

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2006

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 2006 calendar year, or tax year beginning and ending

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	C Name of organization DISTRICT OF COLUMBIA PRIMARY CARE ASSOCIATION	D Employer identification number 52-1999196
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1411 K STREET, N.W. 300	E Telephone number 202-638-0252	F Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)
	City or town, state or country, and ZIP + 4 WASHINGTON, DC 20005	• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).	

G Website: WWW.DCPCA.ORG

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

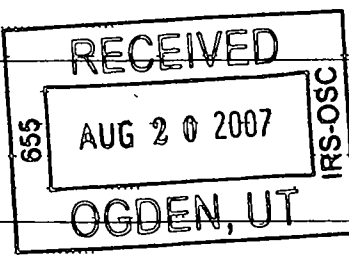
K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **5,880,157.**

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
 I Group Exemption Number **N/A**
 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

Line	Description	Amount
1	Contributions, gifts, grants, and similar amounts received:	
a	Contributions to donor advised funds	1a
b	Direct public support (not included on line 1a)	1b 843,314.
c	Indirect public support (not included on line 1a)	1c
d	Government contributions (grants) (not included on line 1a)	1d 4,723,096.
e	Total (add lines 1a through 1d) (cash \$ 5,566,410. noncash \$)	1e 5,566,410.
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2
3	Membership dues and assessments	3 64,200.
4	Interest on savings and temporary cash investments	4
5	Dividends and interest from securities	5 131,737.
6a	Gross rents	6a
b	Less: rental expenses	6b
c	Net rental income or (loss). Subtract line 6b from line 6a	6c
7	Other investment income (describe)	7
8a	Gross amount from sales of assets other than inventory	(A) Securities (B) Other
b	Less: cost or other basis and sales expenses	8a 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 1b)	9a
b	Less: direct expenses other than fundraising expenses	9b
c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c
10a	Gross sales of inventory, less returns and allowances	10a
b	Less: cost of goods sold	10b
c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c
11	Other revenue (from Part VII, line 103)	11 117,810.
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12 5,880,157.
13	Program services (from line 44, column (B))	13 4,494,410.
14	Management and general (from line 44, column (C))	14 357,710.
15	Fundraising (from line 44, column (D))	15 12,296.
16	Payments to affiliates (attach schedule)	16
17	Total expenses. Add lines 16 and 44, column (A)	17 4,864,416.
18	Excess or (deficit) for the year. Subtract line 17 from line 12	18 1,015,741.
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19 701,925.
20	Other changes in net assets or fund balances (attach explanation)	20 SEE STATEMENT 1 <4,091.>
21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21 1,713,575.



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**DISTRICT OF COLUMBIA PRIMARY CARE
ASSOCIATION**

Form 990 (2006)

52-1999196 Page 2

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
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> . If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ <u>1228000</u> . noncash \$ <u>0</u> . If this amount includes foreign grants, check here <input type="checkbox"/>	1,228,000.	1,228,000.		STATEMENT 3
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	151,094.	129,941.	19,642.	1,511.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	1,126,539.	971,174.	144,580.	10,785.
27 Pension plan contributions not included on lines 25a, b, and c	74,411.	63,993.	10,418.	
28 Employee benefits not included on lines 25a - 27	83,974.	72,218.	11,756.	
29 Payroll taxes	93,239.	81,008.	12,231.	
30 Professional fundraising fees				
31 Accounting fees				
32 Legal fees				
33 Supplies	36,052.	26,887.	9,165.	
34 Telephone				
35 Postage and shipping	4,238.	3,910.	328.	
36 Occupancy	289,967.	249,093.	40,874.	
37 Equipment rental and maintenance	27,182.	25,853.	1,329.	
38 Printing and publications	12,833.	11,392.	1,441.	
39 Travel	23,900.	22,489.	1,411.	
40 Conferences, conventions, and meetings	75,301.	69,156.	6,145.	
41 Interest	635.		635.	
42 Depreciation, depletion, etc (attach schedule)	7,601.		7,601.	
43 Other expenses not covered above (itemize)				
a				
b				
c				
d				
e				
f				
g SEE STATEMENT 2	1,629,450.	1,539,296.	90,154.	
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	4,864,416.	4,494,410.	357,710.	12,296.

