedule C for details.)

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	\$
2	Enter the amount of the filing organization's internal funds contributed to other organizations for section 527 exempt funtion activities	\$
3	Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b	\$
4	Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV	

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's internal funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-

Part II-A

To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). (See the instructions for Schedule C for details.)

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures— (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns— If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000 The lobbying nontaxable amount is: 20% of the amount on line 1e \$100,000 plus 15% of the excess over \$500,000 \$175,000 plus 10% of the excess over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000 \$1,000,000		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a Enter -0- if line g is more than line a		
i Subtract line 1f from line 1c Enter -0- if line f is more than line c		
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line d, column (e))					
f Grassroots lobbying expenditures					

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). (See the instructions for Schedule C for details.)

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines c through i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		No	
i	Other activities If "Yes," describe in Part IV	Yes		4,983
j	Total lines 1c through 1i			4,983
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes" enter the amount of any tax incurred under section 4912			
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	

Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). (See the instructions for Schedule C for details.)

		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." (See the instructions for Schedule C for details.)

1	Dues, assessments and similar amounts from members	1 \$
2	Section 162(e) non-deductible lobbying and political expenditures <i>(do not include amounts of political expenses for which the section 527(f) tax was paid).</i>	
a	Current Year	2a \$
b	Carryover from last year	2b \$
c	Total	2c \$
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3 \$
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4 \$
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5 \$

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
Part II-B, Line 1i	Part II-B, Line 1i - Other Activities Description	The organization is involved in indirect lobbying activities through payment of membership dues

Supplemental Information

Identifier	Return Reference	Explanation
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SCHEDULE D
(Form 990)

Supplemental Financial Statements

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
POTOMAC HOSPITAL CORP OF PRINCE WILLIAM

Employer identification number
54-0853898

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)☐ Preservation of an historically importantly land area☐ Protection of natural habitat☐ Preservation of certified historic structure☐ Preservation of open space

2

Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶

4

Number of states where property subject to conservation easement is located ▶

5

Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶

7

Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization’s financial statements that describes the organization’s accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$

(ii) Assets included in Form 990, Part X ▶ \$

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a

Revenues included in Form 990, Part VIII, line 1 ▶ \$

b

Assets included in Form 990, Part X ▶ \$

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Trust, Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain why in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance	1,254,420				
b Contributions	200				
c Investment earnings or losses	-55,416				
d Grants or scholarships	20,731				
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	1,178,473				

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶ 100 000 %

c

Term endowment ▶

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

3a(i)

No

(ii) related organizations

3a(ii)

No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

No

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		3,742,993		3,742,993
b Buildings		181,726,053	60,396,433	121,329,620
c Leasehold improvements				
d Equipment		66,560,885	50,665,106	15,895,779
e Other		2,515,515		2,515,515
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				143,483,907

Schedule D (Form 990) 2008

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12) ▶		

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		

(a) Description	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.)	

(a) Description of Liability	(b) Amount
Federal Income Taxes	
RETIREMENT OBLIGATIONS	27,689,339
OTHER LIABILITIES	6,176,166
DUE TO THIRD PARTY PAYORS	1,069,832
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	34,935,337

Schedule D (Form 990) 2008

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	8
9	Total adjustments (net) Add lines 4 - 8	9
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments2a	
b	Donated services and use of facilities2b	
c	Recoveries of prior year grants2c	
d	Other (Describe in Part XIV)2d	
e	Add lines 2a through 2d2e	
3	Subtract line 2e from line 13	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b4a	
b	Other (Describe in Part XIV)4b	
c	Add lines 4a and 4b4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities2a	
b	Prior year adjustments2b	
c	Losses reported on Form 990, Part IX, line 252c	
d	Other (Describe in Part XIV)2d	
e	Add lines 2a through 2d2e	
3	Subtract line 2e from line 13	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b4a	
b	Other (Describe in Part XIV)4b	
c	Add lines 4a and 4b4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
Part V, Line 4	Part V, Line 4 Intended uses of the endowment fund	THE ENDOWMENT FUND IS FOR THE PRIMARY PURPOSE OF PROVIDING SCHOLARSHIPS TO HIGH SCHOOL SENIORS PLANNING TO ENTER HEALTH CARE RELATED FIELDS OF STUDY

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

► To be completed by organizations that answer "Yes" to Form 990,
Part IV, line 20.
► Attach to Form 990.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization
POTOMAC HOSPITAL CORP OF PRINCE WILLIAM

Employer identification number
54-0853898

Part I

Charity Care and Certain Other Community Benefits at Cost (Optional for 2008)

		Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a	
b	If "Yes," is it a written policy?	1b	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals <input type="checkbox"/> Applied uniformly to all hospitals <input type="checkbox"/> Applied uniformly to most hospitals <input type="checkbox"/> Generally tailored to individual hospitals		
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____% b Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____% c If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care 4 Does the organization's policy provide free or discounted care to the "medically indigent"?	3a	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	3b	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?		
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	4	
6a	Does the organization prepare an annual community benefit report?	5a	
6b	If "Yes," does the organization make it available to the public?	5b	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H	5c	
		6a	
		6b	

7

Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from <i>worksheets 1 and 2</i>)						
b Unreimbursed Medicaid (from <i>worksheet 3, column a</i>)						
c Unreimbursed costs—other means-tested government programs (from <i>Worksheet 3, column b</i>)						
d Total Charity Care and Means-Tested Government Programs						
Other Benefits						
e Community health improvement services and community benefit operations (from <i>worksheet 4</i>)						
f Health professions education (from <i>worksheet 5</i>)						
g Subsidized health services (from <i>worksheet 6</i>)						
h Research (from <i>worksheet 7</i>)						
i Cash and in-kind contributions to community groups (from <i>worksheet 8</i>)						
j Total Other Benefits						
k Total (line 7d and 7j)						

Part II

Community Building Activities (Complete this table if the organization conducted any community building activities) (Optional for 2008)

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing					
2	Economic development					
3	Community support					
4	Environmental improvements					
5	Leadership development and training for community members					
6	Coalition building					
7	Community health improvement advocacy					
8	Workforce development					
9	Other					
10	Total					

Part III

Bad Debt, Medicare, and Collection Practices (Optional for 2008)

Section A—Bad Debt Expense

		Yes	No
1	Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	
2	Enter the amount of the organization's bad debt expense (at cost)	2	
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3	
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, or rationale for including other bad debt amounts in community benefit.		

