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Form **990-PF**

Department of the Treasury
Internal Revenue Service

Return of Private Foundation

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

▶ **Do not enter social security numbers on this form as it may be made public.**
▶ **Information about Form 990-PF and its instructions is at *www.irs.gov/form990pf*.**

OMB No 1545-0052

2015

Open to Public Inspection

For calendar year 2015, or tax year beginning 11-01-2015 , and ending 10-31-2016

Name of foundation
POTOMAC HEALTH FOUNDATION

A Employer identification number
52-1340920

Number and street (or P O box number if mail is not delivered to street address)
2296 OPITZ BLVD NO 200

Room/suite

B Telephone number (see instructions)
(703) 523-0620

City or town, state or province, country, and ZIP or foreign postal code
WOODBRIDGE, VA 22191

C If exemption application is pending, check here ▶ ☐

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

D 1. Foreign organizations, check here ▶ ☐

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

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

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

I Fair market value of all assets at end of year *(from Part II, col (c), line 16)* ▶$ 104,092,473

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

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

Part I **Analysis of Revenue and Expenses** *(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))*

			(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1	Contributions, gifts, grants, etc , received (attach schedule)	5,406,722			
	2	Check ▶ ☐ if the foundation is **not** required to attach Sch B				
	3	Interest on savings and temporary cash investments	349	349		
	4	Dividends and interest from securities	5,209,013	5,515,308		
	5a	Gross rents				
	b	Net rental income or (loss) _____				
	6a	Net gain or (loss) from sale of assets not on line 10	-1,046,213			
	b	Gross sales price for all assets on line 6a 28,985,647				
	7	Capital gain net income (from Part IV, line 2)		0		
	8	Net short-term capital gain				
	9	Income modifications				
	10a	Gross sales less returns and allowances				
	b	Less Cost of goods sold				
	c	Gross profit or (loss) (attach schedule)				
	11	Other income (attach schedule)				
	12	**Total.** Add lines 1 through 11	9,569,871	5,515,657		
Operating and Administrative Expenses	13	Compensation of officers, directors, trustees, etc	125,221	18,783		106,438
	14	Other employee salaries and wages	146,202	0		103,180
	15	Pension plans, employee benefits	56,999	3,944		53,055
	16a	Legal fees (attach schedule)	1,289	0		1,289
	b	Accounting fees (attach schedule)	49,561	0		52,194
	c	Other professional fees (attach schedule)	530,845	477,756		72,059
	17	Interest				
	18	Taxes (attach schedule) (see instructions)	39,264	0		0
	19	Depreciation (attach schedule) and depletion	5,229	0		
	20	Occupancy	30,658	0		0
	21	Travel, conferences, and meetings	12,462	0		12,462
	22	Printing and publications				
	23	Other expenses (attach schedule)	52,779	42,654		50,466
	24	**Total operating and administrative expenses.** Add lines 13 through 23	1,050,509	543,137		451,143
	25	Contributions, gifts, grants paid	4,876,925			4,845,853
	26	**Total expenses and disbursements.** Add lines 24 and 25	5,927,434	543,137		5,296,996
	27	Subtract line 26 from line 12				
	a	**Excess of revenue over expenses and disbursements**	3,642,437			
	b	**Net investment income** (if negative, enter -0-)		4,972,520		
	c	**Adjusted net income** (if negative, enter -0-)				

Part II **Balance Sheets** Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)

			Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing			
	2	Savings and temporary cash investments	155,096	76,653	76,653
	3	Accounts receivable ▶ 47,446 Less allowance for doubtful accounts ▶	46,835	47,446	47,446
	4	Pledges receivable ▶ 314,054 Less allowance for doubtful accounts ▶	396,770	314,054	314,054
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶ Less allowance for doubtful accounts ▶			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges	26,500	38,889	38,889
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)			
	c	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis ▶ Less accumulated depreciation (attach schedule) ▶			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)	99,208,896	103,612,750	103,612,750
	14	Land, buildings, and equipment basis ▶ 36,148 Less accumulated depreciation (attach schedule) ▶ 33,467	7,910	2,681	2,681
	15	Other assets (describe ▶)			
	16	**Total assets**(to be completed by all filers—see the instructions Also, see page 1, item I)	99,842,007	104,092,473	104,092,473
Liabilities	17	Accounts payable and accrued expenses	138,361	169,032	
	18	Grants payable	1,840,212	1,877,020	
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ▶)	98,154	113,071	
	23	**Total liabilities**(add lines 17 through 22)	2,076,727	2,159,123	
Net Assets or Fund Balances		**Foundations that follow SFAS 117, check here ▶ ☑ and complete lines 24 through 26 and lines 30 and 31.**			
	24	Unrestricted	97,765,280	101,933,350	
	25	Temporarily restricted			
	26	Permanently restricted			
		Foundations that do not follow SFAS 117, check here ▶ ☐ and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds			
	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds			
	30	**Total net assets or fund balances**(see instructions)	97,765,280	101,933,350	
	31	**Total liabilities and net assets/fund balances**(see instructions)	99,842,007	104,092,473	

Part III **Analysis of Changes in Net Assets or Fund Balances**

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	97,765,280
2	Enter amount from Part I, line 27a	2	3,642,437
3	Other increases not included in line 2 (itemize) ▶	3	525,748
4	Add lines 1, 2, and 3	4	101,933,465
5	Decreases not included in line 2 (itemize) ▶	5	115
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	101,933,350

Part IV Capital Gains and Losses for Tax on Investment Income

	List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co)	How acquired P—Purchase (b) D—Donation	Date acquired (c) (mo , day, yr)	Date sold (d) (mo , day, yr)
1 a	SEI CORE PROPERTY FUND, LLC			
b	PUBLICLY TRADED SECURITIES			
c				
d				
e				

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a	57,277			57,277
b	28,985,647		30,031,860	-1,046,213
c				
d				
e				

	Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			Gains (Col (h) gain minus col (k), but not less than -0-) or (l) Losses (from col (h))
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a				57,277
b				-1,046,213
c				
d				
e				

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter -0- in Part I, line 7 }	2	-988,936
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)
If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☑ No
If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2014	4,980,260	100,254,131	0 049676
2013	4,672,707	100,774,355	0 046368
2012	4,370,054	95,756,146	0 045637
2011	3,863,779	90,901,681	0 042505
2010	4,515,859	92,210,303	0 048973

