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# Department of the Treasury Internal Revenue Service

SCANNED MAR \$ 0 2012

Form **990-PF** 

## **Return of Private Foundation**

## or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

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

OMB No 1545-0052

2010

For	caler	idar year 2010, or tax y	rear beginning NOV	7 1, 2010	, and ending	OCT 31, 2011	
G Check all that apply: Initial return Initial return of a former public charity Final return							
	Amended return Address change Name change						
Na	Name of foundation  A Employer identification number						
		POTOMAC F	HEALTH FOUNDA	TION		52-1340920	
Nur	nber a	and street (or PO box number	er if mail is not delivered to street	address)	<b>I</b>	<b>B</b> Telephone number	
L		2296 OPI7	rz BLVD		200	703-730-44	45
Cit	y or t	own, state, and ZIP code	9			C If exemption application is po	ending, check here
		WOODBRIDG			·	D 1. Foreign organizations	, check here
H_(	Check	type of organization:	X Section 501(c)(3) e:			Foreign organizations me check here and attach co-	mputation lest,
$\bot$	Se	ction 4947(a)(1) nonexe	empt charitable trust	Other taxable private founda		E If private foundation stat	
l Fa	air ma	arket value of all assets a	, I —	-	X Accrual	under section 507(b)(1)	(A), check here
		Part II, col. (c), line 16	)   0	ther (specify)		F If the foundation is in a 6	
_	-\$			ımn (d) must be on cash l	basis.)	under section 507(b)(1)	
Pá	art-l	☐ (The total of amounts in call) ☐ (The total of amounts in c	olumns (b), (c), and (d) may not	(a) Revenue and	(b) Net investment	(c) Adjusted net income	(d) Disbursements for charitable purposes
	Γ.	necessarily equal the amo		expenses per books	income		(cash basis only)
	1	Contributions, gifts, gra	, ,	580.		N/A	3- C - 2
	2	Check X if the foundarinterest on savings and ten	ation is not required to attach Sch. B		424	, , ,	CM3 MD3/D3/M 1:
	3	cash investments	-	431.	431.		STATEMENT 1
	4	Dividends and interest	from securities	3,162,264.	3,162,264.	<u> </u>	STATEMENT 2
		Gross rents		~ [			
	١.	Net rental income or (loss)	<del></del>	1,713,411.	· · · · · · · · · · · · · · · · · · ·		•
ē	١.	Net gain or (loss) from sale Gross sales price for all		1,/13,411.		5,2	
Revenue	b	assets on line 6a	52,307,333.		1,713,411.		·
Ŗ	7	Capital gain net income (fro		n l	<u> </u>		
	8	Net short-term capital	HEUEIVE	78	4, - 24 / 3		· · · · · · · · · · · · · · · · · · ·
	9	Income modifications Gross sales less returns	1.	7   0			
	10a	dire direction	NAR 26 20	( P)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2, 2, 37	, , , , , , , ,
	i	Less. Cost of goods sold Gross profit or (loss)	WAN -		, 15,		, , ,
	11	Other income	LOCDEN	HT ]	<u> </u>		`
	12	Total. Add lines 1 thro	I UGULIVI	4,876,686.	4,876,106.		
	13	Compensation of officers, of		98,790.	0.		90,578.
	14	Other employee salaries		106,823.	1,923.		106,823.
	15	Pension plans, employe	<u> </u>	21,582.	0.		21,582.
enses	16a	Legal fees	STMT 3	102.	0.		102.
ĕ	ь	Accounting fees	STMT 4	20,480.	0.		16,595.
Exp	C	Other professional fees		344,877.	334,173.		12,316.
Š	17	Interest					
Operating and Administrative	18	Taxes	STMT 6	72,362.	0.		0.
ist	19	Depreciation and deple	tion	3,310.	0.		ie (1, 1) - (27% 26
Ē	20	Occupancy		31,876.	0.		31,876.
Ad	21	Travel, conferences, an	nd meetings	18,983.	967.		18,983.
and	22	Printing and publication	ns				
g	23	Other expenses	STMT 7	26,365.	0.		22,225.
rati	24	Total operating and ad	dministrative				
bei		expenses. Add lines 13	_	745,550.	337,063.		321,080.
0	25	Contributions, gifts, gra		4,685,637.	から これを表している	1. 12 1/2 p. 120	4,217,073.
	26	•	sbursements.				4 500 450
		Add lines 24 and 25	<del></del>	5,431,187.	337,063.		4,538,153.
	27	Subtract line 26 from li	ne 12:				
		Excess of revenue over exp		-554,501.			- ' '
	1	Net investment income		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	4,539,043.	37/3	7
0005		Adjusted net income (			+ 2 2 2 2 2	N/A	11
0235 12-0	7-10	LHA For Paperwork	Reduction Act Notice, see	the instructions.		σ	Form <b>990-PF</b> (2010)

	ŧ			07=1771	071771
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable > 97,434.		21 _4 5	
		Less: allowance for doubtful accounts ▶ 0 .	120,095.	97,434.	97,434.
Ñ	8	Inventories for sale or use	•	1-1-	
Assets	9	Prepaid expenses and deferred charges	19,616.	5,495.	5,495.
¥	10a	Investments - U.S. and state government obligations			
	j	Investments - corporate stock			
		Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis		100 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	
		Less accumulated depreciation	, , ,	, , , , , , , , , , , , , , , , , , , ,	, -
	12	Investments - mortgage loans			
	13	Investments - other STMT 9	90,249,169.	89,713,995.	89,713,995.
	l	Land, buildings, and equipment basis > 23,096.		the state of the s	1
		Less accumulated depreciation   3,310.	0.	19,786.	19,786.
	15	Other assets (describe ► ESCROWED PROCEEDS )	5,508,811.	0.	0.
	16	Total assets (to be completed by all filers)	96,270,126.	90,731,505.	90,731,505.
	17	Accounts payable and accrued expenses	132,101.	146,472.	2
	18	Grants payable		468,564.	
ရွ	19	Deferred revenue			, , ,
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			, , ,
api	21	Mortgages and other notes payable			
ا ت	22	Other liabilities (describe  STATEMENT 10)	189,341.	153,384.	
	23	Total liabilities (add lines 17 through 22)	321,442.	768,420.	
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.			
Se	24	Unrestricted	95,948,684.	89,963,085.	
la l	25	Temporarily restricted			Later than the second
Fund Balances	26	Permanently restricted		·	
= [		Foundations that do not follow SFAS 117, check here			7
Ē		and complete lines 27 through 31.			
0 8	27	Capital stock, trust principal, or current funds			
set	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
Net Assets or	29	Retained earnings, accumulated income, endowment, or other funds			
Ne	30	Total net assets or fund balances	95,948,684.	89 <u>,9</u> 63,085.	The same of the same of the

