

Form **990****Return of Organization Exempt From Income Tax**

OMB No 1545-0047

2004

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

A For the 2004 calendar year, or tax year beginning 07/01, 2004, and ending 06/30/2005

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization PRIMARY CARE COALITION OF MONTGOMERY COUNTY	D Employer identification number 52-1847976
	Number and street (or P O box if mail is not delivered to street address) Room/suite 8757 GEORGIA AVE., 10TH FL.	E Telephone number (301) 628-3405
	City or town, state or country, and ZIP + 4 SILVER SPRING, MD 20910	F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶
	Please use IRS label or print or type. See Specific Instructions.	

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

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

I Group Exemption Number ▶

M Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)G Website: ▶ **WWW.PRIMARYCARECOALITION.ORG**J Organization type (check only one) ☒ 501(c)(3) (insert no) 4947(a)(1) or 527K Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **5,328,148.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)**

Revenue	1 Contributions, gifts, grants, and similar amounts received				
	a Direct public support	1a		1,136,708.	
	b Indirect public support	1b		13,147.	
	c Government contributions (grants)	1c		296,854.	
	d Total (add lines 1a through 1c) (cash \$ 1,446,709. noncash \$)	1d		1,446,709.	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		3,848,487.	
	3 Membership dues and assessments	3			
	4 Interest on savings and temporary cash investments	4		5,524.	
	5 Dividends and interest from securities	5		2,172.	
	6 a 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				
Revenue	8 a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	8a	
	b Less cost or other basis and sales expenses			8b	
	c Gain or (loss) (attach schedule)			8c	
	d Net gain or (loss) (combine line 8c, columns (A) and (B))			8d	
	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			
Revenue	10 a Gross sales of inventory, less returns and allowances	10a			
	b Less cost of goods sold	10b			
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11 Other revenue (from Part VII, line 103)	11		25,256.		
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		5,328,148.		
Expenses	13 Program services (from line 44, column (B))	13		5,226,998.	
	14 Management and general (from line 44, column (C))	14		160,156.	
	15 Fundraising (from line 44, column (D))	15		139,170.	
	16 Payments to affiliates (attach schedule)	16			
	17 Total expenses (add lines 16 and 44, column (A))	17		5,526,324.	
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18		-198,176.	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		1,119,169.	
	20 Other changes in net assets or fund balances (attach explanation) STMT 1	20		675.	
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		921,668.	

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2004)

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 22 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	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.	25 122,735.	112,941.	2,877.	6,917.
26 Other salaries and wages	26 1,323,660.	1,218,029.	31,031.	74,600.
27 Pension plan contributions	27 51,839.	47,702.	1,215.	2,922.
28 Other employee benefits	28 194,125.	185,723.	4,552.	3,850.
29 Payroll taxes	29 93,433.	84,551.	2,594.	6,288.
30 Professional fundraising fees	30			
31 Accounting fees	31 17,353.	15,425.	1,454.	474.
32 Legal fees	32			
33 Supplies	33 36,970.	30,630.	2,528.	3,812.
34 Telephone	34 32,837.	26,521.	6,104.	212.
35 Postage and shipping	35 14,635.	7,900.	1,481.	5,254.
36 Occupancy	36 99,522.	66,793.	28,831.	3,898.
37 Equipment rental and maintenance	37 42,072.	37,370.	3,643.	1,059.
38 Printing and publications	38 35,680.	15,908.	3,935.	15,837.
39 Travel	39 10,098.	9,211.	802.	85.
40 Conferences, conventions, and meetings	40 5,948.	4,444.	923.	581.
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42 77,356.	67,770.	9,253.	333.
43 Other expenses not covered above (itemize) STMT 2	43a 3,368,061.	3,296,080.	58,933.	13,048.
b	43b			
c	43c			
d	43d			
e	43e			
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 5,526,324.	5,226,998.	160,156.	139,170.