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

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Form 990 (2006)

**DISTRICT OF COLUMBIA PRIMARY CARE
ASSOCIATION**

Form 990 (2006)

52-1999196 Page 3

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? ► <u>SEE STATEMENT 6</u>	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
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.)	
a <u>SEE STATEMENT 4</u>	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<u>426,479.</u>
b <u>SEE STATEMENT 5</u>	
(Grants and allocations \$ <u>198,000.</u>) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<u>381,641.</u>
c <u>MEDICAL HOMES - REPRESENTS A PROGRAM COMMITTED TO IMPROVING ACCESS TO HIGH QUALITY PRIMARY CARE IN THE DISTRICT'S MEDICALLY UNDERSERVED NEIGHBORHOODS. MEDICAL HOMES DC OFFERS FUNDING FOR CAPITAL PROJECTS, TECHNICAL ASSISTANCE, AND SPECIAL PROGRAMS TO IMPROVE PRIMARY CARE FOR THOSE IN GREATEST NEED.</u>	
(Grants and allocations \$ <u>851,000.</u>) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<u>3,208,708.</u>
d <u>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.</u>	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<u>240,206.</u>
e Other program services (attach schedule) <u>SEE STATEMENT 7</u>	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<u>237,376.</u>
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	<u>4,494,410.</u>

Form 990 (2006)

**DISTRICT OF COLUMBIA PRIMARY CARE
ASSOCIATION**

Form 990 (2006)

52-1999196 Page 4

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
Assets	45 Cash - non-interest-bearing	49,338.	45	92,583.
	46 Savings and temporary cash investments	564,474.	46	4,082,924.
	47 a Accounts receivable			
	b Less: allowance for doubtful accounts			
		24,738.	47c	
	48 a Pledges receivable	550,000.		
	b Less allowance for doubtful accounts			
		950,686.	48c	550,000.
	49 Grants receivable	401,076.	49	216,709.
	50 a Receivables from current and former officers, directors, trustees, and key employees			50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)			50b
	51 a Other notes and loans receivable			
	b Less: allowance for doubtful accounts			
				51c
	52 Inventories for sale or use			52
53 Prepaid expenses and deferred charges			53	
54 a Investments - publicly-traded securities STMT 9 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	0.	54a	2,985,650.	
b Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b		
55 a Investments - land, buildings, and equipment basis STMT 8				
b Less accumulated depreciation				
			55c	
56 Investments - other		0.	56	0.
57 a Land, buildings, and equipment basis	135,870.			
b Less: accumulated depreciation	100,866.			
	25,873.	57c	35,004.	
58 Other assets, including program-related investments (describe ► DEPOSITS)	24,542.	58	24,542.	
59 Total assets (must equal line 74). Add lines 45 through 58	2,040,727.	59	7,987,412.	
Liabilities	60 Accounts payable and accrued expenses	369,653.	60	450,754.
	61 Grants payable	917,953.	61	1,564,326.
	62 Deferred revenue	10,100.	62	4,168,832.
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe ► DEFERRED RENT LIABILITY)	41,096.	65	89,925.
66 Total liabilities. Add lines 60 through 65	1,338,802.	66	6,273,837.	
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	122,754.	67	267,564.
	68 Temporarily restricted	579,171.	68	1,446,011.
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	701,925.	73	1,713,575.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	2,040,727.	74	7,987,412.	

Form 990 (2006)

**DISTRICT OF COLUMBIA PRIMARY CARE
ASSOCIATION**

Form 990 (2006)

52-1999196 Page 5

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions)

a	Total revenue, gains, and other support per audited financial statements		a	5,915,818.
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1	<4,091.>	
2	Donated services and use of facilities	b2	157,562.	
3	Recoveries of prior year grants	b3		
4	Other (specify):	b4		
	Add lines b1 through b4		b	153,471.
c	Subtract line b from line a		c	5,762,347.
d	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify): CANCELLATION OF PRIOR YEAR GRANT	d2	117,810.	
	Add lines d1 and d2		d	117,810.
e	Total revenue (Part I, line 12) Add lines c and d		e	5,880,157.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements		a	4,904,168.
b	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	b1	157,562.	
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify):	b4		
	Add lines b1 through b4		b	157,562.
c	Subtract line b from line a		c	4,746,606.
d	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify): CANCELLATION OF PRIOR YEAR GRANT	d2	117,810.	
	Add lines d1 and d2		d	117,810.
e	Total expenses (Part I, line 17) Add lines c and d		e	4,864,416.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
----- SEE STATEMENT 10 -----		132,640.	17,254.	1,200.

