

2001

Open to Public Inspection

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)

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 beginning 07/01, 2001, and ending 06/30/2002

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

PRIMARY CARE COALITION OF MONTGOMERY COUNTY

Number and street (or P O box if mail is not delivered to street address) Room/suite

8757 GEORGIA AVE., 10TH FL

City or town, state or country, and ZIP + 4

SILVER SPRING, MD 20910

D Employer identification number

52-1847976

E Telephone number

(301) 628-3417

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? ☐ Yes ☒ No
(If "No" attach a list. See instructions.)H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Enter 4-digit GEN _____

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

G Web site _____

J Organization type (check only one) ☒ 501(c)(3) (insert no) _____ 4947(a)(1) or _____ 527K 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. 4,402,381

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16)

Revenue	1	Contributions, gifts, grants, and similar amounts received	STMT 1	
	a	Direct public support	1a	881,689
	b	Indirect public support	1b	
	c	Government contributions (grants)	1c	
	d	Total (add lines 1a through 1c) (cash \$ 881,689 noncash \$ _____)	1d	881,689
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	3,515,443
	3	Membership dues and assessments	3	
	4	Interest on savings and temporary cash investments	4	5,249
	5	Dividends and interest from securities	5	
	6a	Gross rents	6a	
6b	Less rental expenses	6b		
6c	Net rental income or (loss) (subtract line 6b from line 6a)	6c		
7	Other investment income (describe _____)	7		
Expenses	8a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other
	b	Less cost or other basis and sales expenses	8a	
	c	Gain or (loss) (attach schedule)	8b	
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c	
	8d			
	9	Special events and activities (attach schedule)		
	9a	Gross revenue not including \$ _____ of contributions reported on line 1a)	9a	
	9b	Less direct expenses other than fundraising expenses	9b	
	9c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	
	10a	Gross sales of inventory less returns and allowances	10a	
10b	Less cost of goods sold	10b		
10c	Net gain or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		
Net Assets	11	Other revenue (from Part VII, line 103)	11	
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	4,402,381
	13	Program services (from line 44, column (B))	13	3,934,493
	14	Management and general (from line 44, column (C))	14	223,568
	15	Fundraising (from line 44, column (D))	15	19,525
	16	Payments to affiliates (attach schedule)	16	
	17	Total expenses (add lines 16 and 44, column (A))	17	4,177,586
	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	224,795
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	419,286
	20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	644,081	

For Paperwork Reduction Act Notice, see the separate instructions

Form 990 (2001)

SCANNED NOV 21 2002

Part II Statement of Functional Expenses

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. (See Specific Instructions on page 21.)

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	25 352,858	234,822	118,036	
26 Other salaries and wages	26 592,763	592,763		
27 Pension plan contributions	27 17,084	13,535	3,549	
28 Other employee benefits	28 132,999	118,146	14,853	
29 Payroll taxes	29 77,810	67,568	10,242	
30 Professional fundraising fees	30			
31 Accounting fees	31 10,570	9,209	1,353	8
32 Legal fees	32 4,041	2,802	1,239	
33 Supplies	33 17,909	15,272	2,637	
34 Telephone	34 10,842	9,192	1,650	
35 Postage and shipping	35 10,933	9,927	1,004	2
36 Occupancy	36 105,622	84,097	21,525	
37 Equipment rental and maintenance	37 28,678	20,362	8,316	
38 Printing and publications	38 33,270	27,077	3,928	2,265
39 Travel	39 3,403	3,051	352	
40 Conferences, conventions, and meetings	40 35,821	11,917	6,904	17,000
41 Interest	41			
42 Depreciation depletion etc (attach schedule)	42 31,445	24,462	6,983	
43 Other expenses not covered above (itemize) STMT 3	43a 2,711,538	2,690,291	20,997	250
b _____	43b			
c _____	43c			
d _____	43d			
e _____	43e			
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 4,177,586	3,934,493	223,568	19,525

Joint Costs Check ☐ if you are following SOP 98-2Are 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 \$ _____

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 24.)What is the organization's primary exempt purpose? **STMT 4**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts but optional for others.)

