

**Return of Organization Exempt From Income Tax**

**2001**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

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

**A** For the **2001** calendar year, or tax year period beginning and ending

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return  
 Amended return  
 Application pending

Please use IRS label or print or type. See Specific Instructions

**C** Name of organization  
**DISTRICT COLUMBIA PRIMARY CARE ASSOCIATION**

Number and street (or P O box if mail is not delivered to street address) Room/suite  
**1411 K STREET, N.W. 400**

City or town, state or country, and ZIP + 4  
**WASHINGTON, DC 20005**

**D** Employer identification number  
**52-1999196**

**E** Telephone number  
**202-638-0252**

**F** Accounting method:  Cash  Accrual  
 Other (specify) \_\_\_\_\_

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

H and I are not applicable to section 527 organizations

**H(a)** Is this a group return for affiliates?  Yes  No

**H(b)** If "Yes," enter number of affiliates \_\_\_\_\_

**H(c)** Are all affiliates included? **N/A**  Yes  No (If "No," attach a list)

**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**I** Enter 4-digit GEN \_\_\_\_\_

**G** Web site **▶ HTTP://DCPCA.ORG/**

**J** Organization type (check only one)  501(c) ( 3 ) (insert no)  4947(a)(1) or  527

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return

**L** Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 **▶ 1,489,366.**

**M** Check  if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received				
	<b>a</b> Direct public support	<b>1a</b>		660,772.	
	<b>b</b> Indirect public support	<b>1b</b>			
	<b>c</b> Government contributions (grants)	<b>1c</b>		816,601.	
	<b>d</b> Total (add lines 1a through 1c) (cash \$ 1,477,373. noncash \$ _____)	<b>1d</b>			1,477,373.
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>			
	<b>3</b> Membership dues and assessments	<b>3</b>			11,550.
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>			443.
	<b>5</b> Dividends and interest from securities	<b>5</b>			
	<b>6 a</b> Gross rents	<b>6a</b>			
	<b>b</b> Less rental expenses	<b>6b</b>			
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>			
<b>7</b> Other investment income (describe _____)	<b>7</b>				
<b>8 a</b> Gross amount from sale of assets other than inventory	(A) Securities	<b>8a</b>			
	(B) Other	<b>8b</b>			
	<b>b</b> Less cost or other basis and sales expenses	<b>8c</b>			
	<b>c</b> Gain or (loss) (attach schedule)	<b>8d</b>			
<b>9 a</b> Gross revenue not reported on line 1a	(A) (combine line 8c, columns (A) and (B))	<b>9a</b>			
	Special events and activities (attach schedule)	<b>9b</b>			
	<b>b</b> Less direct expenses other than fundraising expenses	<b>9c</b>			
<b>10 a</b> Gross sales of inventory, less returns and allowances	(A) (combine line 8c, columns (A) and (B))	<b>10a</b>			
	Special events and activities (attach schedule)	<b>10b</b>			
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>			
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>				
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>			1,489,366.	
Expenses	<b>13</b> Program services (from line 44, column (B))	<b>13</b>		1,266,057.	
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>		114,996.	
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>			
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>			
	<b>17</b> Total expenses (add lines 16 and 44, column (A))	<b>17</b>			1,381,053.
<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>			108,313.	
Net Assets	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		119,128.	
	<b>20</b> Other changes in net assets or fund balances (attach explanation) <b>SEE STATEMENT 1</b>	<b>20</b>		31,859.	
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>			259,300.

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**DISTRICT COLUMBIA PRIMARY CARE  
ASSOCIATION**

<b>Part II Statement of Functional Expenses</b>		All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others			
Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)				
	cash \$ _____ noncash \$ _____	22			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc	25	75,335.	56,501.	18,834.
26	Other salaries and wages	26	464,986.	424,495.	40,491.
27	Pension plan contributions	27	19,858.	17,678.	2,180.
28	Other employee benefits	28	44,485.	39,601.	4,884.
29	Payroll taxes	29	45,452.	40,461.	4,991.
30	Professional fundraising fees	30			
31	Accounting fees	31	20,261.	15,269.	4,992.
32	Legal fees	32	15,416.	12,636.	2,780.
33	Supplies	33	19,442.	14,257.	5,185.
34	Telephone	34	10,484.	9,439.	1,045.
35	Postage and shipping	35	5,251.	4,848.	403.
36	Occupancy	36	99,324.	93,798.	5,526.
37	Equipment rental and maintenance	37			
38	Printing and publications	38	15,406.	14,351.	1,055.
39	Travel	39	16,122.	15,783.	339.
40	Conferences, conventions, and meetings	40			
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42	18,154.		18,154.
43	Other expenses not covered above (itemize)				
a	_____	43a			
b	_____	43b			
c	_____	43c			
d	_____	43d			
e	SEE STATEMENT 2	43e	511,077.	506,940.	4,137.
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D) carry these totals to lines 13-15	44	1,381,053.	1,266,057.	114,996.

**Joint Costs** Check  if you are following SOP 98-2  
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_,  
 (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

<b>Part III Statement of Program Service Accomplishments</b>		Program Service Expenses
What is the organization's primary exempt purpose? SEE STATEMENT 3		(Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
a	SEE STATEMENT 4	
	(Grants and allocations \$ _____)	342,488.
b	SEE STATEMENT 5	
	(Grants and allocations \$ _____)	509,985.
c	SEE STATEMENT 6	
	(Grants and allocations \$ _____)	361,602.
d	SEE STATEMENT 7	
	(Grants and allocations \$ _____)	51,982.
e	Other program services (attach schedule)	(Grants and allocations \$ _____)
f	<b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)	1,266,057.

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**Part IV Balance Sheets**

Note Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		(A) Beginning of year		(B) End of year	
Assets	45 Cash - non-interest-bearing	20,007.	45	29,150.	
	46 Savings and temporary cash investments		46	10,702.	
	47 a Accounts receivable	148,652.			
	b Less allowance for doubtful accounts				
			114,983.	47c	148,652.
	48 a Pledges receivable				
	b Less allowance for doubtful accounts				
				48c	
	49 Grants receivable			49	134,499.
	50 Receivables from officers, directors, trustees, and key employees			50	
	51 a Other notes and loans receivable				
	b Less allowance for doubtful accounts				
				51c	
	52 Inventories for sale or use			52	
	53 Prepaid expenses and deferred charges			53	
54 Investments - securities			54		
▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV					
55 a Investments - land, buildings, and equipment basis					
b Less accumulated depreciation					
			55c		
56 Investments - other			56		
57 a Land, buildings, and equipment basis	102,555.				
b Less accumulated depreciation	31,587.				
		55,076.	57c	70,968.	
58 Other assets (describe ▶ DEPOSITS )		8,112.	58	8,112.	
59 Total assets (add lines 45 through 58) (must equal line 74)		198,178.	59	402,083.	
Liabilities	60 Accounts payable and accrued expenses	79,050.	60	125,014.	
	61 Grants payable		61		
	62 Deferred revenue		62	17,769.	
	63 Loans from officers, directors, trustees, and key employees		63		
	64 a Tax-exempt bond liabilities		64a		
	b Mortgages and other notes payable		64b		
	65 Other liabilities (describe ▶ )		65		
66 Total liabilities (add lines 60 through 65)		79,050.	66	142,783.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	67 Unrestricted	109,128.	67	162,019.	
	68 Temporarily restricted	10,000.	68	97,281.	
	69 Permanently restricted		69		
	Organizations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 70 through 74				
	70 Capital stock, trust principal, or current funds		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund		71		
	72 Retained earnings, endowment, accumulated income, or other funds		72		
	73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)		119,128.	73	259,300.
74 Total liabilities and net assets / fund balances (add lines 66 and 73)		198,178.	74	402,083.	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.



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ASSOCIATION**

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Part VI Other Information		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? <span style="float:right">N/A</span>		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		X
b	If "Yes," enter the name of the organization <span style="float:right">and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt</span>		
81 a	Enter direct or indirect political expenditures See line 81 instructions <span style="float:right">81a 0.</span>		
b	Did the organization file Form 1120-POL for this year?		X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III) <span style="float:right">82b N/A</span>		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? <span style="float:right">N/A</span>		
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? <span style="float:right">N/A</span>		
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? <span style="float:right">N/A</span>		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year <span style="float:right">N/A</span>		
c	Dues, assessments, and similar amounts from members <span style="float:right">85c N/A</span>		
d	Section 162(e) lobbying and political expenditures <span style="float:right">85d N/A</span>		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices <span style="float:right">85e N/A</span>		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) <span style="float:right">85f N/A</span>		
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f? <span style="float:right">N/A</span>		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? <span style="float:right">N/A</span>		
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12 <span style="float:right">86a N/A</span>		
b	Gross receipts, included on line 12, for public use of club facilities <span style="float:right">86b N/A</span>		
87	501(c)(12) organizations Enter a Gross income from members or shareholders <span style="float:right">87a N/A</span>		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) <span style="float:right">87b N/A</span>		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <span style="float:right">0.</span> , section 4912 <span style="float:right">0.</span> , section 4955 <span style="float:right">0.</span>		
b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float:right">0.</span>		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization <span style="float:right">0.</span>		
90 a	List the states with which a copy of this return is filed <span style="float:right">DISTRICT OF COLUMBIA</span>		
b	Number of employees employed in the pay period that includes March 12, 2001 <span style="float:right">90b 9</span>		
91	The books are in care of <span style="float:right">THE ASSOCIATION</span> Telephone no <span style="float:right">202-638-0252</span>		
	Located at <span style="float:right">1411 K STREET, N.W., SUITE 400, WASHINGTON, D.C.</span> ZIP +4 <span style="float:right">20005</span>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <span style="float:right">92 N/A</span> and enter the amount of tax-exempt interest received or accrued during the tax year		

**Part VII Analysis of Income-Producing Activities** (See Specific Instructions on page 32)

Note Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					11,550.
95 Interest on savings and temporary cash investments			14	443.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		443.	11,550.
105 Total (add line 104, columns (B), (D), and (E))					11,993.

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See Specific Instructions on page 32)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
94	DUES PROVIDE SUPPORT FOR PROGRAMS TO EDUCATE AND DISSEMINATE
94	INFORMATION TO MEMBERS AND THE PUBLIC.

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See Specific Instructions on page 33)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See Specific Instructions on page 33)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

completing schedules and statements, and to the best of my knowledge and belief, it is true information of which preparer has any knowledge

1/15/02 Sharon A Baskerville Exec Dir  
Type or print name and title

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

**2001**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information-(See separate instructions.)**  
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization **DISTRICT COLUMBIA PRIMARY CARE  
ASSOCIATION**

Employer identification number  
**52 1999196**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 1 of the instructions List each one If there are 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 & deferred compensation	(e) Expense account and other allowances
RENEE WALLIS ----- 134 BRYANT ST, NW, WASHINGTON , DC	40	70,005.	5,400.	
LINDA THOMPSON ----- 5611 OLD TEMPLE HILL RD, TEMPLE HILLS	40	50,846.	3,500.	
-----				
-----				
-----				
-----				
Total number of other employees paid over \$50,000 ▶	0			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions List each one (whether individuals or firms) if there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE -----		
-----		
-----		
-----		
-----		
-----		
Total number of others receiving over \$50,000 for professional services ▶	0	

**Part III** Statements About Activities (See page 2 of the instructions)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities <b>\$ _____ \$ _____</b> (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <b>SEE FORM 990 - PART V</b>	X	
e Transfer of any part of its income or assets?		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below)		X
4 Do you have a section 403(b) annuity plan for your employees?	X	

Note Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments

**Part IV** Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)

The organization is not a private foundation because it is (Please check only ONE applicable box)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i)
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii)
- 8  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v)
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state **▶ \_\_\_\_\_**
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A)
- 11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A)
- 12  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions)

DISTRICT COLUMBIA PRIMARY CARE

**Part IV-A** Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting.  
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28)	822,708.	358,550.	210,177.	34,018.	1,425,453.
16 Membership fees received	17,875.				17,875.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable etc. purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	2,288.	685.	5,211.		8,184.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	842,871.	359,235.	215,388.	34,018.	1,451,512.
24 Line 23 minus line 17	842,871.	359,235.	215,388.	34,018.	1,451,512.
25 Enter 1% of line 23	8,429.	3,592.	2,154.	340.	

26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24	25a	29,030.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts		26b	0.
c Total support for section 509(a)(1) test. Enter line 24, column (e)		26c	1,451,512.
d Add: Amounts from column (e) for lines 18 _____ 8,184. 19 _____ 22 _____ 26b _____		26d	8,184.
e Public support (line 26c minus line 26d total)		26e	1,443,328.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))		26f	99.4362%

27 Organizations described on line 12	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A	(2000)	(1999)	(1998)	(1997)
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A	(2000)	(1999)	(1998)	(1997)	
c Add: Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____		27c	N/A		
d Add: Line 27a total _____ and line 27b total _____		27d	N/A		
e Public support (line 27c total minus line 27d total)		27e	N/A		
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e): N/A		27f	N/A		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))		27g	N/A %		
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))		27h	N/A %		

28 Unusual Grants For an organization described in line 10, 11, or 12, that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

NONE

**DISTRICT COLUMBIA PRIMARY CARE**

**Part V Private School Questionnaire** (See page 7 of the instructions )

N/A

**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement )		
_____			
_____			
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )		
_____			
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )		
_____			
_____			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation		

DISTRICT COLUMBIA PRIMARY CARE

Schedule A (Form 990 or 990-EZ) 2001 ASSOCIATION

52-1999196 Page 5

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check  a  if the organization belongs to an affiliated group Check  b  if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount Enter the amount from the following table - If the amount on line 40 is - The lobbying nontaxable amount is - Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000	41	
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

Caution If there is an amount on either line 43 or line 44, you must file Form 4720

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 11 of the instructions)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(a))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h)

Yes	No	Amount
		0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities



**Schedule B**  
(Form 990, 990-EZ, or  
990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Supplementary information for  
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No 1545-0047

**2001**

Name of organization

DISTRICT COLUMBIA PRIMARY CARE  
ASSOCIATION

Employer identification number

52-1999196

Organization type (check one)

Filers of

Section:

Form 990 or 990-EZ

501(c)( 3 ) (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 box(es) for both the General rule and a Special rule-see instructions )

**General Rule-**

For organizations filing Form 990, 990-EZ, or 990 PF that received, during the year, \$5,000 or more (in money or property) from any one contributor (Complete Parts I and II )

**Special Rules-**

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II )

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

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc , purposes, but these contributions did not aggregate to 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 of \$5,000 or more during the year ) ▶ \$ \_\_\_\_\_

**Caution** Organizations that are not covered by the General rule and/or the Special rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule B (Form 990, 990-EZ, or 990-PF) (2001)

Name of organization <b>DISTRICT COLUMBIA PRIMARY CARE ASSOCIATION</b>	Employer identification number <b>52-1999196</b>
---	---

**Part I Contributors** (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
2		\$ 311,173.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
3		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
4		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
5		\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
6		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 1

DESCRIPTION	AMOUNT
ADJUSTMENTS TO BOOKS NOT REFLECTED IN PRIOR YEARS TAX RETURN	31,859.
TOTAL TO FORM 990, PART I, LINE 20	31,859.

FORM 990 OTHER EXPENSES STATEMENT 2

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
MIS SUPPORT	9,466.	7,834.	1,632.	
CONSULT./SUBCONTRCT	412,066.	412,066.	0.	
MEETING COSTS	29,338.	28,802.	536.	
PROMOTION	37,011.	37,011.	0.	
OTHER COSTS	5,332.	5,188.	144.	
RECRUITMENT	5,078.	5,078.	0.	
STAFF TRAINING	11,226.	9,401.	1,825.	
STUDENT LLP	1,560.	1,560.	0.	
TOTAL TO FM 990, LN 43	511,077.	506,940.	4,137.	

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 3  
PART III

EXPLANATION

THE MISSION OF DCPCA IS TO FACILITATE THE DEVELOPMENT AND MAINTENANCE OF AN EFFECTIVE INTEGRATED PRIMARY HEALTH CARE DELIVERY SYSTEM IN THE DISTRICT OF COLUMBIA, A SYSTEM THAT GUARANTEES ACCESS TO PRIMARY HEALTH CARE AND ELIMINATES DISPARITIES IN HEALTH OUTCOMES.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 4

DESCRIPTION OF PROGRAM SERVICE ONE

BUREAU - DCPCA RECEIVES GRANTS DIRECTLY FROM DHHS ( BUREAU OF PRIMARY HEALTHCARE) TO ASSIST PRIMARY CARE PROVIDERS IN ADDRESSING THE PRIMARY HEALTHCARE NEEDS OF THE UNDERSERVED. DCPCA WILL ASSESS THE PRIMARY CARE MARKETPLACE IN D.C. , SPECIFICALLY THE COMMUNITY HEALTH CENTER PROGRAM AND HELP PLACE PRIMARY CARE PROVIDERS IN SHORTAGE AREAS.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A		342,488.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 5

DESCRIPTION OF PROGRAM SERVICE TWO

CIC - COMMUNITIES IN CHARGE PROGRAM IS FUNDED BY A GRANT FROM THE ROBERT WOOD JOHNSON FOUNDATION FOR THE DEVELOPMENT OF A COMMUNITY-WIDE DECISION MAKING PROCESS TO EXPAND HEALTH INSURANCE TO THE UNINSURED, IMPROVE THE DELIVERY SYSTEMS FOR THE UNDERSERVED, AND ENSURE SUSTAINABILITY.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE B		509,985.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 6

DESCRIPTION OF PROGRAM SERVICE THREE

AHEC - DCPCA IS UNDER A COST REIMBURSEMENT SUBCONTRACT WITH GEORGE WASHINGTON UNIVERSITY. GWU IS THE RECIPIENT OF A DIRECT FEDERAL AWARD UNDER A COOPERATIVE AGREEMENT WITH THE DEPARTMENT OF HEALTH AND HUMAN SERVICES- BUREAU OF HEALTH PROFESSIONS FOR THE PURPOSE OF ESTABLISHING AN AREA HEALTH EDUCATION CENTER FOR THE DISTRICT OF COLUMBIA. UNDER THIS AGREEMENT, DCPCA SERVES AS THE INITIAL LOCATION FOR THIS CENTER.

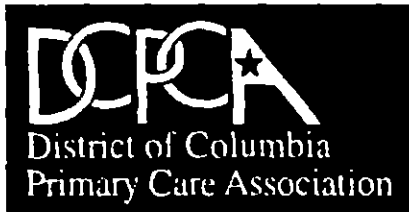
	GRANTS	EXPENSES
TO FORM 990, PART III, LINE C	<u>                    </u>	<u>361,602.</u>

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 7

DESCRIPTION OF PROGRAM SERVICE FOUR

DIABETIES DISPARITIES COLLABORATIVE PROVIDES SUPPORT AND TECHNICAL ASSISTANCE TO COMMUNITY HEALTH CENTER STAFF TEAMS TO DEVELOP CHRONIC ILLNESS TREATMENT STRATEGIES AND BEST PRACTICES AND GATHER DATA ON THAT TREATMENT, FOR RESEARCH AND DISSEMINATION OF IDENTIFIED ILLNESSES.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE D	<u>                    </u>	<u>51,982.</u>



**DC PRIMARY CARE ASSOCIATION**  
**List of Board Members as on December 31, 2001**

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Form **8868**

### Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1700

(December 2000)