# **Analysis of Changes in Net Assets or Fund Balances**

Total liabilities and net assets/fund balances

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30		
	(must agree with end-of-year figure reported on prior year's return)	1	95,948,684.
2	Enter amount from Part I, line 27a	2	-554,501.
3	Other increases not included in line 2 (itemize)	3	0.
4	Add lines 1, 2, and 3	4	95,394,183.
5	Decreases not included in line 2 (itemize)  SEE STATEMENT 8	5	5,431,098.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	89,963,085.

023511

96,270,126

90,731,505

(a) List and descr	tibe the kind(s) of property sold (e.grehouse; or common stock, 200 sh	J., real estate,		(b) F	low acquired Purchase Donation	(c) Date (mo.,	e acquired day, yr.)	(d) Date sold (mo., day, yr.)
1a MARKETABLE SECT	URITIES	· · · · · · · · · · · · · · · · · · ·		1	Donation	<u> </u>		
b								
C				-				
d e				ļ				
(e) Gross sales price	(f) Depreciation allowed (or allowable)		est or other basis expense of sale				Gain or (loss) us (f) minus (	
a 52,307,333.	<u>-</u>	5	0,593,92	2.				1,713,411.
b								
C				_				
d	· · · · · · · · · · · · · · · · · · ·	ļ		$\dashv$		<del></del>	<u></u>	
Complete only for assets showing	g gain in column (h) and owned by	the foundation	n on 12/31/69			(I) Gains (	Col. (h) gaın	minus
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) E	xcess of col. (i) col. (j), if any		C	ol. (k), bui	not less than s (from col. (	1 -0-) <b>or</b>
a								1,713,411.
b								
C		ļ						
d				_				
<u>e</u>	C 16 ann alan anta	l 	7	$\neg +$				· · · · · · · · · · · · · · · · · · ·
Capital gain net income or (net cap	, ( (.000), o		7	)	2			1,713,411.
3 Net short-term capital gain or (loss If gain, also enter in Part I, line 8, of If (loss), enter -0- in Part I, line 8		nd (6):		}	,		N/A	
Part V   Qualification Ur	nder Section 4940(e) for	Reduced	Tax on Net	Inve	stment Ir	ncome	N/A	,
For optional use by domestic private	foundations subject to the section 4	4940(a) tax or	net investment in	come.	)			
f section 4940(d)(2) applies, leave thi	s nart hlank							
	•							
Vas the foundation liable for the section  f "Yes," the foundation does not qualiful  Enter the appropriate amount in each	y under section 4940(e). Do not co	mplete this pa	art.					Yes X No
(a) Base period years	(b)	uctions before	making any entire	(c)				(d) ution ratio
Base period years Calendar year (or tax year beginning		tributions	Net value of no	ncharı	table-use asse	ts	Distrib (col. (b) div	ution ratio ided by col. (c))
2009	9	9,713.		84,	790,38	3.		.001176
2008								
2007	<u> </u>					-		
2006 2005								
			L.					
Total of line 1, column (d)						2		.001176
Average distribution ratio for the 5-		on line 2 by 5,	or by the number	of yea	rs			
the foundation has been in existent	ce if less than 5 years				-	3		.001176
Enter the net value of noncharitable	e-use assets for 2010 from Part X,	line 5				4	9	2,210,303.
Multiply line 4 by line 3						5		108,439.
Enter 1% of net investment income	(1% of Part I, line 27b)					6		45,390.
Add lines 5 and 6	·					7		153,829.
Enter qualifying distributions from I	Part XII line 4				•	8		4,561,249.
If line 8 is equal to or greater than h		1b. and comr	lete that part using	n a 1%	tax rate.		-l	_,
See the Part VI instructions.	,		part collig	<i></i>				<u></u>
23521 12-07-10			<del></del>				Fe	orm <b>990-PF</b> (2010)

Forr	n 990-PF (2010) POTOMAC HEALTH FOUNDATION		1340			age 4
Pá	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	4948 ·	- see i	nstruc	tion	s)
18	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.	Ţ- ·	}			
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)	3		,		
t	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🗶 and enter 1%	1		45	39	90.
	of Part I, line 27b	1435		<i>*,</i>		-
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).	<i>.</i> .	·		· . · .	-
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				0.
3	Add lines 1 and 2	3		45	5,3 <u>9</u>	90.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5		45	3,39	90.
6	Credits/Payments:	15.63		- 4.04.5	٠,٠٠,	
а	2010 estimated tax payments and 2009 overpayment credited to 2010 6a	13	R -	.~;	,	~ <i>(3</i> )
b	Exempt foreign organizations - tax withheld at source 6b	<u></u>	-	2,2		٠ ج
C	: Tax paid with application for extension of time to file (Form 8868)		٠.		, ,	·
d	Backup withholding erroneously withheld 6d 6d	1,467	1.	. s. ?	32	2.3
7	Total credits and payments. Add lines 6a through 6d	7				0.
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is attached	8				99.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		45	, 88	<u> </u>
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
	Enter the amount of line 10 to be: Credited to 2011 estimated tax ▶ Refunded ▶	11				
Pa	art VII-A Statements Regarding Activities			·····	T	
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interver	e in		7,1	Yes	
	any political campaign?			1a		<u>X</u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?			1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publish	ed or		1:1		
	distributed by the foundation in connection with the activities.					<b>^</b>
	Did the foundation file Form 1120-POL for this year?			1c		<u>X</u>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			180 A		
	(1) On the foundation. ► \$ 0 . (2) On foundation managers. ► \$ 0	<u>•</u>			· .	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			` \		•
	managers. ► \$0.				1	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2	, ,	<u>X</u>
	If "Yes," attach a detailed description of the activities.			], . [		-^-
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation	or				` 77
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	**	r / 3	4a		<u>X</u>
	If "Yes," has it filed a tax return on Form 990-T for this year?	IN	I/A	40		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5	<del></del> -	<u>X</u>
^	If "Yes," attach the statement required by General Instruction T.			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	$\langle \cdot \rangle$	· • •
ь	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					ire is
	By language in the governing instrument, or      By state language in the governing instrument, or	ta law			اد به مر	
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the statement of the government of the governmen	le law		6	X	
-	remain in the governing instrument?			7	X	
'	Did the foundation have at least \$5,000 in assets at any time during the year?			150	<u> </u>	<del>.</del>
0-	If "Yes," complete Part II, col. (c), and Part XV.  Enter the states to which the foundation reports or with which it is registered (see instructions).					3.14
ōa				\$ 25% Tum		{
L	VA  If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)					÷. ` '
ū	of each state as required by General Instruction G? If "No," attach explanation			8b	X	•
a	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for call	lendar		100		··· :
3	year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV	ionaai		9	.	X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	•		10		X
10	ord any personal second substantial definitioners during the tax year. If ites, altach a scredule listing their harnes and addresses		For	m <b>990</b>	PF (	