a STMT 5	(Grants and allocations \$ _____)	1,175,126
b STMT 5	(Grants and allocations \$ _____)	345,884
c STMT 5	(Grants and allocations \$ _____)	578,438
d STMT 5	(Grants and allocations \$ _____)	19,673
e Other program services (attach schedule) STMT 6	(Grants and allocations \$ _____)	1,815,372
f Total of Program Service Expenses (should equal line 44, column (B), Program services)		3,934,493

Part IV Balance Sheets (See Specific Instructions on page 24)

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		28,001	45	87,703
	46	Savings and temporary cash investments		138,582	46	102,965
	47a	Accounts receivable	47a 913,180			
	b	Less allowance for doubtful accounts	47b	1,003,679	47c	913,180
	48a	Pledges receivable	48a		48c	
	b	Less allowance for doubtful accounts	48b			
	49	Grants receivable		50,650	49	112,954
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)			50	
	51a	Other notes and loans receivable (attach schedule)	51a			
	b	Less allowance for doubtful accounts	51b		51c	
	52	Inventories for sale or use			52	
	53	Prepaid expenses and deferred charges		11,884	53	29,620
	54	Investments - securities (attach schedule)	STMT 7 Cost FMV		54	
	55a	Investments - land, buildings, and equipment basis	55a			
	b	Less accumulated depreciation (attach schedule)	55b		55c	
56	Investments - other (attach schedule)			56		
57a	Land, buildings, and equipment basis	57a 228,394				
b	Less accumulated depreciation (attach schedule)	57b	49,813	79,442	57c	178,581
58	Other assets (describe STMT 8)		1,364	58	1,364	
59	Total assets (add lines 45 through 58) (must equal line 74)		1,313,602	59	1,426,367	
Liabilities	60	Accounts payable and accrued expenses		878,068	60	715,364
	61	Grants payable			61	
	62	Deferred revenue			62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)			63	
	64a	Tax-exempt bond liabilities (attach schedule)			64a	
	b	Mortgages and other notes payable (attach schedule)			64b	
	65	Other liabilities (describe STMT 9)		16,248	65	66,922
66	Total liabilities (add lines 60 through 65)		894,316	66	782,286	
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		193,581	67	404,471
	68	Temporarily restricted		225,705	68	239,610
	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, and column (B) must equal line 21)		419,286	73	644,081
	74	Total liabilities and net assets / fund balances (add lines 66 and 73)		1,313,602	74	1,426,367

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.

Part IV-B	Reconciliation of Expenses per Audited Financial Statements with Expenses per Return
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Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see Specific Instructions on page 26.)

[illegible]Form **990** (2001)

Part VI Other Information (See Specific Instructions on page 27)

	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	76	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	77	X
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/A
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	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?	80a	X
b If "Yes," enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt		
81 a Enter direct or indirect political expenditure. See line 81 instructions.	81a	NONE
b Did the organization file Form 1120-POL for this year?	81b	N/A
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?	82a	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.)	82b	2,358,937
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	N/A
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/A
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.		
c Dues, assessments, and similar amounts from members	85c	N/A
d Section 162(e) lobbying and political expenditures	85d	N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g	N/A
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?	85h	N/A
86 501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	86a	N/A
b Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87 501(c)(12) orgs Enter a Gross income from members or shareholders	87a	N/A
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
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	88	X
89 a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>N/A</u> , section 4912 <u>N/A</u> , section 4955 <u>N/A</u>		
b 501(c)(3) and 501(c)(4) orgs 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	89b	X
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		NONE
d Enter Amount of tax on line 89c, above, reimbursed by the organization		NONE
90 a List the states with which a copy of this return is filed <u>MARYLAND</u>		
b Number of employees employed in the pay period that includes March 12, 2001 (See instructions)	90b	26
91 The books are in care of <u>STEVE GALEN</u> Telephone no <u>301-628-3405</u> Located at <u>8757 GEORGIA AVE, SILVER SPRING, MD</u> ZIP + 4 <u>20910</u>		
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	92	N/A

Form 990 (2001)

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					3,515,443
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	5,249	
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))				5,249	3,515,443
105 Total (add line 104, columns (B), (D), and (E))					3,520,692

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)
93G	FEDERAL, STATE, AND LOCAL GOVERNMENTAL CONTRACT REVENUE TO FUND THE EXEMPT PURPOSE ACHIEVEMENTS DESCRIBED IN FORM 990, PART III

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
	%			
	%			
	%			
	%			

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)

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

Please
Sign

 Executive Director

Date

11/8/00

Date

Check if
self

Preparer's SSN or PTIN (See Gen. Inst. W)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

Supplementary Information - (See separate instructions.)