2	**Total** of line 1, column (d)	2	0 233159
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0 046632
4	Enter the net value of noncharitable-use assets for 2015 from Part X, line 5	4	98,321,142
5	Multiply line 4 by line 3	5	4,584,911
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	49,725
7	Add lines 5 and 6	7	4,634,636
8	Enter qualifying distributions from Part XII, line 4	8	5,296,996

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions

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

1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter _____ (attach copy of letter if necessary–see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☑ and enter 1% of Part I, line 27b		1	49,725
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		2	0
3	Add lines 1 and 2		3	49,725
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	49,725
6	Credits/Payments			
a	2015 estimated tax payments and 2014 overpayment credited to 2015 — 6a: 49,072			
b	Exempt foreign organizations—tax withheld at source — 6b:			
c	Tax paid with application for extension of time to file (Form 8868) — 6c:			
d	Backup withholding erroneously withheld — 6d:			
7	Total credits and payments Add lines 6a through 6d		7	49,072
8	Enter any **penalty** for underpayment of estimated tax Check here ☑ if Form 2220 is attached		8	24
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶		9	677
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶		10	
11	Enter the amount of line 10 to be **Credited to 2015 estimated tax** ▶ **Refunded** ▶		11	

Part VII-A **Statements Regarding Activities**

			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		No
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)?	1b		No
	If the answer is "Yes" to ***1a*** *or* ***1b,*** *attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities*			
c	Did the foundation file **Form 1120-POL** for this year?	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year **(1)** On the foundation ▶ $ 0 **(2)** On foundation managers ▶ $ 0			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ $ 0			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? *If "Yes," attach a detailed description of the activities*	2		No
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? *If "Yes," attach a conformed copy of the changes*	3		No
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		No
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? *If "Yes," attach the statement required by General Instruction T*	5		No
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes	
7	Did the foundation have at least $5,000 in assets at any time during the year? *If "Yes," complete Part II, col (c), and Part XV*	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ VA			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? *If "No," attach explanation*	8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? *If "Yes," complete Part XIV*	9		No
10	Did any persons become substantial contributors during the tax year? *If "Yes," attach a schedule listing their names and addresses*	10		No

Part VII-A Statements Regarding Activities *(continued)*

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	

Website address ▶ WWW POTOMACHEALTHFOUNDATION ORG

14 The books are in care of ▶ SUSIE LEE Telephone no ▶ (703) 523-0620

Located at ▶ 2296 OPITZ BLVD STE 200 WOODBRIDGE VA ZIP+4 ▶ 22191

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of **Form 1041** —Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the year ▶ 15

16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country ▶	16		No

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

	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☑ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☑ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☑ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☑ No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? ☐ Yes ☑ No			
	(6) Agree to pay money or property to a government official? (**Exception.** Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). ☐ Yes ☑ No			
b	If any answer is "Yes" to 1a(1)–(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2015?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? ☐ Yes ☑ No			
	If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer "No" and attach statement—see instructions)	2b		
c	If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☑ No			
b	If "Yes," did it have excess business holdings in 2015 as a result of **(1)** any purchase by the foundation or disqualified persons after May 26, 1969, **(2)** the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or **(3)** the lapse of the 10-, 15-, or 20-year first phase holding period? *(Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2015).*	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b		No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required *(Continued)*

5a	During the year did the foundation pay or incur any amount to				
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	☐ Yes	☑ No		
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	☐ Yes	☑ No		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	☐ Yes	☑ No		
	(4) Provide a grant to an organization other than a charitable, etc , organization described in section 4945(d)(4)(A)? (see instructions)	☐ Yes	☑ No		
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	☐ Yes	☑ No		
b	If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)?			5b	
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐				
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	☐ Yes	☐ No		
	If "Yes," attach the statement required by Regulations section 53 4945–5(d)				
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	☐ Yes	☑ No		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			6b	No
	If "Yes" to 6b, file Form 8870				
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	☐ Yes	☑ No		
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?			7b	

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

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	Title, and average hours per week **(b)** devoted to position	**(c)** Compensation **(If not paid, enter -0-)**	**(d)** Contributions to employee benefit plans and deferred compensation	Expense account, **(e)** other allowances
See Additional Data Table				

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

(a) Name and address of each employee paid more than $50,000	Title, and average hours per week **(b)** devoted to position	**(c)** Compensation	**(d)** Contributions to employee benefit plans and deferred compensation	Expense account, **(e)** other allowances
TIMOTHY MCCUE 2296 OPITZ BLVD SUITE 200 WOODBRIDGE,VA 22191	DIRECTOR OF GRANTS P 40 00	103,180	22,649	0

Total number of other employees paid over $50,000 ▶ 0

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

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than $50,000	**(b)** Type of service	**(c)** Compensation
SEI GLOBAL INSTITUTIONAL GROUP 1 FREEDOM VALLEY DRIVE OAKS,PA 19456	INVESTMENT MANAGEMENT	477,756

Total number of others receiving over $50,000 for professional services. . . . . ▶ 0

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

List the foundation's four largest direct charitable activities during the tax year Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1	
2	
3	
4	

Part IX-B **Summary of Program-Related Investments** (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments See instructions **3**	
Total. Add lines 1 through 3 . . . . . ▶	0

Part X Minimum Investment Return

(All domestic foundations must complete this part. Foreign foundations,see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes			
a	Average monthly fair market value of securities		1a	99,221,796
b	Average of monthly cash balances		1b	596,622
c	Fair market value of all other assets (see instructions)		1c	0
d	**Total** (add lines 1a, b, and c)		1d	99,818,418
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e 0		
2	Acquisition indebtedness applicable to line 1 assets		2	0
3	Subtract line 2 from line 1d		3	99,818,418
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)		4	1,497,276
5	**Net value of noncharitable-use assets.**Subtract line 4 from line 3 Enter here and on Part V, line 4		5	98,321,142
6	**Minimum investment return.**Enter 5% of line 5		6	4,916,057

