

Form 990

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2002

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2002 calendar year, or tax year beginning 07/01, 2002, and ending 06/30/2003

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization PRIMARY CARE COALITION OF MONTGOMERY COUNTY	D Employer identification number 52-1847976
	Number and street (or P O box if mail is not delivered to street address) Room/suite 8757 GEORGIA AVE., 10TH FL	E Telephone number (301) 628-3417
	City or town, state or country, and ZIP + 4 SILVER SPRING, MD 20910	F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) _____
	Please use IRS label or print or type See Specific Instructions.	

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

G Web site WWW.PRIMARYCARECOALITION.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.

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? ☐ Yes ☒ NoH(b) If "Yes," enter number of affiliates ☐ N/AH(c) Are all affiliates included? (If "No," attach a list. See instructions.) ☐ Yes ☐ NoH(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)

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12. 5,268,244.

Part 1 Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 17 of the instructions)

Revenue	1	Contributions, gifts, grants, and similar amounts received	STMT 1	
	a	Direct public support	1a	1,296,303.
	b	Indirect public support	1b	
	c	Government contributions (grants)	1c	
	d	Total (add lines 1a through 1c) (cash \$ 1,296,303. noncash \$)	1d	1,296,303.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	3,959,216.
	3	Membership dues and assessments	3	
	4	Interest on savings and temporary cash investments	4	12,725.
	5	Dividends and interest from securities	5	
	6a	Gross rents	6a	
	b	Less rental expenses	6b	
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c	
7	Other investment income (describe _____)	7		
	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	30,656.
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c	-30,656
8d		8d	-30,656.	
9	Special events and activities (attach schedule)			
	a	Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a	
	b	Less direct expenses other than fundraising expenses	9b	
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c		
10a	Gross sales of inventory, less returns and allowances	10a		
	b	Less cost of goods sold	10b	
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	
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	5,237,588.	
Expenses	13	Program services (from line 44, column (B))	13	4,731,106.
	14	Management and general (from line 44, column (C))	14	166,628
	15	Fundraising (from line 44, column (D))	15	2,185.
	16	Payments to affiliates (attach schedule)	16	
	17	Total expenses (add lines 16 and 44, column (A))	17	4,899,919.
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	337,669.
	19	Net assets or fund balances at beginning of year (from line 78, column (A))	19	644,081.
	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	981,750.

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Form 990 (2002)

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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 page 21 of the instructions.)

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 \$ _____)				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25 Compensation of officers, directors, etc.	100,554	98,764	1,790	
26 Other salaries and wages	1,195,644	1,174,347	21,297	
27 Pension plan contributions				
28 Other employee benefits	223,377	196,331	27,046	
29 Payroll taxes	94,485	83,714	10,771	
30 Professional fundraising fees				
31 Accounting fees	14,522	13,606	916	
32 Legal fees	12,391	12,247	144	
33 Supplies	39,437	37,752	1,672	13
34 Telephone	36,073	35,131	907	35
35 Postage and shipping	13,849	12,883	849	117
36 Occupancy	123,503	88,044	35,459	
37 Equipment rental and maintenance	3,998	3,013	985	
38 Printing and publications	41,182	36,516	2,691	1,975
39 Travel	7,834	7,649	185	
40 Conferences, conventions, and meetings	55,459	52,589	2,870	
41 Interest				
42 Depreciation, depletion, etc. (attach schedule)	40,687	33,309	7,378	
43 Other expenses not covered above (itemize). STMT 3	2,896,924	2,845,211	51,668	45
b _____				
c _____				
d _____				
e _____				
44 Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry those totals to lines 13-15.	4,899,919	4,731,106	166,628	2,185

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 page 24 of the instructions)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 \$ _____)	1,225,735
b STMT 5	
(Grants and allocations \$ _____)	961,804
c STMT 5	
(Grants and allocations \$ _____)	691,319
d STMT 5	
(Grants and allocations \$ _____)	648,359
e Other program services (attach schedule) STMT 6 (Grants and allocations \$ _____)	1,203,889
f Total of Program Service Expenses (should equal line 44, column (B), Program services).	4,731,106

Part IV Balance Sheets (See page 24 of the instructions)