Form 990-PF (2010) POTOMAC HEALTH FOUNDATIO			<u>52-13409</u>	20 Page 6
Part VII-B Statements Regarding Activities for Which I	orm 4720 May Be F	Required (contin	ued)	1:1:
<ul><li>5a During the year did the foundation pay or incur any amount to:</li><li>(1) Carry on propaganda, or otherwise attempt to influence legislation (section)</li></ul>	1 AQA5(A\\2		s X No	
(2) Influence the outcome of any specific public election (see section 4955); of	,	•	3 L23 NO	
any voter registration drive?	r to ourry on, aroony or mone		s X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	7		s X No	
(4) Provide a grant to an organization other than a charitable, etc., organizatio	•	<del></del>		
509(a)(1), (2), or (3), or section 4940(d)(2)?		☐ Ye	s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f		🖹	
the prevention of cruelty to children or animals?		Ye	s X No	5 3 3
<b>b</b> If any answer is "Yes" to 5a(1)-(5), did <b>any</b> of the transactions fail to qualify und		n Regulations		35 1 2 - 3
section 53.4945 or in a current notice regarding disaster assistance (see instru		-		5b
Organizations relying on a current notice regarding disaster assistance check h		-	· ▶∟  .*	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption for				
expenditure responsibility for the grant?		I∕A ∟ Ye	s L No	
If "Yes," attach the statement required by Regulations section 53 4945	• •		15	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on		s X No	37.
a personal benefit contract?		Ye		
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal denetit contract?		Ţ.,	6b X
If "Yes" to 6b, file Form 8870.	haltar transaction?	v	[ <del></del> ]	
<ul><li>7a At any time during the tax year, was the foundation a party to a prohibited tax s</li><li>b If "Yes," did the foundation receive any proceeds or have any net income attribution.</li></ul>		116		7b
Information About Officers Directors Trust		nagers. Highly		1
Part VIII Paid Employees, and Contractors	, , , , , , , , , , , , , , , , , , , ,		•	
1 List all officers, directors, trustees, foundation managers and their	compensation.			
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans	(e) Expense account, other
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	allowances
SEE STATEMENT 11		98,790.	4,070.	4,004.
		,		
				,
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none.	enter "NONE."		
	(b) Title, and average		(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	account, other allowances
SHERI WARREN - 2296 OPITZ BLVD #200,		RANT PROG		
WOODBRIDGE, VA 22191	40.00	52,339.	1	0.
100DBRIDGBY VII BBISI	1000	32,000		
			, ,	
		<u> </u>		
Total number of other employees paid over \$50,000			<b>&gt;</b>	0
			Form	<b>990-PF</b> (2010)

Form 990-PF (2010)

All other program-related investments. See instructions.

Total. Add lines 1 through 3

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndation	as, see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a		1a	93,614,521.
b	Average of monthly cash balances	1b	
C	Fair market value of all other assets	1c	
đ	Total (add lines 1a, b, and c)	1d	93,614,521.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.	-, '	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	93,614,521.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	1,404,218.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	92,210,303.
6	Minimum investment return. Enter 5% of line 5	6	4,610,515.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here  and do not complete this part.)	ıd certaı	n
1	Minimum investment return from Part X, line 6	1	4,610,515.
2a	Tax on investment income for 2010 from Part VI, line 5	(3)	
b	Income tax for 2010. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	45,390.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	4,565,125.
4	Recoveries of amounts treated as qualifying distributions	4	<u>0.</u>
5	Add lines 3 and 4	5	4,565,125.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	4,565,125.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	٠, ,	
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	4,538,153.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	23,096.
3	Amounts set aside for specific charitable projects that satisfy the:	`	
а	Suitability test (prior IRS approval required)	3a	
þ	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	4,561,249.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	45,390.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	4,515,859.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years.	qualifies	s for the section