Form 990 (2006)

**DISTRICT OF COLUMBIA PRIMARY CARE
ASSOCIATION**

Form 990 (2006)

52-1999196 Page 7

Part VI Other Information (continued)			Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X	
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III)		82b		
	157,562.			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b		
	N/A			
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
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?	85b		
	N/A			
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.				
c	Dues, assessments, and similar amounts from members	85c		
	N/A			
d	Section 162(e) lobbying and political expenditures	85d		
	N/A			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		
	N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		
	N/A			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	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 a	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	88a		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b		X
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		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <u>0.</u>			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization <u>0.</u>			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		X
f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		X
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, 2006	90b		24
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 300, 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		X

Form 990 (2006)

DISTRICT OF COLUMBIA PRIMARY CARE

Form 990 (2006)

ASSOCIATION

52-1999196 Page 8

Part VI Other Information (continued) Yes No

- c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c
 If "Yes," enter the name of the foreign country N/A
- 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 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					64,200.
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	131,737.	
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 CANCELLATION OF PRIOR					
b YEAR GRANT			01	117,810.	
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		249,547.	64,200.
105 Total (add line 104, columns (B), (D), and (E))					313,747.

Note: Line 105 plus line 1e, 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).

Form 990 (2006)

DISTRICT OF COLUMBIA PRIMARY CARE
ASSOCIATION

Form 990 (2006)

52-1999196 Page 9

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a
controlling organization as defined in section 512(b)(13) **N/A**

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes,"
complete the schedule below for each controlled entity

Yes No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes,"
complete the schedule below for each controlled entity.

Yes No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and
annuities described in question 107 above?

Yes No

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
Here

▶ *Sharon A. Baskerville*
Signature of officer

8/14/07
Date

▶ Sharon A. Baskerville
Type or print name and title

Paid
Preparer's
Use Only

Preparer's
signature
Firm's name (or
yours if
self-employed),
address, and
ZIP + 4

▶ *Sharon A. Baskerville*
Date 8/14/07
Check if self-employed
Preparer's SSN or PTIN (See Gen Inst X)
EIN ▶ **52-1711839**
COUNCILOR, BUCHANAN & MITCHELL, P.C.
7910 WOODMONT AVENUE, SUITE 500
BETHESDA, MD 20814

Preparer's SSN or PTIN (See Gen Inst X)
52-1711839
EIN ▶
Phone no. ▶ (301) 986-0600

Form 990 (2006)

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 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

2006

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 2 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>JANE THOMPSON</u> 1411 K STREET, N.W. SUITE 300, WASHIN	COO 40.00	115,380.	13,856.	
<u>S. ORLENE GRANT</u> 1411 K STREET, N.W. SUITE 300, WASHIN	DIRECTOR, MH PROGRAM 40.00	101,341.	15,615.	
<u>JUDY LEVY</u> 1411 K STREET, N.W. SUITE 300, WASHIN	MANAGER, AHEC 40.00	78,690.	11,833.	
<u>ROBIN HALSBAND</u> 1411 K STREET, N.W. SUITE 300, WASHIN	DIRECTOR, MH CAP P 32.00	69,372.	12,498.	
<u>CLARE FEINSON</u> 1411 K STREET, N.W. SUITE 300, WASHIN	SR. GRANTS SPEC. 40.00	66,888.	12,596.	
Total number of other employees paid over \$50,000 ▶	3			

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
NONE		
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>CUMBERLAND CONSULTING GROUP</u> 1705 TALBOT TRAIL, FRANKLIN, TN 37069	PROGRAM CONSULTING	207,923.
<u>YALE NEW HAVEN EPDR</u> 1 CHURCH STREET, 5TH FLOOR, NEW HAVEN, CT 06510	PROGRAM CONSULTING	148,200.
<u>NY PRIMARY CARE DEVELOPMENT CORPORATION</u> 22 CORTLANDT STREET, 12TH FLOOR, NEW YORK, NY 10	PROGRAM CONSULTING	120,442.
<u>CAPITAL LINK</u> 100 BOYLSTON ST, SUITE 700, BOSTON, MA 02446	PROGRAM CONSULTING	116,129.
<u>THE BROOKINGS INSTITUTION</u> 1775 MASSACHUSETTS AVE, NW, WASHINGTON, DC 20036	PROGRAM CONSULTING	115,715.
Total number of other contractors receiving over \$50,000 for other services ▶	4	

