

Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2003

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

A For the **2003** calendar year, or tax year beginning and ending

| | | | | | | |
|---|---|---|--|--|--|--|
| 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 | Please use IRS label or print or type See Specific Instructions | C Name of organization DISTRICT OF COLUMBIA PRIMARY CARE ASSOCIATION | | D Employer identification number 52-1999196 | | |
| | | Number and street (or P O box if mail is not delivered to street address) 1411 K STREET, N.W. | | Room/suite 400 | E Telephone number 202-638-0252 | |
| | | City or town, state or country, and ZIP + 4 WASHINGTON, DC 20005 | | F Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) | | |

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

H and I are not applicable to section 527 organizations.

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

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

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

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

I Group Exemption Number

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

G Website: **HTTP://DCPCA.ORG/**

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

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

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 **1,751,052.**

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

SCANNED APR 23 2004 Revenue

| | | | | | | |
|------------|---|--|----|------------|------------|--|
| Revenue | 1 | Contributions, gifts, grants, and similar amounts received | | | | |
| | a | Direct public support | 1a | 778,613. | | |
| | b | Indirect public support | 1b | | | |
| | c | Government contributions (grants) | 1c | 945,310. | | |
| | d | Total (add lines 1a through 1c) (cash \$ <u>1,723,923.</u> noncash \$ _____) | 1d | | 1,723,923. | |
| | 2 | Program service revenue including government fees and contracts (from Part VII, line 93) | 2 | | | |
| | 3 | Membership dues and assessments | 3 | | 25,850. | |
| | 4 | Interest on savings and temporary cash investments | 4 | | 782. | |
| | 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 | | |
| | | 8a | | | | |
| | | 8b | | | | |
| | | 8c | | | | |
| 8d | Net gain or (loss) (combine line 8c, columns (A) and (B)) | | | | | |
| 9 | Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/> | | | | | |
| 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 | | | | |
| | | 10b | | | | |
| | | 10c | | | | |
| 11 | Other revenue (from Part VII, line 103) | 11 | | 497. | | |
| 12 | Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) | 12 | | 1,751,052. | | |
| Expenses | 13 | Program services (from line 44, column (B)) | 13 | | 1,381,132. | |
| | 14 | Management and general (from line 44, column (C)) | 14 | | 169,402. | |
| | 15 | Fundraising (from line 44, column (D)) | 15 | | | |
| | 16 | Payments to affiliates (attach schedule) | 16 | | | |
| | 17 | Total expenses (add lines 16 and 44, column (A)) | 17 | | 1,550,534. | |
| 18 | Excess or (deficit) for the year (subtract line 17 from line 12) | 18 | | 200,518. | | |
| Net Assets | 19 | Net assets or fund balances at beginning of year (from line 73, column (A)) | 19 | | 87,319. | |
| | 20 | Other changes in net assets or fund balances (attach explanation) | 20 | | 0. | |
| | 21 | Net assets or fund balances at end of year (combine lines 18, 19, and 20) | 21 | | 287,837. | |

RECEIVED APR 23 2004 IRS OGDEN, UT

323001 12-17-03

LHA For Paperwork Reduction Act Notice, see the separate Instructions.

Form 990 (2003)