Section B—Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	
6	Enter Medicare allowable costs of care relating to payments on line 5	6	
7	Enter line 5 less line 6—surplus or (shortfall)	7	
8	Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit, and the costing methodology or source used to determine the amount reported on line 6 and indicate which of the following methods was used: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C—Collection Practices

9a	Does the organization have a written debt collection policy?	9a	
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b	

Part IV

Management Companies and Joint Ventures (Optional for 2008)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

Other
(Describe)

Schedule H (Form 990) 2008

Part VI

Supplemental Information (Optional for 2008)

Complete this part to provide the following information

- 1

Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions
- 2

Needs Assessment. Describe how the organization assesses the health care needs of the communities it serves
- 3

Patient Education of Eligibility for Assistance. Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy
- 4

Community Information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5

Community Building Activities. Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves
- 6

Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
- 7

If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 8

If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
POTOMAC HOSPITAL CORP OF PRINCE WILLIAM

Grants and Other Assistance to Organizations,
Governments and Individuals in the U.S.

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

OMB No 1545-0047

2008

Open to Public
Inspection

Employer identification number
54-0853898

Part I General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 if additional space is needed ☒

1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2

Enter total number of section 501(c)(3) and government organizations

3

Enter total number of other organizations

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e) Method of valuation (book, FMV , appraisal, other)	(f)Description of non-cash assistance
Nursing Scholarships	55	62,625			
Endowment fund scholarships	18	32,808			
Auxiliary scholarships	5	4,300			

Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.
See Additional Data Table

Identifier	Return Reference	Explanation
Grantmaker's Description of How Grants are Used		NURSING SCHOLARSHIPS ARE AWARDED TO ELIGIBLE LOCAL STUDENTS WHO ARE COMPLETING AN ASSOCIATE IN APPLIED SCIENCE DEGREE IN NURSING AT AREA COMMUNITY COLLEGES Scholarship recipients are required to fulfill one or two-year commitments to work full-time at Potomac Hospital upon graduation ENDOWMENT FUND SCHOLARSHIPS ARE AWARDED TO HIGH SCHOOL SENIORS PLANNING TO ENTER HEALTH CARE RELATED FIELDS OF STUDY ALL RECIPIENTS ARE SELECTED ON THE BASIS OF GENERAL ACADEMIC ABILITY, PERSONAL CHARACTERISTICS, ACADEMIC RECORD, EXTRACURRICULAR ACTIVITIES AND COMMUNITY INVOLVEMENT AUXILIARY SCHOLARSHIPS ARE AWARDED TO AREA HIGH SCHOOL SENIORS WHO PLAN TO PURSUE CAREERS IN A MEDICAL HEALTH CARE OR RELATED FIELD SCHOLARSHIPS FUNDS ARE SENT DIRECTLY TO THE RECIPIENT'S CHOSEN UNIVERSITY OR HIGH SCHOOL UPON VERIFICATION OF THE STUDENT'S ACCEPTANCE STUDENTS ARE SELECTED ON THE BASIS OF GENERAL ACADEMIC ABILITY, PERSONAL CHARACTER, ACADEMIC RECORD, EXTRA-CURRICULAR ACTIVITIES, AND INTEREST IN COMMUNITY RELATIONS AND CITIZENSHIP

Schedule J

(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

► Attach to Form 990. To be completed by organizations
that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

POTOMAC HOSPITAL CORP OF PRINCE WILLIAM

Employer identification number

54-0853898

Part I

Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items

☐ First class or charter travel

☐ Housing allowance or residence for personal use

☐ Travel for companions

☐ Payments for business use of personal residence

☒ Tax idemnification and gross-up payments

☐ Health or social club dues or initiation fees

☐ Discretionary spending account

☒ Personal services (e g , maid, chauffeur, chef)

b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply

☒ Compensation committee

☒ Written employment contract

☒ Independent compensation consultant

☒ Compensation survey or study

☐ Form 990 of other organizations

☒ Approval by the board or compensation committee

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a

a Receive a severance payment or change of control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.

5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

a The organization?

b Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

6 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

a The organization?

b Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

7 For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III

Yes No

1b

2

4a

No

4b

Yes

4c

No

5a

No

5b

No

6a

No

6b

No

7

Yes

8

No

Part II

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
WILLIAM M MOSS	(i)							
	(ii)	383,195	121,861	152,904	169,291	17,491	844,742	
WILLIAM H FLANNAGAN JR	(i)	244,212	29,592	42,735	218,526	17,491	552,556	
	(ii)							
VALERIE KEANE	(i)	155,653	5,760	1,438	65,491	8,908	237,250	
	(ii)							
RAJA HUSSAIN	(i)	151,808		862	18,653	19,287	190,610	
	(ii)							
PAULA BROWN	(i)							
	(ii)	223,408	20,160	16,895	129,780	9,127	399,370	
LINDA DODGE	(i)	143,308		8,001	77,736	19,318	248,363	
	(ii)							
KHALIL BOUHAROUN	(i)	162,907	5,760	9,152	19,254	19,835	216,908	
	(ii)							
GAIL RUSSELL	(i)	173,265	5,760	18,980	105,388	8,915	312,308	
	(ii)							
DORKA PICARD	(i)	127,741	5,760	12,068	33,783	17,076	196,428	
	(ii)							
BOSCO REBELLO	(i)	151,210		7,409	88,125	19,037	265,781	
	(ii)							
BARBARA CHARLTON	(i)	154,862	5,760	1,451	86,859	19,804	268,736	
	(ii)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information

Schedule J (Form 990) 2008

Software ID: 08000091

Software Version: 2008v2.7

EIN: 54-0853898

Name: POTOMAC HOSPITAL CORP OF PRINCE WILLIAM

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
WILLIAM M MOSS	(i)							
	(ii)	383,195	121,861	152,904	169,291	17,491	844,742	
WILLIAM H FLANNAGAN JR	(i)	244,212	29,592	42,735	218,526	17,491	552,556	
	(ii)							
VALERIE KEANE	(i)	155,653	5,760	1,438	65,491	8,908	237,250	
	(ii)							
RAJA HUSSAIN	(i)	151,808		862	18,653	19,287	190,610	
	(ii)							
PAULA BROWN	(i)							
	(ii)	223,408	20,160	16,895	129,780	9,127	399,370	
LINDA DODGE	(i)	143,308		8,001	77,736	19,318	248,363	
	(ii)							
KHALIL BOUHAROUN	(i)	162,907	5,760	9,152	19,254	19,835	216,908	
	(ii)							
GAIL RUSSELL	(i)	173,265	5,760	18,980	105,388	8,915	312,308	
	(ii)							
DORKA PICARD	(i)	127,741	5,760	12,068	33,783	17,076	196,428	
	(ii)							
BOSCO REBELLO	(i)	151,210		7,409	88,125	19,037	265,781	
	(ii)							
BARBARA CHARLTON	(i)	154,862	5,760	1,451	86,859	19,804	268,736	
	(ii)							

Schedule K (Form 990)	Supplemental Information on Tax Exempt Bonds	OMB No 1545-0047
		2008
		Open to Public Inspection

Department of the Treasury
Internal Revenue Service

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a.
Provide descriptions, explanations, and any additional information in Schedule O.