Part XI Distributable Amount

(see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ▶ ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6			1	4,916,057
2a	Tax on investment income for 2015 from Part VI, line 5	2a	49,725		
b	Income tax for 2015 (This does not include the tax from Part VI)	2b			
c	Add lines 2a and 2b			2c	49,725
3	Distributable amount before adjustments Subtract line 2c from line 1			3	4,866,332
4	Recoveries of amounts treated as qualifying distributions			4	5,736
5	Add lines 3 and 4			5	4,872,068
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	4,872,068

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	5,296,996
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	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	**Qualifying distributions.**Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	5,296,996
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)	5	49,725
6	**Adjusted qualifying distributions.**Subtract line 5 from line 4	6	5,247,271

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				4,872,068
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only.			4,909,212	
b Total for prior years 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2015				
a From 2010.				
b From 2011.				
c From 2012.				
d From 2013.				
e From 2014.				
f **Total** of lines 3a through e.	0			
4 Qualifying distributions for 2015 from Part XII, line 4 ▶ $ 5,296,996				
a Applied to 2014, but not more than line 2a			4,909,212	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2015 distributable amount.				387,784
e Remaining amount distributed out of corpus	0			
5 Excess distributions carryover applied to 2015	0			0
(If an amount appears in column (d), the same amount must be shown in column (a).)				
6 **Enter the net total of each column as indicated below:**				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0			
b Prior years' undistributed income Subtract line 4b from line 2b		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.		0		
d Subtract line 6c from line 6b Taxable amount —see instructions		0		
e Undistributed income for 2014 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015				4,484,284
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0			
8 Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions)	0			
9 **Excess distributions carryover to 2016.** Subtract lines 7 and 8 from line 6a	0			
10 Analysis of line 9				
a Excess from 2011.				
b Excess from 2012.				
c Excess from 2013.				
d Excess from 2014.				
e Excess from 2015.				

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

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2015, enter the date of the ruling. . . . . ▶

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

	Tax year	Prior 3 years			(e) Total
	(a) 2015	(b) 2014	(c) 2013	(d) 2012	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon **a** "Assets" alternative test—enter **(1)** Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test—enter **(1)** Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the organization had $5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than $5,000) (See section 507(d)(2))

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ▶ ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds If the foundation makes gifts, grants, etc (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed

TIMOTHY MCCUE
2296 OPITZ BLVD STE 200
WOODBRIDGE, VA 22191
(703) 523-0630
TIMOTHY@POTOMACHEALTHFOUNDATION ORG

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

LETTER OF INTENT TO INCLUDE NARRATIVE AND BUDGET PLAN, COMPLETED AND SUBMITTED ONLINE

c Any submission deadlines

JANUARY 22, 2016

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

THE FOUNDATION AWARDS GRANTS TO TAX-EXEMPT ORGANIZATIONS THAT SERVE INDIVIDUALS IN EASTERN PRINCE WILLIAM COUNTY, LORTON, NORTH STAFFORD IN VIRGINIA PROJECTS MUST WORK TOWARD IMPROVING THE HEALTH OF THE COMMUNITY PROJECTS ARE FUNDED FOR A 12 MONTH PERIOD THE FOUNDATION DOES NOT FUND SPONSORSHIPS, INCLUDING FUNDRAISING EVENTS, ENDOWMENTS, LOBBYING, DIRECT SUPPORT TO INDIVIDUALS, PROGRAMS OF RELIGIOUS, FRATERNAL, ATHLETIC, OR VETERANS GROUPS WHEN THE PRIMARY BENEFICIARIES OF SUCH UNDERTAKINGS WOULD BE THEIR MEMBERS EXCLUSIVELY, GRANTS TO RETIRE ANY FORM OF DEBT, SCIENTIFIC RESEARCH GRANTS, AND INDIRECT COST PERCENTAGES

Part XV Supplementary Information(continued)

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year* See Additional Data Table				
Total . . . . . ▶ **3a**				4,845,853
b *Approved for future payment* See Additional Data Table				
Total . . . . . ▶ **3b**				1,877,020

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments. . . .					
3 Interest on savings and temporary cash investments			14	349	
4 Dividends and interest from securities. . .			14	5,209,013	
5 Net rental income or (loss) from real estate					
a Debt-financed property.					
b Not debt-financed property.					
6 Net rental income or (loss) from personal property					
7 Other investment income.					
8 Gain or (loss) from sales of assets other than inventory			18	-1,046,213	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory . .					
11 Other revenue a					
b					
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e). .		0		4,163,149	0
13 **Total.** Add line 12, columns (b), (d), and (e).				**13**	4,163,149

(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) (See instructions)
11	AMOUNTS PAID FOR GRANTS IN PRIOR YEAR AND RETURNED IN THE CURRENT YEAR

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

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

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

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

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

b If "Yes," complete the following schedule

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

Sign Here

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

******	2017-03-15	******
Signature of officer or trustee	Date	Title

May the IRS discuss this return with the preparer shown below (see instr)? ☑ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed ▶ ☐	PTIN
DAVID TRIMNER				P00444822

Firm's name ▶ CLIFTONLARSONALLEN LLP — Firm's EIN ▶ 41-0746749

Firm's address ▶ 901 N GLEBE ROAD SUITE 200 ARLINGTON, VA 22203 — Phone no (571) 227-9500

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
SUSIE LEE 2296 OPITZ BLVD 200 WOODBRIDGE,VA 22191	EXECUTIVE DIRECTOR 40 00	125,221	26,296	776
CAROL S SHAPIRO MD 2296 OPITZ BLVD 200 WOODBRIDGE,VA 22191	VICE-CHAIR 4 00	0	0	0
R MICHAEL SORENSEN 2296 OPITZ BLVD 200 WOODBRIDGE,VA 22191	TREASURER 3 00	0	0	0
WAYNE MALLARD 2296 OPITZ BLVD 200 WOODBRIDGE,VA 22191	SECRETARY 2 00	0	0	0
MARION M WALL 2296 OPITZ BLVD 200 WOODBRIDGE,VA 22191	CHAIR 4 00	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
SARAH PITKIN PHD 2296 OPITZ BLVD 200 WOODBRIDGE,VA 22191	DIRECTOR 1 00	0	0	0
WILLIAM M MOSS 2296 OPITZ BLVD 200 WOODBRIDGE,VA 22191	DIRECTOR 1 00	0	0	0
CARLOS CASTRO 2296 OPITZ BLVD 200 WOODBRIDGE,VA 22191	DIRECTOR 1 00	0	0	0
SAM HILL EDD 2296 OPITZ BLVD 200 WOODBRIDGE,VA 22191	DIRECTOR 1 00	0	0	0
MEGAN PERRY 2296 OPITZ BLVD 200 WOODBRIDGE,VA 22191	DIRECTOR 1 00	0	0	0