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 ▶ \$ _____ \$ <u>46,814.</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	X	
	VI-A, LINE 38B		
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
	a Sale, exchange, or leasing of property?		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 PART V-A, FORM 990	X	
	e Transfer of any part of its income or assets?		X
3	a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)		X
	b Did the organization have a section 403(b) annuity plan for its employees?	X	
	c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		X
	d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4	a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		X
	b Did the organization make any taxable distributions under section 4966?		X
	c Did the organization make a distribution to a donor, donor advisor, or related person?		X
	d Enter the total number of donor advised funds owned at the end of the tax year ▶ _____		0
	e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____		0.
	f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ _____		0.
	g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year ▶ _____		0.

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that 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 otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					▶

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

DISTRICT OF COLUMBIA PRIMARY CARE

Schedule A (Form 990 or 990-EZ) 2006 **ASSOCIATION**

52-1999196 Page 4

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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	2,815,147.	2,176,344.	1,500,283.	2,001,928.	8,493,702.
16 Membership fees received	56,011.	74,165.	25,850.	14,000.	170,026.
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	5,589.	70.	782.	1,228.	7,669.
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	583.	1,731.	SEE STATEMENT 12	2,247.	5,058.
23 Total of lines 15 through 22	2,877,330.	2,252,310.	1,527,412.	2,019,403.	8,676,455.
24 Line 23 minus line 17	2,877,330.	2,252,310.	1,527,412.	2,019,403.	8,676,455.
25 Enter 1% of line 23	28,773.	22,523.	15,274.	20,194.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					173,529.
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 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					1,055,623.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					8,676,455.
d Add: Amounts from column (e) for lines: 18 <u>7,669.</u> 19 _____ 22 <u>5,058.</u> 26b <u>1,055,623.</u>					1,068,350.
e Public support (line 26c minus line 26d total)					7,608,105.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					87.6868%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 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					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					N/A
d Add: Line 27a total _____ and line 27b total _____					N/A
e Public support (line 27c total minus line 27d total)					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))					N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					N/A %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, 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 9 of the instructions.)

N/A

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

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

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

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

34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

DISTRICT OF COLUMBIA PRIMARY CARE

Schedule A (Form 990 or 990-EZ) 2006 **ASSOCIATION**

52-1999196 Page 6

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions)

(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	46,814.
38	Total lobbying expenditures (add lines 36 and 37)	38	46,814.
39	Other exempt purpose expenditures	39	4,817,602.
40	Total exempt purpose expenditures (add lines 38 and 39)	40	4,864,416.
41	Lobbying nontaxable amount. Enter the amount from the following table -		
	If the amount on line 40 is -		
	The lobbying nontaxable amount is -		
	Not over \$500,000		20% of the amount on line 40
	Over \$500,000 but not over \$1,000,000		\$100,000 plus 15% of the excess over \$500,000
	Over \$1,000,000 but not over \$1,500,000		\$175,000 plus 10% of the excess over \$1,000,000
	Over \$1,500,000 but not over \$17,000,000		\$225,000 plus 5% of the excess over \$1,500,000
	Over \$17,000,000		\$1,000,000
41		41	393,221.
42	Grassroots nontaxable amount (enter 25% of line 41)	42	98,305.
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 13 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45	393,221.	352,669.	238,216.	227,527.	1,211,633.
46					1,817,450.
47	46,814.	0.	0.	0.	46,814.
48	98,305.	88,167.	59,554.	56,882.	302,908.
49					454,362.
50		0.	0.	0.	0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
	a Volunteers		
b Paid staff or management (Include compensation in expenses reported on lines c through h)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h)			0.

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable

Exempt Organizations (See page 13 of the instructions.)