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
45	Cash - non-interest-bearing	87,703.	45	30,556.
46	Savings and temporary cash investments	102,965.	46	342,733.
47a	Accounts receivable	835,931.		
b	Less allowance for doubtful accounts		47c	835,931.
48a	Pledges receivable		48c	
b	Less allowance for doubtful accounts			
49	Grants receivable	112,954	49	130,177.
50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
51a	Other notes and loans receivable (attach schedule)			
b	Less allowance for doubtful accounts		51c	
52	Inventories for sale or use		52	
53	Prepaid expenses and deferred charges	29,620	53	51,442.
54	Investments - securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
55a	Investments - land, buildings, and equipment basis			
b	Less accumulated depreciation (attach schedule)		55c	
56	Investments - other (attach schedule)		56	
57a	Land, buildings, and equipment basis	282,011.		
b	Less accumulated depreciation (attach schedule)	54,189.	57c	227,822.
58	Other assets (describe <input type="checkbox"/> STMT 7)	1,364.	58	1,365.
59	Total assets (add lines 45 through 58) (must equal line 74)	1,426,367	59	1,620,026.
60	Accounts payable and accrued expenses	715,364	60	542,023.
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 <input type="checkbox"/> STMT 8)	66,922.	65	96,253.
66	Total liabilities (add lines 60 through 65)	782,286.	66	638,276.
67	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
67	Unrestricted	404,471.	67	500,966.
68	Temporarily restricted	239,610.	68	462,574.
69	Permanently restricted		69	18,210.
70	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)	644,081.	73	981,750.
74	Total liabilities and net assets / fund balances (add lines 66 and 73)	1,426,367	74	1,620,026.

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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a	Total expenses and losses per audited financial statements ▶	a	<u>7,137,383.</u>
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities \$ <u>2,206,808</u>		
(2)	Prior year adjustments reported on line 20, Form 990 . . . \$ _____		
(3)	Losses reported on line 20, Form 990 \$ _____		
(4)	Other (specify) _____		
	<u>STMT 10</u> \$ <u>30,656.</u>		
	Add amounts on lines (1) through (4) ▶	b	<u>2,237,464.</u>
c	Line a minus line b ▶	c	<u>4,899,919.</u>
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 . . \$ _____		
(2)	Other (specify) _____		
	_____ \$ _____		
	Add amounts on lines (1) and (2) . . ▶	d	_____
e	Total expenses per line 17, Form 990 (line c plus line d) ▶	e	<u>4,899,919.</u>

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Part VI Other Information (See page 27 of the instructions)

	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 expenditures. 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	2,206,808
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	N/A
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? 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	85b	N/A
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 on line 85f?	85g	N/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 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 <input type="checkbox"/> NONE, section 4912 <input type="checkbox"/> NONE, section 4955 <input type="checkbox"/> NONE		
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 <input checked="" type="checkbox"/> MARYLAND		
b Number of employees employed in the pay period that includes March 12, 2002 (See instructions)	90b	26
91 The books are in care of <input checked="" type="checkbox"/> STEVE GALEN Telephone no <input checked="" type="checkbox"/> (301) 628-3405		
Located at <input checked="" type="checkbox"/> 8757 GEORGIA AVE, SILVER SPRING, MD ZIP + 4 <input checked="" type="checkbox"/> 20910		
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 <input checked="" type="checkbox"/> 92		NONE

Form 990 (2002)

Part VII Analysis of Income-Producing Activities (See page 31 of the instructions)

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					3,959,216
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	12,725	
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			18	-30,656	
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))				-17,931	3,959,216
105 Total (add line 104, columns (B), (D), and (E))					3,941,285

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 page 32 of the instructions)

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 PROVIDE PRIMARY CARE AND SPECIALTY HEALTH CARE SERVICES TO LOW-INCOME, UNINSURED CHILDREN AND ADULTS.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 32 of the instructions)

(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 page 33 of the instructions)