Name of the organization POTOMAC HOSPITAL CORP OF PRINCE WILLIAM	Employer identification number 54-0853898
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Part I Bond Issues (Required for 2008)

(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
						Yes	No	Yes	No
A IDA OF THE COUNTY OF PRINCE WILLIAM	52-1325659	74175HCP9	12-18-2003	51,631,054	FINANCING FOR ACUTE CARE FACILITY		X		X

Part II Proceeds (Optional for 2008)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Total Proceeds of Issue										
2 Gross Proceeds in Reserve Funds										
3 Proceeds in Refunding or Defeasance Escrows										
4 Other Unspent Proceeds										
5 Issuance Costs from Proceeds										
6 Working Capital Expenditures from Proceeds										
7 Capital Expenditures from Proceeds										
8 Year of Substantial Completion										
9 Were the bonds issued as part of a current refunding issue?										
10 Were the bonds issued as part of an advance refunding issue?										
11 Has the final allocation of proceeds been made?										
12 Does the organization maintain adequate books and records to support the final allocation of proceeds?										

Part III Private Business Use (Optional for 2008)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?										
2 Are there any lease arrangements with respect to the financed property which may result in private business use?										

Part III

Private Business Use (Continued)

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										

Part IV

Arbitrage (Optional for 2008)

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?										
6	Did the bond issue qualify for an exception to rebate?										

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Attach to Form 990 or Form 990-EZ.**
▶ **To be completed by organizations that answered**
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V lines 38b or 40b.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization
POTOMAC HOSPITAL CORP OF PRINCE WILLIAM

Employer identification number
54-0853898

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

- 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c)Original principal amount	(d)Balance due	(e) In default?		(f) Approved by board or committee?		(g)Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Dr Halmi and Associates INC										
Phys Recruit-Inc Gua		X	195,560	145,560		No		No	Yes	
Dr Halmi and Associates INC										
Phys Recruit-Inc Gua		X	250,000	125,000		No		No	Yes	
Drs Anez and Halmi LTD										
Phys Recruit-Inc Gua		X	247,575	61,893		No		No	Yes	
Total ▶ \$ 332,453										

Part III Grants or Assistance Benefitting Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b)Relationship between interested person and the organization	(c)Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

OMB No 1545-0047
2008
Open to Public Inspection

Name of the organization
POTOMAC HOSPITAL CORP OF PRINCE WILLIAM

Employer identification number
54-0853898

Identifier	Return Reference	Explanation
	SCHEDULE L PART II	LOANS TO INTERESTED PERSONSTHE ORGANIZATION HAS DETERMINED THAT IT HAS A COMMUNITY OBLIGATION IN FURTHERANCE OF ITS CHARITABLE PURPOSES TO ASSIST IN THE RECRUITMENT OF ADDITIONAL PHYSICIANS TO AND RETENTION OF PHYSICIANS IN ITS SERVICE AREA FOR THE PURPOSE OF IMPROVING THE QUALITY, EXPANDING THE SCOPE, AND ENHANCING THE ACCESSIBILITY OF MEDICAL SERVICES TO RESIDENTS OF ITS SERVICE AREA THE ORGANIZATION HAS DETERMINED THAT THE MOST FEASIBLE METHOD BY WHICH TO MEET THIS COMMUNITY OBLIGATION IS THROUGH THE SELECTIVE USE OF RECRUITMENT INCENTIVES INCLUDING, BUT NOT LIMITED TO, FINANCIAL ASSISTANCE WITH THE COSTS ASSOCIATED WITH RELOCATION OF A PHYSICIAN TO ITS SERVICE AREA, AND THE COSTS ASSOCIATED WITH A PHYSICIAN'S INITIAL YEARS IN PRACTICE IN ITS SERVICE AREA TO THAT END, THE ORGANIZATION HAS ENTERED INTO CERTAIN PHYSICIAN INCOME GUARANTY LOANS, WHICH INCLUDE THE PRACTICE OF DR DENIS J HALMI, A BOARD MEMBER, WHEREBY THE ORGANIZATION PROVIDES FINANCIAL ASSISTANCE TO THE PRACTICE IN ORDER TO HELP IT IN RECRUITING, ATTRACTING AND RETAINING ADDITIONAL PHYSICIANS PRACTICING IN A SPECIALTY AREA WHERE THERE IS CURRENTLY AN EXISTING AND PROJECTED SHORTAGE OF PHYSICIANS WITHIN THE ORGANIZATION'S COMMUNITY FUNDS ARE ADVANCED TO THE PRACTICE DURING THE INCOME GUARANTY PERIOD REPAYMENT IS LATER FORGIVEN BASED ON THE PHYSICIAN'S LENGTH OF STAY IN THE SERVICE AREA, IN RECOGNITION OF PHYSICIAN'S CONTRIBUTION TO THE HEALTH CARE OF RESIDENTS IN THE SERVICE AREA AMOUNTS FORGIVEN, INCLUDING IMPUTED INTERESTED ON THE OUTSTANDING LOAN BALANCE, ARE REPORTED TO THE IRS ON THE APPLICABLE REPORTING FORM

Identifier	Return Reference	Explanation
	PROGRAM SERVICE ACCOMPLISHMENTS	SECTION I MissionTHE MISSION OF POTOMAC HOSPITAL IS TO IDENTIFY HEALTHCARE NEEDS AND ENHANCE THE HEALTH OF OUR INCREASINGLY DIVERSE COMMUNITY IN PRINCE WILLIAM, SOUTHERN FAIRFAX, AND NORTHERN STAFFORD COUNTIES OUR MISSION IS TO 1)CONTINUALLY APPRAISE AND RESPOND TO THE SPECIAL HEALTHCARE NEEDS OF OUR COMMUNITY IN A WAY THAT FOSTERS TRUST AND PRIDE IN POTOMAC HOSPITAL 2)DEVELOP NEW SERVICES AND IMPROVE EXISTING ONES WITH AN EMPHASIS ON A WIDE RANGE OF AVAILABLE TREATMENT, INCREASED CONTINUITY OF CARE, AND EFFICIENT USE OF THE RESOURCES OF PATIENTS, THE HOSPITAL, AND THE COMMUNITY AS A WHOLE 3) ENSURE THAT HEALTHCARE SERVICES ARE PROVIDED WITHIN THE COMMUNITY TO MEET IDENTIFIED NEEDS 4)DEVELOP INNOVATIVE PARTNERSHIPS BETWEEN PHYSICIANS AND THE HOSPITAL TO ENHANCE COMMUNITY ACCESS AND TO ENHANCE THE VIABILITY OF PHYSICIAN/HOSPITAL RELATIONSHIPS 5)PROVIDE VARIED OPPORTUNITIES FOR THE CONTINUED EDUCATION OF HEALTHCARE PROFESSIONALS, HOSPITAL STAFF, PATIENTS, AND THE COMMUNITY 6)INTERACT WITH OTHER COMPONENTS OF THE POTOMAC HOSPITAL FOUNDATION IN A MANNER THAT CONTRIBUTES TO THE SUCCESS OF THE ENTIRE ORGANIZATION 7)MAINTAIN OR IMPROVE THE FINANCIAL POSITION OF POTOMAC HOSPITAL TO ENSURE ITS CONTINUED ABILITY TO SERVE THE HEALTHCARE NEEDS OF THE COMMUNITY

