

Return of Organization Exempt From Income Tax

2004

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 2004 calendar year, or tax year beginning and ending

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: DISTRICT OF COLUMBIA PRIMARY CARE ASSOCIATION. D Employer identification number: 52-1999196. E Telephone number: 202-638-0252. F Accounting method: Cash, Accrual.

H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? H(b) If "Yes," enter number of affiliates. H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling?

G Website: HTTP://DCPCA.ORG/

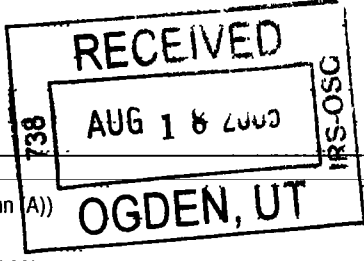
J Organization type (check only one): 501(c)(3)

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: 1,787,374.

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

Table with 21 rows and 4 columns. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less: rental expenses; 6c Net rental income or (loss); 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less: cost or other basis and sales expenses; 8c Gain or (loss); 8d Net gain or (loss); 9 Special events and activities; 9a Gross revenue; 9b Less: direct expenses other than fundraising expenses; 9c Net income or (loss) from special events; 10a Gross sales of inventory, less returns and allowances; 10b Less: cost of goods sold; 10c Gross profit or (loss) from sales of inventory; 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.



SCANNED SEP 14 2005

DISTRICT OF COLUMBIA PRIMARY CARE ASSOCIATION

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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.

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	88,546.	75,558.	12,988.
26 Other salaries and wages	26	555,641.	474,135.	81,506.
27 Pension plan contributions	27	33,705.	29,369.	4,336.
28 Other employee benefits	28	53,889.	46,957.	6,932.
29 Payroll taxes	29	51,035.	44,470.	6,565.
30 Professional fundraising fees	30			
31 Accounting fees	31	62,412.	54,031.	8,381.
32 Legal fees	32			
33 Supplies	33	21,248.	19,202.	2,046.
34 Telephone	34	21,401.	18,043.	3,358.
35 Postage and shipping	35	2,767.	2,312.	455.
36 Occupancy	36	135,461.	117,553.	17,908.
37 Equipment rental and maintenance	37	21,565.	15,322.	6,243.
38 Printing and publications	38	2,114.	2,014.	100.
39 Travel	39	15,575.	15,359.	216.
40 Conferences, conventions, and meetings	40	37,073.	36,219.	854.
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42	16,928.		16,928.
43 Other expenses not covered above (itemize):				
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e SEE STATEMENT 1	43e	644,966.	629,939.	15,027.
44 Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	1,764,326.	1,580,483.	183,843.

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 2

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 3				
		(Grants and allocations \$ _____)		162,171.
b HIV - PROGRAM TO BRING TO THE FOREFRONT ADVOCACY GROUPS, FUNDERS, POLICY MAKERS, PROVIDERS, AND OTHERS THE IMPORTANCE OF HIV/AIDS POLICY WORK IN PRIMARY HEALTH CARE.		(Grants and allocations \$ _____)		45,164.
c MEDICAL HOMES - REPRESENTS A PROGRAM THAT WORKS TO IMPROVE THE QUALITY AND EFFECTIVENESS OF THE PRIMARY CARE CLINICS SERVING THE UNINSURED AND UNDERINSURED RESIDENTS OF WASHINGTON, D.C.		(Grants and allocations \$ _____)		1,002,074.
d HEALTH REFORM - REPRESENTS A PROGRAM TO LEAD THE DISTRICT'S SAFETY NET HEALTH REFORM EFFORTS THROUGH RESEARCH, ANALYSIS, AND ACTION ON POLICY AND LEGISLATIVE INITIATIVES.		(Grants and allocations \$ _____)		296,049.
e Other program services (attach schedule) STATEMENT 4		(Grants and allocations \$ _____)		75,025.
f Total of Program Service Expenses (should equal line 44, column (B), Program services)				1,580,483.