- (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 _____ Date 12/19/03

Signature of officer _____

ative Director

Date
12-18-03Check if
self-employed ☐

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

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

2002

Employer identification number

PRIMARY CARE COALITION OF MONTGOMERY COUNTY

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
<u>ERIN GRACE</u> <u>8757 GEORGIA AVE., 10TH FL.</u> <u>SILVER SPRING, MD 20910</u>	CHIEF OPERATING OFF 40 HOURS	77,193.	11,314	NONE
<u>MARIA TRIANTIS</u> <u>8757 GEORGIA AVE, 10TH FL.</u> <u>SILVER SPRING, MD 20910</u>	DIR CLIENT SERVICES 40 HOURS	72,100	10,966	NONE
<u>CHARLES JASTER</u> <u>8757 GEORGIA AVE, 10TH FL</u> <u>SILVER SPRING, MD 20910</u>	CONTROLLER 40 HOURS	71,070	17,464.	NONE
<u>SANDRA MAXWELL</u> <u>8757 GEORGIA AVE, 10TH FL</u> <u>SILVER SPRING, MD 20910</u>	NURSE CASE MANAGER 40 HOURS	58,000	15,076.	NONE
<u>CHARLENE HOLT</u> <u>8757 GEORGIA AVE., 10TH FL</u> <u>SILVER SPRING, MD 20910</u>	NURSE CASE MANAGER 40 HOURS	54,500	9,964.	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
<u>COMMUNITY CLINIC, INC.</u> <u>1450 RESEARCH BLVD., ROCKVILLE, MD 20850</u>	MEDICAL SERVICES	270,063.
<u>MOBILE MEDICAL CARE, INC.</u> <u>9309 OLD GEORGETOWN RD, BETHESDA, MD 20814</u>	MEDICAL SERVICES	180,774.
<u>PROYECTO SALUD</u> <u>2424 REEDIE DR, WHEATON, MD 20902</u>	MEDICAL SERVICES	129,084.
<u>WILLIAM J HUDOCH</u> <u>13043 TWELVE HILLS, CLARKSVILLE, MD 21029</u>	CONSULTING SERVICES	117,500.
<u>SPANISH CATHOLIC CENTER</u> <u>1618 MONROE ST., NW, WASHINGTON, DC 20008</u>	MEDICAL SERVICES	116,416.
Total number of others receiving over \$50,000 for professional services ▶	13	

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

Schedule A (Form 990 or 990-EZ) 2002

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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 ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line I 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

STMT 14

- 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 5 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 5 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) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	923,148	1,090,225	167,604	202,343	2,383,320
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	3,502,179	1,222,224	479,780	253,784	5,457,967
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	5,249	16,224	2,568	1,299	25,340
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	4,430,576	2,328,673	649,952	457,426	7,866,627
24 Line 23 minus line 17	928,397	1,106,449	170,172	203,642	2,408,660
25 Enter 1% of line 23	44,306	23,287	6,500	4,574	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				26a 48,173
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 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.					26b 1,305,476
c Total support for section 509(a)(1) test. Enter line 24, column (e).					26c 2,408,660
d Add: Amounts from column (e) for lines 18 25,340 19 26b 1,305,476					26d 1,330,816
e Public support (line 26c minus line 26d total)					26e 1,077,844
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 44.7487 %
27 Organizations described on line 12					
a For amounts included in lines 15, 18, 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.					
(2001) (2000) (1999) NOT APPLICABLE (1998)					
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.					
(2001) (2000) (1999) (1998)					
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 from 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 1998 through 2001, 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? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b	
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 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)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in) ▶	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
Lobbying nontaxable					
45 amount					
Lobbying ceiling amount					
46 (150% of line 45(e))					
47 Total lobbying expenditures					
Grassroots nontaxable					
48 amount					
Grassroots ceiling amount					
49 (150% of line 48(e))					
Grassroots lobbying					
50 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 11 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	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h)			

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

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

(l) Cash

(ii) Other assets

b Other transactions

(l) 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.

[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]

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
ADVERTISING	6,628.	6,553.	75.	
INSURANCE	5,317.	3,722.	1,595.	
MEDICAL PROVIDER CONSULTANTS	2,765,110.	2,725,892.	39,218.	
MISCELLANEOUS	2,822.	1,561.	1,216.	45.
PROFESSIONAL FEES - OTHER	117,047.	107,483.	9,564.	
TOTALS	2,896,924.	2,845,211.	51,668.	45.

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

THE COALITION'S EXEMPT PURPOSE IS TO IMPROVE ACCESS TO HIGH QUALITY, CULTURALLY SENSITIVE PRIMARY CARE AND SPECIALTY CARE SERVICES TO UNINSURED CHILDREN AND ADULTS IN MONTGOMERY COUNTY, MARYLAND, ESTIMATED TO BE IN EXCESS OF 100,000 INDIVIDUALS.

FORM 990, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION

EXPENSES

1,225,735.

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 445 COMMUNITY HEALTHLINK PATIENTS AND CASE-MANAGED CLIENTS THROUGH PROCEDURES.

961,804.

REWARDING WORK - ORGANIZATIONS FUNDED THROUGH REWARDING WORK SERVED ALMOST 13,000 PATIENTS WITH OVER 23,000 PATIENT VISITS MEDICAL AND ADMINISTRATIVE VOLUNTEERS PROVIDED OVER 11,000 AND 4,000 HOURS RESPECTIVELY IN DONATED SERVICES. SPECIALITY REFERRAL ORGANIZATIONS PROVIDED ALMOST 3,000 REFERRALS DURING THE YEAR.

