

**Return of Organization Exempt From Income Tax**

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

Department of the Treasury  
Internal Revenue Service

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

**A** For the **2005** calendar year, or tax year beginning and ending

<b>B</b> Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> Name of organization <b>DISTRICT OF COLUMBIA PRIMARY CARE ASSOCIATION</b>	<b>D</b> Employer identification number <b>300</b> 52-1999196
		Number and street (or P.O. box if mail is not delivered to street address) <b>1411 K STREET, N.W.</b>	Room/suite <b>400</b>
		City or town, state or country, and ZIP + 4 <b>WASHINGTON, DC 20005</b>	<b>F</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶

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

H and I are not applicable to section 527 organizations.

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

H(b) If "Yes," enter number of affiliates ▶ **N/A**

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

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

**G** Website: ▶ **WWW.DCPCA.ORG**

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

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

**I** Group Exemption Number ▶ **N/A**

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **4,444,423.**

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

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

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received:			
	<b>a</b> Direct public support	<b>1a</b>	<b>1,707,186.</b>	
	<b>b</b> Indirect public support	<b>1b</b>		
	<b>c</b> Government contributions (grants)	<b>1c</b>	<b>2,675,054.</b>	
	<b>d</b> Total (add lines 1a through 1c) (cash \$ <b>4,382,240.</b> noncash \$ )	<b>1d</b>		<b>4,382,240.</b>
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>		
	<b>3</b> Membership dues and assessments	<b>3</b>		<b>56,011.</b>
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>		<b>5,589.</b>
	<b>5</b> Dividends and interest from securities	<b>5</b>		
	<b>6 a</b> Gross rents	<b>6a</b>		
	<b>b</b> Less: rental expenses	<b>6b</b>		
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>		
<b>7</b> Other investment income (describe ▶ )	<b>7</b>			
	<b>8 a</b> Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
	<b>b</b> Less: cost or other basis and sales expenses	<b>8a</b>		
	<b>c</b> Gain or (loss) (attach schedule)	<b>8b</b>		
	<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8c</b>		
<b>8d</b>				
<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
	<b>a</b> Gross revenue (not including \$ of contributions reported on line 1a)	<b>9a</b>		
	<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>		
	<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>		
	<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>		
	<b>b</b> Less: cost of goods sold	<b>10b</b>		
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>		
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>		<b>583.</b>	
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>		<b>4,444,423.</b>	
Expenses	<b>13</b> Program services (from line 44, column (B))	<b>13</b>		<b>3,733,925.</b>
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>		<b>319,458.</b>
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>		
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>		
	<b>17</b> Total expenses (add lines 13 and 14, column (A))	<b>17</b>		<b>4,053,383.</b>
Net Assets	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>		<b>391,040.</b>
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		<b>310,885.</b>
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>		<b>0.</b>
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>		<b>701,925.</b>

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**DISTRICT OF COLUMBIA PRIMARY CARE  
ASSOCIATION**

Form 990 (2005)

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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 \$ <u>1,000,000</u> , noncash \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	1,000,000.	1,000,000.	<b>STATEMENT 3</b>	
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25 Compensation of officers, directors, etc. **	126,159.	110,339.	15,820.	0.
26 Other salaries and wages	928,257.	811,825.	116,432.	
27 Pension plan contributions	58,221.	51,384.	6,837.	
28 Other employee benefits	53,646.	47,421.	6,225.	
29 Payroll taxes	74,858.	66,066.	8,792.	
30 Professional fundraising fees				
31 Accounting fees	116,884.	79,456.	37,428.	
32 Legal fees	6,586.	4,475.	2,111.	
33 Supplies	27,964.	23,968.	3,996.	
34 Telephone	24,145.	19,416.	4,729.	
35 Postage and shipping	4,816.	4,084.	732.	
36 Occupancy	152,124.	129,254.	22,870.	
37 Equipment rental and maintenance	24,495.	23,912.	583.	
38 Printing and publications	8,145.	7,674.	471.	
39 Travel	15,053.	13,429.	1,624.	
40 Conferences, conventions, and meetings	64,673.	61,127.	3,546.	
41 Interest	11,750.	338.	11,412.	
42 Depreciation, depletion, etc. (attach schedule)	11,588.		11,588.	
43 Other expenses not covered above (itemize):				
a _____				
b _____				
c _____				
d _____				
e _____				
f _____				
g <b>SEE STATEMENT 1</b>	1,344,019.	1,279,757.	64,262.	
44 <b>Total functional expenses.</b> Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	4,053,383.	3,733,925.	319,458.	0.