DISTRICT OF COLUMBIA PRIMARY CARE ASSOCIATION

52-1999196

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. Page 2

| 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 | 81,529. | 70,115. | 11,414. |
| 26 Other salaries and wages | 26 | 611,474. | 524,275. | 87,199. |
| 27 Pension plan contributions | 27 | 44,139. | 37,518. | 6,621. |
| 28 Other employee benefits | 28 | 60,645. | 52,229. | 8,416. |
| 29 Payroll taxes | 29 | 54,056. | 45,948. | 8,108. |
| 30 Professional fundraising fees | 30 | | | |
| 31 Accounting fees | 31 | 30,997. | 27,277. | 3,720. |
| 32 Legal fees | 32 | 252. | 222. | 30. |
| 33 Supplies | 33 | 22,899. | 22,079. | 820. |
| 34 Telephone | 34 | 14,098. | 13,459. | 639. |
| 35 Postage and shipping | 35 | 4,054. | 4,034. | 20. |
| 36 Occupancy | 36 | 105,779. | 90,027. | 15,752. |
| 37 Equipment rental and maintenance | 37 | 6,673. | 6,273. | 400. |
| 38 Printing and publications | 38 | 3,889. | 3,711. | 178. |
| 39 Travel | 39 | 22,828. | 20,313. | 2,515. |
| 40 Conferences, conventions, and meetings | 40 | 24,498. | 24,294. | 204. |
| 41 Interest | 41 | | | |
| 42 Depreciation, depletion, etc (attach schedule) | 42 | 17,612. | | 17,612. |
| 43 Other expenses not covered above (itemize) | | | | |
| a _____ | 43a | | | |
| b _____ | 43b | | | |
| c _____ | 43c | | | |
| d _____ | 43d | | | |
| e SEE STATEMENT 2 | 43e | 445,112. | 439,358. | 5,754. |
| 44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15 | 44 | 1,550,534. | 1,381,132. | 169,402. |

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

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? **SEE STATEMENT 3**

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 SEE STATEMENT 4 | | | | |
| | | | | |
| | | (Grants and allocations \$ _____) | | 159,840. |
| b SEE STATEMENT 5 | | | | |
| | | | | |
| | | (Grants and allocations \$ _____) | | 299,285. |
| c SEE STATEMENT 6 | | | | |
| | | | | |
| | | (Grants and allocations \$ _____) | | 548,578. |
| d SEE STATEMENT 7 | | | | |
| | | | | |
| | | (Grants and allocations \$ _____) | | 84,380. |
| e Other program services (attach schedule) STATEMENT 8 | | (Grants and allocations \$ _____) | | 289,049. |
| f Total of Program Service Expenses (should equal line 44, column (B), Program services) | | | | 1,381,132. |

**DISTRICT OF COLUMBIA PRIMARY CARE
ASSOCIATION**

Form 990 (2003)

52-1999196 Page 3

Part IV Balance Sheets

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

| | | (A) Beginning of year | | (B) End of year | |
|--|---|--|---------|--------------------|----------|
| Assets | 45 Cash - non-interest-bearing | 91,850. | 45 | 50,197. | |
| | 46 Savings and temporary cash investments | 82,026. | 46 | 71,982. | |
| | 47 a Accounts receivable | 176,644. | | | |
| | b Less allowance for doubtful accounts | | | | |
| | | | 10,704. | 47c | 176,644. |
| | 48 a Pledges receivable | | | | |
| | b Less allowance for doubtful accounts | | | 48c | |
| | 49 Grants receivable | | 36,300. | 49 | 94,000. |
| | 50 Receivables from officers, directors, trustees, and key employees | | | 50 | |
| | 51 a Other notes and loans receivable | | | | |
| | b Less allowance for doubtful accounts | | | 51c | |
| | 52 Inventories for sale or use | | | 52 | |
| | 53 Prepaid expenses and deferred charges | | | 53 | 8,609. |
| | 54 Investments - securities | ▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV | | 54 | |
| | 55 a Investments - land, buildings, and equipment basis | | | | |
| b Less accumulated depreciation | | | 55c | | |
| 56 Investments - other | | | 56 | | |
| 57 a Land, buildings, and equipment basis | 93,543. | | | | |
| b Less accumulated depreciation | 66,638. | 40,222. | 57c | 26,905. | |
| 58 Other assets (describe ▶ <u>DEPOSITS</u>) | | 8,112. | 58 | 8,112. | |
| 59 Total assets (add lines 45 through 58) (must equal line 74) | | 269,214. | 59 | 436,449. | |
| Liabilities | 60 Accounts payable and accrued expenses | 53,839. | 60 | 127,573. | |
| | 61 Grants payable | | 61 | | |
| | 62 Deferred revenue | 128,056. | 62 | 21,039. | |
| | 63 Loans from officers, directors, trustees, and key employees | | 63 | | |
| | 64 a Tax-exempt bond liabilities | | 64a | | |
| | b Mortgages and other notes payable | | 64b | | |
| | 65 Other liabilities (describe ▶ _____) | | 65 | | |
| 66 Total liabilities (add lines 60 through 65) | | 181,895. | 66 | 148,612. | |
| 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 | 30,818. | 67 | 6,457. | |
| | 68 Temporarily restricted | 56,501. | 68 | 281,380. | |
| | 69 Permanently restricted | | 69 | | |
| | Organizations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 70 through 74 | | | | |
| | 70 Capital stock, trust principal, or current funds | | 70 | | |
| | 71 Paid-in or capital surplus, or land, building, and equipment fund | | 71 | | |
| | 72 Retained earnings, endowment, accumulated income, or other funds | | 72 | | |
| 73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21) | | 87,319. | 73 | 287,837. | |
| 74 Total liabilities and net assets / fund balances (add lines 66 and 73) | | 269,214. | 74 | 436,449. | |