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI,	, ,	Tours prior to 2000		2010
line 7		'		4,565,125.
2 Undistributed income, if any, as of the end of 2010	-			4,303,123.
a Enter amount for 2009 only			3,760,038.	
b Total for prior years:			3,700,030.	
	1 - 2 - 3 - 3 - 3 - 3 - 3	0.	4,	- , 4, -
3 Excess distributions carryover, if any, to 2010:		:		1. 1. 1. 1. 1.
a From 2005			* **	
<b>b</b> From 2006				1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m
<b>c</b> From 2007				
<b>d</b> From 2008				
e From 2009				1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
f Total of lines 3a through e	0.			The state of the s
4 Qualifying distributions for 2010 from		2 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	, -	19 ( ) 19 ( ) 29
Part XII, line 4: $\triangleright$ \$ 4,561,249.		, , , , , , ,		
a Applied to 2009, but not more than line 2a		A The state of the	3,760,038.	
<b>b</b> Applied to undistributed income of prior				
years (Election required - see instructions)		0.		\$43°54°5
c Treated as distributions out of corpus			, ,	
(Election required - see instructions)	0.			
d Applied to 2010 distributable amount	, , , , , , , , , , , , , , , , , , , ,	- ''		801,211.
e Remaining amount distributed out of corpus	0.	· · · · · · · · · · · · · · · · · · ·		*
5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount	0.			0.
must be shown in column (a) )		*	· *	, ^ , , , , , , , , , , , , , , , , , ,
6 Enter the net total of each column as indicated below;	- ***	, , , . , . , . , . , . , . , .		<i>"</i> .
2 Corpus Add lines 31, 4c, and 4e Subtract line 5	ì	·		~
<b>b</b> Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'	7,65		,	
undistributed income for which a notice of				
deficiency has been issued, or on which the section 4942(a) tax has been previously				
assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions	Am All Carlo	0.		
e Undistributed income for 2009. Subtract line				
4a from line 2a. Taxable amount - see instr.		4 1 2 4 2 4 2 4 2 4 4 4 4 4 4 4 4 4 4 4	0.	
f Undistributed income for 2010. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2011	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2 7 x 3 x 3 x 3 x 3 x 3 x 3 x 3 x 3 x 3 x	, , , , , , , , , , , , , , , , , , ,	3,763,914.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				第十二次間に対して
section 170(b)(1)(F) or 4942(g)(3)  8 Excess distributions carryover from 2005	0.			
not applied on line 5 or line 7	0.	The off that I have been		A STATE OF STREET
9 Excess distributions carryover to 2011.	<u>U.</u>	17 8 75 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Subtract lines 7 and 8 from line 6a	0.	1. 美国大学		
10 Analysis of line 9:	4 1 ( + 2 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		31 - 2 - 2 - 1 - 2
a Excess from 2006				
b Excess from 2007				
c Excess from 2008				
d Excess from 2009				
e Excess from 2010			- 1.	

023581 12-07-10

Part XIV Private Operating For	HEALTH FOU bundations (see in	structions and Part V	II-A, question 9)	N/A	40920 Page
1 a If the foundation has received a ruling or	determination letter tha	t it is a private operating			
foundation, and the ruling is effective for		•	. ▶		
b Check box to indicate whether the found	ation is a private operati	ng foundation described	in section	4942(j)(3) or 49	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of		}			
exempt activities		<u> </u>		-	
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					
alternative test relied upon: a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public			<u> </u>		
and 5 or more exempt organizations as provided in					
section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Infor	mation (Comple	te this part only	if the foundation	had \$5,000 or me	ore in assets
at any time during th				•	
1 Information Regarding Foundation	Managers:				
a List any managers of the foundation who			tributions received by the	foundation before the clo	se of any tax
year (but only if they have contributed mo	ore than \$5,000). (See s	ection 507(d)(2).)			
NONE					
<b>b</b> List any managers of the foundation who			(or an equally large porti	on of the ownership of a p	artnership or
other entity) of which the foundation has	a 10% or greater interes	St.			
NONE					
2 Information Regarding Contributio					
Check here 🕨 🔙 if the foundation on	ly makes contributions t	to preselected charitable	organizations and does	not accept unsolicited requ	iests for funds. If
the foundation makes gifts, grants, etc. (s	ee instructions) to indiv	iduals or organizations u	inder other conditions, c	omplete items 2a, b, c, and	d d.
a The name, address, and telephone number	er of the person to whor	m applications should be	addressed:		
SEE STATEMENT 12  b The form in which applications should be	submitted and informat	tion and materials they of	hould paludo:		
		ion and materials they si			
c Any submission deadlines:					
d Any restrictions or limitations on awards,	such as by geographica	al areas, charitable fields,	kinds of institutions, or	other factors:	
·			,		
023601 12-07-10					Form 990-PF (2010

Part XV Supplementary Information	(continued)			
3 Grants and Contributions Paid During the Yo	ear or Approved for Future	Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year	any foundation manager or substantial contributor	status of recipient	CONTRIBUTION	, and an
SEE STATEMENT 13	<u> </u>	<u> </u>	<u></u>	4047075
Tota!	1	· · · · · · · · · · · · · · · · · · ·	<b>▶</b> 3a	4217073.
b Approved for future payment				469 564
Total SEE STATEMENT 14			<b>▶</b> 3b	468,564 orm <b>990-PF</b> (2010)
023611 12-07-10			F	orm <b>990-PF</b> (2010)

#### Part XVI-A **Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.	Unrelate	d business income		ded by section 512, 513, or 514	(e)
2. The amount of the most of t	(a)	(b)	(c) Exclu-	(d)	Related or exempt
1 Program service revenue:	Business code	Amount	sion	Amount	function income
a					
b ·					
C	1			· ·	
d	_ [				
е		<del> </del>			
1	_		1		
g Fees and contracts from government agencies					
2 Membership dues and assessments		·			
3 Interest on savings and temporary cash					
investments	į l		14	431.	
4 Dividends and interest from securities		<u></u>	14	3,162,264.	
5 Net rental income or (loss) from real estate:	13:2546		1.45%	1377 S. B. B. B. B. W.	Face, galant, 1
a Debt-financed property		<u>-,</u>			
b Not debt-financed property		<del></del>			
6 Net rental income or (loss) from personal		~ <del></del>			
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory			18	1,713,411.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b	1				
C	1 1				
d					
e					
12 Subtotal. Add columns (b), (d), and (e)	ÿ`\	0 .	, ;	4,876,106.	0.
13 Total. Add line 12, columns (b), (d), and (e)	-			13	4,876,106.
(See worksheet in line 13 instructions to verify calculations.)	)				