**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 \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;  
 (iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

Form 990 (2005)

\*\* SEE STATEMENT 2

**DISTRICT OF COLUMBIA PRIMARY CARE  
ASSOCIATION**

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**Part III Statement of Program Service Accomplishments** (See the instructions.)

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.

What is the organization's primary exempt purpose? ► <b>SEE STATEMENT 4</b>	Program Service Expenses
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.)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
<b>a 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 DC, SPECIFICALLY THE COMMUNITY HEALTH CENTER PROGRAM, AND HELP PLACE PRIMARY CARE PROVIDERS IN SHORTAGE AREAS.</b> (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>186,268.</b>
<b>b BIOTERRORISM- PREPARING FOR ACTS OF BIOTERRORISM AND OTHER PUBLIC HEALTH EMERGENCIES.</b> (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>366,060.</b>
<b>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.</b> (Grants and allocations \$ <b>1,000,000.</b> ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>2,638,443.</b>
<b>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.</b> (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>453,012.</b>
<b>e Other program services (attach schedule) SEE STATEMENT 5</b> (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>90,142.</b>
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) ►	<b>3,733,925.</b>

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**Part IV Balance Sheets** (See 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
<b>Assets</b>	45 Cash - non-interest-bearing	430,234.	49,339.
	46 Savings and temporary cash investments	204,400.	564,474.
	47 a Accounts receivable	425,814.	
	b Less: allowance for doubtful accounts	110,732.	425,814.
	48 a Pledges receivable		
	b Less: allowance for doubtful accounts		
	49 Grants receivable	76,359.	950,685.
	50 Receivables from officers, directors, trustees, and key employees		
	51 a Other notes and loans receivable		
	b Less: allowance for doubtful accounts		
	52 Inventories for sale or use		
	53 Prepaid expenses and deferred charges		
	54 Investments - securities	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV	
	55 a Investments - land, buildings, and equipment: basis		
	b Less: accumulated depreciation		
56 Investments - other			
57 a Land, buildings, and equipment: basis	121,028.		
b Less: accumulated depreciation	95,155.	25,873.	
58 Other assets (describe ▶ <b>DEPOSITS</b> )	8,112.	24,542.	
<b>59 Total assets (must equal line 74). Add lines 45 through 58</b>	<b>866,995.</b>	<b>2,040,727.</b>	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	132,867.	369,653.
	61 Grants payable		917,953.
	62 Deferred revenue	402,422.	10,100.
	63 Loans from officers, directors, trustees, and key employees		
	64 a Tax-exempt bond liabilities		
	b Mortgages and other notes payable		
	65 Other liabilities (describe ▶ <b>SEE STATEMENT 6</b> )	20,821.	41,096.
<b>66 Total liabilities. Add lines 60 through 65)</b>	<b>556,110.</b>	<b>1,338,802.</b>	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>		
	67 Unrestricted	106,918.	122,754.
	68 Temporarily restricted	203,967.	579,171.
	69 Permanently restricted		
	<b>Organizations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 70 through 74</b>		
	70 Capital stock, trust principal, or current funds		
	71 Paid-in or capital surplus, or land, building, and equipment fund		
	72 Retained earnings, endowment, accumulated income, or other funds		
	<b>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)</b>	<b>310,885.</b>	<b>701,925.</b>
<b>74 Total liabilities and net assets/fund balances. Add lines 66 and 73</b>	<b>866,995.</b>	<b>2,040,727.</b>	

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**DISTRICT OF COLUMBIA PRIMARY CARE  
ASSOCIATION**

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<b>Part VI</b>	<b>Other Information (continued)</b>		<b>Yes</b>	<b>No</b>
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		<b>X</b>
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III.)	82b		
	N/A			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	<b>X</b>	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b		
	N/A			
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		<b>X</b>
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) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a		
	N/A			
b	Gross receipts, included on line 12, for public use of club facilities	86b		
	N/A			
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a		
	N/A			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b		
	N/A			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		<b>X</b>
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>			
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		<b>X</b>
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization			0.
90 a	List the states with which a copy of this return is filed <u>DC</u>			
b	Number of employees employed in the pay period that includes March 12, 2005	90b		18
91 a	The books are in care of <u>THE ORGANIZATION</u> Telephone no. <u>202-638-0252</u> Located at <u>1411 K STREET, N.W., SUITE 400, WASHINGTON, DC</u> ZIP + 4 <u>20005</u>			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <u>N/A</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b		<b>X</b>
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country <u>N/A</u>	91c		<b>X</b>
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <u>92</u>	92		<b>N/A</b>

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ASSOCIATION**

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					56,011.
95 Interest on savings and temporary cash investments			14	5,589.	
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	583.	
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		6,172.	56,011.
105 Total (add line 104, columns (B), (D), and (E))					62,183.

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 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 INFORMATION TO MEMBERS AND THE PUBLIC.**

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See 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 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 Here: Under penalty 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) based on all information of which preparer has any knowledge.

Signature of officer: Sharon A. Baskerville Date: 5/15/06 Type or print name and title: Sharon A. Baskerville Executive Director

Paid Preparer's Use Only: Preparer's signature: [Signature] Date: 5/11/06 Check if self-employed:  Preparer's SSN or PTIN: \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP + 4: **COUNCILOR, BUCHANAN & MITCHELL, P.C.**  
**7910 WOODMONT AVENUE, SUITE 500**  
**BETHESDA, MD 20814**

EIN: **52-1711839** Phone no.: **(301) 986-0600**

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

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

OMB No 1545-0047

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

**2005**

Department of the Treasury  
Internal Revenue Service

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

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

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

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

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<u>PAGE CROSLAND</u> <u>1411 K STREET, N.W. SUITE 400, WASHIN</u>	<u>SR. COMM. COORD.</u> <u>40.00</u>	<u>64,750.</u>	<u>5,461.</u>	<u>0.</u>
<u>S. ORLENE GRANT</u> <u>1411 K STREET, N.W. SUITE 400, WASHIN</u>	<u>DIRECTOR, MH PROGRAM</u> <u>40.00</u>	<u>90,676.</u>	<u>7,241.</u>	<u>1,000.</u>
<u>SUSAN SPELLMAN</u> <u>1411 K STREET, N.W. SUITE 400, WASHIN</u>	<u>DIRECTOR DEVELOPMENT</u> <u>40.00</u>	<u>81,987.</u>	<u>7,470.</u>	
<u>RENEE WALLIS</u> <u>1411 K STREET, N.W. SUITE 400, WASHIN</u>	<u>DEPUTY DIRECTOR</u> <u>40.00</u>	<u>67,847.</u>	<u>5,286.</u>	
<u>CHARLES ALLEN</u> <u>1411 K STREET, N.W. SUITE 400, WASHIN</u>	<u>DIRECTOR, PUBLIC POL</u> <u>40.00</u>	<u>65,769.</u>	<u>6,437.</u>	
Total number of other employees paid over \$50,000	▶ 2			

**Part II-A 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>NONE</u>		
Total number of others receiving over \$50,000 for professional services	▶ 0	

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>NY PRIMARY CARE DEVELOPMENT CORPORATION</u> <u>22 CORTLANDT STREET, 12TH FLOOR, NEW YORK, NY 10</u>	<u>PROGRAM</u> <u>CONSULTING</u>	<u>198,191.</u>
<u>RAND CORPORATION</u> <u>1200 S. HAYES STREET, ARLINGTON, VA 22202</u>	<u>PROGRAM</u> <u>CONSULTING</u>	<u>165,214.</u>
<u>SOLUXIONS, LLC</u> <u>LITTLETON, CO 80120</u>	<u>PROGRAM</u> <u>CONSULTING</u>	<u>156,380.</u>
<u>CAPITAL LINK</u> <u>100 BOYLSTON ST, SUITE 700, BOSTON, MA 02446</u>	<u>PROGRAM</u> <u>CONSULTING</u>	<u>128,143.</u>
<u>THE BROOKINGS INSTITUTION</u> <u>1775 MASSACHUSETTS AVE, NW, WASHINGTON, DC 20036</u>	<u>PROGRAM</u> <u>CONSULTING</u>	<u>120,536.</u>
Total number of other contractors receiving over \$50,000 for other 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 ► \$ _____ \$ _____ (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)? SEE STATEMENT 9	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	
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		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) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization:  Type 1  Type 2  Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions.)

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

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

DISTRICT OF COLUMBIA PRIMARY CARE

**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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,711,408.	1,500,283.	2,001,928.	1,477,373.	6,690,992.
16 Membership fees received	74,165.	25,850.	14,000.	11,550.	125,565.
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	70.	782.	1,228.	443.	2,523.
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	1,731.	497.	SEE STATEMENT 10 2,247.		4,475.
23 Total of lines 15 through 22	1,787,374.	1,527,412.	2,019,403.	1,489,366.	6,823,555.
24 Line 23 minus line 17	1,787,374.	1,527,412.	2,019,403.	1,489,366.	6,823,555.
25 Enter 1% of line 23	17,874.	15,274.	20,194.	14,894.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 136,471.
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 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 479,491.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 6,823,555.
d Add: Amounts from column (e) for lines: 18 2,523. 19 22 4,475. 26b 479,491.					26d 486,489.
e Public support (line 26c minus line 26d total)					26e 6,337,066.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 92.8704%
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					
(2004) (2003) (2002) (2001)					
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 11b, 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					
(2004) (2003) (2002) (2001)					
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 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

**DISTRICT OF COLUMBIA PRIMARY CARE**

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

N/A

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

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
_____			
_____			
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
_____			
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
_____			
_____			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

DISTRICT OF COLUMBIA PRIMARY CARE

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

N/A

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

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

**Limits on Lobbying Expenditures**

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

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
	N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	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 -		
<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
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.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A (e) Total
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 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:

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h.)

Yes	No	Amount
		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 12 of the instructions.)

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

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

(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:

Summary table with columns Yes/No and rows 51a(i), a(ii), b(i), b(ii), b(iii), b(iv), b(v), b(vi), c. All 'No' boxes are checked (X).

N/A

Main table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. All rows are 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. All rows are empty.

FORM 990

OTHER EXPENSES

STATEMENT 1

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
OTHER PROFESSIONAL SERVICES	68,385.	46,499.	21,886.	
CONSULTANTS	294,666.	273,778.	20,888.	
SUB-CONTRACTS	916,867.	916,841.	26.	
MARKETING	3,306.	444.	2,862.	
COPYING	22,845.	19,478.	3,367.	
STAFF TRAINING	17,356.	9,800.	7,556.	
MISCELLANEOUS	3,220.	773.	2,447.	
BUSINESS INSURANCE	3,061.		3,061.	
RECRUITMENT	8,871.	8,281.	590.	
BUSINESS SERVICES	5,442.	3,863.	1,579.	
<b>TOTAL TO FM 990, LN 43</b>	<b>1,344,019.</b>	<b>1,279,757.</b>	<b>64,262.</b>	

FORM 990 OFFICER COMPENSATION ALLOCATION STATEMENT 2  
PART II, LINE 25

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS OF A, B & C
SHARON BASKERVILLE	114,904.	10,055.	1,200.	
A. PROGRAM SERVICES	100,495.	8,794.	1,050.	110,339.
B. MANAGEMENT AND GENERAL	14,409.	1,261.	150.	15,820.
C. FUNDRAISING				
TOTAL PROGRAM SERVICES				110,339.
TOTAL MANAGEMENT AND GENERAL				15,820.
TOTAL FUNDRAISING				
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON LINE 25				126,159.

FORM 990 CASH GRANTS AND ALLOCATIONS STATEMENT 3  
APPROVED BUT NOT PAID BY FILING DEADLINE

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
MEDICAL HOMES GRANT	LA CLINICA DEL PUEBLO	2831 15TH STREET, NW, WASHINGTON, DC 20009	NONE	60,000.
MEDICAL HOMES GRANT	COMMUNITY OF HOPE, INC.	1413 GIRARD ST, NW, WASHINGTON, DC 20009	NONE	70,000.
MEDICAL HOMES GRANT	FAMILY & MEDICAL COUNSELING SERVICES	2041 MARTIN LUTHER KING JR. AVE., SUITE M-2,	NONE	120,000.
MEDICAL HOMES GRANT	MARY'S CENTER FOR MATERNAL & CHILD CARE	2333 ONTARIO ROAD, NW, WASHINGTON, DC 20009	NONE	120,000.
MEDICAL HOMES GRANT	UNITY HEALTH CARE - HUNT PLACE	3020 14TH STREET, NW, WASHINGTON, DC 20009	NONE	145,000.

MEDICAL HOMES GRANT	UNITY HEALTH CARE - ANACOSTIA	3020 14TH STREET, NW, WASHINGTON, DC 20009	NONE	145,000.
MEDICAL HOMES GRANT	BREAD FOR THE CITY - NW	1525 7TH STREET, NW, WASHINGTON, DC 20001	NONE	120,000.
MEDICAL HOMES GRANT	BREAD FOR THE CITY - NE	1525 7TH STREET, NW, WASHINGTON, DC 20001	NONE	120,000.
MEDICAL HOMES GRANT	SO OTHERS MIGHT EAT	60 O STREET, NW, WASHINGTON, DC 20001	NONE	100,000.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				<u>1,000,000.</u>

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FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 4  
PART III

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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.

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FORM 990 OTHER PROGRAM SERVICES STATEMENT 5

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DESCRIPTION OF OTHER PROGRAM SERVICES	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.	0.	65,117.
AHEC - TO ESTABLISH A SECOND AREA HEALTH EDUCATION CENTER FOR THE DISTRICT AND EXPAND OPPORTUNITIES FOR HEALTH PROFESSIONAL TRAINING.	0.	25,025.
TOTAL TO FORM 990, PART III, LINE E		<u>90,142.</u>

FORM 990	OTHER LIABILITIES	STATEMENT	6
DESCRIPTION		AMOUNT	
DEFERRED RENT		40,456.	
LONG TERM - LOANS PAYABLE		640.	
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B		41,096.	

FORM 990	PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT	7
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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
SHARON BASKERVILLE 1411 K STREET, N.W. SUITE 400 WASHINGTON, D.C. 20005	EXECUTIVE DIRECTOR 40.00	114,904.	10,055.	1,200.
GEORGE JONES 1411 K STREET, N.W. SUITE 400 WASHINGTON, D.C. 20005	CHAIR 0.00	0.	0.	0.
KIM BELL 1411 K STREET, N.W. SUITE 400 WASHINGTON, D.C. 20005	VICE-CHAIR 0.00	0.	0.	0.
VINCENT A. KEANE 1411 K STREET, N.W. SUITE 400 WASHINGTON, D.C. 20005	SECRETARY 0.00	0.	0.	0.
TAMARA A. SMITH 1411 K STREET, N.W. SUITE 400 WASHINGTON, D.C. 20005	TREASURER 0.00	0.	0.	0.
ROBERTA GEIDNER-ANTONIOTTI 1411 K STREET, N.W. SUITE 400 WASHINGTON, D.C. 20005	DIRECTOR 0.00	0.	0.	0.
JOSE APONTE 1411 K STREET, N.W. SUITE 400 WASHINGTON, D.C. 20005	DIRECTOR 0.00	0.	0.	0.
PATRINA FOWLER 1411 K STREET, N.W. SUITE 400 WASHINGTON, D.C. 20005	DIRECTOR 0.00	0.	0.	0.