691,319.

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. 2,899 CHILDREN PARTICIPATED IN 'CARE FOR KIDS' DURING THE YEAR.

648,359

COMMUNITY ACCESS PROGRAM - THIS IS A FEDERAL GRANT TO SUPPORT INFRASTRUCTURE DEVELOPMENT FOR COMPREHENSIVE AND INTEGRATED SYSTEMS OF CARE AT THE COMMUNITY LEVEL FUNDS WERE USED TO IMPROVE THE TECHNOLOGY INFRASTRUCTURE BY INSTALLING COMPUTERS, NETWORKS, FIREWALLS, AND INTERNET SERVICE IN EACH SERVICE ORGANIZATION.

TOTAL

3,527,217.

FORM 990, PART III - OTHER PROGRAM SERVICES

DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
MEDBANK		230,074.
FOUNDATION PROJECTS		222,503.
PROJECT ACCESS		218,615.
COMMUNITY PHARMACY		159,261.
HEALTHY BODIES AND HEALTHY MINDS		132,436.
HEALTH CARE FOR THE HOMELESS		110,612.
HOC DENTAL		82,979.
CHILD ASSESSMENT CENTER		47,409.

TOTALS		1,203,889.
		=====

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

DESCRIPTION -----	ENDING BOOK VALUE -----
SECURITY DEPOSIT	1,365.

TOTALS	1,365.
	=====

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

DESCRIPTION -----	ENDING BOOK VALUE -----
ACCRUED EMPLOYEE BENEFITS	96,253.

TOTALS	96,253.
	=====

FORM 990, PART IV-A - OTHER REVENUE ON RETURN BUT NOT ON BOOKS
=====

DESCRIPTION -----	AMOUNT -----
LOSSES ON DISPOSALS OF FIXED ASSETS	-30,656.

TOTAL	-30,656.
	=====

FORM 990, PART IV-B - OTHER EXPENSES ON BOOKS BUT NOT ON RETURN
=====

DESCRIPTION -----	AMOUNT -----
LOSSES ON DISPOSALS OF FIXED ASSETS	30,656. -----
TOTAL	30,656. =====

PRIMARY CARE COALITION OF MONTGOMERY COUNTY

52-1847976

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 -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
STEVEN M. GALEN 8757 GEORGIA AVE., 10TH FL. SILVER SPRING, MD 20910	EXECUTIVE DIRECTOR 40 HOURS	100,554.	7,892.	NONE
HORACE W. BERNTON 8757 GEORGIA AVE., 10TH FL. SILVER SPRING, MD 20910	BOARD CHAIR <5 HOURS	NONE	NONE	NONE
STANLEY SMITH 8757 GEORGIA AVE., 10TH FL. SILVER SPRING, MD 20910	VICE CHAIR <5 HOURS	NONE	NONE	NONE
HENRY STEVENSON-PEREZ 8757 GEORGIA AVE., 10TH FL. SILVER SPRING, MD 20910	SECRETARY <5 HOURS	NONE	NONE	NONE
MAUREEN WEST MCCARTHY 8757 GEORGIA AVE., 10TH FL. SILVER SPRING, MD 20910	TREASURER <5 HOURS	NONE	NONE	NONE
BETH BARNETT 8757 GEORGIA AVE., 10TH FL. SILVER SPRING, MD 20910	DIRECTOR <5 HOURS	NONE	NONE	NONE
BETSY CARRIER 8757 GEORGIA AVE., 10TH FL. SILVER SPRING, MD 20910	DIRECTOR <5 HOURS	NONE	NONE	NONE
GEORGE COHEN 8757 GEORGIA AVE., 10TH FL. SILVER SPRING, MD 20910	DIRECTOR <5 HOURS	NONE	NONE	NONE

