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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.**
▶ **Go to *www.irs.gov/Form990PF* for instructions and the latest information.**

OMB No. 1545-0052

**2019**

**Open to Public Inspection**

**For calendar year 2019, or tax year beginning 11-01-2019 , and ending 10-31-2020**

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)* ▶$ 109,559,427

**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) | 544,463 | | | |
| | 2 | Check ▶ ☑ if the foundation is **not** required to attach Sch. B | | | | |
| | 3 | Interest on savings and temporary cash investments | 395 | 395 | | |
| | 4 | Dividends and interest from securities | 6,087,323 | 6,394,539 | | |
| | 5a | Gross rents | | | | |
| | b | Net rental income or (loss) _____ | | | | |
| | 6a | Net gain or (loss) from sale of assets not on line 10 | 1,895,064 | | | |
| | b | Gross sales price for all assets on line 6a 54,416,365 | | | | |
| | 7 | Capital gain net income (from Part IV, line 2) | | 1,895,064 | | |
| | 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) | 126,688 | 0 | | |
| | 12 | **Total.** Add lines 1 through 11 | 8,653,933 | 8,289,998 | | |
| Operating and Administrative Expenses | 13 | Compensation of officers, directors, trustees, etc. | 139,739 | 20,961 | | 118,778 |
| | 14 | Other employee salaries and wages | 143,416 | 0 | | 89,833 |
| | 15 | Pension plans, employee benefits | 59,463 | 12,487 | | 46,976 |
| | 16a | Legal fees (attach schedule) | | | | |
| | b | Accounting fees (attach schedule) | 52,034 | 0 | | 52,034 |
| | c | Other professional fees (attach schedule) | 667,734 | 625,149 | | 42,585 |
| | 17 | Interest | | | | |
| | 18 | Taxes (attach schedule) (see instructions) | 33,633 | 0 | | 0 |
| | 19 | Depreciation (attach schedule) and depletion | 2,582 | 0 | | |
| | 20 | Occupancy | 34,506 | 0 | | 0 |
| | 21 | Travel, conferences, and meetings | 4,229 | 0 | | 4,229 |
| | 22 | Printing and publications | | | | |
| | 23 | Other expenses (attach schedule) | 104,835 | 513 | | 75,567 |
| | 24 | **Total operating and administrative expenses.** Add lines 13 through 23 | 1,242,171 | 659,110 | | 430,002 |
| | 25 | Contributions, gifts, grants paid | 5,168,290 | | | 5,181,821 |
| | 26 | **Total expenses and disbursements.** Add lines 24 and 25 | 6,410,461 | 659,110 | | 5,611,823 |
| | 27 | Subtract line 26 from line 12: | | | | |
| | a | **Excess of revenue over expenses and disbursements** | 2,243,472 | | | |
| | b | **Net investment income** (if negative, enter -0-) | | 7,630,888 | | |
| | 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 | 129,873 | 147,069 | 147,069 |
| | 3 Accounts receivable ▶ 48,100 | | | |
| | Less: allowance for doubtful accounts ▶ | 62,555 | 48,100 | 48,100 |
| | 4 Pledges receivable ▶ 450,803 | | | |
| | Less: allowance for doubtful accounts ▶ | 47,757 | 450,803 | 450,803 |
| | 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 | 85,835 | 32,480 | 32,480 |
| | 10a Investments—U.S. and state government obligations (attach schedule) | 0 | 5,000,000 | 5,000,000 |
| | b Investments—corporate stock (attach schedule) | 52,521,193 | 54,402,407 | 54,402,407 |
| | c Investments—corporate bonds (attach schedule) | 36,451,613 | 31,122,223 | 31,122,223 |
| | 11 Investments—land, buildings, and equipment: basis ▶ | | | |
| | Less: accumulated depreciation (attach schedule) ▶ | | | |
| | 12 Investments—mortgage loans | | | |
| | 13 Investments—other (attach schedule) | 22,024,114 | 18,354,737 | 18,354,737 |
| | 14 Land, buildings, and equipment: basis ▶ 49,098 | | | |
| | Less: accumulated depreciation (attach schedule) ▶ 47,490 | 3,190 | 1,608 | 1,608 |
| | 15 Other assets (describe ▶ ) | | | |
| | 16 **Total assets** (to be completed by all filers—see the instructions. Also, see page 1, item I) | 111,326,130 | 109,559,427 | 109,559,427 |
| Liabilities | 17 Accounts payable and accrued expenses | 209,788 | 207,187 | |
| | 18 Grants payable | 1,383,718 | 1,370,187 | |
| | 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 ▶ ) | 183,484 | 144,293 | |
| | 23 **Total liabilities**(add lines 17 through 22) | 1,776,990 | 1,721,667 | |
| Net Assets or Fund Balances | **Foundations that follow FASB ASC 958, check here ▶ ☑ and complete lines 24, 25, 29 and 30.** | | | |
| | 24 Net assets without donor restrictions | 109,549,140 | 107,837,760 | |
| | 25 Net assets with donor restrictions | | | |
| | **Foundations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 26 through 30.** | | | |
| | 26 Capital stock, trust principal, or current funds | | | |
| | 27 Paid-in or capital surplus, or land, bldg., and equipment fund | | | |
| | 28 Retained earnings, accumulated income, endowment, or other funds | | | |
| | 29 **Total net assets or fund balances** (see instructions) | 109,549,140 | 107,837,760 | |
| | 30 **Total liabilities and net assets/fund balances** (see instructions) | 111,326,130 | 109,559,427 | |

**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 29 (must agree with end-of-year figure reported on prior year's return) | 1 | 109,549,140 |
| 2 | Enter amount from Part I, line 27a | 2 | 2,243,472 |
| 3 | Other increases not included in line 2 (itemize) ▶ | 3 | 0 |
| 4 | Add lines 1, 2, and 3 | 4 | 111,792,612 |
| 5 | Decreases not included in line 2 (itemize) ▶ | 5 | 3,954,852 |
| 6 | Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 | 6 | 107,837,760 |