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.

**DISTRICT OF COLUMBIA PRIMARY CARE
ASSOCIATION**

Form 990 (2003)

52-1999196

Page 5

Part VI Other Information

| | | Yes | No |
|--|-----|-----|----|
| 76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity | 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? N/A | 78b | | |
| 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 0. | | | |
| b Did the organization file Form 1120-POL for this year? | 81b | | X |
| 82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? | 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 N/A | | | |
| 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? N/A | 83b | | |
| 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? N/A | 84b | | |
| 85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A | 85a | | |
| b Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A | 85b | | |
| 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 on line 85f? N/A | 85g | | |
| 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? N/A | 85h | | |
| 86 501(c)(7) organizations. 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) organizations. 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 0. , section 4912 0. , section 4955 0. | | | |
| b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction | 89b | | X |
| c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0. | | | |
| d Enter Amount of tax on line 89c, above, reimbursed by the organization 0. | | | |
| 90 a List the states with which a copy of this return is filed DISTRICT OF COLUMBIA | | | |
| b Number of employees employed in the pay period that includes March 12, 2003 90b 15 | | | |
| 91 The books are in care of THE ASSOCIATION Telephone no. 202-638-0252 | | | |
| Located at 1411 K STREET, N.W., SUITE 400, WASHINGTON, D.C. ZIP + 4 20005 | | | |
| 92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here 92 N/A | | | |
| and enter the amount of tax-exempt interest received or accrued during the tax year | | | |

323041
12-17-03

Form 990 (2003)

DISTRICT OF COLUMBIA PRIMARY CARE ASSOCIATION

Form 990 (2003)

52-1999196 Page 6

Part VII Analysis of Income-Producing Activities (See page 33 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) Exclu- sion code | (D) Amount | |
| 93 Program service revenue | | | | | |
| a _____ | | | | | |
| b _____ | | | | | |
| c _____ | | | | | |
| d _____ | | | | | |
| e _____ | | | | | |
| f Medicare/Medicaid payments | | | | | |
| g Fees and contracts from government agencies | | | | | |
| 94 Membership dues and assessments | | | | | 25,850. |
| 95 Interest on savings and temporary cash investments | | | 14 | 782. | |
| 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 OTHER REVENUE | | | 01 | 497. | |
| b _____ | | | | | |
| c _____ | | | | | |
| d _____ | | | | | |
| e _____ | | | | | |
| 104 Subtotal (add columns (B), (D), and (E)) | | 0. | | 1,279. | 25,850. |
| 105 Total (add line 104, columns (B), (D), and (E)) | | | | | 27,129. |

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 34 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) |
|----------|--|
| 94 | DUES PROVIDE SUPPORT FOR PROGRAMS TO EDUCATE AND DISSEMINATE |
| 94 | INFORMATION TO MEMBERS AND THE PUBLIC. |

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 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 |
|---|--|-----------------------------|---------------------|------------------------------|
| N/A | % | | | |
| | % | | | |
| | % | | | |
| | % | | | |

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 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).