► **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

2001

Name of the organization

PRIMARY CARE COALITION OF MONTGOMERY COUNTY

Employer identification number

52-1847976

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
NONE				
Total number of other employees paid over \$50,000	► NONE			

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
AMERICAN CANCER SOCIETY		
11331 AMHERST AVE , SILVER SPRING, MD	CANCER AD DESIGN	205,000
COMMUNITY CLINIC		
1450 RESEARCH BLVD , ROCKVILLE, MD	MEDICAL SERVICES	246,339
KAISER PERMANENTE		
2101 E JEFFERSON ST , ROCKVILLE, MD	MEDICAL SERVICES	166,672
MOBILE MEDICAL CLINIC		
9309 OLD GEORGETOWN RD , BETHESDA, MD	MEDICAL SERVICES	151,820
SOCIAL & SCIENTIFIC SYSTEMS		
8757 GEORGIA AVE , SILVER SPRING, MD	COMP SERVICES/RENT	165,020
Total number of others receiving over \$50,000 for professional services	► NONE	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ

Schedule A (Form 990 or 990-EZ) 2001

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 legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amount on line 38, Part VI-A, or line 1 or Part VI-B)

1 X

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.

- 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?

2a X

b Lending of money or other extension of credit?

2b X

c Furnishing of goods, services, or facilities?

2c X

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

2d X

e Transfer of any part of its income or assets?

2e X

- 3 Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below.)

3 X

- 4 Do you have a section 403(b) annuity plan for your employees?

4 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.)

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.)	1,090,225	167,604	202,343	48,482	1,508,654
16 Membership fees received					
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	1,222,224	479,780	253,784		1,955,788
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	16,224	2,568	1,299	795	20,886
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	2,328,673	649,952	457,426	49,277	3,485,328
24 Line 23 minus line 17	1,106,449	170,172	203,642	49,277	1,529,540
25 Enter 1% of line 23	23,287	6,500	4,574	493	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				26a 30,591
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 741,449
c Total support for section 509(a)(1) test. Enter line 24, column (e).					26c 1,529,540
d Add: Amounts from column (e) for lines 18 20,886 19 22 741,449					26d 762,335
e Public support (line 26c minus line 26d total)					26e 767,205
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 50.1592 %
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: (2000) _____ (1999) _____ (1998) <u>NOT APPLICABLE</u> (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: (2000) _____ (1999) _____ (1998) _____ (1997) _____					
c Add: Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c _____
d Add: Line 27a total _____ and line 27b total _____					27d _____
e Public support (line 27c total minus line 27d total)					27e _____
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e).					27f _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g _____ %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h _____ %
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.					

Part V Private School Questionnaire (See page 7 of the instructions)
(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?	29	
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?	30	
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)	31	

32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
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?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		

34a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended?	34b	
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	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)(To be completed **ONLY** by an eligible organization that filed Form 5768) **NOT APPLICABLE**

- 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
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	41	
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		
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)

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

Part VI-B Lobbying Activity by Nonelecting Public Charities**NOT APPLICABLE**

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

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
	<input checked="" type="checkbox"/>	
	<input checked="" type="checkbox"/>	
	<input checked="" type="checkbox"/>	
	<input checked="" type="checkbox"/>	
	<input checked="" type="checkbox"/>	
	<input checked="" type="checkbox"/>	
	<input checked="" type="checkbox"/>	
	<input checked="" type="checkbox"/>	

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

Schedule A (Form 990 or 990-EZ) 2001

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of

(1) Cash

(ii) Other assets

b Other transactions

(i) Sales or exchanges of assets with a noncharitable exempt organization

(ii) Purchases of assets from a noncharitable exempt organization

(III) Rental of facilities, equipment, or other assets

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

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 organization. If the organization 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.