PRIMARY CARE COALITION OF MONTGOMERY COUNTY

52-1847976

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	EXPENSE ACCT AND OTHER ALLOWANCES
-----	-----	-----	-----	-----
PETER D. FOX 8757 GEORGIA AVE., 10TH FL. SILVER SPRING, MD 20910	DIRECTOR <5 HOURS	NONE	NONE	NONE
ALAN S. GREGERMAN 8757 GEORGIA AVE., 10TH FL. SILVER SPRING, MD 20910	DIRECTOR <5 HOURS	NONE	NONE	NONE
EDWARD HALLER 8757 GEORGIA AVE., 10TH FL. SILVER SPRING, MD 20910	DIRECTOR <5 HOURS	NONE	NONE	NONE
ARVA JACKSON 8757 GEORGIA AVE., 10TH FL. SILVER SPRING, MD 20910	DIRECTOR <5 HOURS	NONE	NONE	NONE
SHIRLEY JOHNSON 8757 GEORGIA AVE., 10TH FL. SILVER SPRING, MD 20910	DIRECTOR <5 HOURS	NONE	NONE	NONE
TRISTAM KRUGER 8757 GEORGIA AVE., 10TH FL. SILVER SPRING, MD 20910	DIRECTOR <5 HOURS	NONE	NONE	NONE
SHARAN LONDON 8757 GEORGIA AVE., 10TH FL. SILVER SPRING, MD 20910	DIRECTOR <5 HOURS	NONE	NONE	NONE
JOHN G. LUKE 8757 GEORGIA AVE., 10TH FL. SILVER SPRING, MD 20910	DIRECTOR <5 HOURS	NONE	NONE	NONE

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	EXPENSE ACCT AND OTHER ALLOWANCES
KARL MATHIASSEN 8757 GEORGIA AVE., 10TH FL. SILVER SPRING, MD 20910	DIRECTOR <5 HOURS	NONE	NONE	NONE
MONA SARFATY 8757 GEORGIA AVE., 10TH FL. SILVER SPRING, MD 20910	DIRECTOR-EX OFFICIO <5 HOURS	NONE	NONE	NONE
DOUGLAS TIPPERMAN 8757 GEORGIA AVE., 10TH FL. SILVER SPRING, MD 20910	DIRECTOR <5 HOURS	NONE	NONE	NONE
GILBERTO ZELAYA 8757 GEORGIA AVE., 10TH FL. SILVER SPRING, MD 20910	DIRECTOR <5 HOURS	NONE	NONE	NONE
GRAND TOTALS		100,554.	7,892.	NONE

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D

=====

SEE FORM 990, PART V

FEDERAL FOOTNOTES

=====

ATTACHMENT

FORM 990, PART I, LINE 8(B)

THE ORGANIZATION DISCARDED THE FOLLOWING FIXED ASSETS:

	DATE ACQUIRED	COST	ACCUM. DEPR.	LOSS
	-----	-----	-----	-----
COMPUTER	06/06/01	1,153	768	385
COMPUTER	06/11/01	2,724	1,816	908
OFFICE EQUIPMENT	06/14/01	2,819	1,880	939
SOFTWARE	06/30/01	35,271	23,514	11,757
SOFTWARE	06/21/02	25,000	8,333	16,667
		-----	-----	-----
		66,967	36,311	30,656
		=====	=====	=====

FEDERAL FOOTNOTES

=====

ATTACHMENT

FORM 990, PART II, LINE 42

FORM 990, PART IV, LINE 57

	06/30/02	ADDITION	DISPOSAL	06/30/03
	-----	-----	-----	-----
COMPUTER EQUIPMENT	58,752	7,920	3,877	62,795
FURNITURE & FIXTURES	1,100			1,100
LEASEHOLD IMPROVEMENTS		770		770
OFFICE EQUIPMENT	2,819	1,811	2,819	1,811
SOFTWARE	157,833	110,083	60,271	207,645
TELEPHONE SYSTEM	7,890			7,890
	-----	-----	-----	-----
	228,394	120,584	66,967	282,011
ACCUMULATED DEPRECIATION	49,813	40,687	36,311	54,189
	-----			-----
	178,581			227,822
	=====			=====

DEPRECIATION EXPENSE IS CALCULATED UNDER THE STRAIGHT-LINE METHOD,
USING THE FIXED ASSETS' USEFUL LIVES.

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

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 File by the due date for filing your return. See instructions	Name of Exempt Organization		Employer identification number
	PRIMARY CARE COALITION OF MONTGOMERY COUNTY		52-1847976
	Number, street, and room or suite no. If a P O box, see instructions		
	8757 GEORGIA AVE., 10TH FL		
City, town or post office, state, and ZIP code. For a foreign address, see instructions			
SILVER SPRING, MD 20910			

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 (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 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 02/16, 2004, to file the exempt organization return for the organization named above. The extension is for the organization's return for
 ► ☐ calendar year _____ or
 ► ☒ tax year beginning 07/01, 2002, and ending 06/30, 2003

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. \$ _____

3b 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. \$ _____

3c 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. \$ _____

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 ►  Title ► CPA Date ► 11-12-03

For Paperwork Reduction Act Notice, see instruction Form 8868 (12-2000)