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

4/6/04
Sharon A. Baskerville
Executive Director

Date _____ Check if _____ Preparer's SSN or PTIN _____

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No 1545-0047

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

2003

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)

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

Name of the organization **DISTRICT OF COLUMBIA PRIMARY CARE ASSOCIATION** Employer identification number **52 1999196**

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

(See page 1 of the instructions List each one If there are none, enter "None")

| (a) Name and address of each employee paid more than \$50,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|---|--|------------------|---|--|
| RENE WALLIS ----- 134 BRYANT ST, NW, WASHINGTON , DC | 40 | 76,695. | 8,944. | |
| SHELLY POWERS ----- 1115 MANDARIN DR., UPPER MARLBORO, MD | 40 | 72,113. | 14,503. | |
| EVA COHEN ----- 8510 RAYBURN ROAD, BETHESDA, MD | 40 | 56,659. | 2,833. | |
| ----- | | | | |
| ----- | | | | |
| ----- | | | | |
| Total number of other employees paid over \$50,000 ▶ | 0 | | | |

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

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

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

DISTRICT OF COLUMBIA PRIMARY CARE

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 \blacktriangleright \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities | | X |
| 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) | | |
| a Sale, exchange, or leasing of property? | | X |
| b Lending of money or other extension of credit? | | X |
| c Furnishing of goods, services, or facilities? | | X |
| d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? | X | |
| e Transfer of any part of its income or assets? | | X |
| 3 a Do you make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments) | | X |
| b Do you have a section 403(b) annuity plan for your employees? | X | |
| 4 Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? | | X |

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 \blacktriangleright _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

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

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

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

DISTRICT OF COLUMBIA PRIMARY CARE

Schedule A (Form 990 or 990-EZ) 2003 ASSOCIATION

52-1999196 Page 3

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) 2002 | (b) 2001 | (c) 2000 | (d) 1999 | (e) Total |
|---|------------|------------|-----------------|----------|----------------|
| 15 Gifts, grants, and contributions received (Do not include unusual grants See line 28) | 2,001,928. | 1,477,373. | 822,708. | 358,550. | 4,660,559. |
| 16 Membership fees received | 14,000. | 11,550. | 17,875. | | 43,425. |
| 17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose | | | | | |
| 18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 | 1,228. | 443. | 2,288. | 685. | 4,644. |
| 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 | 2,247. | | SEE STATEMENT 9 | | 2,247. |
| 23 Total of lines 15 through 22 | 2,019,403. | 1,489,366. | 842,871. | 359,235. | 4,710,875. |
| 24 Line 23 minus line 17 | 2,019,403. | 1,489,366. | 842,871. | 359,235. | 4,710,875. |
| 25 Enter 1% of line 23 | 20,194. | 14,894. | 8,429. | 3,592. | |
| 26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 | | | | | 26a 94,218. |
| 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 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts | | | | | 26b 0. |
| c Total support for section 509(a)(1) test Enter line 24, column (e) | | | | | 26c 4,710,875. |
| d Add Amounts from column (e) for lines 18 4,644. 19 22 2,247. 26b | | | | | 26d 6,891. |
| e Public support (line 26c minus line 26d total) | | | | | 26e 4,703,984. |
| f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) | | | | | 26f 99.8537% |
| 27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year N/A | | | | | |
| b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year N/A | | | | | |
| c Add Amounts from column (e) for lines 15 16 17 20 21 | | | | | 27c N/A |
| d Add Line 27a total and line 27b total | | | | | 27d N/A |
| e Public support (line 27c total minus line 27d total) | | | | | 27e N/A |
| f Total support for section 509(a)(2) test Enter amount on line 23, column (e) | | | | | 27f N/A |
| g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) | | | | | 27g N/A % |
| h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) | | | | | 27h N/A % |
| 28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15 | | | | | NONE |

DISTRICT OF COLUMBIA PRIMARY CARE

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

N/A

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

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

DISTRICT OF COLUMBIA PRIMARY CARE

Schedule A (Form 990 or 990-EZ) 2003 ASSOCIATION

52-1999196 Page 5

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

N/A

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

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

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred) | | (a) Affiliated group totals | (b) To be completed for ALL electing organizations |
|---|---|-----------------------------------|--|
| | | N/A | |
| 36 | Total lobbying expenditures to influence public opinion (grassroots lobbying) | | |
| 37 | Total lobbying expenditures to influence a legislative body (direct lobbying) | | |
| 38 | Total lobbying expenditures (add lines 36 and 37) | | |
| 39 | Other exempt purpose expenditures | | |
| 40 | Total exempt purpose expenditures (add lines 38 and 39) | | |
| 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 | | |
| 42 | Grassroots nontaxable amount (enter 25% of line 41) | | |
| 43 | Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36 | | |
| 44 | Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38 | | |