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ACTION IN COMMUNITY THROUGH SERVICE 3900 ACTS LANE DUMFRIES,VA 22026	NONE	PC	15 MAP HELPLINE ASSISTANCE AND OUTREACH PROJECT & MEDICAL CAREGIVER PRGM	2,500
AMERICAN HEART ASSOCIATION 4301 FAIRFAX DRIVE SUITE 530 ARLINGTON,VA 22203	NONE	PC	CPR ANYTIME	35,133
AMERICAN HEART ASSOCIATION 4301 FAIRFAX DRIVE SUITE 530 ARLINGTON,VA 22203	NONE	PC	CPR ANYTIME	65,625
BRAIN INJURY SERVICES 8136 OLD KEENE MILL ROAD SPRINGFIELD,VA 22152	NONE	PC	CREST COLLABORATIVE REHABILITATION TO ENHANCE STROKE TREATMENT	67,544
BRAIN INJURY SERVICES 8136 OLD KEENE MILL ROAD SPRINGFIELD,VA 22152	NONE	PC	CREST COLLABORATIVE REHABILITATION TO ENHANCE STROKE TREATMENT	101,170
Total . . . . . ▶ **3a**				4,845,853

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHANGE IN ACTION INC 128884 HARBOR DRIVE SUITE 203 WOODBRIDGE,VA 22192	NONE	PC	MAP	12,016
CHANGE IN ACTION INC 128884 HARBOR DRIVE SUITE 203 WOODBRIDGE,VA 22192	NONE	PC	BEHAVIORAL MANAGEMENT FOR TRAUMATIC EXPOSURE	74,634
CHANGE IN ACTION INC 128884 HARBOR DRIVE SUITE 203 WOODBRIDGE,VA 22192	NONE	PC	BEHAVIORAL MANAGEMENT FOR TRAUMATIC EXPOSURE	100,959
CHANGE IN ACTION INC 128884 HARBOR DRIVE SUITE 203 WOODBRIDGE,VA 22192	NONE	PC	15 MAP	1,838
CONSUMER HEALTH FOUNDATION 1400 16TH ST NW SUITE 710 WASHINGTON,DC 20036	NONE	PC	REGIONAL PRIMARY CARE COALITION	15,000
Total . . . . . ▶ **3a**				4,845,853

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EMPOWERHOUSE PO BOX 1007 FREDRICKSBURG,VA 22402	NONE	PC	INTERPERSONAL VIOLENCE HEALTHCARE PARTNERSHIP PROGRAM	30,402
EMPOWERHOUSE PO BOX 1007 FREDRICKSBURG,VA 22402	NONE	PC	INTERPERSONAL VIOLENCE HEALTHCARE PARTNERSHIP PROGRAM	45,602
EMPOWERHOUSE PO BOX 1007 FREDRICKSBURG,VA 22402	NONE	PC	MAP	13,188
GANG RESPONSE INTERVENTION TEAM (GRIT) 4379 RIDGEWOOD CENTER DRIVE SUITE 102 WOODBRIDGE,VA 22192	NONE	PC	MAC TATTOO REMOVAL PROGRAM	4,844
GEORGE MASON UNIVERSITY 10900 UNIVERSITY BLVD MS 4E5 MANASSAS,VA 20110	NONE	PC	MIDDLE SCHOOL ACHIEVES	75,000
Total . . . . . ▶ **3a**				4,845,853

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GEORGE MASON UNIVERSITY 10900 UNIVERSITY BLVD MS 4E5 MANASSAS,VA 20110	NONE	PC	POISED (PRECISION OUTREACH INTERVENTION , SCREENING SURVEILLANCE & EXERCISE FOR FALLS PREVENTION/ PRINCE WILLIAM	99,200
GEORGE MASON UNIVERSITY 10900 UNIVERSITY BLVD MS 4E5 MANASSAS,VA 20110	NONE	PC	MIDDLE SCHOOL ACHIEVES (ADVANCING HEALTHCARE INITIATIVES FOR UNDERSERVED STUDENTS)	154,200
GEORGE MASON UNIVERSITY 10900 UNIVERSITY BLVD MS 4E5 MANASSAS,VA 20110	NONE	PC	POISED (PRECISION OUTREACH INTERVENTION, SCREENING, SURVEILLANCE AND EXERCISE FOR FALLS PREVENTION IN DIABETES) PRINCE WILLIAM	130,007
GEORGE WASHINGTON REGIONAL COMMISSIONTHE FARMER'S MARKET 406 PRINCESS ANNE ST FREDRICKSBURG,VA 22402	NONE	PC	FRESH FOOD ACCESS FOR COMMUNITY HEALTH	25,853
GEORGE WASHINGTON REGIONAL COMMISSIONTHE FARMER'S MARKET 406 PRINCESS ANNE ST FREDRICKSBURG,VA 22402	NONE	PC	FRESH FOOD ACCESS FOR COMMUNITY HEALTH	15,558
Total . . . . . ▶ **3a**				4,845,853

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREATER PRINCE WILLIAM COMMUNITY HEALTH CENTER 4379 RIDGEWOOD CENTER DRIVE SUITE 102 WOODBRIDGE,VA 22192	NONE	PC	INCREASED ACCESS TO INTEGRATED CARE AT OUR MEDICAL HOME IN DUMFRIES	90,000
GREATER PRINCE WILLIAM COMMUNITY HEALTH CENTER 4379 RIDGEWOOD CENTER DRIVE SUITE 102 WOODBRIDGE,VA 22192	NONE	PC	15 HSN	1,703
GREATER PRINCE WILLIAM COMMUNITY HEALTH CENTER 4379 RIDGEWOOD CENTER DRIVE SUITE 102 WOODBRIDGE,VA 22192	NONE	PC	15 MAP	15,000
INSTITUTE FOR PUBLIC HEALTH INNOVATION 1301 CONNECTICUT AVENUE NW WASHINGTON,DC 20016	NONE	PC	BUILDING AND STRENGTHENING A SUSTAINABLE AND EFFECTIVE COMMUNITY HEALTH WORKER (CHW) WORKFORCE IN THE COMMONWEALTH OF VIRGINIA	20,000
LLOYD F MOSS FREE CLINIC 1301 SAM PERRY BLVD FREDERICKSBURG,VA 22401	NONE	PC	15 MAP	2,496
Total . . . . . ▶ **3a**				4,845,853