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ASSOCIATION**

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**Part IV Balance Sheets**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	45 Cash - non-interest-bearing	50,197.	45	430,234.	
	46 Savings and temporary cash investments	71,982.	46	204,400.	
	47 a Accounts receivable	110,732.			
	b Less: allowance for doubtful accounts				
			176,644.	47c	110,732.
	48 a Pledges receivable				
	b Less: allowance for doubtful accounts				
				48c	
	49 Grants receivable		94,000.	49	76,359.
	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		8,609.	53		
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	120,724.				
b Less: accumulated depreciation	83,566.				
		26,905.	57c	37,158.	
58 Other assets (describe ▶ <b>DEPOSITS</b> )		8,112.	58	8,112.	
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74)		436,449.	59	866,995.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	127,573.	60	132,867.	
	61 Grants payable		61		
	62 Deferred revenue	21,039.	62	402,422.	
	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 ▶ <b>SEE STATEMENT 5</b> )			65	20,821.
66 <b>Total liabilities</b> (add lines 60 through 65)		148,612.	66	556,110.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted	6,457.	67	106,918.	
	68 Temporarily restricted	281,380.	68	203,967.	
	69 Permanently restricted		69		
	<b>Organizations that do not follow SFAS 117, check here</b> <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 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)		287,837.	73	310,885.
	74 <b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)		436,449.	74	866,995.

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



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<b>Part VI Other Information</b>		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? <span style="float: right;">N/A</span>	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 <span style="font-size: 2em;">▶</span> _____ 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 <span style="float: right;">81a</span> <span style="border: 1px solid black; padding: 2px;">0.</span>		
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.) <span style="float: right;">82b</span> <span style="float: right;">N/A</span>		
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? <span style="float: right;">N/A</span>	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? <span style="float: right;">N/A</span>	84b	
85	<b>501(c)(4), (5), or (6) organizations.</b> a Were substantially all dues nondeductible by members? <span style="float: right;">N/A</span>	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? <span style="float: right;">N/A</span>	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 <span style="float: right;">85c</span> <span style="float: right;">N/A</span>		
d	Section 162(e) lobbying and political expenditures <span style="float: right;">85d</span> <span style="float: right;">N/A</span>		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices <span style="float: right;">85e</span> <span style="float: right;">N/A</span>		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) <span style="float: right;">85f</span> <span style="float: right;">N/A</span>		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? <span style="float: right;">N/A</span>	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? <span style="float: right;">N/A</span>	85h	
86	<b>501(c)(7) organizations.</b> Enter: a Initiation fees and capital contributions included on line 12 <span style="float: right;">86a</span> <span style="float: right;">N/A</span>		
b	Gross receipts, included on line 12, for public use of club facilities <span style="float: right;">86b</span> <span style="float: right;">N/A</span>		
87	<b>501(c)(12) organizations.</b> Enter: a Gross income from members or shareholders <span style="float: right;">87a</span> <span style="float: right;">N/A</span>		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) <span style="float: right;">87b</span> <span style="float: right;">N/A</span>		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	<b>501(c)(3) organizations.</b> Enter: Amount of tax imposed on the organization during the year under: section 4911 <span style="font-size: 2em;">▶</span> <span style="border: 1px solid black; padding: 2px;">0.</span> ; section 4912 <span style="font-size: 2em;">▶</span> <span style="border: 1px solid black; padding: 2px;">0.</span> ; section 4955 <span style="font-size: 2em;">▶</span> <span style="border: 1px solid black; padding: 2px;">0.</span>		
b	<b>501(c)(3) and 501(c)(4) organizations.</b> 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 <span style="float: right;">▶</span> <span style="border: 1px solid black; padding: 2px;">0.</span>		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization <span style="float: right;">▶</span> <span style="border: 1px solid black; padding: 2px;">0.</span>		
90 a	List the states with which a copy of this return is filed <span style="font-size: 2em;">▶</span> <b>DISTRICT OF COLUMBIA</b>		
b	Number of employees employed in the pay period that includes March 12, 2004 <span style="float: right;">90b</span> <span style="border: 1px solid black; padding: 2px;">14</span>		
91	The books are in care of <span style="font-size: 2em;">▶</span> <b>THE ASSOCIATION</b> Telephone no. <span style="font-size: 2em;">▶</span> <b>202-638-0252</b>		

Located at ▶ **1411 K STREET, N.W., SUITE 1200, WASHINGTON, D.C** ZIP +4 ▶ **20005**

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here ▶   
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 ▶ N/A

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Form 990 (2004)

**DISTRICT OF COLUMBIA PRIMARY CARE  
ASSOCIATION**

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**Part VII Analysis of Income-Producing Activities** (See page 33 of the instructions.)

	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	
<b>Note:</b> Enter gross amounts unless otherwise indicated.					
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					74,165.
95 Interest on savings and temporary cash investments			14	70.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a <b>OTHER REVENUE</b>			01	1,731.	
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		1,801.	74,165.
105 Total (add line 104, columns (B), (D), and (E))					75,966.

**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).

Please Sign: Sharon A Baskerville  
 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.

Date: 7/19/05 Type or print name and title: Sharon A Baskerville, Executive Director

Preparer's SSN or PTIN: \_\_\_\_\_

Check if self-employed:

MITCHELL, R C FIN

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

Department of the Treasury  
Internal Revenue Service

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

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

**Supplementary Information-(See separate instructions.)**

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

OMB No 1545-0047

**2004**

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
<u>RENE WALLIS</u> 1411 K STREET, N.W. SUITE 1200, WASHINGTON, D.C. 20005	40	82,643.	6,508.	
<u>SYLVIA ORLENE GRANT</u> 1411 K STREET, N.W. SUITE 1200, WASHINGTON, D.C. 20005	40	86,140.	5,733.	1,200.
<u>CHARLES W. ALLEN, JR.</u> 1411 K STREET, N.W. SUITE 1200, WASHINGTON, D.C. 20005	40	54,832.	4,035.	
<u>JENNIFER C. THOMPSON</u> 1411 K STREET, N.W. SUITE 1200, WASHINGTON, D.C. 20005	40	50,887.	2,472.	
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
<u>MANAGEMENT SOLUTIONS CONSULTING GROUP</u> 4601 PRESIDENTS DRIVE, SUITE 200, LANHAM, MD 207	CONSULTING	103,285.
<u>THE BROOKINGS INSTITUTION</u> 1775 MASSACHUSETTS AVENUE, NW, WASHINGTON, DC 20	CONSULTING	78,462.
<u>RAND CORPORATION</u> P.O. BOX 2138, LOS ANGELES, CA 90074-3174	CONSULTING	88,500.
<u>CAPITAL LINK</u> 100 BOYLSTON ST, SUITE 700, BOSTON, MA 02446	CONSULTING	78,094.
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 <b>▶</b> \$ _____ \$ _____ (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 a 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
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		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 **▶** \_\_\_\_\_
- 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.)

DISTRICT OF COLUMBIA PRIMARY CARE

Schedule A (Form 990 or 990-EZ) 2004

ASSOCIATION

52-1999196

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**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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,500,283.	2,001,928.	1,477,373.	822,708.	5,802,292.
16 Membership fees received	25,850.	14,000.	11,550.	17,875.	69,275.
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	782.	1,228.	443.	2,288.	4,741.
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	497.	2,247.	SEE STATEMENT 6		2,744.
23 Total of lines 15 through 22	1,527,412.	2,019,403.	1,489,366.	842,871.	5,879,052.
24 Line 23 minus line 17	1,527,412.	2,019,403.	1,489,366.	842,871.	5,879,052.
25 Enter 1% of line 23	15,274.	20,194.	14,894.	8,429.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 117,581.
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 2000 through 2003 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 5,879,052.
d Add: Amounts from column (e) for lines: 18 4,741. 19 _____ 22 2,744. 26b _____					26d 7,485.
e Public support (line 26c minus line 26d total)					26e 5,871,567.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 99.8727%
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					
(2003) (2002) (2001) (2000)					
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					
(2003) (2002) (2001) (2000)					
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 2000 through 2003, 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
<b>29</b>	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?		
<b>30</b>	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?		
<b>31</b>	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.)		
<hr/> <hr/> <hr/>			
<b>32</b>	Does the organization maintain the following:		
<b>a</b>	Records indicating the racial composition of the student body, faculty, and administrative staff?		
<b>b</b>	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
<b>c</b>	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
<b>d</b>	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.)		
<hr/> <hr/> <hr/>			
<b>33</b>	Does the organization discriminate by race in any way with respect to:		
<b>a</b>	Students' rights or privileges?		
<b>b</b>	Admissions policies?		
<b>c</b>	Employment of faculty or administrative staff?		
<b>d</b>	Scholarships or other financial assistance?		
<b>e</b>	Educational policies?		
<b>f</b>	Use of facilities?		
<b>g</b>	Athletic programs?		
<b>h</b>	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
<hr/> <hr/> <hr/>			
<b>34 a</b>	Does the organization receive any financial aid or assistance from a governmental agency?		
<b>b</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.		
<b>35</b>	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

**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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations												
		N/A													
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>													
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>													
<b>38</b>	Total lobbying expenditures (add lines 36 and 37)	<b>38</b>													
<b>39</b>	Other exempt purpose expenditures	<b>39</b>													
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>													
<b>41</b>	Lobbying nontaxable amount. Enter the amount from the following table - <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><b>If the amount on line 40 is -</b></td> <td style="width: 50%;"><b>The lobbying nontaxable amount is -</b></td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>	<b>If the amount on line 40 is -</b>	<b>The lobbying nontaxable amount is -</b>	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	<b>41</b>	
<b>If the amount on line 40 is -</b>	<b>The lobbying nontaxable amount is -</b>														
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														
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>													
<b>43</b>	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	<b>43</b>													
<b>44</b>	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	<b>44</b>													

**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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
<b>45</b> Lobbying nontaxable amount					0.
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					0.
<b>47</b> Total lobbying expenditures					0.
<b>48</b> Grassroots nontaxable amount					0.
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					0.
<b>50</b> 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 11 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
<b>a</b> Volunteers			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.)			
<b>c</b> Media advertisements			
<b>d</b> Mailings to members, legislators, or the public			
<b>e</b> Publications, or published or broadcast statements			
<b>f</b> Grants to other organizations for lobbying purposes			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
<b>i</b> 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.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 11 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:

(i) Cash

(ii) Other assets

b Other transactions:

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

(ii) Purchases of assets from a noncharitable exempt organization

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

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

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

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

Table with 3 columns: Question, Yes, No. Rows include 51a(i), a(ii), b(i), b(ii), b(iii), b(iv), b(v), b(vi), and c. All 'No' boxes are checked with an 'X'.

N/A

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. The table is currently empty.

52 a 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 (X) No

b If "Yes," complete the following schedule:

N/A

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. The table is currently empty.

FORM 990	OTHER EXPENSES			STATEMENT 1
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
MIS SUPPORT	8,173.	7,075.	1,098.	
CONSULT./SUBCONTRCT	577,071.	574,531.	2,540.	
MARKETING	5,657.	5,653.	4.	
COPYING	19,600.	16,550.	3,050.	
STAFF TRAINING	7,464.	6,664.	800.	
MISCELLANEOUS	777.		777.	
BUSINESS INSURANCE	2,939.	2,557.	382.	
RECRUITMENT	18,865.	15,113.	3,752.	
BUSINESS SERVICES	4,420.	1,796.	2,624.	
TOTAL TO FM 990, LN 43	644,966.	629,939.	15,027.	

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE		STATEMENT 2
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 3

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		162,171.

FORM 990 OTHER PROGRAM SERVICES STATEMENT 4

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.		31,377.
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.		43,648.
TOTAL TO FORM 990, PART III, LINE E		75,025.

FORM 990	OTHER LIABILITIES	STATEMENT	5
DESCRIPTION		AMOUNT	
DEFERRED RENT		12,501.	
LONG TERM - LOANS PAYABLE		8,320.	
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B		20,821.	

SCHEDULE A	OTHER INCOME				STATEMENT	6
DESCRIPTION	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT	2000 AMOUNT		
OTHER REVENUE	497.	2,247.	0.	0.		
TOTAL TO SCHEDULE A, LINE 22	497.	2,247.	0.	0.		