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

[illegible]

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

► ☐ Yes ☒ No

b If "Yes," complete the following schedule

[illegible]

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

Employer identification number

PRIMARY CARE COALITION OF MONTGOMERY COUNTY**52-1847976**

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)

If a section 501(c)(7), (8), or (10) organization received contributions or bequests for use exclusively for religious, charitable, etc., purposes (sections 170(c)(4), 2055(a)(3), or 2522(a)(3)) -

List in Part I each contributor whose contributions total more than \$1,000 during the year that were for a religious, charitable, etc., purpose. To determine the \$1,000, aggregate all of a contributor's gifts for the year (regardless of amount). For a noncash contribution, complete Part II.

All section 501(c)(7), (8), or (10) organizations that received **any** charitable contributions and listed **any** charitable contributors on Part I must also complete Part III.

If a section 501(c)(7), (8), or (10) organization received charitable gifts, but is not required to list any charitable contributors on Part I, check the box on line A at the top of Schedule B (Form 990 or 990-EZ) and enter the amount of charitable contributions received in the space provided. The organization need not complete and attach Part III.

Specific Instructions

Note You may duplicate Parts I, II, and III if more copies are needed. Number each page of each Part.

Part I In column (a), identify the first contributor listed as no. 1 and the second contributor as no. 2, etc. Number consecutively. Show the contributor's name, address, aggregate contributions for the year, and the type of contribution (e.g., whether an individual, payroll, or noncash contribution). Report payroll contributions by listing the employer's name, address, and total amount given (unless an employee gave enough to be listed individually).

Part II In column (a), show the number that corresponds to the contributor's number in Part I. Describe the noncash contribution fully. Report on property with readily determinable market value (i.e., market quotations for securities) by listing its fair market value (FMV). For marketable securities registered and listed on a recognized securities exchange, measure market value by the average of the highest and lowest quoted selling prices (or the average between the bona fide bid and asked prices) on the contribution date. See Regulations section 20.2031-2 to determine the value of contributed stocks and bonds. When market value cannot be readily determined, use an appraised or estimated value. To determine the amount of a noncash contribution that is subject to an outstanding debt, subtract the debt from the property's fair market value.

Part III Section 501(c)(7), (8), or (10) organizations that received contributions or bequests for use exclusively for religious, charitable, etc., purposes must complete Parts I through III for those persons whose gifts totaled more than \$1,000 during the year. Show also, in the heading of Part III, total gifts that were \$1,000 or less and were for a religious, charitable, etc., purpose. Complete this information only on the first Part III page.

If an amount is set aside for a religious, charitable, etc., purpose, show in column (d) how the amount is held (e.g., whether it is mingled with amounts held for other purposes). If the organization transferred the gift to another organization, show the name and address of the transferee organization in column (e) and explain the relationship between the two organizations.

Name of organization

Employer identification number

PRIMARY CARE COALITION OF MONTGOMERY COUNTY

52-1847976

Part I Contributors (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>	_____ _____ _____	<u>101,110.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>2</u>	_____ _____ _____	<u>25,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>3</u>	_____ _____ _____	<u>490,400</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>5</u>	_____ _____ _____	<u>40,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>6</u>	_____ _____ _____	<u>123,750</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>8</u>	_____ _____ _____	<u>25,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

FORM 990, PART I - LIST OF CONTRIBUTORS
=====

(NOT OPEN TO PUBLIC INSPECTION)

NAME AND ADDRESS -----	DATE ----	DIRECT PUBLIC SUPPORT -----
	07/12/2001	101,110.
	07/12/2001	25,000.
	07/13/2001	490,400.
	07/19/2001	7,181.
	07/19/2001	40,000.
	08/24/2001	123,750.
	08/28/2001	6,848.
	12/04/2001	25,000.