Identifier	Return Reference	Explanation
	PROGRAM SERVICE ACCOMPLISHMENTS	(CONTINUED)SECTION III POTOMAC'S COMMUNITY EDUCATION DEPARTMENTTHE COMMUNITY EDUCATION DEPARTMENT SUPPORTS POTOMAC HOSPITAL'S MISSION BY IDENTIFYING COMMUNITY HEALTH NEEDS AND CREATING AND PARTICIPATING IN PROGRAMS AND PARTNERSHIPS TO PREVENT OR SUCCESSFULLY MANAGE HEALTH CONDITIONS, WHICH ARE MOST RELEVANT TO THE POPULATION WE SERVE 1)DIABETES MANAGEMENT PROGRAMTHE DIABETES MANAGEMENT PROGRAM AT POTOMAC HOSPITAL IS RECOGNIZED BY THE AMERICAN DIABETES ASSOCIATION FOR QUALITY PATIENT EDUCATION (A) FREE SCREENINGS - WE OFFER FREQUENT BLOOD GLUCOSE SCREENINGS AT THE HOSPITAL, PLACES OF WORSHIP, STORES, HEALTH FAIRS AND OTHER COMMUNITY SITES AND CONDUCT BLOOD PRESSURE AND CHOLESTEROL SCREENINGS FOR HIGH-RISK INDIVIDUALS AT VARIOUS SITES FREE PERIPHERAL ARTERIAL DISEASE SCREENINGS ARE OFFERED DURING SEPTEMBER IN 2009, 162 PEOPLE WERE SCREENED (B) COMMUNITY-BASED AND SCHOOL-BASED OUTREACH - INCLUDES MONTHLY EDUCATION CLASSES BY HOSPITAL-CERTIFIED EDUCATORS AT THE FREE CLINIC AND FAMILY HEALTH CONNECTION MOBILE CLINIC SITES FOR DIABETES PATIENTS AND GESTATIONAL DIABETES INSTRUCTION ONCE A WEEK FOR POTOMAC'S OB CLINIC PATIENTS AND AS NEEDED TO PATIENTS AT THE PRINCE WILLIAM HEALTH DEPARTMENT STAFF ALSO PROVIDES INDIVIDUAL AND GROUP INSTRUCTION FOR FAMILY HEALTH CONNECTION MOBILE CLINIC PATIENTS AND INVITES FOREIGN LANGUAGE INTERPRETERS AS NECESSARY OUTREACH TO THE LOCAL HISPANIC POPULATION AT HIGH RISK FOR HEART DISEASE TAKES PLACE THROUGH MONTHLY FREE BLOOD PRESSURE SCREENINGS AT TODOS SUPERMARKET SECTION IV UNREIMBURSED COSTS OF PUBLIC PROGRAMS & CHARITY CARE - 2009TOTAL UNREIMBURSED COSTS FOR MEDICARE, MEDICAID, TRICARE AND SLH (STATE & LOCAL HOSPITALIZATION PROGRAM)INPATIENT VOLUME TOTAL DISCHARGES -5,870TOTAL PATIENT DAYS - 24,638COSTS OF PATIENT CARE SERVICES INPATIENT - \$46,478,063OUTPATIENT - \$21,375,379TOTAL COST - \$67,853,442REIMBURSEMENT FOR SERVICES INPATIENT - \$37,270,830OUTPATIENT - \$19,596,451TOTAL REIMBURSEMENT - \$56,867,281TOTAL UNREIMBURSED COST OF PUBLIC PROGRAMS - \$10,986,161OTHER CHARITY CARE - \$5,004,988BAD DEBTS - \$12,058,410TOTAL UNREIMBURSED COST - \$28,049,559UNCOMPENSATED COSTS OF COMMUNITY EDUCATION PROGRAMSCOMMUNITY EDUCATION PROGRAM EXPENSES - \$528,160COMMUNITY EDUCATION PROGRAM RECOVERY COSTS - \$387,069TOTAL UNCOMPENSATED COMMUNITY EDUCATION COSTS -\$141,541