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 (See page 25 of the instructions.)What is the organization's primary exempt purpose? **STMT 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 STMT 4		
(Grants and allocations \$ _____)		1,810,873.
b		
(Grants and allocations \$ _____)		907,176.
c		
(Grants and allocations \$ _____)		579,927.
d		
(Grants and allocations \$ _____)		449,892.
e Other program services (attach schedule) STMT 5	(Grants and allocations \$ _____)	1,479,130.
f Total of Program Service Expenses (should equal line 44, column (B), Program services)		5,226,998.

Part IV Balance Sheets (See page 25 of the instructions.)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	187,635.	45	154,575.
	46 Savings and temporary cash investments	287,839.	46	252,851.
	47a Accounts receivable	996,862.		
	b Less: allowance for doubtful accounts		47c	996,862.
	48a Pledges receivable			
	b Less: allowance for doubtful accounts		48c	
	49 Grants receivable	113,257.	49	176,156.
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes and loans receivable (attach schedule)			
	b Less: allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	38,861.	53	35,987.
	54 Investments - securities (attach schedule) STMT 6. <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV	63,283.	54	68,045.
	55a Investments - land, buildings, and equipment - basis			
	b Less: accumulated depreciation (attach schedule)		55c	
56 Investments - other (attach schedule)		56		
57a Land, buildings, and equipment - basis	291,199.			
b Less: accumulated depreciation (attach schedule)				
57b	216,161.	147,691.	57c	75,038.
58 Other assets (describe ►)		58		
59 Total assets (add lines 45 through 58) (must equal line 74)	1,822,528.	59	1,759,514.	
Liabilities	60 Accounts payable and accrued expenses	596,187.	60	715,924.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe ► STMT 7)	107,172.	65	121,922.
66 Total liabilities (add lines 60 through 65)	703,359.	66	837,846.	
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	471,315.	67	385,764.
	68 Temporarily restricted	629,069.	68	517,019.
	69 Permanently restricted	18,785.	69	18,885.
	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)	1,119,169.	73	921,668.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	1,822,528.	74	1,759,514.

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

Part IV-B	Reconciliation of Expenses per Audited Financial Statements with Expenses per Return
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Part V **List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated; see page 27 of the instructions)

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Part VI Other Information (See page 28 of the instructions.)

	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77	X
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/A
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80a 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		
81a Enter direct and indirect political expenditures. See line 81 instructions.	81a	NONE
b Did the organization file Form 1120-POL for this year?	81b	N/A
82a 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	1,167,658.
83a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	N/A
84a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	N/A
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b	N/A
c Dues, assessments, and similar amounts from members	85c	N/A
d Section 162(e) lobbying and political expenditures	85d	N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86 501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	86a	N/A
b Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87 501(c)(12) orgs Enter a Gross income from members or shareholders	87a	N/A
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 NONE , section 4912 NONE ; section 4955 NONE		
b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		NONE
d Enter Amount of tax on line 89c, above, reimbursed by the organization		NONE
90a List the states with which a copy of this return is filed MARYLAND		
b Number of employees employed in the pay period that includes March 12, 2004 (See instructions)	90b	34
91 The books are in care of STEVE GALEN Telephone no 301-628-3405 Located at 8757 GEORGIA AVE., SILVER SPRING, MD ZIP + 4 20910		
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

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) Exclusion code	(D) Amount	
93 Program service revenue					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					3,848,487.
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	5,524.	
96 Dividends and interest from securities			14	2,172.	
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 MISCELLANEOUS			01	25,256.	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				32,952.	3,848,487.
105 Total (add line 104, columns (B), (D), and (E))					3,881,439.

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)
93G	PATIENT FEES AND MUNICIPAL PAYMENTS FOR SERVICES AND TREATMENT PROVIDED TO INDIVIDUAL PATIENTS.

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).

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

Please Sign

Signature of officer

Date

12-15-05

Date

Check if self-

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information - (See separate instructions.)

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

OMB No 1545-0047

2004

Name of the organization

PRIMARY CARE COALITION OF MONTGOMERY COUNTY

Employer identification number

52-1847976

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<u>ERIN N. GRACE</u> 8757 GEORGIA AVE., 10TH FL. SILVER SPRING, MD 20910	SR. VP, DIRECTOR 40 HOURS	86,750.	9,021.	NONE
<u>MARIA TRIANTIS</u> 8757 GEORGIA AVE., 10TH FL. SILVER SPRING, MD 20910	VP, DIRECTOR 40 HOURS	80,596.	8,699.	NONE
<u>CHARLES W. JASTER</u> 8757 GEORGIA AVE., 10TH FL. SILVER SPRING, MD 20910	VP, DIR. OF FIN. & A 40 HOURS	79,913.	13,576.	NONE
<u>STEVE SEATER</u> 8757 GEORGIA AVE., 10TH FL. SILVER SPRING, MD 20910	DIR. OF DEVELOPMENT 40 HOURS	75,000.	13,318.	NONE
<u>SANDRA M. MAXWELL</u> 8757 GEORGIA AVE., 10TH FL. SILVER SPRING, MD 20910	NURSE CASE MANAGER 40 HOURS	60,000.	14,540.	NONE
Total number of other employees paid over \$50,000	5			

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>MOBILE MED</u> 9309 OLD GEORGETOWN RD., BETHESDA, MD	MEDICAL CARE	449,621.
<u>COMMUNITY CLINIC</u> 1450 RESEARCH BLVD., #30, ROCKVILLE, MD	MEDICAL CARE	420,180.
<u>SPANISH CATHOLIC CENTER</u> 1618 MONROE ST., N.W., WASHINGTON, DC	MEDICAL CARE	266,531.
<u>MERCY HEALTH CLINIC</u> 12900 MIDDLEBROOK RD., GERMANTOWN, MD	MEDICAL CARE	229,355.
<u>PROYECTO SALUD</u> 2424 REEDIE DR., #111, WHEATON, MD	MEDICAL CARE	209,285.
Total number of others receiving over \$50,000 for professional services	13	

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

Schedule A (Form 990 or 990-EZ) 2004

JSA

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

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)		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)? STMT 11	X	
e Transfer of any part of its income or assets?		X
3a 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	
4a 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)

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)	1,950,368.	1,279,080.	819,385.	1,090,225.	5,139,058.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	2,673,397.	4,036,465.	3,605,942.	1,222,224.	11,538,028.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	5,090.	12,725.	5,249.	16,224.	39,288.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	4,628,855.	5,328,270.	4,430,576.	2,328,673.	16,716,374.
24 Line 23 minus line 17	1,955,458.	1,291,805.	824,634.	1,106,449.	5,178,346.
25 Enter 1% of line 23	46,289.	53,283.	44,306.	23,287.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 103,567.
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 2,563,302.
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c 5,178,346.
d Add: Amounts from column (e) for lines 18 39,288. 19					26d 2,602,590.
22 26b 2,563,302.					26e 2,575,756.
e Public support (line 26c minus line 26d total)					26f 49.7409 %
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
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	(2003) _____	(2002) _____	(2001) NOT APPLICABLE	(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	(2003) _____	(2002) _____	(2001) _____	(2000) _____	
c Add: Amounts from column (e) for lines 15 _____ 16 _____					
17 _____ 20 _____ 21 _____					27c _____
d Add: Line 27a total _____ and line 27b total _____					27d _____
e Public support (line 27c total minus line 27d total)					27e _____
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)					27f _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g _____ %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h _____ %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 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					

Part V**Private School Questionnaire** (See page 7 of the instructions.)**NOT APPLICABLE**(To be completed **ONLY** by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	31	

32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.)		

33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		

34 a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended?	34b	
If you answered "Yes" to either 34a or b, please explain using an attached statement		

35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768) **NOT APPLICABLE**Check ☐ **a** if the organization belongs to an affiliated group Check ☐ **b** if you checked "a" and "limited control" provisions apply.**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

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

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below)

See the instructions for lines 45 through 50 on page 11 of the instructions.)

		Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ►		(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
	Lobbying nontaxable					
45	amount					
	Lobbying ceiling amount					
46	(150% of line 45(e))					
	Total lobbying expenditures					
	Grassroots nontaxable					
48	amount					
	Grassroots ceiling amount					
49	(150% of line 48(e))					
	Grassroots lobbying					
50	expenditures					

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

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

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

Yes No Amount

- a** Volunteers
- 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.)

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:

Yes	No
-----	----

(i) Cash	51a(i)		x
----------	--------	--	---

(ii) Other assets	a(ii)		X
-------------------	-------	--	---

b Other transactions:

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

(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		X
---	-------	--	---

(iii) Rental of facilities, equipment, or other assets	b(iii)		x
--	--------	--	---

(iv) Reimbursement arrangements	b(iv)		x
---------------------------------	-------	--	---

(v) Loans or loan guarantees	b(v)		x
------------------------------	------	--	---

(vi) Performance of services or membership or fundraising solicitations	b(vi)		x
---	-------	--	---

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

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

[illegible]

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

► ☐ Yes ☒ No

b If "Yes," complete the following schedule:

[illegible]

Primary Care Coalition of Montgomery County
EIN 52-1847976
Year Ended June 30, 2005

Attachment
Form 990, Part II, Line 42
Form 990, Part IV, Line 57

	06/30/04	Additions	Disposals	06/30/05
Computer Equipment	62,795	4,703		67,498
Furniture & Fixtures	2,560			2,560
Leasehold Improvements	2,795			2,795
Office Equipment	1,811			1,811
Software	208,645			208,645
Telephone System	7,890			7,890
	286,496			291,199
Accumulated Depreciation	138,805	77,356		216,161
	<u>147,691</u>			<u>75,038</u>

The costs of furniture and equipment are capitalized and depreciated using the straight-line and the double declining balance methods, based on the estimated useful lives of the assets, ranging between 3 and 5-1/2 yearss. The costs of leasehold improvements are capitalized and amortized using the straight-line method over the term of the lease. Furniture and equipment with an aggregate purchase cost of \$500 or more are capitalized.

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES
=====

DESCRIPTION

AMOUNT

NET UNREALIZED GAINS ON INVESTMENTS

675.

TOTAL

675.

=====

FORM 990, PART II - OTHER EXPENSES

=====

DESCRIPTION -----	TOTAL -----	PROGRAM SERVICES -----	MANAGEMENT AND GENERAL -----	FUNDRAISING -----
INSURANCE	15,713.	2,710.	6,472.	6,531.
MEDICAL PROVIDER CONSULTANTS	2,581,949.	2,577,104.	4,845.	
MEMBERSHIP DUES & FEES	5,023.	882.	2,497.	1,644.
MISCELLANEOUS	7,098.	1,478.	5,420.	200.
PROFESSIONAL FEES - OTHER	705,785.	682,803.	18,877.	4,105.
RECRUITING	11,266.	11,126.		140.
TRAINING	41,227.	19,977.	20,822.	428.
	-----	-----	-----	-----
TOTALS	3,368,061.	3,296,080.	58,933.	13,048.
	=====	=====	=====	=====

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

THE COALITION'S EXEMPT PURPOSE IS TO IMPROVE ACCESS TO HIGH QUALITY,
CULTURALLY SENSITIVE PRIMARY CARE AND SPECIALTY CARE SERVICES TO
UNINSURED CHILDREN AND ADULTS IN MONTOMERY COUNTY, MARYLAND.

FORM 990, PART III - PROGRAM SERVICE ACCOMPLISHMENTS (A THROUGH D)
=====ITEM DESCRIPTION
-----EXPENSES

A REWARDING WORK - PROGRAM TO DEVELOP A SYSTEM OF MEDICAL CARE FOR LOW-INCOME, UNINSURED WORKERS. DURING THE YEAR, FUNDED ORGANIZATIONS SERVED NEARLY 11,500 WITH OVER 25,000 PATIENT VISITS, MEDICAL AND ADMINISTRATIVE VOLUNTEERS DONATED 12,000 AND 5,000 HOURS RESPECTIVELY, AND SPECIALTY REFERRAL ORGANIZATIONS PROVIDED APPROXIMATELY 3,000 REFERRALS.

1,810,873.

B CARE FOR KIDS - PROGRAM THAT PROVIDES AMBULATORY HEALTH CARE SERVICES FOR UNINSURED CHILDREN AND CHILDREN INELIGIBLE FOR THE STATE OF MARYLAND'S CHILDREN'S HEALTH INSURANCE PROGRAM. 2,900 CHILDREN PARTICIPATED IN THE PROGRAM DURING THE YEAR ENDED JUNE 30, 2005.

907,176.

C CANCER PROJECT - PROGRAM THAT OFFERS FREE EDUCATION, SCREENING, ORAL AND COLORECTAL CANCER TREATMENT TO LOW INCOME, UNINSURED MEMBERS OF THE COMMUNITY AND SAFETY NET CLINIC PATIENTS.

579,927.

D COMMUNITY PHARMACY - PROGRAM TO FACILITATE ACCESS TO PRESCRIPTION INFORMATION AND MEDICATION FOR LOW-INCOME, UNDERINSURED COUNTY RESIDENTS.

449,892.

TOTAL

3,747,868.

FORM 990, PART III - OTHER PROGRAM SERVICES (LINE E)
=====

DESCRIPTION -----	GRANTS AND ALLOCATIONS -----	EXPENSES -----
CHILD ASSESSMENT CENTER		274,592.
FOUNDATION PROJECTS		267,000.
COMMUNITY ACCESS PROGRAM		204,944.
PROJECT ACCESS		204,869.
AGENCY FOR HEALTH CARE RESEARCH AND QUALITY		118,285.
HEALTH CARE FOR THE HOMELESS		109,162.
HEALTHY BODIES AND HEALTHY MINDS		108,022.
MEDBANK		91,052.
OTHER PROJECTS		101,204.

TOTALS		1,479,130.
		=====

FORM 990, PART IV - INVESTMENTS - SECURITIES

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
PUBLICLY TRADED SECURITIES	
MUTUAL FUNDS	68,045.

TOTALS	68,045.
	=====

FORM 990, PART IV - OTHER LIABILITIES

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
ACCRUED EMPLOYEE BENEFITS	121,922.
TOTALS	----- 121,922.
	=====

PRIMARY CARE COALITION OF MONTGOMERY COUNTY

52-1847976

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

=====

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
-----	-----	-----	-----	-----
STEVE GALEN 8757 GEORGIA AVE., 10TH FL. SILVER SPRING, MD 20910	EXECUTIVE DIRECTOR 40 HOURS	122,735.	7,487.	NONE
ARVA J. JACKSON 8757 GEORGIA AVE., 10TH FL. SILVER SPRING, MD 20910	CHAIR 1 HOUR	NONE	NONE	NONE
ROBERTA MILMAN 8757 GEORGIA AVE., 10TH FL. SILVER SPRING, MD 20910	VICE CHAIR 1 HOUR	NONE	NONE	NONE
WILBUR W. MALLOY 8757 GEORGIA AVE., 10TH FL. SILVER SPRING, MD 20910	SECRETARY 1 HOUR	NONE	NONE	NONE
MAUREEN WEST MCCARTHY 8757 GEORGIA AVE., 10TH FL. SILVER SPRING, MD 20910	TREASURER 1 HOUR	NONE	NONE	NONE
HORACE W. BERNTON 8757 GEORGIA AVE., 10TH FL. SILVER SPRING, MD 20910	DIRECTOR 1 HOUR	NONE	NONE	NONE
RICHARD BOHRER 8757 GEORGIA AVE., 10TH FL. SILVER SPRING, MD 20910	DIRECTOR 1 HOUR	NONE	NONE	NONE
BETSY CARRIER 8757 GEORGIA AVE., 10TH FL. SILVER SPRING, MD 20910	DIRECTOR 1 HOUR	NONE	NONE	NONE