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

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

- (i) Cash
(ii) Other assets

b Other transactions:

- (i) Sales or exchanges of assets with a noncharitable exempt organization
(ii) Purchases of assets from a noncharitable exempt organization
(iii) Rental of facilities, equipment, or other assets
(iv) Reimbursement arrangements
(v) Loans or loan guarantees
(vi) Performance of services or membership or fundraising solicitations

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

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

Table with 3 columns: Question, Yes, No. Rows include 51a(i), a(ii), b(i), b(ii), b(iii), b(iv), b(v), b(vi), and c.

N/A

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

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.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	1
DESCRIPTION		AMOUNT	
UNREALIZED LOSS ON INVESTMENTS		<4,091.>	
TOTAL TO FORM 990, PART I, LINE 20		<4,091.>	

FORM 990	OTHER EXPENSES			STATEMENT	2
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
PROFESSIONAL SERVICES	147,637.	81,649.	65,988.		
MARKETING	3,090.	3,090.			
CONSULTING/SUBCONTRACTING	1,328,640.	1,327,570.	1,070.		
COPYING	28,888.	25,037.	3,851.		
RECRUITMENT	26,515.	26,335.	180.		
STAFF TRAINING	14,303.	12,861.	1,442.		
BUSINESS INSURANCE	2,274.		2,274.		
BUSINESS SERVICES	6,686.	4,300.	2,386.		
MISCELLANEOUS	40,394.	32,838.	7,556.		
COMMUNICATIONS	31,023.	25,616.	5,407.		
TOTAL TO FM 990, LN 43	1,629,450.	1,539,296.	90,154.		

FORM 990

CASH GRANTS AND ALLOCATIONS
APPROVED BUT NOT PAID BY FILING DEADLINE

STATEMENT 3

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
MEDICAL HOMES GRANT LA CLINICA DEL PUEBLO 2831 15TH STREET, NW WASHINGTON, DC 20009	NONE	150,000.
MEDICAL HOMES GRANT COMMUNITY OF HOPE, INC. 1413 GIRARD ST, NW WASHINGTON, DC 20009	NONE	365,000.
MEDICAL HOMES GRANT FAMILY HEALTH AND BIRTH CENTER 2041 MARTIN LUTHER KING, JR. AVE., SE WASHINGTON, DC 20020	NONE	150,000.
MEDICAL HOMES GRANT WHITMAN-WALKER CLINIC 1407 S STREET, N.W. WASHINGTON, DC 20009	NONE	150,000.
MEDICAL HOMES GRANT UNITY HEALTH CARE 3020 14TH STREET, NW WASHINGTON, DC 20009	NONE	150,000.
BIOTERRORISM GRANT BREAD FOR THE CITY 1525 7TH STREET, NW WASHINGTON, DC 20009	NONE	18,000.
BIOTERRORISM GRANT COLUMBIA ROAD HEALTH SERVICES 1660 COLUMBIA ROAD, NW WASHINGTON, DC 20001	NONE	18,000.
BIOTERRORISM GRANT COMMUNITY OF HOPE, INC. 1413 GIRARD ST, NW WASHINGTON, DC 20009	NONE	9,000.
BIOTERRORISM GRANT DEVELOPING FAMILIES CENTER 60 O STREET, NW WASHINGTON, DC 20001	NONE	9,000.

BIOTERRORISM GRANT FAMILY AND MEDICAL COUNSELING SERVICES 2333 ONTARIO ROAD, NW WASHINGTON, DC 20009	NONE	9,000.
BIOTERRORISM GRANT LA CLINICA DEL PUEBLO 2831 15TH STREET, NW WASHINGTON, DC 20009	NONE	9,000.
BIOTERRORISM GRANT MARY'S CENTER 2333 ONTARIO RD. N.W. WASHINGTON, D.C. 20009	NONE	18,000.
BIOTERRORISM GRANT PLANNED PARENTHOOD OF METROPOLITAN WASHINGTON, DC 1108 16TH STREET, NW WASHINGTON, DC 20036	NONE	9,000.
BIOTERRORISM GRANT SO OTHERS MIGHT EAT 71 'O' STREET, NW, WASHINGTON, D.C. 20001	NONE	9,000.
BIOTERRORISM GRANT SPANISH CATHOLIC CENTER 1618 MONROE STREET, N.W. WASHINGTON, D.C. 20001	NONE	9,000.
BIOTERRORISM GRANT UNITY HEALTH CARE 3020 14TH STREET, NW WASHINGTON, DC 20009	NONE	72,000.
BIOTERRORISM GRANT WHITMAN-WALKER CLINIC 1407 S STREET, N.W. WASHINGTON, D.C. 20009	NONE	9,000.
AHEC GRANT BREAD FOR THE CITY 1525 7TH STREET, NW WASHINGTON, DC 20009	NONE	4,333.
AHEC GRANT COMMUNITY OF HOPE, INC. 1413 GIRARD ST, NW WASHINGTON, DC 20009	NONE	4,333.