CAROLYN GARDNER 1411 K STREET, N.W. SUITE 400 WASHINGTON, D.C. 20005	DIRECTOR 0.00	0.	0.	0.
LISA A. GILMORE 1411 K STREET, N.W. SUITE 400 WASHINGTON, D.C. 20005	DIRECTOR 0.00	0.	0.	0.
MARIA GOMEZ 1411 K STREET, N.W. SUITE 400 WASHINGTON, D.C. 20005	DIRECTOR 0.00	0.	0.	0.
EVITA GRIGSBY 1411 K STREET, N.W. SUITE 400 WASHINGTON, D.C. 20005	DIRECTOR 0.00	0.	0.	0.
FLORA TERRELL HAMILTON 1411 K STREET, N.W. SUITE 400 WASHINGTON, D.C. 20005	DIRECTOR 0.00	0.	0.	0.
RHONIQUE SHIELDS-HARRIS, MD 1411 K STREET, N.W. SUITE 400 WASHINGTON, D.C. 20005	DIRECTOR 0.00	0.	0.	0.
MATTHEW LEVY 1411 K STREET, N.W. SUITE 400 WASHINGTON, D.C. 20005	DIRECTOR 0.00	0.	0.	0.
RUTH LUBIC 1411 K STREET, N.W. SUITE 400 WASHINGTON, D.C. 20005	DIRECTOR 0.00	0.	0.	0.
KELLY SWEENEY MCSHANE 1411 K STREET, N.W. SUITE 400 WASHINGTON, D.C. 20005	DIRECTOR 0.00	0.	0.	0.
RON MEALY 1411 K STREET, N.W. SUITE 400 WASHINGTON, D.C. 20005	DIRECTOR 0.00	0.	0.	0.
SANDRA NICHOLS 1411 K STREET, N.W. SUITE 400 WASHINGTON, D.C. 20005	DIRECTOR 0.00	0.	0.	0.
JUAN ROMAGOZA 1411 K STREET, N.W. SUITE 400 WASHINGTON, D.C. 20005	DIRECTOR 0.00	0.	0.	0.
MARY ANN SACK 1411 K STREET, N.W. SUITE 400 WASHINGTON, D.C. 20005	DIRECTOR 0.00	0.	0.	0.

HOWARD STRAKER 1411 K STREET, N.W. SUITE 400 WASHINGTON, D.C. 20005	DIRECTOR 0.00	0.	0.	0.
EDWARD J. ORZECOWSKI 1411 K STREET, N.W. SUITE 400 WASHINGTON, D.C. 20005	DIRECTOR 0.00	0.	0.	0.
REGINA KNOX WOODS 1411 K STREET, N.W. SUITE 400 WASHINGTON, D.C. 20005	DIRECTOR 0.00	0.	0.	0.
LAURA WORBY 1411 K STREET, N.W. SUITE 400 WASHINGTON, D.C. 20005	DIRECTOR 0.00	0.	0.	0.
ALLEN GOETCHEUS 1411 K STREET, N.W. SUITE 400 WASHINGTON, D.C. 20005	DIRECTOR 0.00	0.	0.	0.

TOTALS INCLUDED ON FORM 990, PART V

114,904.	10,055.	1,200.
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FORM 990

EXPLANATION OF RELATIONSHIP  
PART V-A, LINE 75B

STATEMENT 8

INDIVIDUAL'S NAME

TITLE OR ROLE

VINCENT KEANE

BOARD OF DIRECTORS

INDIVIDUAL'S NAME

TITLE OR ROLE

PATRINA FOWLER

BOARD OF DIRECTORS

EXPLANATION OF RELATIONSHIP

VINCENT KEANE IS CEO OF PARENT ORGANIZATION OF WHICH PATRINA FOWLER IS CEO.

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SCHEDULE A	EXPLANATION OF TRANSACTIONS PART III, LINE 2D	STATEMENT	9
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SEE PAGE 5, PART V-A

SCHEDULE A		OTHER INCOME			STATEMENT 10
DESCRIPTION	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT	
OTHER REVENUE	1,731.	497.	2,247.	0.	
TOTAL TO SCHEDULE A, LINE 22	1,731.	497.	2,247.	0.	

District of Columbia Primary Care Association  
PROPERTY AND EQUIPMENT SUMMARY  
FEDERAL TAX ID: 52-1999196  
12/31/2005

**FIXED ASSETS**

TYPE	BEGINNING	ADDITIONS	DISPOSALS	ENDING
FURN & EQUIP	102,699	-	-	102,699
SOFTWARE	4,621	304	-	4,925
LEASEHOLD	13,404	-	-	13,404
	<u>120,724</u>	<u>304</u>	<u>-</u>	<u>121,028</u>

**ACCUMULATED DEPRECIATION**

TYPE	BEGINNING	ADDITIONS	DISPOSALS	ENDING
FURN & EQUIP	74,985	10,340	-	85,325
SOFTWARE	4,621	304	-	4,925
LEASEHOLD	3,960	945	-	4,905
	<u>83,566</u>	<u>11,589</u>	<u>-</u>	<u>95,155</u>