District of Columbia  
Primary Care Association

## 2004 DCPCA Board of Directors

**George Jones, Chair**  
Executive Director  
Bread for the City

**Kim Bell, Vice- Chair**  
Director  
Strategic Initiatives  
DC Covering Kids & Families  
DC Action for Children

**Gloria WilderBrathwaite, MD, Vice-Chair**  
Director  
Children's Health Project of DC

**Vincent A. Keane, Secretary**  
CEO  
Unity Health Care, Inc.

**Tamara A. Smith, Treasurer ('04)**  
President and CEO  
Chartered Health Plan

**Maria Gomez**  
President and CEO  
Mary Center for Maternal & Child Care

**Evita Grigsby**  
Executive Vice President  
Planned Parenthood  
of Metropolitan Washington

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

**Patricia Hawkins**  
Associate Executive Director  
Whitman Walker Clinic

**Manny Hidalgo**  
Acting Director  
Spanish Catholic Center

**Matthew Levy ('04)**  
Medical Director of Community Pediatrics  
Georgetown UMC- Pediatric Mobile Van

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**Jose Aponte**  
Chief Operating Officer  
Unity Health Care, Inc.

**Patrina Fowler ('04)**  
Chief Executive Officer  
Health Right, Inc.

**Carolyn Gardner**  
Executive Director  
Washington Free Clinic

**Lisa A. Gilmore ('04)**  
Executive Director  
DC Asthma Coalition

**Allen Goetcheus**  
President  
Columbia Road Health Services

**Ruth Lubic**  
President and CEO  
DC Developing Families Center

**Kelly Sweeney McShane**  
Executive Director  
Community of Hope

**Ron Mealy ('04)**  
Executive Director  
Carl Vogel Center

**Sandra Nichols ('04)**  
COO/Medical Director  
AMERIGROUP Corp.

**Juan Romagoza**  
Executive Director  
La Clínica del Pueblo



District of Columbia  
Primary Care Association

**Mary Ann Sack**  
Health Services Administrator  
SOME

**Kerry Smith ('04)**  
Vice President  
Catholic Community Services

**Howard Straker ('03)**  
GW University Medical Center  
Physician Assistant Program

**Regina Knox Woods ('04)**  
Representing DC Hospital Association  
VP, Government Affairs  
For the Washington Metropolitan Area  
Office of External Relations  
Georgetown University Hospital

**Laura Worby ('04)**  
Nurse Practitioner Association of DC  
Community of Hope

### **Ex-Officio Members**

**Martha Knisley**  
Director  
Department of Mental Health

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District of Columbia Primary Care Association  
 PROPERTY AND EQUIPMENT SUMMARY  
 FEDERAL TAX ID: 52-1999196  
 2/21/2004

**FIXED ASSETS**

TYPE	BEGINNING	ADDITIONS	DISPOSALS	ENDING
FURN & EQUIP	84,962	17,737	-	102,699
SOFTWARE	4,621	-	-	4,621
LEASEHOLD	3,960	-	-	13,404
	<u>93,543</u>	<u>17,737</u>	<u>-</u>	<u>120,724</u>

**ACCUMULATED DEPRECIATION**

TYPE	BEGINNING	ADDITIONS	DISPOSALS	ENDING
FURN & EQUIP	59,969	15,016	-	74,985
SOFTWARE	3,699	922	-	4,621
LEASEHOLD	2,970	990	-	3,960
	<u>66,638</u>	<u>16,928</u>	<u>-</u>	<u>83,566</u>

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

▶ 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).
- 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)

**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.*

**Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile).

<b>Type or print</b>	Name of Exempt Organization <b>DISTRICT OF COLUMBIA PRIMARY CARE ASSOCIATION</b>	Employer identification number <b>52-1999196</b>
File by the due date for filing your return See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1411 K STREET, N.W., NO. 400</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>WASHINGTON, DC 20005</b>	

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

- |  |   |                                    |
|--|---|------------------------------------|
| <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 |

- The books are in the care of ▶ **THE ASSOCIATION**  
Telephone No. ▶ **202-638-0252** FAX No. ▶ \_\_\_\_\_
- 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-months for a **Form 990-T corporation**) extension of time until **AUGUST 15, 2005** to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2004** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.
- 2 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
- 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \_\_\_\_\_ \$
- b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \_\_\_\_\_ \$
- c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \_\_\_\_\_ \$ N/A

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

COUNCILOR BUCHANAN & MITCHELL, P.C.  
7910 WOODMONT AVENUE  
SUITE 500  
BETHESDA, MD 20814

52-1711839