Identifier	Return Reference	Explanation
	PROGRAM SERVICE ACCOMPLISHMENTS	(CONTINUED)SECTION II COMMUNITY SERVICECOMMUNITY INVOLVEMENT AT POTOMAC HOSPITAL TAKES PLACE ON A NUMBER OF LEVELS, INCLUDING INDIVIDUAL AND ORGANIZATIONAL COMMITMENTS OF TIME, TALENT AND RESOURCES LISTED BELOW ARE SOME OF MANY GROUPS IN THE COMMUNITY THAT HAVE BENEFITED FROM THESE CONTRIBUTIONS CARE BASED IN OUR COMMUNITY 1)CANCER SCREENING CLINICPOTOMAC HOSPITAL PARTICIPATES IN A PARTNERSHIP WITH THE PRINCE WILLIAM COUNTY HEALTH DEPARTMENT TO PROVIDE CANCER SCREENINGS (PAP SMEARS, BREAST EXAMS, AND LOW COST MAMMOGRAMS) FOR NON-MEDICAID ELIGIBLE WOMEN N THE COUNTY PHYSICIANS AND NURSE PRACTITIONERS VOLUNTEER THEIR SERVICES TO PROVIDE THE CANCER SCREENINGS 2)FAMILY HEALTH CONNECTION MOBILE CLINICSFACED WITH A GROWING POPULATION OF UNINSURED FAMILIES, POTOMAC HOSPITAL LEADS THE COMMUNITY PARTNERSHIP SUPPORTING THE FAMILY HEALTH CONNECTION MOBILE CLINICS THE MISSION OF THE PROGRAM IS TO PROVIDE HEALTHCARE TO THOSE WITHOUT HEALTH INSURANCE AND TO KEEP THEM HEALTHY THE PROGRAM WAS BUILT WITH COMMUNITY PARTNERS INCLUDING THE PRINCE WILLIAM HEALTH DISTRICT, GEORGE MASON UNIVERSITY, PRINCE WILLIAM PUBLIC SCHOOLS, BESTPRACTICES, INC AND THE POTOMAC HOSPITAL AUXILIARY THE TWO MOBILE CLINICS, WHICH ARE STAFFED BY NURSE PRACTITIONERS AND OUTREACH WORKERS, TRAVEL TO CONVENIENT LOCATIONS IN DUMFRIES-TRIANGLE AND WOODBRIDGE-DALE CITY ALONG THE ROUTE 1 CORRIDOR COMMONLY, PATIENTS ARE TREATED FOR DIABETES, HYPERTENSION, ELEVATED CHOLESTEROL, AND ASTHMA, ALTHOUGH THE SCOPE OF SERVICES INCLUDES ON-SITE CANCER SCREENINGS, PHYSICAL EXAMINATIONS, VISION AND HEARING SCREENINGS, GROWTH ASSESSMENTS, BLOOD PRESSURE CHECKS, IMMUNIZATIONS, BASIC MEDICAL CARE, HEALTH INFORMATION AND ASSISTANCE IN OBTAINING MEDICATIONS THROUGH THE PHARMACY CENTRAL PROGRAM AND NOVA SCRIPTSCENTRAL THE FAMILY HEALTH CONNECTION MOBILE CLINICS CONTINUE TO OFFER OBSTETRICAL SERVICES TO WORKING FAMILIES LIVING IN PRINCE WILLIAM COUNTY WHO DO NOT HAVE HEALTH INSURANCE PHYSICIANS OF THE DELPHI OB/GYN GROUP PROVIDE SUPERVISION AND DELIVERY SERVICES TO THESE PATIENTS IN 2009 THE FAMILY HEALTH CONNECTION MOBILE CLINIC STAFF HAD 7,940 PATIENT ENCOUNTERS 3)GREATER PRINCE WILLIAM AREA COMMUNITY HEALTH CENTER (GPWCHC)POTOMAC HOSPITAL HAS BEEN AN ACTIVE PARTICIPANT IN THE PROCESS OF PLANNING ADDITIONAL PRIMARY CARE SERVICES FOR OUR COMMUNITY This is in response to (1) growing numbers of clients (insured and uninsured) who are seeking primary care in Potomac's Irene V Hylton Emergency Care Center, (2) increasing cost of uncompensated care at Potomac and Prince William Hospitals, and (3) local safety net providers that have reached capacity THE MISSION OF THE NEW GPWCHC IS TO PROVIDE PRIMARY CARE SERVICES TO PATIENTS OF ALL AGES WHO NEED ACCESS TO CARE SERVICES AT THIS TIME INCLUDE PRIMARY IN 2009 THE HEALTH CENTER HAD 4,670 PATIENT ENCOUNTERS Future plans include providing mental health, dental and prenatal services Numerous grant applications from the center partners have resulted in funding from the Hylton Foundation and the Federal Stimulus Program

Identifier	Return Reference	Explanation
	PROGRAM SERVICE ACCOMPLISHMENTS	(CONTINUED)IN 2009, POTOMAC HOSPITAL PROVIDED THE FOLLOWING SUPPORT TO PWHVP (1) \$30,000 PER YEAR SALARY SUPPORT FOR THE EXECUTIVE DIRECTOR, (2) OFFICE SPACE, VALUED AT \$32,856 PER YEAR, FOR TWO STAFF, AND (3) OFFICE EQUIPMENT, SUPPLIES AND EMAIL SUPPORT VALUED AT \$2,630 PER YEAR HOSPITAL-BASED OUTREACH SERVICES1)EMERGENCY CAREPOTOMAC HOSPITAL'S IRENE V HYLTON EMERGENCY CARE CENTER PROVIDES 24-HOUR MEDICAL AND PSYCHIATRIC SERVICES AND IS STAFFED WITH TRAINED EMERGENCY PHYSICIANS AND NURSING PERSONNEL A TRIAGE NURSE EXAMINES A PATIENT UPON ARRIVAL TO ENSURE THAT THE MOST CRITICAL SITUATIONS ARE HANDLED IMMEDIATELY ALL PATIENTS WHO NEED EMERGENCY MEDICAL ATTENTION ARE TREATED REGARDLESS OF ABILITY TO PAY IN 2009, THERE WERE 61,417 EMERGENCY CARE VISITS POTOMAC'S MEDICAL STAFF PROVIDED ON-CALL SUPPORT TO EMERGENCY CARE CENTER PATIENTS, MANY OF WHOM ARE UNINSURED (25.4%) OR UNDERINSURED (17.57%) THROUGH MEDICAID/STATE AND LOCAL HOSPITALIZATION (SLH) PROGRAMS EMERGENCY VISITS MADE UP 81% (OVER \$15.4 MILLION) OF POTOMAC'S TOTAL OUTPATIENT BAD DEBT 2)PATIENT FINANCIAL SERVICES ASSISTANCE PROGRAMSPOTOMAC PROVIDED \$12,077,111 IN CHARITY CARE DURING 2009 IN THE FOLLOWING WAYS (A) INTEREST-FREE PAYMENT PLANS - FINANCIAL COUNSELORS IN POTOMAC'S PATIENT FINANCIAL SERVICES DEPARTMENT ASSIST PATIENTS WITH PAYMENT PLANS OR OTHER FINANCIAL ASSISTANCE IF PATIENTS KNOW OF CHARGES THAT WILL NOT BE COVERED BY INSURANCE OR THEY BELIEVE THEY WILL HAVE DIFFICULTY PAYING A HOSPITAL BILL THEY HELP PATIENTS ESTABLISH PAYMENT PLANS AND OFFER ADVICE ON QUALIFYING FOR FEDERAL AND STATE ASSISTANCE PROGRAMS (B) POTOMAC'S CHARITY CARE PROGRAM - UNINSURED OR UNDERINSURED PATIENTS WHO DO NOT QUALIFY FOR FEDERAL OR STATE INDIGENT/CHARITY CARE PROGRAMS MAY BE ELIGIBLE FOR A REDUCTION IN THEIR ACCOUNT BALANCES UNDER POTOMAC'S CHARITY CARE PROGRAM THIS PROGRAM PROVIDES UNCOMPENSATED CARE TO THOSE PATIENTS WHO EXHIBIT A NEED WHEN ALL OTHER MEAN OF ASSISTANCE ARE EXHAUSTED A DISCOUNT IS EXTENDED TO PATIENTS WITH DOCUMENTED HOUSEHOLD INCOMES BETWEEN 100-400% OF THE CURRENT YEAR'S FEDERAL POVERTY GUIDELINES FOR EXAMPLE, A FAMILY OF FOUR WHOSE DOCUMENTED HOUSEHOLD INCOME IS \$40,000 PER YEAR (2 TIMES THE FEDERAL POVERTY LEVEL OF \$20,000) WILL RECEIVE A 100% DISCOUNT A FAMILY OF FOUR WITH AN INCOME OF \$60,000 PER YEAR (3 TIMES THE FEDERAL POVERTY LEVEL) RECEIVES A 55% DISCOUNT (C) DISCOUNT PROGRAM FOR THE UNINSURED/UNDERINSURED - UNDER THIS PROGRAM, UNINSURED OR UNDERINSURED PATIENTS WHO FAIL TO QUALIFY FOR THE CHARITY CARE PROGRAM (DESCRIBED ABOVE) MAY BE ELIGIBLE FOR A REDUCTION IN THEIR ACCOUNT BALANCES THE PROGRAM PROVIDES A DISCOUNT TO ALL QUALIFYING PATIENTS (3)POTOMAC OBSTETRICAL (OB) CLINICPOTOMAC HOSPITAL'S OB CLINIC OFFERS COMPREHENSIVE PRENATAL, DELIVERY AND POST PARTUM SERVICES TO EXPECTANT MOTHERS WHO MAY NOT BE ABLE TO AFFORD SUCH CARE, ARE NOT ELIGIBLE FOR MEDICAID AND DO NOT HAVE HEALTH INSURANCE WITH MATERNITY BENEFITS THE PATIENT'S INCOME IS EVALUATED AND A FLEXIBLE PAYMENT SCHEDULE IS DEVELOPED THAT OFFERS DISCOUNTED FEES FOR ALL PRENATAL, DELIVERY AND POST PARTUM CARE COMPREHENSIVE CARE INCLUDES EDUCATION ABOUT PREGNANCY, NUTRITION, CHILD BIRTH, CONTRACEPTION AND FAMILY PLANNING IN 2007, POTOMAC HOSPITAL HIRED THE DELPHI OB/GYN GROUP (DELPHI) TO DELIVER AND PROVIDE PREGNANCY-RELATED CARE TO PATIENTS WHO RECEIVE THEIR PRENATAL CARE THROUGH THE POTOMAC OB CLINIC AND THROUGH THE HEALTH DEPARTMENT DELPHI PHYSICIANS ALSO CARE FOR OTHER PATIENTS WHO COME TO POTOMAC'S IRENE V HYLTON EMERGENCY CARE CENTER FOR OB/GYN SERVICES A DELPHI DOCTOR IS IN THE HOSPITAL 24 HOURS, SEVEN DAYS A WEEK AND EACH IS BOARD CERTIFIED IN OBSTETRICS AND GYNECOLOGY THE POTOMAC OB CLINIC DELIVERED 475 PATIENTS IN 2009 THE CLINIC'S OPERATING EXPENSES EXCEEDED INCOME FOR THE YEAR BY APPROXIMATELY \$1.45 MILLION IN ADDITION, POTOMAC HOSPITAL PROVIDED UNCOMPENSATED CARE AT A COST OF \$320,000 TO THESE SAME PATIENTS IN THE FORM OF PRENATAL TESTING, OBSTETRICAL AND NEWBORN SERVICES