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

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

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FOITH 990-PF		IAC HEALT					1340920		age 13
Part XVII	」 Information Re Exempt Organ		nsfers To	and Transactions	and Relation	ships With Nor	charitabl	е	
1 Did the o	rganization directly or indi	rectly engage in any	v of the following	ng with any other organizat	tion described in se	ction 501(c) of		Yes	No
				27, relating to political orga				,	-
	from the reporting found						· · ·		ľ
(1) Cash							1a(1)	ا ا	Х
(2) Othe	r assets					•	1a(2)	1	Х
<b>b</b> Other train	nsactions:							1.	- :
(1) Sale:	s of assets to a noncharita	ble exempt organiza	ation				1b(1)	)	Х
	hases of assets from a no			•			1b(2)		Х
(3) Rent	al of facilities, equipment,	or other assets		•			1b(3)	$\overline{}$	X
(4) Reim	nbursement arrangements	_					1b(4)	וו	X
(5) Loan	is or loan guarantees						1b(5)	ı	X
(6) Perfo	ormance of services or me	embership or fundra	using solicitatio	ons			1b(6)	ا ا	X
c Sharing o	of facilities, equipment, ma	uling lists, other ass	ets, or paid em	ployees			1c		X
d If the ans	wer to any of the above is	"Yes," complete the	following sche	edule. Column ( <b>b)</b> should a	lways show the fair	r market value of the g	oods, other as	sets,	
				ed less than fair market va	lue in any transacti	on or sharing arranger	nent, show in		
column (	d) the value of the goods,	other assets, or ser	vices received.						
(a) Line no	(b) Amount involved	(c) Name o	of noncharitable	e exempt organization	(d) Descripti	on of transfers, transaction	ns, and sharing a	италдете	ents
			N/A						
						· · · · · · · · · · · · · · · · · · ·			
	<del></del>								
	<del></del>								
			··						
				<del></del> _					
		<u> </u>		<del> </del>		<del></del>			
									—
			<del></del>						
	<del></del>								
				or more tax-exempt organ	nizations described			( <del>-</del> -	a
	501(c) of the Code (other		c)(3)) or in sect	tion 52/?			Yes	LX	☐ No
b it yes, co	omplete the following sche		••	(h) Type of graphization	<del></del>	(a) December of re	ntionahin		
	(a) Name of org	anization		(b) Type of organization		(c) Description of re	ationship		
	N/A								
Unde	er penalties of perjury, I declare	that I have examined	this return, includ	I Ing accompanying schedules a	nd statements, and to	the best of my knowledge	and belief, it is t	rue, corre	ect
				ased on all information of which				,	,
Here	Step Do.	Rutaila		17/2	1/12 > =	EXECUTIVE I	DIRECTO	מר	
	Signature of officer or true	stee		Date	• / 1 -	Title	<u> TYPCT(</u>	<u>ж</u>	
	Print/Type preparer's na		Preparer's s		Date		PTIN		
				1		self- employed			
Paid	Hhall No	anda	1 Anc	11 1 mm/n	13/12/12	] [,			
Preparer	Firm's name CT.T	FTONLARSO	MALLIANC	T.T.P	7110110	Fırm's EIN ▶			
Use Only	CHI.	- 1014TUM(D(	`*14 TTT 121/			I IIIII S LIN			
	Firm's address ▶ 29	ਰਹ ਤੁਹਾਸਮ	OUTNOV	ST., SUITE	150				
		LINGTON,			100	Phone no. 70	03-998-	-510	10
			*** ***	<u> </u>		17 110110 110. 7	Form <b>99</b>		
								'	··

023822 04-26-11

FORM 990-PF INTEREST ON SAV	INGS AND TEM	PORARY CA	SH II	NVESTMENTS	STATEMENT	1
SOURCE					AMOUNT	
INTEREST-SAVINGS, SHORT-TERM	CD			•	4:	31.
TOTAL TO FORM 990-PF, PART I	, LINE 3, CO	LUMN A			4	31.
FORM 990-PF DIVIDEN	DS AND INTER	EST FROM	SECUI	RITIES	STATEMENT	2
SOURCE	GROSS	AMOUNT		ITAL GAINS IVIDENDS	COLUMN (A AMOUNT	<b>)</b>
PORTFOLIO INTEREST & DIVIDEN	DS 3,	162,264.	• • • • • • • • • • • • • • • • • • • •	0.	3,162,2	64.
TOTAL TO FM 990-PF, PART I,	LN 4 3,	162,264.		0.	3,162,2	64.
FORM 990-PF	LEGAL	FEES	<del></del>		STATEMENT	3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM		
LEGAL	102.		0.		1	02.
TO FM 990-PF, PG 1, LN 16A	102.		0.		1	02.
FORM 990-PF	ACCOUNTI	NG FEES			STATEMENT	4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM		
AUDIT/TAX	20,480.	•	0.		16,5	95.
TO FORM 990-PF, PG 1, LN 16B	20,480.		0.		16,5	95.

FORM 990-PF	OTHER PROFES	SIONAL FEES	Sʻ	TATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
MANAGEMENT CONSULTING INVESTMENT MANAGEMENT FEES	10,704. 334,173.	0. 334,173.		12,316.
TO FORM 990-PF, PG 1, LN 16C	344,877.	334,173.		12,316.
FORM 990-PF	TAX	ES	S'	ratement 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
EXCISE TAX	72,362.	0.		0.
TO FORM 990-PF, PG 1, LN 18	72,362.	0.		0.
FORM 990-PF	OTHER E	XPENSES	S	PATEMENT 7
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PROFESSIONAL DEVELOPMENT TECH EXPENSE OTHER EXPENSE INSURANCE	6,589. 5,441. 4,300. 10,035.	0. 0. 0.		6,589. 5,441. 160. 10,035.
TO FORM 990-PF, PG 1, LN 23	26,365.	0.		22,225.

FORM 990-PF OTHER DECREASES IN	NET ASSETS OR F	UND BALANCES	STATEMENT 8
DESCRIPTION			AMOUNT
PRIOR PERIOD ADJUSTMENT UNREALIZED LOSS			4,652,674. 778,424.
TOTAL TO FORM 990-PF, PART III, L	INE 5		5,431,098.
FORM 990-PF OT	HER INVESTMENTS		STATEMENT 9
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
SEI CORE FIXED INCOME FUND 1425973.96 SHARES SEI LARGE CAP FUND 1290497.59	COST	4,601,443.	4,601,443.
SHARES SEI SPECIAL SITUATIONS FUND LTD 3721.37 SHARES	COST	21,912,649. 4,088,478.	21,912,649. 4,088,478.
SEI OFFSHORE OPPORTUNITY II 4088. SHARES		4,181,988.	4,181,988.
SEI SMALL CAP FUND 447200.54 SHAR SEI CORE FIXED INCOME FUND 1425973.96 SHARES	COST	5,263,550. 15,086,805.	5,263,550. 15,086,805.
SEI INSTITUTIONAL INVESTMENT TRUS 727053.32 SHARES SEI REAL RETURN A 793722.14 SHARE		6,623,456. 8,334,082.	6,623,456. 8,334,082.
SEI EMERGING MARKETS DEBT FUND 269789.52 SHARES SEI ULTRA SHORT DURATION BOND FUN	COST  D COST	3,062,111.	3,062,111.
472936.95 SHARES SEI WORLD EQUITY EX-US FUND 1179711.54 SHARES	COST	4,691,535. 11,867,898.	4,691,535. 11,867,898.
TOTAL TO FORM 990-PF, PART II, LI	NE 13	89,713,995.	89,713,995.
FORM 990-PF OT	HER LIABILITIES		STATEMENT 10
DESCRIPTION		BOY AMOUNT	EOY AMOUNT
DUE TO RELATED PARTY DEFERRED TAX LIABILITY		124,580. 64,761.	16,261. 137,123.
TOTAL TO FORM 990-PF, PART II, LI	NE 22	189,341.	153,384.
	-		