**Part IV Capital Gains and Losses for Tax on Investment Income**

| | (a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.) | (b) How acquired P—Purchase D—Donation | (c) Date acquired (mo., day, yr.) | (d) Date sold (mo., day, yr.) |
|---|---|---|---|---|
| 1 a | PUBLICLY TRADED SECURITIES - SEI ACCT # 17100 | | | 2020-10-30 |
| b | | | | |
| c | | | | |
| d | | | | |
| e | | | | |

| | (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | (h) Gain or (loss) (e) plus (f) minus (g) |
|---|---|---|---|---|
| a | 54,416,365 | | 52,521,301 | 1,895,064 |
| b | | | | |
| c | | | | |
| d | | | | |
| e | | | | |

| | Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 | | | (l) Gains (Col. (h) gain minus col. (k), but not less than -0-) **or** Losses (from col.(h)) |
|---|---|---|---|---|
| | (i) F.M.V. as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of col. (i) over col. (j), if any | |
| a | | | | 1,895,064 |
| b | | | | |
| c | | | | |
| d | | | | |
| e | | | | |

| | | | |
|---|---|---|---|
| 2 | Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter -0- in Part I, line 7 } | 2 | 1,895,064 |
| 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)) |
|---|---|---|---|
| 2018 | 5,641,599 | 107,583,852 | 0.052439 |
| 2017 | 5,562,672 | 110,334,651 | 0.050416 |
| 2016 | 4,850,615 | 106,530,115 | 0.045533 |
| 2015 | 5,247,271 | 98,321,142 | 0.053369 |
| 2014 | 4,980,260 | 100,254,131 | 0.049676 |

| | | | |
|---|---|---|---|
| 2 | **Total** of line 1, column (d) | 2 | 0.251433 |
| 3 | Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years | 3 | 0.050287 |
| 4 | Enter the net value of noncharitable-use assets for 2019 from Part X, line 5 | 4 | 107,760,260 |
| 5 | Multiply line 4 by line 3 | 5 | 5,418,940 |
| 6 | Enter 1% of net investment income (1% of Part I, line 27b) | 6 | 76,309 |
| 7 | Add lines 5 and 6 | 7 | 5,495,249 |
| 8 | Enter qualifying distributions from Part XII, line 4 | 8 | 5,611,823 |

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 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 | 76,309 |
| 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 | 76,309 |
| 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 | 76,309 |
| 6 | Credits/Payments: | | |
| a | 2019 estimated tax payments and 2018 overpayment credited to 2019 — 6a: 94,308 | | |
| b | Exempt foreign organizations—tax withheld at source — 6b: | | |
| c | Tax paid with application for extension of time to file (Form 8868) — 6c: 0 | | |
| d | Backup withholding erroneously withheld — 6d: 0 | | |
| 7 | Total credits and payments. Add lines 6a through 6d | 7 | 94,308 |
| 8 | Enter any **penalty** for underpayment of estimated tax. Check here ☐ if Form 2220 is attached. | 8 | 0 |
| 9 | **Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶ | 9 | |
| 10 | **Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶ | 10 | 17,999 |
| 11 | Enter the amount of line 10 to be: **Credited to 2020 estimated tax** ▶ 17,999 **Refunded** ▶ | 11 | 0 |

**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 2019 or the taxable year beginning in 2019? See the 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 BOULEVARD SUITE 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 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? | 16 | | No |

See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ▶

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

**File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.**

| | | | | |
|---|---|---|---|---|
| 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 | | No |
| | Organizations relying on a current notice regarding disaster assistance check here ▶ ☐ | | | |
| c | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2019? | 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 2019, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2019? | ☐ 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 2019 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 2019.)* | 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 2019? | 4b | | No |

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

| | | | Yes | No |
|---|---|---|---|---|
| 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 | | |
| 8 | Is the foundation subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment during the year? ☐ Yes ☑ No | | | |

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

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

| **(a)** Name and address of each employee paid more than $50,000 | **(b)** Title, and average hours per week devoted to position | **(c)** Compensation | **(d)** Contributions to employee benefit plans and deferred compensation | **(e)** Expense account, other allowances |
|---|---|---|---|---|
| ERIN MATTHEWS THOMAS<br>2296 OPITZ BLVD SUITE 200<br>WOODBRIDGE, VA 22191 | SR. PROGRAM OFFICER<br>40.00 | 90,002 | 18,900 | 1,018 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**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<br>1 FREEDOM VALLEY DRIVE<br>OAKS, PA 19456 | INVESTMENT MANAGEMENT | 625,227 |
| | | |
| | | |
| | | |
| | | |
| **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.<br>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 | 109,195,452 |
| b | Average of monthly cash balances | 1b | 205,827 |
| c | Fair market value of all other assets (see instructions) | 1c | 0 |
| d | **Total** (add lines 1a, b, and c) | 1d | 109,401,279 |
| 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 | 109,401,279 |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | 1,641,019 |
| 5 | **Net value of noncharitable-use assets.** Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 107,760,260 |
| 6 | **Minimum investment return.** Enter 5% of line 5 | 6 | 5,388,013 |

**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 | 5,388,013 |
| 2a | Tax on investment income for 2019 from Part VI, line 5 | 2a | 76,309 | | |
| b | Income tax for 2019. (This does not include the tax from Part VI.) | 2b | | | |
| c | Add lines 2a and 2b | | | 2c | 76,309 |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | | | 3 | 5,311,704 |
| 4 | Recoveries of amounts treated as qualifying distributions | | | 4 | 126,687 |
| 5 | Add lines 3 and 4 | | | 5 | 5,438,391 |
| 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 | 5,438,391 |

**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 | 5,611,823 |
| 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 | 5,611,823 |
| 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 | 76,309 |
| 6 | **Adjusted qualifying distributions.** Subtract line 5 from line 4 | 6 | 5,535,514 |

**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 2018 | (c) 2018 | (d) 2019 |
|---|---|---|---|---|
| **1** Distributable amount for 2019 from Part XI, line 7 | | | | 5,438,391 |
| **2** Undistributed income, if any, as of the end of 2019: | | | | |
| **a** Enter amount for 2018 only. . . . . | | | 4,414,068 | |
| **b** Total for prior years: 20___, 20___, 20___ | | 0 | | |
| **3** Excess distributions carryover, if any, to 2019: | | | | |
| **a** From 2014. . . . . | | | | |
| **b** From 2015. . . . . | | | | |
| **c** From 2016. . . . . | | | | |
| **d** From 2017. . . . . | | | | |
| **e** From 2018. . . . . | | | | |
| **f** **Total** of lines 3a through e. . . . . | 0 | | | |
| **4** Qualifying distributions for 2019 from Part XII, line 4: ▶ $ 5,611,823 | | | | |
| **a** Applied to 2018, but not more than line 2a | | | 4,414,068 | |
| **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 2019 distributable amount. . . . . | | | | 1,197,755 |
| **e** Remaining amount distributed out of corpus | 0 | | | |
| **5** Excess distributions carryover applied to 2019. | 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 2018. Subtract line 4a from line 2a. Taxable amount—see instructions . . . . . | | | 0 | |
| **f** Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020 . . . . . | | | | 4,240,636 |
| **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 2014 not applied on line 5 or line 7 (see instructions) . . . | 0 | | | |
| **9** **Excess distributions carryover to 2020.** Subtract lines 7 and 8 from line 6a . . . . . | 0 | | | |
| **10** Analysis of line 9: | | | | |
| **a** Excess from 2015. . . . | | | | |
| **b** Excess from 2016. . . . | | | | |
| **c** Excess from 2017. . . . | | | | |
| **d** Excess from 2018. . . . | | | | |
| **e** Excess from 2019. . . . | | | | |

**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 2019, 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) 2019 | (b) 2018 | (c) 2017 | (d) 2016 | |
| **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 foundation 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. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions

**a** The name, address, and telephone number or email address of the person to whom applications should be addressed:

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

**c** Any submission deadlines:

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

**Part XV Supplementary Information** (continued)

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

| Recipient<br>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*<br>See Additional Data Table | | | | |
| **Total** . . . . . ▶ **3a** | | | | 5,181,821 |
| **b** *Approved for future payment*<br>See Additional Data Table | | | | |
| **Total** . . . . . ▶ **3b** | | | | 1,370,187 |

## 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 | 395 | |
| 4 Dividends and interest from securities | | | 14 | 6,087,323 | |
| 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 | 1,895,064 | |
| 9 Net income or (loss) from special events: | | | | | |
| 10 Gross profit or (loss) from sales of inventory | | | | | |
| 11 Other revenue: | | | | | |
| a GRANT RECOVERY | | | | | 126,688 |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| 12 Subtotal. Add columns (b), (d), and (e) | | 0 | | 7,982,782 | 126,688 |
| 13 **Total.** Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations.) | | | | 13 | 8,109,470 |

## 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.) |
|---|---|
| 11A | GRANTS PREVIOUSLY USED AS A QUALIFYING DISTRIBUTION THAT WAS LATER REFUNDED. |

**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) (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 |
|---|---|---|---|
| | | | |
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| | | | |

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (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.

| ****** | 2021-03-04 | ****** |
|---|---|---|
| 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 |
|---|---|---|---|---|
| AMY CHAPMAN | | 2021-03-04 | | P00843460 |
| Firm's name ▶ CLIFTONLARSONALLEN LLP | | | | Firm's EIN ▶41-0746749 |
| Firm's address ▶ 420 SOUTH ORANGE AVENUE SUITE 500 ORLANDO, FL 32801 | | | | Phone no. (407) 802-1200 |

**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<br>2296 OPITZ BOULEVARD SUITE 200<br>WOODBRIDGE, VA 22191 | EXECUTIVE DIRECTOR<br>40.00 | 142,110 | 29,843 | 815 |
| MARION M WALL<br>2296 OPITZ BOULEVARD SUITE 200<br>WOODBRIDGE, VA 22191 | CHAIR<br>4.00 | 0 | 0 | 0 |
| CAROL S SHAPIRO MD<br>2296 OPITZ BOULEVARD SUITE 200<br>WOODBRIDGE, VA 22191 | VICE-CHAIR<br>4.00 | 0 | 0 | 0 |
| R MICHAEL SORENSEN<br>2296 OPITZ BOULEVARD SUITE 200<br>WOODBRIDGE, VA 22191 | TREASURER<br>3.00 | 0 | 0 | 0 |
| WAYNE MALLARD<br>2296 OPITZ BOULEVARD SUITE 200<br>WOODBRIDGE, VA 22191 | SECRETARY<br>2.00 | 0 | 0 | 0 |
| HOWARD L GREENHOUSE<br>2296 OPITZ BOULEVARD SUITE 200<br>WOODBRIDGE, VA 22191 | DIRECTOR<br>1.00 | 0 | 0 | 0 |
| SARAH PITKIN PHD<br>2296 OPITZ BOULEVARD SUITE 200<br>WOODBRIDGE, VA 22191 | DIRECTOR<br>1.00 | 0 | 0 | 0 |
| WILLIAM M MOSS<br>2296 OPITZ BOULEVARD SUITE 200<br>WOODBRIDGE, VA 22191 | DIRECTOR<br>1.00 | 0 | 0 | 0 |
| SAM HILL EDD<br>2296 OPITZ BOULEVARD SUITE 200<br>WOODBRIDGE, VA 22191 | DIRECTOR<br>1.00 | 0 | 0 | 0 |
| MEGAN PERRY<br>2296 OPITZ BOULEVARD SUITE 200<br>WOODBRIDGE, VA 22191 | DIRECTOR<br>1.00 | 0 | 0 | 0 |

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

| Recipient<br>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<br>3900 ACTS LANE<br>DUMFRIES, VA 22026 | NONE | PC | COVID-19 | 50,000 |
| ACTION IN COMMUNITY THROUGH SERVICE<br>3900 ACTS LANE<br>DUMFRIES, VA 22026 | NONE | PC | SECURITY AND TRANSPORTATION | 43,750 |
| ACTION IN COMMUNITY THROUGH SERVICE<br>3900 ACTS LANE<br>DUMFRIES, VA 22026 | NONE | PC | ANNUAL IWALK FOR ACTS 2020 | 2,500 |
| **Total** . . . . . ▶ **3a** | | | | 5,181,821 |

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

| Recipient<br>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<br>3900 ACTS LANE<br>DUMFRIES, VA 22026 | NONE | PC | BEHAVIORAL HEALTH TREATMENT FOR HOMELESS CLIENTS | 115,138 |
| ACTION IN COMMUNITY THROUGH SERVICE (ACTS)<br>3900 ACTS LANE<br>DUMFRIES, VA 22026 | NONE | PC | PRINCE WILLIAM FOOD RESCUE | 120,000 |
| ALTERNATIVE PATHS TRAINING SCHOOL<br>2525 POINTE CENTER COURT SUITE 300<br>DUMFRIES, VA 22026 | NONE | PC | ACCESS TO HEALTH-APTS SCHOOL CLINICS | 19,068 |
| **Total** . . . . . ▶ **3a** | | | | 5,181,821 |

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

| Recipient<br>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* | | | | |
| AMERICAN CANCER SOCIETY<br>555 11TH ST NW 300<br>WASHINGTON, DC 20004 | NONE | PC | RELAY FOR LIFE PRINCE WILLIAM COUNTY | 5,000 |
| BOYS AND GIRLS CLUB OF GREATER WASHINGTON<br>4103 BENNING RD NE<br>WASHINGTON, DC 20019 | NONE | PC | CAPACITY BUILDING: BUILDING YOUTH OUTCOMES OF HEALTH | 52,500 |
| BOYS AND GIRLS CLUB OF GREATER WASHINGTON<br>4103 BENNING RD NE<br>WASHINGTON, DC 20019 | NONE | PC | GREAT BIG KID CLUB CRUSADERS | 2,500 |
| **Total** . . . . . ▶ **3a** | | | | 5,181,821 |

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

| Recipient<br>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* | | | | |
| BRAIN INJURY SERVICES<br>8136 OLD KEENE MILL ROAD SUIE B-102<br>SPRINGFIELD, VA 22152 | NONE | PC | RECENTLY RELEASED WOMEN'S BRAIN INJURY AWARENESS AND ASSESSMENT | 45,122 |
| CAPITAL AREA FOOD BANK<br>4900 PUERTO RICO AVE NE<br>WASHINGTON, DC 20017 | NONE | PC | YOU ARE WHAT YOU EAT | 160,839 |
| CAPITAL CARING HEALTH<br>3180 FAIRVIEW PARK DRIVE SUITE 500<br>FALLS CHURCH, VA 22042 | NONE | PC | EXPANDING STAY AT HOME SERVICES | 139,554 |
| **Total** . . . . . ▶ **3a** | | | | 5,181,821 |

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

| Recipient<br>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* | | | | |
| CATCHAFIRE2000 P ST NW 240<br>WASHINGTON, DC 20036 | NONE | PC | BRIDGING TALENT GAPS AND RESOURCES FOR NONPROFITS | 115,000 |
| COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA<br>2940 HUNTER MILL RD SUITE 201<br>OAKTON, VA 22124 | NONE | PC | COUNT THE REGION | 7,500 |
| COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA<br>2940 HUNTER MILL RD SUITE 201<br>OAKTON, VA 22124 | NONE | PC | COVID-19 | 100,000 |
| **Total** . . . . . ▶ **3a** | | | | 5,181,821 |

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

| Recipient<br>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* | | | | |
| CONSUMER HEALTH FOUNDATION<br>1400 16TH STREET NW SUITE 710<br>WASHINGTON, DC 20036 | NONE | PC | REGIONAL PRIMARY CARE COALITION | 7,500 |
| COURT APPOINTED SPECIAL ADVOCATES<br>9384 FORESTWOOD LANE SUITE C<br>MANASSAS, VA 20110 | NONE | PC | 2020 EVENING UNDER THE STARS | 2,500 |
| FOOD AND FRIENDS INC<br>219 RIGGS ROAD NE<br>WASHINGTON, DC 20011 | NONE | PC | NUTRITION SERVICES FOR SERIOUSLY ILL VIRGINIANS | 17,500 |
| **Total** . . . . . ▶ **3a** | | | | 5,181,821 |

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

| Recipient<br>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<br>10900 UNIVERSITY BOULEVARD MS 4E5<br>MANASSAS, VA 20110 | NONE | PC | MASON AND PARTNERS CLINIC - COVID-19 | 20,000 |
| GEORGE MASON UNIVERSITY<br>10900 UNIVERSITY BOULEVARD MS 4E5<br>MANASSAS, VA 20110 | NONE | PC | MULTIDISCIPLINARY PROGRAM FOR CHILDHOOD OBESITY TREATMENT AMONG LATINO COMMUNITIES | 127,176 |
| GEORGE MASON UNIVERSITY<br>10900 UNIVERSITY BOULEVARD MS 4E5<br>MANASSAS, VA 20110 | NONE | PC | INTEGRATING SERVICES TO IMPROVE SOCIAL DETERMINANTS OF HEALTH | 41,310 |
| **Total** . . . . . ▶ **3a** | | | | 5,181,821 |

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

| Recipient<br>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 FOUNDATION<br>4400 UNIVERSITY DRIVE MS 143<br>FAIRFAX, VA 22030 | NONE | PC | PHF SCHOLARSHIP AT THE COLLEGE OF HEALTH AND HUMAN SERVICES | 70,000 |
| GREATER PRINCE WILLIAM COMMUNITY HEALTH CENTER<br>4379 RIDGEWOOD CENTER DRIVE<br>SUITE<br>102<br>WOODBRIDGE, VA 22192 | NONE | PC | COVID-19 | 50,000 |
| GREATER PRINCE WILLIAM COMMUNITY HEALTH CENTER<br>4379 RIDGEWOOD CENTER DRIVE<br>SUITE<br>102<br>WOODBRIDGE, VA 22192 | NONE | PC | INCREASE MEDICAL ACCESS | 18,000 |
| **Total** . . . . . ▶ **3a** | | | | 5,181,821 |

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

| Recipient<br>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<br>4379 RIDGEWOOD CENTER DRIVE<br>SUITE<br>102<br>WOODBRIDGE, VA 22192 | NONE | PC | BRIDGING THE BEHAVIORAL HEALTH GAP - GPWCHC/GMU PRECEPTORSHIP PIPELINE | 58,500 |
| GREATER PRINCE WILLIAM COMMUNITY HEALTH CENTER<br>4379 RIDGEWOOD CENTER DRIVE<br>SUITE<br>102<br>WOODBRIDGE, VA 22192 | NONE | PC | ENHANCED EXPANDED ACCESS-2020 | 180,515 |
| GREATER PRINCE WILLIAM COMMUNITY HEALTH CENTER<br>4379 RIDGEWOOD CENTER DRIVE<br>SUITE<br>102<br>WOODBRIDGE, VA 22192 | NONE | PC | GENERAL OPERATING SUPPORT | 45,000 |
| **Total** . . . . . ▶ **3a** | | | | 5,181,821 |

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

| Recipient<br>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* | | | | |
| HOUSING VIRGINIA<br>203 N ROBINSON STREET<br>RICHMOND, VA 23220 | NONE | PC | HOUSING, HEALTH RESEARCH AND COMMUNITY ENGAGEMENT | 17,500 |
| INOVA HEALTH CARE SERVICES<br>2740 PROSPERITY AVENUE SUITE 200<br>FAIRFAX, VA 22031 | NONE | PC | EXPANDING BEHAVIORAL HEALTH SERVICE CAPACITY IN PRINCE WILLIAM COUNTY | 145,417 |
| INSTITUTE OF PUBLIC HEALTH INNOVATION<br>1250 CONNECTICUT AVE NW SUITE 601<br>WASHINGTON, DC 20036 | NONE | PC | HEALTH EQUITY AND THE COMMUNITY HEALTHCARE COALITION OF GREATER PRINCE WILLIAM | 78,749 |
| **Total** . . . . . ▶ **3a** | | | | 5,181,821 |

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

| Recipient<br>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* | | | | |
| KOREAN AMERICAN OUTREACH GROUP<br>8280 WILLOW OAKS CORPORATE DRIVE<br>SUITE 600<br>FAIRFAX, VA 22031 | NONE | PC | PREVENT STOMACH AND LIVER CANCER | 17,500 |
| LEADERSHIP PRINCE WILLIAM<br>9720 CAPITAL COURT SUITE 204<br>MANASSAS, VA 20110 | NONE | PC | SIGNATURE PROGRAM SCHOLARSHIP FOR PEOPLE OF COLOR | 16,500 |
| LLOYD F MOSS FREE CLINIC<br>1301 SAM PERRY BOULEVARD<br>FREDERICKSBURG, VA 22401 | NONE | PC | COVID-19 | 10,000 |
| **Total** . . . . . ▶ **3a** | | | | 5,181,821 |

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

| Recipient<br>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<br>1301 SAM PERRY BOULEVARD<br>FREDERICKSBURG, VA 22401 | NONE | PC | COMMUNITY BRIDGE - ADDRESSING THE SOCIAL DETERMINANTS OF HEALTH | 33,000 |
| LLOYD F MOSS FREE CLINIC<br>1301 SAM PERRY BOULEVARD<br>FREDERICKSBURG, VA 22401 | NONE | PC | GENERAL OPERATING SUPPORT | 46,500 |
| MASON & PARTNERS CLINIC (GMU)<br>4400 UNIVERSITY DRIVE<br>FAIRFAX, VA 22030 | NONE | PC | GENERAL OPERATING SUPPORT | 15,000 |
| **Total** . . . . . ▶ **3a** | | | | 5,181,821 |

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

| Recipient<br>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* | | | | |
| METROPOLITAN WASHINGTON COUNCIL OF GOVERNMENTS<br>777 NORTH CAPITAL STREET NE SUITE 300<br>WASHINGTON, DC 20002 | NONE | GOV | HOC VCU RACIAL EQUITY REPORT | 2,000 |
| MOTHER OF MERCY<br>230 CHURCH AVE PO BOX 676<br>ALBANY, MN 56307 | NONE | PC | COVID-19 | 50,000 |
| NAMIPO BOX 1423<br>WOODBRIDGE, VA 22195 | NONE | PC | LATINX MENTAL HEALTH AWARENESS | 25,000 |
| **Total** . . . . . ▶ **3a** | | | | 5,181,821 |

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

| Recipient<br>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 INC PRINCE WILLIAM COUNTY CHAPTER<br>PO BOX 1166<br>DUMFRIES, VA 22026 | NONE | PC | RESPONDING AND PROTECTING MS STUDENTS, PARENTS, ADOLESCENTS, AND ADULTS | 43,107 |
| NATIONAL COALITION OF 100 BLACK WOMEN INC PRINCE WILLIAM COUNTY CHAPTER<br>PO BOX 1166<br>DUMFRIES, VA 22026 | NONE | PC | RESPONDING & PROTECTING (RAP) MIDDLE SCHOOL STUDENTS AND PARENTS | 43,200 |
| NATIONAL KOREAN AMERICAN SERVICE & EDUCATION CONSORTIUM (NAKASEC) AND CASA<br>4304 EVERGREEN LN SUITE 104<br>ANNANDALE, VA 22003 | NONE | PC | STRENGTHENING COMMUNITY HEALTH CARE THROUGH SERVICE AND ADVOCACY | 188,119 |
| **Total** . . . . . ▶ **3a** | | | | 5,181,821 |

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

| Recipient<br>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 KOREAN AMERICAN SERVICE & EDUCATION CONSORTIUM (NAKASEC) AND CASA<br>4304 EVERGREEN LN SUITE 104<br>ANNANDALE, VA 22003 | NONE | PC | BUILDING POWER THROUGH HEALTH | 74,852 |
| NORTHERN VIRGINIA FAMILY SERVICE<br>10455 WHITE GRANITE DRIVE SUITE 100<br>OAKTON, VA 22124 | NONE | PC | MENTAL HEALTH FOR FAMILIES WITH CHILDREN | 30,096 |
| NORTHERN VIRGINIA FAMILY SERVICE<br>10455 WHITE GRANITE DRIVE SUITE 100<br>OAKTON, VA 22124 | NONE | PC | COVID-19 | 40,000 |
| **Total** . . . . . ▶ **3a** | | | | 5,181,821 |

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

| Recipient<br>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<br>10455 WHITE GRANITE DRIVE SUITE 100<br>OAKTON, VA 22124 | NONE | PC | MENTAL HEALTH FOR FAMILIES WITH CHILDREN | 95,098 |
| NORTHERN VIRGINIA FAMILY SERVICES (NVFS) PEDIATRIC PRIMARY CARE PROJECT (PP<br>10455 WHITE GRANITE DRIVE SUITE 100<br>OAKTON, VA 22124 | NONE | PC | GENERAL OPERATING SUPPORT | 11,500 |
| NOVA SCRIPTSCENTRAL INC<br>6400 ARLINGTON BOULEVARD SUITE 120<br>FALLS CHURCH, VA 22042 | NONE | PC | COVID-19 | 20,000 |
| **Total** . . . . . ▶ **3a** | | | | 5,181,821 |

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

| Recipient<br>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<br>6400 ARLINGTON BOULEVARD SUITE 120<br>FALLS CHURCH, VA 22042 | NONE | PC | GENERAL OPERATING SUPPORT | 66,423 |
| NUEVA VIDA INC<br>5225 WISCONSIN AVENUE NW SUITE 503<br>WASHINGTON, DC 20015 | NONE | PC | INCREASING CANCER PREVENTION AND IMPROVING CONTINUITY OF CARE TO UNDERSERVED LATINAS IN PWC | 104,799 |
| PATHWAY HOMES<br>10201 FAIRFAX BOULEVARD<br>FAIRFAX, VA 22030 | NONE | PC | PERMANENT SUPPORTIVE HOUSING FOR INDIVIDUALS WITH SERIOUS MENTAL ILLNESSES | 175,000 |
| **Total** . . . . . ▶ **3a** | | | | 5,181,821 |

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

| Recipient<br>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* | | | | |
| POSTPARTUM SUPPORT VIRGINIA<br>PO BOX 7521<br>ARLINGTON, VA 22207 | NONE | PC | SUPPORT FOR WOMEN EXPERIENCING POSTPARTUM DEPRESSION | 53,206 |
| PRINCE WILLIAM AREA AGENCY ON AGING<br>9320 MOSBY ST<br>MANASSAS, VA 20110 | NONE | PC | TRAINING TO BUILD PROFESSIONAL SKILLS OF STAFF | 105,000 |
| PRINCE WILLIAM AREA FREE CLINIC<br>13900 CHURCH HILL DRIVE<br>WOODBRIDGE, VA 22191 | NONE | PC | GENERAL OPERATING SUPPORT | 38,006 |
| **Total** . . . . . ▶ **3a** | | | | 5,181,821 |

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

| Recipient<br>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<br>14715 BRISTOW RD<br>MANASSAS, VA 20112 | NONE | PC | EXAMINING OUR DIMENSIONS OF CULTURE TO CULTIVATE CULTURALLY RESPONSIVE LEARNING ENVIRONMENTS. | 12,356 |
| PRINCE WILLIAM DROP-IN CENTER<br>13184 CENTERPOINTE WAY<br>WOODBRIDGE, VA 22192 | NONE | PC | OUTREACH & EDUCATION | 15,450 |
| PROJECT MEND-A-HOUSE INC<br>9500 TECHNOLOGY DRIVE SUITE 101<br>MANASSAS, VA 20110 | NONE | PC | BUILDING FOR THE FUTURE | 18,000 |
| **Total** . . . . . ▶ **3a** | | | | 5,181,821 |

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

| Recipient<br>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* | | | | |
| PROJECT MEND-A-HOUSE INC<br>9500 TECHNOLOGY DRIVE SUITE 101<br>MANASSAS, VA 20110 | NONE | PC | HOME REPAIRS AND MODIFICATIONS FOR THOSE WHO CAN'T AFFORD THESE REPAIRS | 42,000 |
| RX PARTNERSHIP<br>2924 EMERYWOOD PARKWAY SUITE 300<br>RICHMOND, VA 23294 | NONE | PC | GENERAL OPERATING SUPPORT | 15,000 |
| SCAN OF NORTHERN VIRGINIA<br>205 S WHITING STREET SUITE 205<br>ALEXANDRIA, VA 22304 | NONE | PC | BUILDING RESIIENT YOUTH AND FAMILIES IN PWC | 85,648 |
| **Total** . . . . . ▶ **3a** | | | | 5,181,821 |

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

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|---|---|---|---|---|
| **a** *Paid during the year* | | | | |
| SCAN OF NORTHERN VIRGINIA<br>205 S WHITING STREET SUITE 205<br>ALEXANDRIA, VA 22304 | NONE | PC | IMMIGRANT FAMILY REUNIFICATION: BUILDING RESILIENT YOUTH AND FAMILIES | 36,706 |
| SENTARA NORTHERN VIRGINIA MEDICAL CENTER<br>2300 OPITZ BOULEVARD<br>WOODBRIDGE, VA 22191 | NONE | PC | GENERAL OPERATING SUPPORT | 52,500 |
| SENTARA NORTHERN VIRGINIA MEDICAL CENTER<br>2300 OPITZ BOULEVARD<br>WOODBRIDGE, VA 22191 | NONE | PC | MOBILE HEALTH CLINIC REPLACEMENT PROJECT | 166,950 |
| **Total** . . . . . ▶ **3a** | | | | 5,181,821 |

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|---|---|---|---|---|
| **a** *Paid during the year* | | | | |
| SENTARA NORTHERN VIRGINIA MEDICAL CENTER<br>2300 OPITZ BOULEVARD<br>WOODBRIDGE, VA 22191 | NONE | PC | IN-PERSON INTERPRETER | 60,390 |
| SPARK67 E MADISON SUITE 2101<br>CHICAGO, IL 60603 | NONE | PC | GENERAL OPERATIONS | 1,500 |
| STAFFORD SCHOOLS HEAD START<br>610 GAYLE STREET<br>FALMOUTH, VA 22405 | NONE | PC | STAFFORD CHILDREN'S HEALTH INSURANCE OUTREACH PROGRAM | 14,492 |
| **Total** . . . . . ▶ **3a** | | | | 5,181,821 |

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|---|---|---|---|---|
| **a** *Paid during the year* | | | | |
| THE ARC OF GREATER PRINCE WILLIAM<br>13505 HILLENDALE DRIVE<br>DALE CITY, VA 22193 | NONE | PC | VOSAC III | 33,862 |
| THE ARC OF GREATER PRINCE WILLIAM<br>13505 HILLENDALE DRIVE<br>DALE CITY, VA 22193 | NONE | PC | INCREASE AGENCY CAPACITY TO BETTER SERVE PERSONS WHO ARE DUALLY DIAGNOSED (DD/MH) | 14,512 |
| THE ARC OF GREATER PRINCE WILLIAM<br>13505 HILLENDALE DRIVE<br>DALE CITY, VA 22193 | NONE | PC | PURCHASE MEDICAL EQUIPMENT | 175,000 |
| **Total** . . . . . ▶ **3a** | | | | 5,181,821 |

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|---|---|---|---|---|
| **a** *Paid during the year* | | | | |
| THE COMMONWEALTH INSTITUTE<br>PO BOX 473<br>MAYNARD, MA 01754 | NONE | PC | POWER-BUILDING FOR RACIAL AND HEALTH EQUITY IN THE PHF REGION AND VA | 42,000 |
| THE HOUSE INC14001 CROWN COURT<br>WOODBRIDGE, VA 22193 | NONE | PC | COVID-19 | 20,000 |
| THE HOUSE INC14001 CROWN COURT<br>WOODBRIDGE, VA 22193 | NONE | PC | THE OFFICE ON YOUTH MENTAL HEALTH AND WELLNESS | 202,000 |
| **Total** . . . . . ▶ **3a** | | | | 5,181,821 |

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

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|---|---|---|---|---|
| **a** *Paid during the year* | | | | |
| THE VIRGINIA CIVIC ENGAGEMENT TABLE<br>1705 E MAIN ST<br>RICHMOND, VA 23223 | NONE | PC | VIRGINIA COUNTS COALITION (VCC) - COMPLETE COUNT COMMITTEES | 7,500 |
| TRILLIUM DROP-IN CENTER<br>13184 CENTERPOINTE WAY<br>WOODBRIDGE, VA 22193 | NONE | PC | MARKETING OUTREACH | 36,050 |
| VA CONSORTIUM FOR HEALTH PHILANTHROPY<br>112 NORTH MAIN STREET PO BOX 1606<br>HOPEWELL, VA 23860 | NONE | PC | ADVOCACY FOR COMPREHENSIVE DENTAL FOR MEDICAID ENROLLED ADULTS | 25,000 |
| **Total** . . . . . ▶ **3a** | | | | 5,181,821 |

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|---|---|---|---|---|
| **a** *Paid during the year* | | | | |
| VIRGINIA COMMUNITY FOOD CONNECTIONS<br>1287 CENTRAL PARK BOULEVARD<br>FREDERICKSBURG, VA 22401 | NONE | PC | IMPROVING SNAP ACCESS TO AFFORDABLE FRESH FOOD FOR COMMUNITY HEALTH | 40,953 |
| VIRGINIA COMMUNITY FOOD CONNECTIONS<br>1287 CENTRAL PARK BOULEVARD<br>FREDERICKSBURG, VA 22401 | NONE | PC | FRESH FOOD ACCESS FOR COMMUNITY HEALTH | 17,552 |
| VIRGINIA FOUNDATION FOR COMMUNITY COLLEGE EDUCATION<br>101 N 14TH STREET<br>RICHMOND, VA 23219 | NONE | PC | POTOMAC HEALTH FOUNDATION FELLOWS PROGRAM | 125,000 |
| **Total** . . . . . ▶ **3a** | | | | 5,181,821 |

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|---|---|---|---|---|
| **a** *Paid during the year* | | | | |
| VIRGINIA FUNDERS NETWORK<br>3409 MOORE STREET<br>RICHMOND, VA 23230 | NONE | PC | PATH PARTNERSHIPS FOR SUPPORT OF VFN | 10,000 |
| VIRGINIA HEALTH CATALYST (FORMERLY VIRGINIA ORAL HEALTH COALITION)<br>4200 INNSLAKE DR 202<br>GLEN ALLEN, VA 23060 | NONE | PC | 2020 VIRTUAL VA ORAL HEALTH SUMMIT | 2,500 |
| VIRGINIA HEALTH CATALYST (VIRGINIA ORAL HEALTH COALITION)<br>4200 INNSLAKE DR 202<br>GLEN ALLEN, VA 23060 | NONE | PC | 2019 VA ORAL HEALTH SUMMIT | 2,000 |
| **Total** . . . . . ▶ **3a** | | | | 5,181,821 |

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|---|---|---|---|---|
| **a** *Paid during the year* | | | | |
| VIRGINIA INTERFAITH CENTER FOR PUBLIC POLICY<br>1716 E FRANKLIN ST<br>RICHMOND, VA 23223 | NONE | PC | HEALTH CARE HOPE: EXPANDING MEDICAID THROUGH CONGREGATIONAL OUTREACH | 60,000 |
| VIRGINIA POVERTY LAW CENTER<br>919 E MAIN ST 610<br>RICHMOND, VA 23219 | NONE | PC | ENROLL VIRGINIA - POTOMAC | 198,806 |
| VIRGINIA TECH FOUNDATION<br>902 PRICES FORK RD<br>BLACKSBURG, VA 24061 | NONE | PC | COOKWARE FOR NUTRITION EDUCATION PROGRAM | 4,000 |
| **Total** . . . . . ▶ **3a** | | | | 5,181,821 |

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|---|---|---|---|---|
| **a** *Paid during the year* | | | | |
| VIRGINIANS ORGANIZED FOR INTERFAITH COMMUNITY ENGAGEMENT (VOICE)<br>4444 ARLINGTON BLVD<br>ARLINGTON, VA 22204 | NONE | PC | CAP BLDG FOR HOUSING AND EVICTIONS RELATED TO COVID-19 | 25,000 |
| VOICES FOR VIRGINIA'S CHILDREN<br>701 E FRANKLIN STREET SUITE 807<br>RICHMOND, VA 23219 | NONE | PC | CAMPAIGN FOR CHILDREN'S MENTAL HEALTH | 18,000 |
| VOICES FOR VIRGINIA'S CHILDREN<br>701 E FRANKLIN STREET SUITE 807<br>RICHMOND, VA 23219 | NONE | PC | EQUITABLE ACCESS TO TRAUMA-INFORMED CHILDREN'S MENTAL HEALTH SERVICES | 42,000 |
| **Total** . . . . . ▶ **3a** | | | | 5,181,821 |

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|---|---|---|---|---|
| **a** *Paid during the year* | | | | |
| WORKHOUSE ARTS FOUNDATION INC<br>9518 WORKHOUSE WAY<br>LORTON, VA 22079 | NONE | PC | WORKHOUSE ARTS CENTER - MILITARY IN THE ARTS INITIATIVE | 23,115 |
| WORKHOUSE ARTS FOUNDATION INC<br>9518 WORKHOUSE WAY<br>LORTON, VA 22079 | NONE | PC | WORKHOUSE ARTS CENTER - MILITARY IN THE ARTS INITIATIVE | 53,935 |
| YOUNG INVINCIBLES<br>1411 K STREET NW<br>WASHINGTON, DC 20005 | NONE | PC | HEALTHY YOUNG AMERICA-NORTHERN VIRGINIA CAMPAIGN | 125,000 |
| **Total** . . . . . ▶ **3a** | | | | 5,181,821 |

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|---|---|---|---|---|
| **a** *Paid during the year* | | | | |
| YOUTH FOR TOMORROW<br>11835 HAZEL CIRCLE DRIVE<br>BRISTOW, VA 20136 | NONE | PC | YFT MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES FOR THE UNDERSERVED | 195,000 |
| **Total** . . . . . ▶ **3a** | | | | 5,181,821 |

# TY 2019 Accounting Fees Schedule

**Name:** POTOMAC HEALTH FOUNDATION

**EIN:** 52-1340920

| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|---|---|---|---|---|
| ACCOUNTING | 52,034 | 0 | | 52,034 |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491067002061 |
|---|---|---|

# TY 2019 Investments Corporate Bonds Schedule

**Name:** POTOMAC HEALTH FOUNDATION

**EIN:** 52-1340920

**Investments Corporate Bonds Schedule**

| Name of Bond | End of Year Book Value | End of Year Fair Market Value |
|---|---|---|
| SEI CORE FIXED INCOME FUND #285 | 26,161,329 | 26,161,329 |
| SIIT ULTRA SHORT DURATION BOND FUND | 2,854,249 | 2,854,249 |
| SEI SIIT REAL RETURN A | 2,106,645 | 2,106,645 |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491067002061 |
|---|---|---|

# TY 2019 Investments Corporate Stock Schedule

**Name:** POTOMAC HEALTH FOUNDATION

**EIN:** 52-1340920

**Investments Corporation Stock Schedule**

| Name of Stock | End of Year Book Value | End of Year Fair Market Value |
|---|---|---|
| SEI LARGE CAP FUND | 23,646,363 | 23,646,363 |
| SEI EXTENDED MKT INDEX-A | 3,578,376 | 3,578,376 |
| SEI EMERGING MRKTS EQ-A | 3,641,975 | 3,641,975 |
| SEI GLOBAL MGD VOLATILITY FD | 7,218,289 | 7,218,289 |
| SEI WORLD EQUITY EX-US FUND | 9,086,570 | 9,086,570 |
| SEI U.S. MANAGED VOL FUND | 7,230,834 | 7,230,834 |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491067002061 |
|---|---|---|

# TY 2019 Investments Government Obligations Schedule

| | |
|---|---|
| **Name:** | POTOMAC HEALTH FOUNDATION |
| **EIN:** | 52-1340920 |
| **US Government Securities - End of Year Book Value:** | 5,000,000 |
| **US Government Securities - End of Year Fair Market Value:** | 5,000,000 |
| **State & Local Government Securities - End of Year Book Value:** | 0 |
| **State & Local Government Securities - End of Year Fair Market Value:** | 0 |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491067002061 |
|---|---|---|

# TY 2019 Investments - Other Schedule

**Name:** POTOMAC HEALTH FOUNDATION

**EIN:** 52-1340920

**Investments Other Schedule 2**

| Category/ Item | Listed at Cost or FMV | Book Value | End of Year Fair Market Value |
|---|---|---|---|
| SEI CORE PROPERTY FUND LP | FMV | 11,560,162 | 11,560,162 |
| SEI SPECIAL SITUATIONS FUND LTD | FMV | 5,168,289 | 5,168,289 |
| SEI GPA IV PRIVATE EQUITY FUND (GLOBAL PRIVATE ASSETS) | FMV | 1,537,175 | 1,537,175 |
| SEI GLOBAL PRIVATE ASSETS V (P), L.P | FMV | 89,111 | 89,111 |

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# TY 2019 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 AND TECHNOLOGY | 49,098 | 47,490 | 1,608 | 1,608 |

# TY 2019 Other Decreases Schedule

**Name:** POTOMAC HEALTH FOUNDATION

**EIN:** 52-1340920

| Description | Amount |
|---|---|
| UNREALIZED LOSS | 3,954,852 |

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# TY 2019 Other Expenses Schedule

**Name:** POTOMAC HEALTH FOUNDATION

**EIN:** 52-1340920

**Other Expenses Schedule**

| Description | Revenue and Expenses per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|---|---|---|---|---|
| PROFESSIONAL DEVELOPMENT | 38,002 | 0 | | 45,865 |
| TECH EXPENSE | 18,530 | 0 | | 20,113 |
| OTHER EXPENSE | 46,096 | 157 | | 7,382 |
| INSURANCE | 2,207 | 0 | | 2,207 |
| SEI CORE PROPERTY FUND, LP OTHER DEDUCTIONS | 0 | 356 | | 0 |

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# TY 2019 Other Income Schedule

**Name:** POTOMAC HEALTH FOUNDATION

**EIN:** 52-1340920

**Other Income Schedule**

| Description | Revenue And Expenses Per Books | Net Investment Income | Adjusted Net Income |
|---|---|---|---|
| GRANT RECOVERY | 126,688 | | 126,688 |

# TY 2019 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 | 23,562 | 23,919 |
| DEFERRED TAX LIABILITY | 159,922 | 120,374 |

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# TY 2019 Other Professional Fees Schedule

**Name:** POTOMAC HEALTH FOUNDATION

**EIN:** 52-1340920

| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|---|---|---|---|---|
| CONSULTANT FEES | 42,585 | 0 | | 42,585 |
| INVESTMENT MANAGEMENT FEES | 625,149 | 625,149 | | 0 |

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|---|---|---|

# TY 2019 Taxes Schedule

**Name:** POTOMAC HEALTH FOUNDATION

**EIN:** 52-1340920

| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|---|---|---|---|---|
| EXCISE TAX | 33,633 | 0 | | 0 |