Department of the Treasury  
Internal Revenue Service

File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
  - If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form).
- Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Part I** Automatic 3-Month Extension of Time—Only submit original (no copies needed)  
 Note: Form 990-T corporations requesting an automatic 6-month extension—check this box and complete Part I only   
 All other corporations (including Form 990 C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print	Name of Exempt Organization District of Columbia Primary Care Association	Employer identification number 52-1999196
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. if a P.O. box, see instructions. 1411 K St., NW, Suite 400	
	City, town or post office, state, and ZIP code. For a foreign address see instructions. Washington, DC 20005	

Check type of return to be filed (file a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GFN) \_\_\_\_\_ If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-month for 990-T corporation) extension of time until July 30, 2002 to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 

- ▶  calendar year 2002
- ▶  tax year beginning \_\_\_\_\_, 20\_\_\_\_ and ending \_\_\_\_\_, 20\_\_\_\_

2 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ \_\_\_\_\_

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ \_\_\_\_\_

c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ N/A

#### Signature and Verification

Under penalties of perjury I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ Sharon A. Bortnerle Title ▶ Executive Director Date ▶ 4/30/02



Form 8888 (12-2000)

Page 2

- If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box
- Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8888.
- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

**Part II Additional (not automatic) 3-Month Extension of Time—Must File Original and One Copy.**

Type or print	Name of Exempt Organization <b>District of Columbia Primary Care Association</b>	Employer Identification number <b>52-1009196</b>
	Number, street, and room or suite no. If a P.O. box, see instructions <b>1411 K St., NW, Suite 400</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>Washington, DC 20005</b>	

Check type of return to be filed (File a separate application for each return):

- Form 990  Form 990-EZ  Form 990-T (sec 401(a) or 408(a) trust)  Form 1041-A  Form 5227  Form 8870
- Form 990-BL  Form 990-PF  Form 990-T (trust other than above)  Form 4720  Form 8069

**STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8888.**

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box  If it is for part of the group, check this box  and attach a list with the names and EITs of all members the extension is for.

4 I request an additional 3-month extension of time until November 15, 2002

5 For calendar year 2001, or other tax year beginning \_\_\_\_\_, 20\_\_\_\_ and ending \_\_\_\_\_, 20\_\_\_\_

6 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

7 State in detail why you need the extension: **THE AUDIT OF THE ASSOCIATION'S FINANCIAL STATEMENT IS IN PROGRESS. ADDITIONAL TIME IS NECESSARY TO COMPLETE THE AUDIT AND PROPERLY PREPARE THE RECONCILIATION SCHEDULE REQUIRED FOR FORM 990**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 8069, enter the tentative tax, less any nonrefundable credits. See instructions \$ \_\_\_\_\_

b If this application is for Form 990-PF, 990-T, 4720, or 8069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8888 \$ \_\_\_\_\_

c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ \_\_\_\_\_ N/A

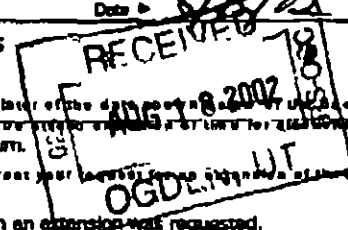
**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Sharon A. Bankerwell Title Executive Director Date 11/13/02

**Notice to Applicant—To Be Completed by the IRS**

- We have approved this application. Please attach this form to the organization's return.
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date of the application or the due date of the organization's return (including any prior extension). This grace period is considered to be filed on time for purposes otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension to file. We are not granting a 10-day grace period.
- We cannot consider this application because it was filed after the due date of the return for which an extension was requested.
- Other \_\_\_\_\_



Alternative Mailing Address — Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name <b>District of Columbia Primary Care Association</b>
	Number and street (include suite, room, or apt. no.) Or a P.O. box number <b>1411 K St. NW Suite 400</b>
	City or town, province or state, and country (including postal or ZIP code) <b>Washington DC 20005</b>