FORM 990-PF

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STATEMENT

	ND FOUNDATION MANA			EWENI. II
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE
STEPHEN V. BATSCHE 2296 OPITZ BLVD #200 WOODBRIDGE, VA 22191	EXECUTIVE DIRE	80,289.	0.	0.
CAROL S. SHAPIRO, MD 2296 OPITZ BLVD #200 WOODBRIDGE, VA 22191	VICE-CHAIR 1.50	0.	0.	0.
R. MICHAEL SORENSEN 2296 OPITZ BLVD #200 WOODBRIDGE, VA 22191	TREASURER 1.50	0.	0.	0.
MICHAEL D. LUBLELEY 2296 OPITZ BLVD #200 WOODBRIDGE, VA 22191	SECRETARY 1.00	0.	0.	0.
MARION M. WALL 2296 OPITZ BLVD #200 WOODBRIDGE, VA 22191	CHAIRMAN 2.50	0.	0.	0.
HOWARD L. GREENHOUSE 2296 OPITZ BLVD #200 WOODBRIDGE, VA 22191	DIRECTOR 1.00	0.	0.	0.
DONNIE HYLTON 2296 OPITZ BLVD #200 WOODBRIDGE, VA 22191	DIRECTOR 1.00	0.	0.	0.
DEBORAH JOHNSON 2296 OPITZ BLVD #200 WOODBRIDGE, VA 22191	DIRECTOR 1.00	0.	0.	0.
KENNETH KRAKAUR 2296 OPITZ BLVD #200 WOODBRIDGE, VA 22191	DIRECTOR 1.25	0.	0.	0.
WAYNE MALLARD 2296 OPITZ BLVD #200 WOODBRIDGE, VA 22191	DIRECTOR 1.00	0.	0.	0.
SARAH PITKIN, PHD 2296 OPITZ BLVD #200 WOODBRIDGE, VA 22191	DIRECTOR 1.00	0.	0.	0.

PART VIII - LIST OF OFFICERS, DIRECTORS

WILLIAM M. MOSS 2296 OPITZ BLVD WOODBRIDGE, VA 22191 DIRECTOR/EXECUTIVE DIRECTOR 20.00

18,501. 4,070. 4,004.

TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII

98,790. 4,070.

4,004.

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION STATEMENT PART XV, LINES 2A THROUGH 2D

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

SHERI WARREN, DIRECTOR OF GRANT PROGRAMS 2296 OPITZ BLVD, STE 200 WOODBRIDGE, VA 22191

TELEPHONE NUMBER

703-523-0630

## FORM AND CONTENT OF APPLICATIONS

THE REQUEST FOR APPLICATIONS PROCESS OCCURS IN TWO STEPS. FIRST, APPLICANTS SUBMIT AN AGENCY PROFILE, LETTER OF INTENT AND PRELIMINARY BUDGET. LETTERS OF INTENT SHOULD INCLUDE: PROGRAM TITLE, START DATE, DURATION; TOTAL PROGRAM COST, AMOUNT REQUESTED, AND CURRENT AGENCY OPERATING BUDGET; DESCRIPTION OF THE TARGET POPULATION, APPROX NUMBER OF PEOPLE, AND GEOGRAPHIC AREA TO BE SERVED; PROBLEM STATEMENT OR NEED ASSESSMENT; PROGRAM OUTCOMES/OBJECTIVES; ACTIVITIES TO REACH OBJECTIVES; HOW REQUESTED FUNDS WILL BE SPENT; LOCAL LEADERSHIP AND COMMUNITY SUPPORT FOR PROGRAM; WHICH OF THE FOUNDATION STRATEGIC PRIORITY AREAS WILL THE PROGRAM SPECIFICALLY ADDRESS. APPLICANTS WHOSE LOIOS BEST FIT THE FOUNDATIONOS PROGRAM FOCUS AREAS OF ACCESS, PREVENTION AND INNOVATION WILL BE INVITED TO SUBMIT A FULL GRANT PROPOSAL.

## ANY SUBMISSION DEADLINES

LETTER OF INTENT DUE BY NOON, MAY 9, 2011. GRANT PROPOSAL DUE BY NOON, JULY 27, 2011.

### RESTRICTIONS AND LIMITATIONS ON AWARDS

THE MAXIMUM AMOUNT PER REQUEST SHOULD BE NO MORE THAN \$1 MILLION AND NO LESS THAN \$25,000. APPLICATIONS WILL BE ACCEPTED FROM GOVERNMENT AND CHARITABLE ORGANIZATIONS THAT SERVE THE PEOPLE OF EASTERN PRINCE WILLIAM COUNTY VIRGINIA, AND THE IMMEDIATELY ADJACENT COMMUNITIES IN EASTERN FAIRFAX AND STAFFORD COUNTIES. THIS INCLUDES THE FOLLOWING AREAS: AOUIA. DALE CITY, DUMFRIES, GARRISONVILLE, LAKE RIDGE, LORTON, MONTCLAIR, MANASSAS, QUANTICO, SOUTHBRIDGE, TRIANGLE AND WOODBRIDGE, VIRGINIA. THE FOUNDATION EXCLUDES THE FOLLOWING FROM CONSIDERATION: GRANTS TO PROMGRAMS NOT DIRECTLY RELATED TO HEALTH; SPONSORSHIPS, INCLUDING FUNDRAISING EVENTS; ENDOWMENTS; LOBBYING; DIRECT SUPPORT TO INDIVIDUALS; GRANTS FOR PROJECTS OR PROGRAMS OF RELIGIOUS, FRATERNAL, ATHLETIC OR VETERANS GROUPS WHEN THE PRIMARY BENEFICIARIES OF SUCH UNDERTAKINGS WOULD BE THEIR MEMBERS EXCLUSIVELY; GRNATS TO RETIRE ANY FORM OF DEBT.