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

4-Year Averaging Period Under Section 501(h)

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

| Calendar year (or fiscal year beginning in) | Lobbying Expenditures During 4-Year Averaging Period | | | | N/A |
|--|--|-------------|-------------|-------------|--------------|
| | (a) 2003 | (b) 2002 | (c) 2001 | (d) 2000 | (e) Total |
| 45 | Lobbying nontaxable amount | | | | 0. |
| 46 | Lobbying ceiling amount (150% of line 45(e)) | | | | 0. |
| 47 | Total lobbying expenditures | | | | 0. |
| 48 | Grassroots nontaxable amount | | | | 0. |
| 49 | Grassroots ceiling amount (150% of line 48(e)) | | | | 0. |
| 50 | Grassroots lobbying expenditures | | | | 0. |

Part VI-B Lobbying Activity by Nonelecting Public Charities

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

N/A

| During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of | Yes | No | Amount |
|--|-----|----|--------|
| 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.) | | | 0. |

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

| | FOOTNOTES | STATEMENT | 1 |
|---------------------------|-----------|-----------|---|
| PROPERTY: | | | |
| FURNITURE & EQUIPMENT | | 84,962. | |
| LEASEHOLD IMPROVEMENTS | | 3,960. | |
| SOFTWARE | | 4,621. | |
| TOTAL | | 93,543. | |
| ACCUMULATED DEPRECIATION: | | | |
| FURNITURE & EQUIPMENT | | 59,969. | |
| LEASEHOLD IMPROVEMENTS | | 2,970. | |
| SOFTWARE | | 3,699. | |
| TOTAL | | 66,638. | |
| NET BOOK VALUE | | 26,905. | |

| FORM 990 | OTHER EXPENSES | | | STATEMENT 2 |
|-------------------------------|-----------------|----------------------------|----------------------------------|--------------------|
| DESCRIPTION | (A) TOTAL | (B) PROGRAM SERVICES | (C) MANAGEMENT AND GENERAL | (D) FUNDRAISING |
| MIS SUPPORT | 5,959. | 5,391. | 568. | |
| CONSULT./SUBCONTRCT | 408,762. | 408,762. | | |
| MARKETING | 3,275. | 3,275. | | |
| COPYING | 14,192. | 12,627. | 1,565. | |
| STAFF TRAINING | 7,952. | 6,424. | 1,528. | |
| MISCELLANEOUS | 4,972. | 2,879. | 2,093. | |
| TOTAL TO FM 990, LN 43 | 445,112. | 439,358. | 5,754. | |

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

EXPLANATION

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

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 4

DESCRIPTION OF PROGRAM SERVICE ONE

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

| | GRANTS | EXPENSES |
|-------------------------------|--------|----------|
| TO FORM 990, PART III, LINE A | | 159,840. |

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 5

DESCRIPTION OF PROGRAM SERVICE TWO

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

| | GRANTS | EXPENSES |
|-------------------------------|--------|----------|
| TO FORM 990, PART III, LINE B | | 299,285. |

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 6

DESCRIPTION OF PROGRAM SERVICE THREE

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

| | GRANTS | EXPENSES |
|-------------------------------|--------|----------|
| TO FORM 990, PART III, LINE C | _____ | 548,578. |
| | ===== | ===== |

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 7

DESCRIPTION OF PROGRAM SERVICE FOUR

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

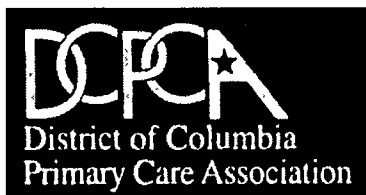
| | GRANTS | EXPENSES |
|-------------------------------|--------|----------|
| TO FORM 990, PART III, LINE D | _____ | 84,380. |
| | ===== | ===== |