PRIMARY CARE COALITION OF MONTGOMERY COUNTY

52-1847976

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

NAME AND ADDRESS -----	TITLE AND TIME DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
CHARLES H. FLEISCHER 8757 GEORGIA AVE., 10TH FL. SILVER SPRING, MD 20910	DIRECTOR 1 HOUR	NONE	NONE	NONE
CAROL W. GARVEY 8757 GEORGIA AVE., 10TH FL. SILVER SPRING, MD 20910	DIRECTOR 1 HOUR	NONE	NONE	NONE
SUSAN GOFF 8757 GEORGIA AVE., 10TH FL. SILVER SPRING, MD 20910	DIRECTOR 1 HOUR	NONE	NONE	NONE
BRIAN GRAGNOLATI 8757 GEORGIA AVE., 10TH FL. SILVER SPRING, MD 20910	DIRECTOR 1 HOUR	NONE	NONE	NONE
ALAN S. GREGERMAN 8757 GEORGIA AVE., 10TH FL. SILVER SPRING, MD 20910	DIRECTOR 1 HOUR	NONE	NONE	NONE
SHIRLEY JOHNSON 8757 GEORGIA AVE., 10TH FL. SILVER SPRING, MD 20910	DIRECTOR 1 HOUR	NONE	NONE	NONE
BRIAN KIM 8757 GEORGIA AVE., 10TH FL. SILVER SPRING, MD 20910	DIRECTOR 1 HOUR	NONE	NONE	NONE
TRISTAM KRUGER 8757 GEORGIA AVE., 10TH FL. SILVER SPRING, MD 20910	DIRECTOR 1 HOUR	NONE	NONE	NONE

ARY CARE COALITION OF MONTGOMERY COUNTY

52-1847976

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

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
MARION EIN LEWIN 8757 GEORGIA AVE., 10TH FL. SILVER SPRING, MD 20910	DIRECTOR 1 HOUR	NONE	NONE	NONE
JOHN G. LUKE 8757 GEORGIA AVE., 10TH FL. SILVER SPRING, MD 20910	DIRECTOR 1 HOUR	NONE	NONE	NONE
STANLEY SMITH 8757 GEORGIA AVE., 10TH FL. SILVER SPRING, MD 20910	DIRECTOR 1 HOUR	NONE	NONE	NONE
GILBERTO ZELAYA 8757 GEORGIA AVE., 10TH FL SILVER SPRING, MD 20910	DIRECTOR 1 HOUR	NONE	NONE	NONE
GRAND TOTALS		122,735.	7,487.	NONE

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D

=====

THE EXECUTIVE DIRECTOR'S COMPENSATION IS REPORTED IN FORM 990, PART V. OFFICERS AND DIRECTORS ARE REIMBURSED FOR THEIR FULLY-ACCOUNTED EXPENSES FOR ORDINARY AND NECESSARY PROGRAM SERVICE AND ADMINISTRATIVE COSTS. THE ORGANIZATION DID NOT PROVIDE A TAXABLE EXPENSE ACCOUNT, ALLOWANCE, OR OTHER REIMBURSEMENT TO ANY DISQUALIFIED PERSON.

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

OMB No 1545-1709

▶ 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 ☒ **X**
- 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

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

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

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

- The books are in the care of ▶ **STEVE GALEN**

Telephone No ▶ **301 628-3405**

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 **02/15**, **2006**, to file the exempt organization return for the organization named above. The extension is for the organization's return for
 ▶ ☐ calendar year _____ or
 ▶ ☒ tax year beginning **07/01**, **2004**, and ending **06/30**, **2005**

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. \$ _____

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

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 12-2004)