FORM 990-PF

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STATEMENT

			<del></del>
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT	RECIPIENT STATUS	AMOUNT
ACTION IN COMMUNITY THROUGH SERVICE 3901 ACTS LANE DUMFRIES, VA 22026	HELPLINE ASSISTANCE AND OUTREACH PROJECT	501(C)(3)	134,973.
ACTION IN COMMUNITY THROUGH SERVICE 3901 ACTS LANE DUMFRIES, VA 22026	MEDICAL CAREGIVERS TRAINING PROGRAM	501(C)(3)	138,672.
ACTION IN COMMUNITY THROUGH SERVICE 3901 ACTS LANE DUMFRIES, VA 22026	FAMILY LIFE PROGRAM THROUGH PHOENIX FAMILY COUNSELING & PLAY THERAPY CENTER,	501(C)(3)	226,818.
BRAIN INJURY SERVICES 8136 OLD KEENE MILL RD., STE B102 SPRINGFIELD, VA 22152	AN INNOVATIVE APPROACH TO NEUROBEHAVIOR TREATMENT FOR BRAIN INJURY IN EASTER	501(C)(3)	181,305.
NORTHERN VIRGINIA RESOURCE CENTER FOR DEAF AND HARD OF HEARING PERSONS - 3951 PENDER DRIVE, STE 130 FAIRFAX, VA 22030	PROVIDING ACCESS TO HEALTHCARE FOR THE DEAF COMMUNITY	501(C)(3)	31,804.
GEORGE MASON UNIVERSITY 4400 UNIVERSITY DRIVE MS 4B2 FAIRFAX, VA 22030-4444	THE ACHIEVES PROJECT (ADVANCING HEALTHCARE INITIATIVES FOR UNDERSERVED STUDE	501(C)(3)	360,080.
GREATER PRINCE WILLIAM COMMUNITY HEALTH CENTER 4379 RIDGEWOOD CENTER DRIVE, STE 1 WOODBRIDGE, VA 22192	INTEGRATED AND COORDINATED HEALTH CARE HOME	501(C)(3)	225,518.
LAKE RIDGE LIONS CLUB CHARITIES 3688 RUSSELL ROAD WOODBRIDGE, VA 22192	REGION V LIONS CLUBS EARLY CHILDHOOD EYE SCREENING PROJECT	501(C)(3)	67,500.

GRANTS AND CONTRIBUTIONS

PAID DURING THE YEAR

POTOMAC HEALTH FOUNDATION			52-1340920
LLOYD F MOSS FREE CLINIC 1301 SAM PERRY BLVD, STE 100 FREDERICKSBURG, VA 22401	GENERAL OPERATING FUNDS	501(C)(3)	175,596.
NORTHERN VIRGINIA RESOURCE CENTER FOR DEAF AND HARD OF HEARING PERSONS - 3951 PENDER DRIVE, STE 130 FAIRFAX, VA 22030	HEARING EDUCATION, ACCESS AND RESOURCES-PRINCE WILLIAM COUNTY	501(C)(3)	22,500.
NOVA SCRIPTSCENTRAL, INC 6400 ARLINGTON BLVD, STE 120 FALLS CHURCH, VA 22042	PRESCRIPTION MEDICATIONS FOR THE LOW-INCOME	501(C)(3)	178,113.
PEDIATRIC PRIMARY CARE PROJECT 15941 CURTIS DRIVE, STE 180 WOODBRIDGE, VA 22192	KIDS CONNECT	501(C)(3)	27,000.
PRINCE WILLIAM AREA FREE CLINIC 9301 LEE AVENUE MANASASS, VA 20110	MEDICATION ACCESS CASE MANAGEMENT	501(C)(3)	125,010.
PRINCE WILLIAM COUNTY PUBLIC SCHOOLS 14715 BRISTOW ROAD MANASASS, VA 20112	PRINCE WILLIAM COUNTY SCHOOL OF PRACTICAL NURSING	GOVERNMENT	71,318.
PRINCE WILLIAM HEALTH PARTNERSHIP 2296 OPITZ BLVD., STE 200 WOODBRIDGE, VA 22192	HEAL (HEALTHY EATING AND ACTIVE LIVING) SUSTAINABILITY AND EXPANSION	501(C)(3)	54,821.
RAINBOW CENTER 5605 ANTIOCH ROAD HAYMARKET, VA 20169	THE MANE EXPERÍENCE	501(C)(3)	62,217.
RX PARTNERSHIP 2924 EMERYWOOD PARKWAY, STE 300 RICHMOND, VA 23294	MEDICATION ACCESS FOR THE UNINSURED	501(C)(3)	22,500.
SENTARA POTOMAC HOSPITAL 2300 OPITZ BLVD WOODBRIDGE, VA 22191	EVERY BABY, EVERY TIME!	501(C)(3)	76,500.

POTOMAC HEALTH FOUNDATION			52-1340920
SENTARA POTOMAC HOSPITAL 2300 OPITZ BLVD WOODBRIDGE, VA 22191	FAMILY HEALTH CONNECTION MOBILE VANS	501(C)(3)	189,000.
SENTARA POTOMAC HOSPITAL 2302 OPITZ BLVD WOODBRIDGE, VA 22191	POTOMAC WOMEN'S HEALTH MAMMOVAN	501(C)(3)	652,500.
SIDS MID-ATLANTIC P. O. BOX 799 HAYMARKET, VA 20168	CRIBS FOR KIDS	501(C)(3)	22,500.
THE ARC OF GREATER PRINCE WILLIAM 13505 HILLENDALE DRIVE WOODBRIDGE, VA 22193-1458	CAPITAL BUILDING EXPANSION	501(C)(3)	900,000.
THE HOUSE, INC. STUDENT LEADERSHIP CENTER 14001 CROWN COURT WOODBRIDGE, VA 22193-1458	FITTING IN	501(C)(3)	54,000.
YOUTH FOR TOMORROW 11835 HAZEL CIRCLE DRIVE BRISTOW, VA 20136	CRISIS INTERVENTION COUNSELING PROGRAM	501(C)(3)	216,828.
TOTAL TO FORM 990-PF, PART XV, LI	NE 3A		4,217,073.