FORM 990 OTHER PROGRAM SERVICES STATEMENT 8

| DESCRIPTION | GRANTS AND ALLOCATIONS | EXPENSES |
|--|------------------------|----------|
| CALL TO ACTION- ENCOURAGES LOCAL POLICY MAKERS TO GET INVOLVED IN HEALTH REFORM ACTIVITIES THROUGH TOWN HALL MEETINGS, ACTION ALERTS, ETC. | _____ | 20,892. |
| DISPARITY- CONFERENCE WITH GOAL OF REDUCING HEALTH DISPARITIES. | _____ | 56,654. |

| | |
|--|----------|
| SEUI- REPRESENTS A REPORT THAT WILL INCREASE THE LIKELIHOOD THAT GREATER SOUTHEAST COMM. HOSPITAL IS RE-ESTABLISHED. | 80,098. |
| MEDICAL HOMES - REPRESENTS A PROGRAM THAT WORKS TO IMPROVE THE QUALITY AND EFFECTIVENESS OF THE PRIMARY CARE CLINICS IN D.C. | 62,620. |
| HIV - PROGRAM TO BRING TO THE FOREFRONT ADVOCACY GROUPS, FUNDERS, POLICY MAKERS AND PROVIDERS THE IMPORTANCE OF HIV POLICY WORK IN PRIMARY HEALTHCARE | 68,785. |
| TOTAL TO FORM 990, PART III, LINE E | 289,049. |

| SCHEDULE A | OTHER INCOME | | | STATEMENT | 9 |
|------------------------------|----------------|----------------|----------------|----------------|---|
| DESCRIPTION | 2002 AMOUNT | 2001 AMOUNT | 2000 AMOUNT | 1999 AMOUNT | |
| OTHER REVENUE | 2,247. | 0. | 0. | 0. | |
| TOTAL TO SCHEDULE A, LINE 22 | 2,247. | 0. | 0. | 0. | |



DCPCA Board of Directors – 2004

George Jones, Chair
Executive Director
Bread for the City

Gloria Wilderbrathwaite, Vice-Chair
Program Director
Children's Health Project of DC

Kim Bell, Vice-Chair
Project Director
DC Covering Kids and Families
DC Action for Children

Vincent Keane, Secretary
Executive Director
Unity Health Care, Inc.

Jose Aponte
Chief, Public Affairs
Unity Health Care, Inc.

Urla Barrow
Executive Director
Community Medical Care

Virginia Martin
Vice President, External Affairs
Planned Parenthood of Metropolitan Washington

Vacant
Nonprofit Clinic Consortium

Patrina Fowler
Chief Operating Officer
Health Right, Inc.

Paul Gleason
Director of Specialized Services
Catholic Charities

María Gómez
President/CEO
Mary's Center for Maternal and Child Care

Flora Terrell Hamilton
Executive Director
Family & Medical Counseling Service, Inc.

Patricia Hawkins
Associate Executive Director
Whitman-Walker Clinic

Matthew Levy
Medical Director of Community Pediatrics
Georgetown University Medical Center

Father Donald Lippert
Executive Director
Spanish Catholic Center

Ruth Lubic
President and CEO
DC Developing Families Center

Juan Romagoza
Executive Director
La Clínica del Pueblo

Tamara Smith
President and CEO
Chartered Health Plan

Howard Straker
Director of Community Medicine
George Washington University
Physician Assistant Program

Jane Thompson
CEO-DC Operations
AMERIGROUP, Corp.

Patricia Thompson
Executive Director
Alliance for Fairness in Reforming Medicaid
(AFFIRM)

Greta Todd
Director, Government & External Affairs CNMC
Appointed Representative for
DC Hospital Association

Greg Adams
Administrative Director
Columbia Road Health Services

Pamela Williams
Health Services Director
Community of Hope

Laura Worby
Certified Registered Nurse Practitioner
Nurse Practitioner Association of DC

Department of Health
Ex-Officio Members

James Buford
Director
Department of Health

Martha Knisley
Director
Department of Mental Health

Dr. Michael Richardson
Sr. Deputy Director for Primary Care
Department of Health