FORM 990, PART I - LIST OF CONTRIBUTORS
=====

(NOT OPEN TO PUBLIC INSPECTION)

NAME AND ADDRESS -----	DATE ----	DIRECT PUBLIC SUPPORT -----
	12/13/2001	5,000.
OTHER CONTRIBUTORS < \$17,634		57,400.
TOTAL CONTRIBUTION AMOUNTS		----- 881,689. =====

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
ADVERTISING	4,369.	3,726.	643.	
INSURANCE	3,359.	2,928.	431.	
MEDICAL PROVIDER CONSULTANTS	1,714,754.	1,714,754.		
MISCELLANEOUS	13,437.	11,184.	2,003.	250.
PROFESSIONAL FEES - OTHER	975,619.	957,699.	17,920.	
TOTALS	2,711,538.	2,690,291.	20,997.	250.

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE
=====

THE COALITION'S EXEMPT PURPOSE IS TO IMPROVE ACCESS TO PRIMARY CARE
AND ASSOCIATED HEALTH AND HUMAN SERVICES OF MONTGOMERY COUNTY'S
MEDICALLY NEEDY.

FORM 990, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS
=====DESCRIPTION
-----EXPENSES

CANCER PROJECT - THE PROGRAM OFFERS FREE EDUCATION, SCREENING, AND COLORECTAL CANCER TREATMENT TO LOW INCOME, UNINSURED MEMBERS OF THE COMMUNITY AND SAFETY NET CLINIC PATIENTS. DURING THE YEAR, THE COALITION OUTREACHED AND EDUCATED 439 COMMUNITY HEALTHLINK PATIENTS AND CASE-MANAGED CLIENTS THROUGH PROCEDURES.

1,175,126

COMMUNITY ACCESS PROGRAM - IN MARCH 2001, THE COALITION WAS AWARDED 1 OF 76 COMMUNITY ACCESS PROGRAM GRANTS FROM THE HRSA TO DEVELOP INFRASTRUCTURE FOR A COMMUNITY-BASED SYSTEM OF HEALTH CARE FOR LOW INCOME AND UNINSURED RESIDENTS OF MONTGOMERY COUNTY.

345,884

CARE FOR KIDS - COUNTY FUNDED PROGRAM THAT PROVIDES AMBULATORY HEALTH CARE SERVICES FOR UNINSURED CHILDREN AND THOSE INELIGIBLE FOR MD'S CHILDREN'S HEALTH INSURANCE PROGRAM. 2,739 CHILDREN PARTICIPATED IN 'CARE FOR KIDS' DURING THE YEAR.

578,438

CHILD ASSESSMENT CENTER - A COMPREHENSIVE, CHILD-FOCUSED PROGRAM THAT ALLOWS LAW ENFORCEMENT, CHILD PROTECTION PROF., PROSECUTORS, AND MENTAL HEALTH PROF. TO WORK COLLABORATIVELY TO ADDRESS CHILD ABUSE OCCURRENCES. DURING THE YEAR, AN ORGANIZING COMMITTEE WAS ESTABLISHED, A MISSION STATEMENT WAS DEVELOPED AND THE CENTER RECRUITED A DIRECTOR.

19,673

TOTAL

2,119,121
=====

FORM 990, PART III - OTHER PROGRAM SERVICES
=====DESCRIPTION

COMMUNITY PHARMACY/MEDBANK
HEALTH CARE FOR THE HOMELESS
PROJECT ACCESS
REWARDING WORK
HOC DENTAL
FOUNDATION PROJECT

EXPENSES

221,080.
110,474.
227,439.
902,062.
149,631.
204,686.

TOTALS

1,815,372.
=====

Primary Care Coalition of Montgomery County

EIN: 52-1847976

Form 990, Part III line E

Statement 6

Community Pharmacy/Medbank – Community Pharmacy facilitates access to prescription information and medication for low-income, underinsured and uninsured county residents through a variety of strategies and funding streams. Medbank, funded by the Maryland Health Care Foundation, provides support to clients and providers, linking low-income patients to the pharmaceutical industry's free medicine programs. In the first nine-months of operation, 908 individuals were enrolled, 1957 prescriptions were processed, and over \$735,000 worth of free medications were received. Through an affiliation with Mid-Atlantic Medical Services (MAMSI), 300 Project patients and non-Medbank eligible patients were enrolled in a pharmacy benefit program providing a \$200.00 per year maximum benefit with a \$10.00 co-pay for each prescription.