FORM 990-PF

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STATEMENT

	FOR FUTURE PAIMENT		
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT	RECIPIENT STATUS	AMOUNT
ACTION IN COMMUNITY THROUGH SERVICE 3901 ACTS LANE DUMFRIES, VA 22026	HELPLINE ASSISTANCE AND OUTREACH PROJECT	501(C)(3)	14,997.
ACTION IN COMMUNITY THROUGH SERVICE 3901 ACTS LANE DUMFRIES, VA 22026	MEDICAL CAREGIVERS TRAINING PROGRAM	501(C)(3)	15,408.
ACTION IN COMMUNITY THROUGH SERVICE 3901 ACTS LANE DUMFRIES, VA 22026	FAMILY LIFE PROGRAM THROUGH PHOENIX FAMILY COUNSELING & PLAY THERAPY CENTER,	501(C)(3)	25,202.
BRAIN INJURY SERVICES 8136 OLD KEENE MILL RD., STE B102 SPRINGFIELD, VA 22152	AN INNOVATIVE APPROACH TO NEUROBEHAVIOR TREATMENT FOR BRAIN INJURY IN EASTER	501(C)(3)	20,145.
NORTHERN VIRGINIA RESOURCE CENTER FOR DEAF AND HARD OF HEARING PERSONS - 3951 PENDER DRIVE, STE 130 FAIRFAX, VA 22030	PROVIDING ACCESS TO HEALTHCARE FOR THE DEAF COMMUNITY	501(C)(3)	3,534.
GEORGE MASON UNIVERSITY 4400 UNIVERSITY DRIVE MS 4B2 FAIRFAX, VA 22030-4444	THE ACHIEVES PROJECT (ADVANCING HEALTHCARE INITIATIVES FOR UNDERSERVED STUDE	501(C)(3)	40,009.
GREATER PRINCE WILLIAM COMMUNITY HEALTH CENTER 4379 RIDGEWOOD CENTER DRIVE, STE 1 WOODBRIDGE, VA 22192	INTEGRATED AND COORDINATED HEALTH CARE HOME	501(C)(3)	25,058.
LAKE RIDGE LIONS CLUB CHARITIES 3688 RUSSELL ROAD WOODBRIDGE, VA 22192	REGION V LIONS CLUBS EARLY CHILDHOOD EYE SCREENING PROJECT	501(C)(3)	7,500.

GRANTS AND CONTRIBUTIONS

APPROVED FOR FUTURE PAYMENT

POTOMAC HEALTH FOUNDATION			52-1340920
LLOYD F MOSS FREE CLINIC 1301 SAM PERRY BLVD, STE 100 FREDERICKSBURG, VA 22401	GENERAL OPERATING FUNDS	501(C)(3)	19,511.
NORTHERN VIRGINIA RESOURCE CENTER FOR DEAF AND HARD OF HEARING PERSONS - 3951 PENDER DRIVE, STE 130 FAIRFAX, VA 22030	HEARING EDUCATION, ACCESS AND RESOURCES-PRINCE WILLIAM COUNTY	501(C)(3)	2,500.
NOVA SCRIPTSCENTRAL, INC 6400 ARLINGTON BLVD, STE 120 FALLS CHURCH, VA 22042	PRESCRIPTION MEDICATIONS FOR THE LOW-INCOME	501(C)(3)	19,790.
PEDIATRIC PRIMARY CARE PROJECT 15941 CURTIS DRIVE, STE 180 WOODBRIDGE, VA 22191	KIDS CONNECT	501(C)(3)	3,000.
PRINCE WILLIAM AREA FREE CLINIC 9301 LEE AVENUE MANASASS, VA 22110	MEDICATION ACCESS CASE MANAGEMENT	501(C)(3)	13,890.
PRINCE WILLIAM COUNTY PUBLIC SCHOOLS 14715 BRISTOW ROAD MANASASS, VA 22112	PRINCE WILLIAM COUNTY SCHOOL OF PRACTICAL NURSING	501(C)(3)	7,924.
PRINCE WILLIAM HEALTH PARTNERSHIP 2296 OPITZ BLVD., STE 200 WOODBRIDGE, VA 22191	HEAL (HEALTHY EATING AND ACTIVE LIVING) SUSTAINABILITY AND EXPANSION	501(C)(3)	6,091.
RAINBOW CENTER 5605 ANTIOCH ROAD HAYMARKET, VA 20169	THE MANE EXPERIENCE	501(C)(3)	6,913.
RX PARTNERSHIP 2924 EMERYWOOD PARKWAY, STE 303 RICHMOND, VA 23294	MEDICATION ACCESS FOR THE UNINSURED	501(C)(3)	2,500.
SENTARA POTOMAC HOSPITAL 2300 OPITZ BLVD WOODBRIDGE, VA 22191	EVERY BABY, EVERY TIME!	501(C)(3)	8,500.

POTOMAC HEALTH FOUNDATION			52-1340920
SENTARA POTOMAC HOSPITAL 2300 OPITZ BLVD WOODBRIDGE, VA 22191	FAMILY HEALTH CONNECTION MOBILE VANS	501(C)(3)	21,000.
SENTARA POTOMAC HOSPITAL 2302 OPITZ BLVD WOODBRIDGE, VA 22191	POTOMAC WOMEN'S HEALTH MAMMOVAN	501(C)(3)	72,500.
SIDS MID-ATLANTIC P. O. BOX 799 HAYMARKET, VA 20168	CRIBS FOR KIDS	501(C)(3)	2,500.
THE ARC OF GREATER PRINCE WILLIAM 13505 HILLENDALE DRIVE WOODBRIDGE, VA 22193	CAPITAL BUILDING EXPANSION	501(C)(3)	100,000.
THE HOUSE, INC. STUDENT LEADERSHIP CENTER 14001 CROWN COURT WOODBRIDGE, VA 22193-1458	FITTING IN	501(C)(3)	6,000.
YOUTH FOR TOMORROW 11835 HAZEL CIRCLE DRIVE BRISTOW, VA 20136	CRISIS INTERVENTION COUNSELING PROGRAM	501(C)(3)	24,092.
TOTAL TO FORM 990-PF, PART XV, LI	NE 3B	<del></del> .	468,564.