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LLOYD F MOSS FREE CLINIC 1301 SAM PERRY BLVD FREDERICKSBURG,VA 22401	NONE	PC	15 HSN - GENERAL OPERATING FUNDS	15,096
LLOYD F MOSS FREE CLINIC 1301 SAM PERRY BLVD FREDERICKSBURG,VA 22401	NONE	PC	GENERAL OPERATING FUNDS	136,890
LLOYD F MOSS FREE CLINIC 1301 SAM PERRY BLVD FREDERICKSBURG,VA 22401	NONE	PC	GENERAL OPERATING FUNDS	91,260
MEDICAL CARE FOR CHILDREN'S PARTNERSHIP FOUNDATION 1616 ANDERSON ROAD MCLEAN,VA 22102	NONE	PC	MCCP FOUNDATION PROJECT PEARLY WHITES - LORTON	16,290
METROPOLITAN WASHINGTON COUNCIL OF GOVERNMENTS 777 N CAPITOL ST NE SUITE 300 WASHINGTON,DC 20002	NONE	PC	REGION FORWARD HEALTH INDICATORS LIFE EXPECTANCY AND QUALITY OF LIFE	7,289
Total . . . . . ▶ **3a**				4,845,853

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL CAPITAL POISON CENTER 3201 NEW MEXICO AVENUE SUITE 310 WASHINGTON,DC 20016	NONE	PC	POISON CONTROL SERVICES TO FOUNDATION'S SERVICE AREA	111,065
NATIONAL CAPITAL POISON CENTER 3201 NEW MEXICO AVENUE SUITE 310 WASHINGTON,DC 20016	NONE	PC	WEBPOISONCONTROL ENHANCEMENT OF AN ON-LINE PROTOTYPE TRIAGE APPLICATION TO INCREASE ACCESS TO POISON CONTROL SERVICES AND MINIMIZE INJURY FROM POISONINGS	150,000
NATIONAL CAPITAL POISON CENTER 3201 NEW MEXICO AVENUE SUITE 310 WASHINGTON,DC 20016	NONE	PC	POISON CONTROL SERVICES TO FOUNDATION'S SERVICE AREA	65,552
NATIONAL CAPITAL POISON CENTER 3201 NEW MEXICO AVENUE SUITE 310 WASHINGTON,DC 20016	NONE	PC	WEB POISON CONTROL	100,000
NATIONAL CAPITAL POISON CENTER 3201 NEW MEXICO AVENUE SUITE 310 WASHINGTON,DC 20016	NONE	PC	15 HSN POISON CTRL SVCS TO THE FDN'S SVC AREA	16,500
Total . . . . . ▶ **3a**				4,845,853

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL COALITION OF 100 BLACK WOMEN PO BOX 1166 DUMFRIES,VA 22026	NONE	PC	COLON CANCER PROJECT	68,600
NATIONAL COALITION OF 100 BLACK WOMEN PO BOX 1166 DUMFRIES,VA 22026	NONE	PC	INCREASE AWARENESS ON PREVENTION, EARLY DETECTION, TREATMENT PROSTATE CANCER	39,200
NORTHERN VIRGINIA FAMILY SERVICE 10455 WHITE GRANITE DRIVE SUITE 100 OAKTON,VA 22124	NONE	PC	15 HSN KIDS CONNECT	3,500
NORTHERN VIRGINIA FAMILY SERVICE 10455 WHITE GRANITE DRIVE SUITE 100 OAKTON,VA 22124	NONE	PC	IMPROVING NUTRITION FOR LOW-INCOME FAMILIES	73,200
NORTHERN VIRGINIA FAMILY SERVICE 10455 WHITE GRANITE DRIVE SUITE 100 OAKTON,VA 22124	NONE	PC	IMPROVING NUTRITION FOR LOW-INCOME FAMILIES	115,348
Total . . . . . ▶ **3a**				4,845,853

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHERN VIRGINIA FAMILY SERVICE 10455 WHITE GRANITE DRIVE SUITE 100 OAKTON,VA 22124	NONE	PC	HEALTHLINK	41,896
NORTHERN VIRGINIA FAMILY SERVICE 10455 WHITE GRANITE DRIVE SUITE 100 OAKTON,VA 22124	NONE	PC	KIDS CONNECT	31,500
NORTHERN VIRGINIA FAMILY SERVICE 10455 WHITE GRANITE DRIVE SUITE 100 OAKTON,VA 22124	NONE	PC	KIDS CONNECT	21,000
NORTHERN VIRGINIA FAMILY SERVICE 10455 WHITE GRANITE DRIVE SUITE 100 OAKTON,VA 22124	NONE	PC	PRINCE WILLIAM HEALTHLINK	27,931
NOVA SCRIPTSCENTRAL INC 6400 ARLINGTON BLVD SUITE 120 FALLS CHURCH,VA 22042	NONE	PC	15 MAP	2,800
Total . . . . . ▶ **3a**				4,845,853