Program Service Expenses	\$221,080
Grants and Allocations	\$ 0

Health Care for the Homeless - The Coalition continued its collaboration with the Montgomery County Coalition for the Homeless, County Government, Community Clinic, and Mobile Medical Care to increase the availability and quality of health care services to the homeless. Community Clinic and Mobile Medical Care provided over 1,200 visits to 700 clients during the year. Quarterly meetings refined strategies for flu vaccination and oral cancer screening. Health care policy and procedure guidance was provided to facilities serving the homeless population.

Program Service Expenses	\$110,474
Grants and Allocations	\$ 0

Project Access - is a network of doctors, hospitals and other contributing medical care providers offering heavily discounted, in-office services to low-income, uninsured adult residents of Montgomery County. 3,250 patients were enrolled in Project Access at year-end. During the year, 1,968 patient referrals were distributed to participating physicians, with the largest going to ophthalmology (337), primary care (183), orthopedics (161), gastroenterology (145), general surgery (143), and cardiology (137).

Program Service Expenses	\$227,439
Grants and Allocations	\$ 0

Rewarding Work - provided increased County funding to clinics providing almost 20,000 primary care visits and 3,000 specialty care referrals to approximately 12,000 individuals. The program additionally provided financial support for point of service medicines.

Primary Care Coalition of Montgomery County
EIN: 52-1847976
Form 990, Part III line E
Statement 6

Program Service Expenses	\$902,062
Grants and Allocations	\$ 0

HOC Dental -

Program Service Expenses	\$149,631
Grants and Allocations	\$ 0

Foundation Projects -

Program Service Expenses	\$204,686
Grants and Allocations	\$ 0

Attachment Totals -

Program Service Expenses	\$1,815,372
Grants and Allocations	\$ 0

FORM 990, PART IV - PREPAID EXPENSES AND DEFERRED CHARGES
=====

DESCRIPTION -----	ENDING BOOK VALUE -----
PREPAID EXPENSES	29,620.

TOTALS	29,620.
	=====

FORM 990, PART IV - OTHER ASSETS
=====

DESCRIPTION -----	ENDING BOOK VALUE -----
SECURITY DEPOSIT	1,364.

TOTALS	1,364.
	=====

FORM 990, PART IV - OTHER LIABILITIES

=====

DESCRIPTION -----	ENDING BOOK VALUE -----
ACCRUED EMPLOYEE BENEFITS	66,922.

TOTALS	66,922.
	=====

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS
STEVE GALEN 16919 GLEN OAK RUN ROCKVILLE, MD 20855	EXECUTIVE DIRECTOR 40 PLUS	91,800.	3,640.
MARY JACKSON 4928 SENTINEL DR. BETHESDA, MD 20816	DEPUTY DIRECTOR 30 PLUS	64,500.	4,692.
CHARLES JASTER 6998 ALABASTER CT. MIDDLETOWN, MD 21769	CONTROLLER 40 PLUS	69,000.	9,451.
SANDRA MAXWELL 19407 CARAVAN DR. GERMANTOWN, MD 20874	CASE MANAGER 40	54,000.	6,691.
ERIN GRACE 6916 WICK LN. DERWOOD, MD 20855	CHIEF OPER. OFFICER 40 PLUS	73,558.	5,047.

GRAND TOTALS

352,858.

29,521.

Primary Care Coalition of Montgomery County
EIN: 52-1847976
Form 990, Part II line 42, Part IV line 57
Statement 11

<u>Asset Description</u>	<u>Cost Basis</u>	<u>Depreciation Expense</u>	<u>Accumulated Depreciation</u>
Program Services			
Computer Equipment	38,694	9,113	16,329
Furniture & Fixtures	1,100	224	764
Office Equipment	2,819	940	940
Telephone System	2,795	1,594	1,595
Software	<u>151,562</u>	<u>12,591</u>	<u>13,799</u>
	<u>196,970</u>	<u>24,462</u>	<u>33,427</u>
 General and Administrative			
Computer Equipment	20,057	3,407	11,512
Telephone System	5,095	2,597	3,895
Software	<u>6,271</u>	<u>978</u>	<u>978</u>
	<u>31,424</u>	<u>6,983</u>	<u>16,386</u>
 Total	<u>228,394</u>	<u>31,445</u>	<u>49,813</u>