Identifier	Return Reference	Explanation
	PROGRAM SERVICE ACCOMPLISHMENTS	(CONTINUED)8)TATTOO REMOVAL CLINICPOTOMAC CLINIC PARTNERS WITH THE GANG RESPONSE INTERVENTION TEAM (GRIT) IN ITS TATTOO REMOVAL CLINIC SERVING PRINCE WILLIAM COUNTY AND THE CITIES OF MANASSAS AND MANASSAS PARK, THIS PROGRAM OFFERS AREA YOUTH THE OPPORTUNITY TO HAVE GANG-RELATED TATTOOS PERMANENTLY REMOVED CANDIDATES FOR THE PROGRAM HAVE EXHIBITED A SINCERE DESIRE TO SEVER TIES WITH GANGS, AND HAVE EARNED THEIR PLACE ON THE CLINIC ROSTER THROUGH COMMUNITY SERVICE AND MEETING OTHER SPECIFIC CRITERIA POTOMAC HOSPITAL CONTRIBUTES MEDICAL SUPPLIES AND THE SERVICES OF A REGISTERED NURSE TO THE CLINIC SEVERAL POTOMAC HOSPITAL PHYSICIANS ALSO VOLUNTEER THEIR SERVICES TO THE CLINIC COMMUNITY HEALTH EDUCATION1)POTOMAC HOSPITAL SCHOLARSHIP PROGRAMSNURSING SCHOLARSHIPS - POTOMAC HOSPITAL AWARDS ONE AND TWO-YEAR FULL SCHOLARSHIPS TO ELIGIBLE LOCAL STUDENTS WHO ARE COMPLETING AN ASSOCIATE IN APPLIED SCIENCE DEGREE IN NURSING AT AREA COMMUNITY COLLEGES Scholarship recipients are required to fulfill one or two o-year commitments to work full-time at Potomac Hospital upon graduation ENDOWMENT FUND SCHOLARSHIPS - EACH YEAR THE POTOMAC HOSPITAL'S ENDOWMENT FUND AWARDS SCHOLARSHIPS TO GRADUATING HIGH SCHOOL SENIORS PLANNING TO ENTER HEALTHCARE-RELATED FIELDS OF STUDY THE FOLLOWING FALL COMMUNITY PARTNERSHIPS1)PRINCE WILLIAM HEALTH PARTNERSHIP (PWHP)AN INITIATIVE FROM THE VIRGINIA GENERAL ASSEMBLY AND JOINT COMMISSION ON HEALTH CARE FOR IMPROVING COMMUNITY HEALTH, PASSED BY THE VIRGINIA ASSEMBLY AS HOUSE BILL 2060 IN FEBRUARY 2001, THE PWHP PROVIDED OUR COMMUNITY THE OPPORTUNITY AND MEANS TO ADDRESS COMMUNITY HEALTH NEEDS THROUGH A MULTIJURISDICTIONAL "HEALTH PARTNERSHIP" THE PARTNERSHIP CONCEPT ALLOWS LOCAL CITIZENS, GOVERNMENT AND PRIVATE ENTITIES TO JOIN FORCES IN COORDINATING HEALTHCARE AND HEALTH-RELATED SERVICES FOR TH GREATER PRINCE WILLIAM AREA THE MISSION OF THE PRINCE WILLIAM HEALTH PARTNERSHIP IS TO PROMOTE HEALTHY LIFESTYLES AMONG OUR CITIZENS BY PREVENTION AND EDUCATION THROUGH ENCOURAGING AND CREATING PARTNERSHIPS WITH PUBLIC AND COMMUNITY ORGANIZATIONS IN 2007-2008, THE HEALTH PARTNERSHIP COLLABORATED WITH THE PRINCE WILLIAM COUNTY SCHOOL SYSTEM TO SPONSOR THE FIRST-EVER WELLNESS SURVEY ADMINISTERED TO 4,200 STUDENTS, THE SURVEY MEASURED THE STUDENTS' ACTUAL HEALTH HABITS, INCLUDING PHYSICAL ACTIVITY, NUTRITION AND ALCOHOL, TOBACCO AND OTHER DRUG USE THIS INFORMATION HAS PROVIDED BASELINE DATA TO MEASURE THE IMPACT OF WELLNESS PROGRAMS AND TO TAILOR PROGRAMS TO MEET THE STUDENTS' WELLNESS NEEDS Due to these findings and collaborative work with the area school systems, the Partnership identified two key work initiatives that were confirmed by the Partnership's Board (1) to serve children by improving their health and, therefore, their future, and (2) to promote community factors that protect and minimize factors that pose risks for our youth The results of the 2007-2008 Wellness Survey also provided the necessary information to respond to Kaiser Permanente's \$50,000 Healthy Eating and Active Living Grant The grant was awarded to the Health Partnership in 2009 and since that time the Health Partnership, three area public school systems and Prince William 4-H have worked together to provide a nutrition and physical activity program impacting 83,000 students During this same time period the Partnership began to work regionally with others and is an active member of the Northern Virginia Healthy Kids Coalition, with the Executive Director of the Partnership appointed as one of the co-chairpersons of the Coalition The work of this regional Coalition transcends to local community health issues To date there are over 20 active members in this Coalition, many of whom represent school systems, public health departments, hospital systems and health related organizations

Identifier	Return Reference	Explanation
	PROGRAM SERVICE ACCOMPLISHMENTS	(CONTINUED)4)NOVA SCRIPTSCENTRALNoVA ScriptsCentral is a pharmacy service for the indigent population of Northern Virginia Hospital staff has been involved in the development of this project since 2003 NoVA ScriptsCentral works with local partner clinics and physicians to provide timely access to medications for the center's children and adults without insurance for medications The innovative concept garners support of pharmaceutical companies to provide prescriptions at low costs The program also brings a pharmacist to the health care team to ensure medication safety In the future a team of volunteer pharmacists will bring one-on-one counseling to patients receiving NOVA Script services In 2009 MEDICATIONS VALUED AT MORE THAN \$1.57 MILLION WERE DISTRIBUTED TO COMMUNITY PARTNERS 5) PEDIATRIC PRIMARY CARE PROJECTTHE PEDIATRIC PRIMARY CARE PROJECT IS A PUBLIC/PRIVATE COMMUNITY-BASED ORGANIZATION WITH 501(C)(3) STATUS DURING 2009, POTOMAC HOSPITAL DONATED LABORATORY, GENERAL RADIOLOGY AND OTHER SERVICES TOTALING APPROXIMATELY \$3,400 TO 6 PEDIATRIC PRIMARY CARE PROJECT PATIENTS POTOMAC HOSPITAL STAFF, WITH FINANCIAL SUPPORT FROM POTOMAC MILLS MALL, ORGANIZED THE 2009 HOLIDAY GIFT-WRAP PROJECT, TO WHICH HOSPITAL EMPLOYEES CONTRIBUTED 118 HOURS TO RAISE \$7,655 FOR THE PROJECT THE PEDIATRIC PRIMARY CARE PROJECT FINDS "MEDICAL HOMES" FOR UNINSURED CHILDREN IN THE COUNTY ADULTIMATELY SAVES HEALTHCARE RESOURCES BY PROVIDING PREVENTIVE ROUTINE PRIMARY CARE TO CHILDREN WHO MIGHT NOT OTHERWISE RECEIVE THIS CARE 6)PHARMACY CENTRALPOTOMAC HOSPITAL IS A FOUNDING PARTNER OF PHARMACY CENTRAL IN COOPERATION WITH NORTHERN VIRGINIA FAMILY SERVICE LOCAL MEDICAL PROVIDERS AND POTOMAC'S FAMILY HEALTH CONNECTION MOBILE CLINICS, PHARMACY CENTRAL ASSISTS UNINSURED AND UNDERINSURED RESIDENTS OF PRINCE WILLIAM COUNTY, MANASSAS CITY AND MANASSAS PARK IN OBTAINING FREE OR LOW-COST MEDICATIONS DURING 2009, THE PHARMACY CENTRAL PROGRAM PROVIDED FREE MEDICATIONS (\$762,880 AVERAGE WHOLESALE VALUE) TO 863 INDIVIDUALS IN THE PRINCE WILLIAM REGION POTOMAC'S FAMILY HEALTH CONNECTION MOBILE CLINIC STAFF AND PHARMACY STAFF PROCESSED THE MEDICATIONS 7)PRINCE WILLIAM ARE FREE CLINICTHE PRINCE WILLIAM MEDICAL SOCIETY, IN CONJUNCTION WITH POTOMAC AND PRINCE WILLIAM HOSPITALS, CONDUCTED A FORMAL NEEDS ASSESSMENT IN 1991 AND FOUND A SIGNIFICANT NEED FOR ACCESS TO MEDICAL CARE BY THE MEDICALLY INDIGENT The Free Clinic was organized to provide care to those who cannot afford insurance, yet do not qualify for Medicaid VOLUNTEER PHYSICIANS, NURSES AND PRIVATE CITIZENS STAFF THE FREE CLINIC AND SCREEN PATIENTS FOR ELIGIBILITY THE FREE CLINIC IN WOODBRIDGE SAW 3,582 PATIENTS (INCLUDING 1,044 NEW PATIENTS) ON 49 EVENINGS IN 2009 FREE DENTAL CARE WAS PROVIDED TO 273 PATIENTS GYNECOLOGICAL SERVICES WERE PROVIDED TO 409 PATIENTS, 259 PATIENTS ATTENDED DIABETES MANAGEMENT CLASSES AND 3,935 MEDICATIONS WERE DISTRIBUTED THE FREE CLINIC IN MANASSAS SAW 3,678 PATIENTS ON 50 EVENINGS IN 2009 FREE DENTAL CARE WAS PROVIDED TO 342 PATIENTS GYNECOLOGICAL SERVICES WERE PROVIDED TO 205 PATIENTS, 277 PATIENTS ATTENDED DIABETES MANAGEMENT CLASSES AND 4,776 MEDICATIONS WERE DISTRIBUTED POTOMAC HOSPITAL PAID A PORTION OF STAFF SALARIES AND DONATED LABORATORY, GENERAL RADIOLOGY, AND OTHER SERVICES, TOTALING \$408,647, FREE OF CHARGE TO 967 FREE CLINIC PATIENTS DURING FISCAL YEAR 2009 HOSPITAL-BASED RADIOLOGISTS HAVE WAIVED THEIR FEES FOR CLINIC PATIENTS In addition, Potomac Hospital provide administrative support to clinic management and serve on the organization's board Pharmacy students, precepted by Potomac Hospital pharmacists, routinely volunteer at the Free Clinics Potomac Hospital also paid direct support of \$25,000 to the Free Clinic during the year

Identifier	Return Reference	Explanation
	Core Part I Line 2 - Audit of F/S	The organization's financial statements were audited by an independent accountant on a combined basis, as part of the combined financial statements of the organization and its taxable affiliate, Potomac Ventures Corporation

Identifier	Return Reference	Explanation
	CORE PART I LINES 20-22, PART X COLUMN A	BEGINNING YEAR PUBLICLY TRADED INVESTMENTS WERE RESTATED FROM COST TO FAIR MARKET VALUE, TO COMPLY WITH CURRENT YEAR REPORTING UNRESTRICTED FUND BALANCE WAS ALSO RESTATED AS A RESULT

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	The combined financial statements for Potomac Hospital Corporation of Prince William and Potomac Ventures Corporation are made publicly available through the use of DAC Bond (disclosure dissemination agent) and can be found on the internet at www.dacbond.com The organization's governing documents and conflicts of interest policy are generally not made available to the public

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 15b	Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	The organization's Executive Compensation Committee, consisting of five Board members without conflicts of interests, reviews and approves all forms of executive compensation and benefits in a manner necessary to qualify for the rebuttable presumption of reasonableness under the intermediate sanctions rules of Section 4958 of the Internal Revenue Code This process is performed annually for the organization's President (CEO), Executive Vice President (COO), and Senior Vice President of Corporate Finance (CFO) The compensation philosophy of the organization is to establish and maintain a compensation package which will enable the organization to attract, retain, motivate and reward executives who will successfully accomplish the organization's strategic and operational goals

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 12c	Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	THROUGH THE ORGANIZATION'S CORPORATE CODE OF CONDUCT, TRAINING, AND EDUCATION, THE ORGANIZATION ASSISTS ITS TRUSTEES, OFFICERS, AND EMPLOYEES IN UNDERSTANDING AND AVOIDING INTENTIONAL OR INADVERTENT CONFLICTS OF INTEREST AS PART OF ITS 990 PREPARATION, THE ORGANIZATION ALSO SENDS OUT A CONFLICTS OF INTEREST QUESTIONNAIRE TO ITS TRUSTEES, OFFICERS, AND KEY EMPLOYEES, WHO CERTIFY TO THE COMPLETION AND ACCURACY OF THE INFORMATION DISCLOSED

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 10	Form 990, Part VI, Line 10 Form 990 Review Process	A copy of the organization's final Form 990, as ultimately filed with the IRS, was provided to each voting member of Sentara Healthcare's governing body within 60 days of filing Sentara Healthcare became the new 501(c)(3) sole member of the organization upon its purchase of the organization on December 1, 2009 As part of the Sentara Healthcare System (the "System"), the organization uses the System's in-house Tax Department, headed by a licensed certified public accountant, to both prepare and review its Form 990

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 7a	Form 990, Part VI, Line 7a How Members or Shareholders Elect Governing Body	The Board of Trustees, which serves as the organization's governing body, is elected by its sole member, Potomac Health Foundation, a 501(c)(3) organization

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 6	Form 990, Part VI, Line 6 Explanation of Classes of Members or Shareholder	The organization has one member, the sole member being Potomac Hospital Foundation, a Virginia nonstock corporation described in Section 501(c)(3) of the Internal Revenue Code

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 2	Form 990, Part VI, Line 2 Description of Business or Family Relationship of Officers, Directors, Et	WILLIAM MOSS, WILLIAM FLANNAGAN, JR , THOMAS KREUTZER, MICHAEL SORENSEN, WAYNE MALLARD, DOROTHY RICHARDSON, AND PAULA BROWN HAVE A BUSINESS RELATIONSHIP ALL SERVED AS AN OFFICER AND/OR DIRECTOR OF POTOMAC HEALTH FOUNDATION, THE 501(C)(3) SOLE MEMBER OF THE ORGANIZATION

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2008

Open to Public Inspection

▶ Attach to Form 990. To be completed by organizations that answer "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
▶ See separate instructions.

Name of the organization
POTOMAC HOSPITAL CORP OF PRINCE WILLIAM

Employer identification number
54-0853898

Part I

Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II

Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
Potomac Hospital Foundation 2300 Opitz Blvd Woodbridge, VA22191 52-1340920	Supporting Organization of Potomac Hospital Corp of PW	VA	501(c)(3)	11b-type II	N/A

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations?		(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner?	
							Yes	No		Yes	No
POTOMAC INOVA HEALTHCARE ALLIANCE LLC 8110 GATEHOUSE RD SUITE 400W FALLS CHURCH, VA22042 54-1802733	HEALTHCARE	VA	N/A	RELATED	212,450	2,497,022		No		Yes	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
Potomac Ventures Corporation 2300 Optiz Blvd Woodbrdge, VA22191 54-1441420	Pharmacy	VA	N/A	C Corp			

Part V

Transactions with Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a Yes

1b Yes

1c No

1d No

1e No

1f No

1g No

1h No

1i No

1j No

1k Yes

1l Yes

1m No

1n No

1o No

1p Yes

1q Yes

1r Yes

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds		
(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1) See Additional Data Table		
(2)		
(3)		
(4)		
(5)		
(6)		

Schedule R (Form 990) 2008

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Form 990, Schedule R, Part V - Transactions with Related Organizations

(A) Name of other organization		(B) Transaction type(a-r)	(C) Amount Involved (\$)
(1)	Potomac Ventures Corporation	p	248,245
(2)	Potomac Ventures Corporation	k	76,344
(3)	Potomac Ventures Corporation	a	22,478
(4)	Potomac Hospital Foundation	r	2,553,483
(5)	Potomac Hospital Foundation	q	250,000
(6)	Potomac Hospital Foundation	l	916,992
(7)	Potomac Hospital Foundation	k	52,596
(8)	Potomac Hospital Foundation	b	319,759