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NOVA SCRIPTSCENTRAL INC 6400 ARLINGTON BLVD SUITE 120 FALLS CHURCH,VA 22042	NONE	PC	15 HSN - IMPROVING HLTH ACCESS IN PW, STAFFORD & LORTON	22,141
NOVA SCRIPTSCENTRAL INC 6400 ARLINGTON BLVD SUITE 120 FALLS CHURCH,VA 22042	NONE	PC	IMPROVING HEALTH ACCESS IN PRINCE WILLIAM, STAFFORD AND LORTON, PRESCRIPTION MEDICATIONS FOR THE LOW-INCOME AND UNINSURED	199,269
NOVA SCRIPTSCENTRAL INC 6400 ARLINGTON BLVD SUITE 120 FALLS CHURCH,VA 22042	NONE	PC	IMPROVING HEALTH ACCESS IN PRINCE WILLIAM, STAFFORD AND LORTON, PRESCRIPTION MEDICATIONS FOR THE LOW-INCOME AND UNINSURED	132,846
NUEVA VIDA INC 5225 WISCONSIN AVE NW SUITE 503 WASHINGTON,DC 20015	NONE	PC	INCREASING CANCER PREVENTION AND IMPROVING CONTINUITY OF CARE TO UNDERSERVED LATINAS IN PWC	75,000
NUEVA VIDA INC 5225 WISCONSIN AVE NW SUITE 503 WASHINGTON,DC 20015	NONE	PC	REDUCING FRAGMENTATION AND IMPROVING CONTINUITY OF CARE ACROSS THE BREAST CANCER CONTINUUM	37,888
Total . . . . . ▶ **3a**				4,845,853

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PATHWAY HOMES 10201 FAIRFAX BLVD FAIRFAX,VA 22030	NONE	PC	PERMANENT SUPORTIVE HOUSING FOR FORMERLY HOMELESS W/SERIOUS MENTAL ILLNESS	24,000
PATHWAY HOMES 10201 FAIRFAX BLVD FAIRFAX,VA 22030	NONE	PC	PERMANENT SUPPORTIVE HOUSING FOR INDIVIDUALS WITH SERIOUS MENTAL ILLNESS	75,000
PATHWAY HOMES 10201 FAIRFAX BLVD FAIRFAX,VA 22030	NONE	PC	MAP	10,000
POTOMAC AND RAPPAHANNOCK TRANSPORTATION COMMISSION 14700 POTOMAC MILLS ROAD WOODBRIDGE,VA 22192	NONE	PC	MWCOG MATCHING GRANT	125,000
PRINCE WILLIAM AREA FREE CLINIC 13900 CHURCH HILL DRIVE WOODBRIDGE,VA 22191	NONE	PC	15 HSN UNIFIED HLTH CENTER	18,160
Total . . . . . ▶ **3a**				4,845,853

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRINCE WILLIAM AREA FREE CLINIC 13900 CHURCH HILL DRIVE WOODBRIDGE,VA 22191	NONE	PC	PRINCE WILLIAM AREA FREE CLINIC NAVIGATION	18,903
PRINCE WILLIAM AREA FREE CLINIC 13900 CHURCH HILL DRIVE WOODBRIDGE,VA 22191	NONE	PC	PRINCE WILLIAM AREA FREE CLINIC UNIFIED HEALTH CENTER	171,026
PRINCE WILLIAM AREA FREE CLINIC 13900 CHURCH HILL DRIVE WOODBRIDGE,VA 22191	NONE	PC	PWAFC NAVIGATION	29,137
PRINCE WILLIAM AREA FREE CLINIC 13900 CHURCH HILL DRIVE WOODBRIDGE,VA 22191	NONE	PC	PRINCE WILLIAM AREA FREE CLINIC UNIFIED HEALTH CENTER	114,017
PRINCE WILLIAM COUNTY PUBLIC SCHOOLS 14715 BRISTOW ROAD MANASSAS,VA 20112	NONE	PC	BIOMEDICAL SCIENCE/PROJECT LEAD THE WAY	23,040
Total . . . . . ▶ **3a**				4,845,853

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRINCE WILLIAM COUNTY PUBLIC SCHOOLS 14715 BRISTOW ROAD MANASSAS,VA 20112	NONE	PC	HUMAN TRAFFICKING PREVENTION, IDENTIFICATION, AND REFERRAL	29,888
PRINCE WILLIAM COUNTY PUBLIC SCHOOLS 14715 BRISTOW ROAD MANASSAS,VA 20112	NONE	PC	COORDINATED MENTAL HEALTH SUPPORT FOR AT-RISK YOUTH	34,494
PRINCE WILLIAM COUNTY PUBLIC SCHOOLS 14715 BRISTOW ROAD MANASSAS,VA 20112	NONE	PC	COORDINATED MENTAL HEALTH SUPPORT FOR AT-RISK YOUTH	51,742
PRINCE WILLIAM HEALTH DISTRICT 9301 LEE AVENUE MANASSAS,VA 20110	NONE	PC	BEAT CANCER BREAST EDUCATION AWARENESS & TREATMENT	24,717
PRINCE WILLIAM SOCCER INC 14716 MINNIEVILLE RD WOODBRIDGE,VA 22193	NONE	PC	2016 MAP	6,750
Total . . . . . ▶ **3a**				4,845,853

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRINCE WILLIAM SOCCER INC 14716 MINNIEVILLE RD WOODBRIDGE,VA 22193	NONE	PC	THE COURAGE F U N PROJECT	41,313
PRINCE WILLIAM SOCCER INC 14716 MINNIEVILLE RD WOODBRIDGE,VA 22193	NONE	PC	THE COURAGE F U N PROJECT	27,542
PROJECT MEND-A-HOUSE INC 9500 TECHNOLOGY DRIVE SUITE 101 MANASSAS,VA 20110	NONE	PC	PREVENTING HEALTH COMPLICATIONS THROUGH PARTICIPATION IN THE STANFORD CHRONIC DISEASES SELF-MANAGEMENT PROGRAM AND THE DIABETES SELF-MANAGEMENT PROGRAM	24,000
PROJECT MEND-A-HOUSE INC 9500 TECHNOLOGY DRIVE SUITE 101 MANASSAS,VA 20110	NONE	PC	15 MAP	2,300
RAPPAHANNOCK AREA AGENCY ON AGING 460 LENDALL LANE FREDERICKSBURG,VA 22405	NONE	PC	THE RAAA AQUIA GARRISONVILLE HEALTHCARE PROJECT	9,101
Total . . . . . ▶ **3a**				4,845,853