DISTRICT OF COLUMBIA PRIMARY CARE ASSOCI

52-1999196

AHEC GRANT COLUMBIA ROAD HEALTH SERVICES 1660 COLUMBIA ROAD, NW WASHINGTON, DC 20009	NONE	4,333.
AHEC GRANT FAMILY HEALTH AND BIRTH CENTER 2041 MARTIN LUTHER KING, JR. AVE., SE WASHINGTON, DC 20020	NONE	4,333.
AHEC GRANT FAMILY AND MEDICAL COUNSELING SERVICES 2333 ONTARIO ROAD, NW WASHINGTON, DC 20009	NONE	4,333.
AHEC GRANT LA CLINICA DEL PUEBLO 2831 15TH STREET, NW WASHINGTON, DC 20009	NONE	4,333.
AHEC GRANT MARY'S CENTER 2333 ONTARIO RD. N.W. WASHINGTON, D.C. 20009	NONE	4,333.
AHEC GRANT SPANISH CATHOLIC CENTER 1618 MONROE STREET, N.W. WASHINGTON, D.C. 20001	NONE	4,333.
AHEC GRANT UNITY HEALTH CARE 3020 14TH STREET, NW WASHINGTON, DC 20009	NONE	26,003.
AHEC GRANT WASHINGTON FREE CLINIC 1525 NEWTON STREET, N.W. WASHINGTON, D.C. 20010	NONE	4,333.

TOTAL INCLUDED ON FORM 990, PART II, LINE 22B

1,228,000.

FORM 990

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT 4

DESCRIPTION OF PROGRAM SERVICE ONE

AHEC - REPRESENTS THE COST-REIMBURSEMENT SUBCONTRACT WITH GEORGE WASHINGTON UNIVERSITY [WHICH IS THE RECEIPT OF A DIRECT FEDERAL GRANT UNDER A COOPERATIVE AGREEMENT WITH THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS)] FOR THE PRUPOSE OF ESTABLISHING A SECOND AREA HEALTH EDUCATION CENTER FOR THE DISTRICT TO EXPAND OPPORTUNITIES FOR THE HEALTH PROFESSIONAL TRAINING PROGRAM AND CREATE INNOVATIVE HEALTH EDUCATION INITIATIVES THAT TARGET MEDICALLY VULNERABLE INDIVIDUALS.

TO FORM 990, PART III, LINE A

GRANTS	EXPENSES
	426,479.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 5

DESCRIPTION OF PROGRAM SERVICE TWO

BIOTERRORISM- REPRESENTS A PROGRAM INVOLVED IN EMERGENCY PREPAREDNESS. DCPCA PLAYS A CRITICAL ROLE IN PLANNING FOR, DETECTING, AND RESPONDING TO ACTS OF BIOTERRORISM AND OTHER PUBLIC HEALTH EMERGENCIES, THE BIOTERRORISM PROJECT IS FUNDED BY THE HEALTH RESOURCES AND SERVICES ADMINISTRATION THROUGH THE EMERGENCY HEALTH AND MEDICAL SERVICES ADMINISTRATION'S BIOTERRORISM PREPAREDNESS PROGRAM UNDER THE DISTRICT'S DEPARTMENT OF HEALTH.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE B	198,000.	381,641.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III STATEMENT 6

EXPLANATION

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

FORM 990 OTHER PROGRAM SERVICES STATEMENT 7

DESCRIPTION OF OTHER PROGRAM SERVICES	GRANTS AND ALLOCATIONS	EXPENSES
CALL TO ACTION - REPRESENTS A PROGRAM INVOLVING DIRECT CALL-TO-ACTION ACTIVITIES (E-MAILS, ACTION ALERTS, TOWN HALL MEETINGS, ETC.) GEARED TOWARD INVOLVING LOCAL POLICY MAKERS IN HEALTH REFORM ACTIVITIES.	0.	65,079.
BUREAU - REPRESENTS GRANTS RECEIVED DIRECTLY FROM DHHS (BUREAU OF PRIMARY HEALTH CARE) TO ASSIST COMMUNITY HEALTH CENTERS IN ADDRESSING THE PRIMARY HEALTH CARE NEEDS OF THE UNDERSERVED.	0.	172,297.
TOTAL TO FORM 990, PART III, LINE E		237,376.

FORM 990	NON-GOVERNMENT SECURITIES	STATEMENT	8
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SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
GOVT BACKED MUTUAL FUNDS	FMV			995,776.	995,776.
FEDERAL HOME LOAN BANK BONDS	FMV			1,494,624.	1,494,624.
TO FORM 990, LINE 54A, COL B				2,490,400.	2,490,400.

FORM 990	GOVERNMENT SECURITIES	STATEMENT	9
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DESCRIPTION	COST/FMV	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
U.S. TREASURY BILLS	FMV	495,250.		495,250.
TOTAL TO FORM 990, LINE 54A, COL B		495,250.		495,250.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 10

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
SHARON BASKERVILLE 1411 K STREET, N.W. SUITE 300 WASHINGTON, D.C. 20005	EXECUTIVE DIRECTOR 40.00	132,640.	17,254.	1,200.
GEORGE JONES 1411 K STREET, N.W. SUITE 300 WASHINGTON, D.C. 20005	CHAIR 1.00	0.	0.	0.
KIM BELL 1411 K STREET, N.W. SUITE 300 WASHINGTON, D.C. 20005	VICE-CHAIR 1.00	0.	0.	0.
VINCENT A. KEANE 1411 K STREET, N.W. SUITE 300 WASHINGTON, D.C. 20005	SECRETARY 1.00	0.	0.	0.
TAMARA A. SMITH 1411 K STREET, N.W. SUITE 300 WASHINGTON, D.C. 20005	TREASURER 1.00	0.	0.	0.
JOSE APONTE 1411 K STREET, N.W. SUITE 300 WASHINGTON, D.C. 20005	DIRECTOR 1.00	0.	0.	0.
PATRINA FOWLER 1411 K STREET, N.W. SUITE 300 WASHINGTON, D.C. 20005	DIRECTOR 1.00	0.	0.	0.
LISA A. GILMORE 1411 K STREET, N.W. SUITE 300 WASHINGTON, D.C. 20005	DIRECTOR 1.00	0.	0.	0.
MARIA GOMEZ 1411 K STREET, N.W. SUITE 300 WASHINGTON, D.C. 20005	DIRECTOR 1.00	0.	0.	0.
FLORA TERRELL HAMILTON 1411 K STREET, N.W. SUITE 300 WASHINGTON, D.C. 20005	DIRECTOR 1.00	0.	0.	0.
RHONIQUE SHIELDS-HARRIS 1411 K STREET, N.W. SUITE 300 WASHINGTON, D.C. 20005	DIRECTOR 1.00	0.	0.	0.

DISTRICT OF COLUMBIA PRIMARY CARE ASSOCI

52-1999196

MATTHEW LEVY 1411 K STREET, N.W. SUITE 300 WASHINGTON, D.C. 20005	DIRECTOR 1.00	0.	0.	0.
RUTH LUBIC 1411 K STREET, N.W. SUITE 300 WASHINGTON, D.C. 20005	DIRECTOR 1.00	0.	0.	0.
KELLY SWEENEY MCSHANE 1411 K STREET, N.W. SUITE 300 WASHINGTON, D.C. 20005	DIRECTOR 1.00	0.	0.	0.
RON MEALY 1411 K STREET, N.W. SUITE 300 WASHINGTON, D.C. 20005	DIRECTOR 1.00	0.	0.	0.
SANDRA NICHOLS 1411 K STREET, N.W. SUITE 300 WASHINGTON, D.C. 20005	DIRECTOR 1.00	0.	0.	0.
JUAN ROMAGOZA 1411 K STREET, N.W. SUITE 300 WASHINGTON, D.C. 20005	DIRECTOR 1.00	0.	0.	0.
MARY ANN SACK 1411 K STREET, N.W. SUITE 300 WASHINGTON, D.C. 20005	DIRECTOR 1.00	0.	0.	0.
HOWARD STRAKER 1411 K STREET, N.W. SUITE 300 WASHINGTON, D.C. 20005	DIRECTOR 1.00	0.	0.	0.
REGINA KNOX WOODS 1411 K STREET, N.W. SUITE 300 WASHINGTON, D.C. 20005	DIRECTOR 1.00	0.	0.	0.
DON BLANCHON 1411 K STREET, N.W. SUITE 300 WASHINGTON, D.C. 20005	DIRECTOR 1.00	0.	0.	0.
DENISE CAPACI 1411 K STREET, N.W. SUITE 300 WASHINGTON, D.C. 20005	DIRECTOR 1.00	0.	0.	0.
SCOTT HENDERSON 1411 K STREET, N.W. SUITE 300 WASHINGTON, D.C. 20005	DIRECTOR 1.00	0.	0.	0.
ANNA MARIA IZQUIERDO-PORRERA 1411 K STREET, N.W. SUITE 300 WASHINGTON, D.C. 20005	DIRECTOR 1.00	0.	0.	0.

DISTRICT OF COLUMBIA PRIMARY CARE ASSOCI

52-1999196

LINDA WRIGHT-FULLER	DIRECTOR			
1411 K STREET, N.W. SUITE 300	1.00	0.	0.	0.
WASHINGTON, D.C. 20005				
ANTON VROON	DIRECTOR			
1411 K STREET, N.W. SUITE 300	1.00	0.	0.	0.
WASHINGTON, D.C. 20005				
TOTALS INCLUDED ON FORM 990, PART V-A		<u>132,640.</u>	<u>17,254.</u>	<u>1,200.</u>

FORM 990

EXPLANATION OF RELATIONSHIP
PART V-A, LINE 75B

STATEMENT 11

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.

INDIVIDUAL'S NAME

TITLE OR ROLE

VINCENT KEANE

BOARD OF DIRECTORS

INDIVIDUAL'S NAME

TITLE OR ROLE

JOSE APONTE

BOARD OF DIRECTORS

EXPLANATION OF RELATIONSHIP

VINCENT A. KEANE AND JOSE APONTE AND THE CEO AND COO, RESPECTIVELY, OF THE SAME COMPANY.

SCHEDULE A	OTHER INCOME			STATEMENT 12
DESCRIPTION	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT
OTHER REVENUE	583.	1,731.	497.	2,247.
TOTAL TO SCHEDULE A, LINE 22	583.	1,731.	497.	2,247.

District of Columbia Primary Care Association
 PROPERTY AND EQUIPMENT SUMMARY
 FEDERAL TAX ID: 52-1999196
 12/31/2006

FIXED ASSETS

TYPE	BEGINNING	ADDITIONS	DISPOSALS	ENDING
FURN & EQUIP	102,699	-	-	102,699
SOFTWARE	4,925	-	-	4,925
LEASEHOLD	13,404	24,286	(9,444)	28,246
	<u>121,028</u>	<u>24,286</u>	<u>(9,444)</u>	<u>135,870</u>

ACCUMULATED DEPRECIATION

TYPE	BEGINNING	ADDITIONS	DISPOSALS	ENDING
FURN & EQUIP	85,325	4,835	-	90,160
SOFTWARE	4,925	-	-	4,925
LEASEHOLD	4,904	2,766	(1,889)	5,781
	<u>95,154</u>	<u>7,601</u>	<u>(1,889)</u>	<u>100,866</u>

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

Section 501(c)(3) corporations required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c)(3) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

Type or print	Name of Exempt Organization DISTRICT OF COLUMBIA PRIMARY CARE ASSOCIATION	Employer identification number 52-1999196
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. 1411 K STREET, N.W., NO. 300	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20005	

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

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

- The books are in the care of ▶ **THE ORGANIZATION**
Telephone No ▶ **202-638-0252** FAX No ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

- 1** I request an automatic 3-month (6-months for a section 501(c)(3) corporation required to file Form 990-T) extension of time until **AUGUST 15, 2007**, to file the exempt organization return for the organization named above. The extension is for the organization's return for
- ▶ calendar year **2006** or
- ▶ tax year beginning _____, and ending _____
- 2** If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	
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	3b	\$	
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.	3c	\$	N/A

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

52-1711839