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RX PARTNERSHIP 2924 EMERYWOOD PARKWAY SUITE 300 RICHMOND,VA 23294	NONE	PC	15 HSN MEDICATION ACCESS FOR THE UNINSURED	2,500
RX PARTNERSHIP 2924 EMERYWOOD PARKWAY SUITE 300 RICHMOND,VA 23294	NONE	PC	15 MAP	1,675
RX PARTNERSHIP 2924 EMERYWOOD PARKWAY SUITE 300 RICHMOND,VA 23294	NONE	PC	MEDICATION ACCESS FOR THE UNINSURED	22,500
RX PARTNERSHIP 2924 EMERYWOOD PARKWAY SUITE 300 RICHMOND,VA 23294	NONE	PC	MEDICATION ACCESS FOR THE UNINSURED	15,000
SCAN OF NORTHERN VIRGINIA 205 S WHITING STREET SUITE 205 ALEXANDRIA,VA 22304	NONE	PC	MAP	6,000
Total . . . . . ▶ **3a**				4,845,853

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SCAN OF NORTHERN VIRGINIA 205 S WHITING STREET SUITE 205 ALEXANDRIA,VA 22304	NONE	PC	SAFE BABIES AND CHILD ABUSE PREVENTION	10,000
SCAN OF NORTHERN VIRGINIA 205 S WHITING STREET SUITE 205 ALEXANDRIA,VA 22304	NONE	PC	SAFE BABIES AND CHILD ABUSE PREVENTION	15,000
SENTARA NORTHERN VIRGINIA MEDICAL CENTER 2300 OPITZ BLVD WOODBRIDGE,VA 22191	NONE	PC	CYCLE 14A FAMILY HEALTH CONNECTION MOBILE VANS	15,000
SENTARA NORTHERN VIRGINIA MEDICAL CENTER 2300 OPITZ BLVD WOODBRIDGE,VA 22191	NONE	PC	YR3 HISPANIC DIABETES OUTREACH PROGRAM	6,065
SENTARA NORTHERN VIRGINIA MEDICAL CENTER 2300 OPITZ BLVD WOODBRIDGE,VA 22191	NONE	PC	YR3 SENTARA POTOMAC WOMEN'S HEALTH MAMMOVAN	36,046
Total . . . . . ▶ **3a**				4,845,853

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SENTARA NORTHERN VIRGINIA MEDICAL CENTER 2300 OPITZ BLVD WOODBRIDGE,VA 22191	NONE	PC	DIABETES PREVENTION PROGRAM	18,567
SENTARA NORTHERN VIRGINIA MEDICAL CENTER 2300 OPITZ BLVD WOODBRIDGE,VA 22191	NONE	PC	IN PERSON INTERPRETING SERVICES	60,390
SENTARA NORTHERN VIRGINIA MEDICAL CENTER 2300 OPITZ BLVD WOODBRIDGE,VA 22191	NONE	PC	FAMILY HEALTH CONNECTION MOBILE CLINIC	135,000
SENTARA NORTHERN VIRGINIA MEDICAL CENTER 2300 OPITZ BLVD WOODBRIDGE,VA 22191	NONE	PC	SNVMC DIABETES PREVENTION PROGRAM	37,605
SENTARA NORTHERN VIRGINIA MEDICAL CENTER 2300 OPITZ BLVD WOODBRIDGE,VA 22191	NONE	PC	FAMILY HEALTH CONNECTION MOBILE CLINIC	90,000
Total . . . . . ▶ **3a**				4,845,853

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STAFFORD SCHOOLS HEAD START VPI EARLY HEAD START 610 GAYLE STREET FALMOUTH,VA 22405	NONE	PC	STAFFORD CHILDREN'S INSURANCE OUTREACH PROGRAM	11,594
STAFFORD SCHOOLS HEAD START VPI EARLY HEAD START 610 GAYLE STREET FALMOUTH,VA 22405	NONE	PC	STAFFORD CHILDREN'S INSURANCE OUTREACH PROGRAM	7,729
STREET LIGHT COMMUNITY OUTREACH MINISTRIES 1550 PRINCE WILLIAM PKWY SUITE B WOODBRIDGE,VA 22191	NONE	PC	PERMANENT SUPPORTED HOUSING & RESPITE CARE FOR MEDICALLY FRAGILE HOMELESS ADULTS	14,997
STREET LIGHT COMMUNITY OUTREACH MINISTRIES 1550 PRINCE WILLIAM PKWY SUITE B WOODBRIDGE,VA 22191	NONE	PC	15 MAP	2,500
STREET LIGHT COMMUNITY OUTREACH MINISTRIES 1550 PRINCE WILLIAM PKWY SUITE B WOODBRIDGE,VA 22191	NONE	PC	2016 MAP	1,950
Total . . . . . ▶ **3a**				4,845,853

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE ARC OF GREATER PRINCE WILLIAMINSIGHT INC 13505 HILLENDALE DRIVE DALE CITY,VA 22193	NONE	PC	MEDICAL CASE MANAGEMENT	40,800
THE ARC OF GREATER PRINCE WILLIAMINSIGHT INC 13505 HILLENDALE DRIVE DALE CITY,VA 22193	NONE	PC	MEDICAL CASE MANAGEMENT	25,826
THE ARC OF GREATER PRINCE WILLIAMINSIGHT INC 13505 HILLENDALE DRIVE DALE CITY,VA 22193	NONE	PC	VOSAC III DAY SUPPORT FOR THE MEDICALLY FRAGILE	75,000
THE CITY OF MANASSAS PARK 1 PARK CENTER COURT MANASSAS,VA 20111	NONE	PC	MASON AND PARTNERS BRIDGE CLINIC	75,000
THE DOORWAYS 612 E MARSHALL ST RICHMOND,VA 23219	NONE	PC	PATIENT AND FAMILY ACCESS PROGRAM	22,800
Total . . . . . ▶ **3a**				4,845,853

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE HOUSE INC STUDENT LEADERSHIP CENTER 14001 CROWN COURT WOODBRIDGE,VA 22193	NONE	PC	PROJECT PLAY	124,200
THE HOUSE INC STUDENT LEADERSHIP CENTER 14001 CROWN COURT WOODBRIDGE,VA 22193	NONE	PC	PROJECT PLAY	88,000
VIRGINIA FOUNDATION FOR COMMUNITY COLLEGE 101 N14TH ST RICHMOND,VA 23219	NONE	PC	CYCLE 14A FELLOWS PROGRAM	37,500
VIRGINIA FOUNDATION FOR COMMUNITY COLLEGE 101 N14TH ST RICHMOND,VA 23219	NONE	PC	POTOMAC HEALTH FOUNDATION FELLOWS PROGRAM	75,000
VIRGINIA ORAL HEALTH COALITION 4200 INNSLAKE DR SUITE 103 GLEN ALLEN,VA 23060	NONE	PC	REGIONAL ORAL HEALTH WORKGROUP - NORTHERN VIRGINIA	19,946
Total . . . . . ▶ **3a**				4,845,853

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG INVINCIBLES 1411 K ST NW WASHINGTON,DC 20005	NONE	PC	HEALTHY YOUNG AMERICA	30,000
YOUNG INVINCIBLES 1411 K ST NW WASHINGTON,DC 20005	NONE	PC	HEALTHY YOUNG AMERICA - NORTHERN VIRGINIA CAMPAIGN	60,000
Total . . . . . ▶ **3a**				4,845,853

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TY 2015 Accounting Fees Schedule

Name: POTOMAC HEALTH FOUNDATION

EIN: 52-1340920

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING	49,561	0		52,194

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TY 2015 Investments - Other Schedule

Name: POTOMAC HEALTH FOUNDATION

EIN: 52-1340920

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
SEI CORE FIXED INCOME FUND 1,279,256.134 SHARES	FMV	12,293,365	12,293,365
SEI SPECIAL SITUATIONS FUND LTD 2,903.787 SHARES	FMV	3,776,634	3,776,634
SEI SMALL CAP FUND (SLPAX) 164,674.78 SHARES	FMV	4,063,186	4,063,186
SEI INSTITUTIONAL INVESTMENT TRUST 307,131.879 SHARES	FMV	2,853,362	2,853,362
SIIT EMERGING MARKETS DEBT FUND SEDAX 484,173.825 SHARES	FMV	5,067,301	5,067,301
SIIT ULTRA SHORT DURATION BOND FUND 254,758.322 SHARES	FMV	4,577,510	4,577,510
SEI CORE PROPERTY FUND 7,875.893 SHARES	FMV	15,332,382	15,332,382
SEI US MANAGED VOL FUND 280,043.855 SHARES	FMV	4,061,664	4,061,664
SIIT MULTI ASSET REAL RETURN FUND 775,881.785 SHARES	FMV	3,706,766	3,706,766
GLOBAL MANAGED VOL FUND (SVTAX) 644,560.532 SHARES	FMV	7,597,826	7,597,826
SEI LARGE CAP FUND (SLCAX) 715,312.62 SHARES	FMV	17,852,536	17,852,536
SEI SIIT OPPORTUNISTIC INCOME FD-A 624,165.876 SHARES	FMV	5,273,896	5,273,896
SEI WORLD EQUITY EX-US FUND (WEUSX) 796,509.739 SHARES	FMV	9,325,300	9,325,300
EMERGING MARKETS EQUITY FUND (SIEMX) 271,852.311 SHARES	FMV	2,770,315	2,770,315
SEI DYNAMIC ASSET ALLOC FUND 300,530.3480 SHARES	FMV	5,060,707	5,060,707

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TY 2015 Land, Etc. Schedule

Name: POTOMAC HEALTH FOUNDATION

EIN: 52-1340920

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
FURNITURE & EQUIPMENT	36,148	33,467	2,681	2,681

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TY 2015 Legal Fees Schedule

Name: POTOMAC HEALTH FOUNDATION

EIN: 52-1340920

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL	1,289	0		1,289

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491074008037

TY 2015 Other Decreases Schedule

Name: POTOMAC HEALTH FOUNDATION

EIN: 52-1340920

Description	Amount
PRIOR PERIOD ADJUSTMENT	115

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TY 2015 Other Expenses Schedule

Name: POTOMAC HEALTH FOUNDATION

EIN: 52-1340920

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PROFESSIONAL DEVELOPMENT	27,022	0		50,430
TECH EXPENSE	16,332	0		16,757
OTHER EXPENSE	7,246	0		-18,900
INSURANCE	2,179	0		2,179
SEI CORE PROPERTY FUND, LP OTHER DEDUCTIONS	0	42,654		0

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TY 2015 Other Increases Schedule

Name: POTOMAC HEALTH FOUNDATION

EIN: 52-1340920

Description	Amount
UNREALIZED GAIN	525,748

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491074008037

TY 2015 Other Liabilities Schedule

Name: POTOMAC HEALTH FOUNDATION

EIN: 52-1340920

Description	Beginning of Year - Book Value	End of Year - Book Value
DUE TO RELATED PARTY	23,496	24,084
DEFERRED TAX LIABILITY	74,658	88,987

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TY 2015 Other Professional Fees Schedule

Name: POTOMAC HEALTH FOUNDATION

EIN: 52-1340920

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT MANAGEMENT FEES	477,756	477,756		18,970
CONSULTANT FEES	53,089	0		53,089

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491074008037

TY 2015 Taxes Schedule

Name: POTOMAC HEALTH FOUNDATION

EIN: 52-1340920

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXCISE TAX	39,264	0		0

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

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at *www irs gov/form990*

OMB No 1545-0047

2015

Name of the organization
POTOMAC HEALTH FOUNDATION

Employer identification number
52-1340920

Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☑ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions

General Rule

☑ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or other property) from any one contributor Complete Parts I and II See instructions for determining a contributor's total contributions

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc , purposes, but no such contributions totaled more than $1,000 If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc , contributions totaling $5,000 or more during the year . . . . . ▶ $ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization POTOMAC HEALTH FOUNDATION

Employer identification number 52-1340920

Part I **Contributors** (see instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SENTARA HEALTHCARE 6015 POPLAR HALL DR STE 300 NORFOLK, VA 23502	$ 5,406,722	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)

Name of organization POTOMAC HEALTH FOUNDATION

Employer identification number 52-1340920

Part II Noncash Property

(see instructions) Use duplicate copies of Part II if additional space is needed

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

Name of organization
POTOMAC HEALTH FOUNDATION

Employer identification number
52-1340920

Part III *Exclusively* **religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this information once. See instructions.) ▶ $**

Use duplicate copies of Part III if additional space is needed

(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee