

Form 990

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)

OMB No. 1545-0047

2006

Open to Public Inspection

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 2006 calendar year, or tax year beginning 07/01, 2006, and ending 06/30/2007

B Check if applicable:

☐ Address change

☐ Name change

☐ Initial return

☐ Final return

☐ Amended return

☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

PRIMARY CARE COALITION OF MONTGOMERY COUNTY

Number and street (or P O box if mail is not delivered to street address) Room/suite

8757 GEORGIA AVE., 10TH FL.

City or town, state or country, and ZIP + 4

SILVER SPRING, MD 20910

D Employer identification number

52-1847976

E Telephone number

(301) 628-3417

F Accounting method: ☐ Cash ☒ Accrual

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

I Group Exemption Number

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

G Website: WWW.PRIMARYCARECOALITION.ORG

J Organization type (check only one) ☒ 501(c) (3) (insert no) 4947(a)(1) or 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: 10,394,324.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions)

Revenue	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	891,086.	
	c	Indirect public support (not included on line 1a)	1c	1,306.	
	d	Government contributions (grants) (not included on line 1a)	1d	1,002,824.	
	e	Total (add lines 1a through 1d) (cash \$ 1,895,216. noncash \$)	1e	1,895,216.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	8,411,365.	
	3	Membership dues and assessments	3		
	4	Interest on savings and temporary cash investments	4	5,794.	
	5	Dividends and interest from securities	5	3,400.	
	6a	Gross rents	6a		
	Expenses	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		
c		Net gain or (loss) (attach schedule)	8b		
d		Net gain or (loss). Combine lines 8a, columns (A) and (B)	8c		
9		Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	8d		
a		Gross revenue from including \$ of			
b		Less direct expenses other than fundraising expenses	9a		
c		Net income or (loss) from special events. Subtract line 9b from line 9a	9b		
Net Assets		10a	Gross sales of inventory, less returns and allowances	9c	
	b	Less cost of goods sold	10a		
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10b		
	10c		10c		
	11	Other revenue (from Part VII, line 103)	11	78,549.	
	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	10,394,324.	
	13	Program services (from line 44, column (B))	13	9,691,247.	
	14	Management and general (from line 44, column (C))	14	437,561.	
	15	Fundraising (from line 44, column (D))	15	149,237.	
	16	Payments to affiliates (attach schedule)	16		
	17	Total expenses. Add lines 13 and 14, column (A)	17	10,278,045.	
	18	Excess or (deficit) for the year. Subtract line 17 from line 12	18	116,279.	
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	971,990.		
20	Other changes in net assets or fund balances (attach explanation)	20			
21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	1,088,269.		

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

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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 (See the instructions)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees, etc listed in Part V-A (attach schedule)	25a 132,751.	114,707.	13,849.	STMT 1 4,195.
b Compensation of former officers, directors, key employees, etc listed in Part V-B (attach schedule)	25b			
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) (attach schedule)	25c			
26 Salaries and wages of employees not included on lines 25a, b, and c	26 2,443,137.	2,111,050.	254,882.	77,205.
27 Pension plan contributions not included on lines 25a, b, and c	27 64,409.	55,654.	6,720.	2,035.
28 Employee benefits not included on lines 25a - 27	28 322,823.	290,878.	22,123.	9,822.
29 Payroll taxes	29 187,409.	161,935.	19,552.	5,922.
30 Professional fundraising fees	30			
31 Accounting fees	31 26,332.		26,332.	
32 Legal fees	32 37,324.	37,299.	25.	
33 Supplies	33 72,384.	67,722.	3,019.	1,643.
34 Telephone	34 64,746.	62,370.	2,257.	119.
35 Postage and shipping	35 15,459.	11,405.	2,030.	2,024.
36 Occupancy	36 161,613.	129,074.	27,029.	5,510.
37 Equipment rental and maintenance	37 77,928.	68,654.	8,773.	501.
38 Printing and publications	38 75,655.	68,014.	2,042.	5,599.
39 Travel	39 128,928.	118,295.	7,620.	3,013.
40 Conferences, conventions, and meetings	40			
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42 8,838.	7,267.	1,457.	114.
43 Other expenses not covered above (itemize)	43a 8,800.	7,458.	1,225.	117.
a INSURANCE	43b 4,686,488.	4,686,488.		
b MEDICAL PROVIDER CONSULTA	43c 40,839.	38,294.	2,525.	20.
c MISCELLANEOUS	43d 1,680,627.	1,620,808.	28,421.	31,398.
d PROFESSIONAL FEES - OTHER	43e 41,555.	33,875.	7,680.	
e RECRUITING	43f			
f	43g			
g				
44 Total functional expenses Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	44 10,278,045.	9,691,247.	437,561.	149,237.

Joint Costs. Check ☐ if you are following SOP 98-2Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____,

(iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See 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? ►SEE STATEMENT 2

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others).

Program Service Expenses
(Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)

a SEE STATEMENT 3

(Grants and allocations \$) If this amount includes foreign grants, check here ►

3,736,990.

b COMMUNITY PHARMACY - THE PROGRAM FACILITATES ACCESS TO
PRESCRIPTION INFORMATION AND MEDICATION FOR LOW-INCOME
UNDERINSURED COUNTY RESIDENTS.

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

1,200,740.

C CARE_FOR_KIDS - COUNTY FUNDED PROGRAM THAT PROVIDES
AMBULATORY HEALTH CARE SERVICES FOR UNINSURED CHILDREN AND
THOSE INELIGIBLE FOR MARYLAND'S CHILDREN'S HEALTH INSURANCE
PROGRAM. 4,277 CHILDREN PARTICIPATED IN 'CARE FOR KIDS'
DURING THE YEAR.

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

942,117.

d PROJECT ACCESS - A NETWORK OF 159 PRIVATE PHYSICIANS WHO
CONTRIBUTE TO THE HEALTH CARE 'SAFETY NET' BY DONATING
THEIR SERVICES TO PATIENTS RECEIVING HEALTH CARE AT
MONTGOMERY CARES CLINICS. OVER 1,100 SPECIALTY
APPOINTMENTS WERE PROVIDED TO PATIENTS DURING THE YEAR.

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

934,856.

e Other program services (attach schedule)	SEE STATEMENT 4
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(Grants and allocations \$) If this amount includes foreign grants, check here ☐

2,876,544.

f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶

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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
Assets	45 Cash - non-interest-bearing	96,865.	45	138,490.
	46 Savings and temporary cash investments	61,421.	46	3,482.
	47a Accounts receivable	2,149,213.		
	b Less allowance for doubtful accounts		47c	2,149,213.
	48a Pledges receivable			
	b Less allowance for doubtful accounts		48c	
	49 Grants receivable	175,273.	49	244,090.
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51a Other notes and loans receivable (attach schedule)			
	b Less allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	32,704.	53	40,641.
	54a Investments - publicly-traded securities . STMT 6. <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	77,349.	54a	81,871.
	b Investments - other securities (attach schedule) . . <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
55a Investments - land, buildings, and equipment basis				
b Less accumulated depreciation (attach schedule)		55c		
56 Investments - other (attach schedule)		56		
57a Land, buildings, and equipment basis	336,092.			
b Less accumulated depreciation (attach schedule)	298,724.	57c	37,368.	
58 Other assets, including program-related investments (describe <input type="checkbox"/> STMT 7)		58	150.	
59 Total assets (must equal line 74) Add lines 45 through 58	2,404,524.	59	2,695,305.	
Liabilities	60 Accounts payable and accrued expenses	1,305,719.	60	1,424,280.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe <input type="checkbox"/> STMT 8)	126,815.	65	182,756.
	66 Total liabilities. Add lines 60 through 65	1,432,534.	66	1,607,036.
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	410,636.	67	472,346.
	68 Temporarily restricted	542,469.	68	597,038.
	69 Permanently restricted	18,885.	69	18,885.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	971,990.	73	1,088,269.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	2,404,524.	74	2,695,305.

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	11,214,234.
b	Amounts included on line a but not on Part I, line 12		
1	Net unrealized gains on investments	b1	
2	Donated services and use of facilities	b2	819,910.
3	Recoveries of prior year grants	b3	
4	Other (specify) _____	b4	
	Add lines b1 through b4	b	819,910.
c	Subtract line b from line a	c	10,394,324.
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) _____	d2	
	Add lines d1 and d2	d	
e	Total revenue (Part I, line 12) Add lines c and d ▶	e	10,394,324

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

a	Total expenses and losses per audited financial statements	a	11,097,955.
b	Amounts included on line a but not on Part I, line 17		
1	Donated services and use of facilities	b1	819,910.
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	819,910.
c	Subtract line b from line a	c	10,278,045.
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) -----	d2	
	Add lines d1 and d2	d	
e	Total expenses (Part I, line 17) Add lines c and d ▶	e	10,278,045.

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)

[illegible]

Yes	No
-----	----

Yes	No
-----	----

76		X
----	--	---

77		X
----	--	---

78a		X
-----	--	---

78b	N/A
-----	-----

79		X
----	--	---

80a		X
-----	--	---

and check whether it is ☐ exempt or ☐ nonexempt

81a	NONE
-----	------

81b	N/A
-----	-----

Yes	No
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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 ▶

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) Exclusion code	(D) Amount	
93 Program service revenue					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					8,411,365.
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	5,794.	
96 Dividends and interest from securities			14	3,400.	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b MISCELLANEOUS			01	78,549.	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				87,743.	8,411,365.
105 Total (add line 104, columns (B), (D), and (E))					8,499,108.

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)
93G	FEDERAL, STATE, AND LOCAL GOVERNMENTAL CONTRACT REVENUE TO FUND THE EXEMPT PURPOSE ACHIEVEMENTS DESCRIBED IN FORM 990, PART III

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
	%			
	%			
	%			
	%			

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)

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).**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
N/A	

	(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
N/A	

	(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
N/A	

**Please
Sign
Here**

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.

Signature of officer

Date

Type or print name and title

**Paid
Preparer's
Use Only**Preparer's
signatureFirm's name (or yours
if self-employed),
address, and ZIP + 4

Date

Check if
self-
employed ☐

Preparer's SSN or PTIN (See Gen. Inst. X)

EIN

Phone no

BOND BEEBE

4600 EAST-WEST HIGHWAY SUITE 900

BETHESDA, MD

20814-3423

301-272-6000

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

PRIMARY CARE COALITION OF MONTGOMERY COUNTY

Employer identification number

52-1847976

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 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
SEE STATEMENT 13				
Total number of other employees paid over \$50,000 . . ▶		11		

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
SEE STATEMENT 14		
Total number of others receiving over \$50,000 for professional services ▶		5

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
NONE		
Total number of other contractors receiving over \$50,000 for other services ▶		NONE

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

Schedule A (Form 990 or 990-EZ) 2006

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)	1		X
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?	2 a		X
b Lending of money or other extension of credit?	2 b		X
c Furnishing of goods, services, or facilities?	2 c		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? STMT. 15	2 d	X	
e Transfer of any part of its income or assets?	2 e		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)	3 a		X
b Did the organization have a section 403(b) annuity plan for its employees?	3 b	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	3 c		X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3 d		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	4 a		X
b Did the organization make any taxable distributions under section 4966?	4 b		
c Did the organization make a distribution to a donor, donor advisor, or related person?	4 c		
d Enter the total number of donor advised funds owned at the end of the tax year ► _____			
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ► _____			
f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the rights to provide advice on the distribution or investment of amounts in such funds or accounts ► _____	NONE		
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ► _____	NONE		

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 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)

Schedule A (Form 990 or 990-EZ) 2006

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)	1,577,322.	1,383,810.	1,950,368.	1,279,080.	6,190,580.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	4,636,309.	3,835,587.	2,673,397.	4,036,465.	15,181,758.
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	7,320.	7,320.	5,090.	12,725.	32,455.
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	STMT 16 80,562.				80,562.
23 Total of lines 15 through 22	6,301,513.	5,226,717.	4,628,855.	5,328,270.	21,485,355.
24 Line 23 minus line 17,	1,665,204.	1,391,130.	1,955,458.	1,291,805.	6,303,597.
25 Enter 1% of line 23	63,015.	52,267.	46,289.	53,283.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					126,072.
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					188,928.
c Total support for section 509(a)(1) test. Enter line 24, column (e)					6,303,597.
d Add Amounts from column (e) for lines 18 32,455. 19 22 80,562. 26b 188,928.					301,945.
e Public support (line 26c minus line 26d total)					6,001,652.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					95.2100 %
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 NOT APPLICABLE (2005) (2004) (2003) (2002)					
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 (2005) (2004) (2003) (2002)					
c Add Amounts from column (e) for lines 15 16 17 20 21					27c
d Add Line 27a total, and line 27b total					27d
e Public support (line 27c total minus line 27d total)					27e
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h %
28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 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					

Part V Private School Questionnaire (See page 9 of the instructions.)

NOT APPLICABLE

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

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

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

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

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

35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768) **NOT APPLICABLE**Check ☐ **a** if the organization belongs to an affiliated group Check ☐ **b** if you checked "a" and "limited control" provisions apply**Limits on Lobbying Expenditures**

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

		(a) Affiliated group totals	(b) To be completed for all electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying) . . .	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying) . . .	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount Enter the amount from the following table -			
If the amount on line 40 is -			
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		
The lobbying nontaxable amount is -			
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 13 of the instructions)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

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

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

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

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

FORM 990, PART II, LINE 25A - CURRENT OFFICER COMPENSATION SCHEDULE
=====

CURRENT OFFICER NAME -----	PROGRAM SERVICES -----	MANAGEMENT AND GENERAL -----	FUNDRAISING -----
STEVEN GALEN COMPENSATION:	114,707.	13,849.	4,195.
	-----	-----	-----
TOTALS	114,707.	13,849.	4,195.
	=====	=====	=====

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

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

FORM 990, PART III - PROGRAM SERVICE ACCOMPLISHMENTS

PROGRAM SERVICE ACCOMPLISHMENT A

MONTGOMERY CARES - A COUNTY FUNDED PROGRAM WITH THE GOAL OF DEVELOPING A SYSTEM OF MEDICAL CARE FOR LOW INCOME, UNINSURED MONTGOMERY COUNTY ADULTS. THE ORGANIZATION ADMINISTERS THE NETWORK, CONDUCTS STUDIES AND OVERSEES EARMARKED FUNDS TO NON-PROFIT COMMUNITY PROVIDER ORGANIZATIONS. ORGANIZATIONS FUNDED THROUGH THE PROGRAM SERVED OVER 13,000 ADULTS WITH OVER 38,000 PATIENT VISITS. MEDICAL AND AMINISTRATIVE VOLUNTEERS PROVIDED OVER 15,500 AND 9,000 HOURS RESPECTIVELY IN DONATED SERVICES. ORAL HEALTH AND BEHAVIOURAL HEALTH SERVICES WERE INTEGRATED INTO THE PROGRAM THROUGH TWO PILOT PROGRAMS. THE ORAL HEALTH PILOT TREATED 340 PATIENTS AND THE BEHAVIOURAL HEALTH PILOT SERVED 279 PATIENTS WITH 1,585 PATIENT VISITS.

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

DESCRIPTION -----	GRANTS AND ALLOCATIONS -----	EXPENSES -----
CHILD ASSESSMENT CENTER		526,445.
PUBLIC EDUCATION AND AFFAIRS		124,809.
COMMUNITY BASED HEALTH INFORMATICS		298,288.
CANCER PROJECT		832,213.
AGENCY FOR HEALTH CARE RESEARCH AND QUALITY		384,434.
HEALTH CARE FOR THE HOMELESS		107,893.
CENTER FOR HEALTH IMPROVEMENT		531,322.
MEDBANK		70,519.
OTHER PROJECTS		621.

TOTALS		2,876,544.
		=====

FORM 990, PART IV - PREPAID EXPENSES AND DEFERRED CHARGES

=====

DESCRIPTION -----	ENDING BOOK VALUE -----
PREPAID INSURANCE - GENERAL	28,000.
PREPAID INSURANCE - WORK. COMP	7,767.
PREPAID POSTAGE	303.
OTHER PREPAID EXPENSES	4,571.

TOTALS	40,641.
	=====

FORM 990, PART IV - INVESTMENTS - PUBLICLY TRADED SECURITIES

=====

DESCRIPTION -----	ENDING BOOK VALUE -----	COST OR FMV -----
PUBLICLY TRADED SECURITIES		
MUTUAL FUNDS	81,871.	FMV

TOTALS	81,871.	
	=====	

FORM 990, PART IV - OTHER ASSETS

=====

DESCRIPTION

ENDING
BOOK VALUE

SECURITY DEPOSIT

150.

TOTALS

150.
=====

FORM 990, PART IV - OTHER LIABILITIES

=====

DESCRIPTION -----	ENDING BOOK VALUE -----
ACCRUED EMPLOYEE BENEFITS	182,756.

TOTALS	182,756.
	=====

PRIMARY CARE COALITION OF MONTGOMERY COUNTY

52-1847976

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
STEVEN GALEN 8757 GEORGIA AVE., 10TH FL. SILVER SPRING, MD 20910	EXECUTIVE DIRECTOR 40.00	132,751.	6,638.	NONE
ARVA JACKSON 8757 GEORGIA AVE., 10TH FL. SILVER SPRING, MD 20910	TRUSTEE 1.00	NONE	NONE	NONE
ROBERTA MILMAN 8757 GEORGIA AVE., 10TH FL. SILVER SPRING, MD 20910	CHAIR 1.00	NONE	NONE	NONE
WILBUR MALLOY 8757 GEORGIA AVE., 10TH FL. SILVER SPRING, MD 20910	SECRETARY 1.00	NONE	NONE	NONE
HORACE BERTON 8757 GEORGIA AVE., 10TH FL. SILVER SPRING, MD 20910	TRUSTEE 1.00	NONE	NONE	NONE
RICHARD BOHRER 8757 GEORGIA AVE., 10TH FL. SILVER SPRING, MD 20910	VICE CHAIR 1.00	NONE	NONE	NONE
BETSY CARRIER	TRUSTEE 1.00	NONE	NONE	NONE

PRIMARY CARE COALITION OF MONTGOMERY COUNTY

52-1847976

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
-----	-----	-----	-----	-----
8757 GEORGIA AVE., 10TH FL. SILVER SPRING, MD 20910				
CHARLES FLEISCHER 8757 GEORGIA AVE., 10TH FL. SILVER SPRING, MD 20910	TRUSTEE 1.00	NONE	NONE	NONE
CAROL GARVEY 8757 GEORGIA AVE., 10TH FL. SILVER SPRING, MD 20910	TRUSTEE 1.00	NONE	NONE	NONE
BRIAN GRAGNOLATI 8757 GEORGIA AVE., 10TH FL. SILVER SPRING, MD 20910	TRUSTEE 1.00	NONE	NONE	NONE
ALAN GREGERMAN 8757 GEORGIA AVE., 10TH FL. SILVER SPRING, MD 20910	TRUSTEE 1.00	NONE	NONE	NONE
SHIRLEY JOHNSON 8757 GEORGIA AVE., 10TH FL. SILVER SPRING, MD 20910	TRUSTEE 1.00	NONE	NONE	NONE
TRISTAM KRUGER 8757 GEORGIA AVE., 10TH FL. SILVER SPRING, MD 20910	TRUSTEE 1.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
-----	-----	-----	-----	-----
MARION LEWIN 8757 GEORGIA AVE., 10TH FL. SILVER SPRING, MD 20910	TRUSTEE 1.00	NONE	NONE	NONE
JOHN LUKE 8757 GEORGIA AVE., 10TH FL. SILVER SPRING, MD 20910	TRUSTEE 1.00	NONE	NONE	NONE
STEVE BRAUNSTEIN 8757 GEORGIA AVE., 10TH FL. SILVER SPRING, MD 20910	TREASURER 1.00	NONE	NONE	NONE
THERESA V. BROWN 8757 GEORGIA AVE., 10TH FL. SILVER SPRING, MD 20910	TRUSTEE 1.00	NONE	NONE	NONE
ALLISON BRYANT 8757 GEORGIA AVE., 10TH FL. SILVER SPRING, MD 20910	TRUSTEE 1.00	NONE	NONE	NONE
LECOUNT DAVIS 8757 GEORGIA AVE., 10TH FL. SILVER SPRING, MD 20910	TRUSTEE 1.00	NONE	NONE	NONE

PRIMARY CARE COALITION OF MONTGOMERY COUNTY

52-1847976

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
HIAWATHA FOUNTAIN 8757 GEORGIA AVE., 10TH FL. SILVER SPRING, MD 20910	TRUSTEE 1.00	NONE	NONE	NONE
MARILYN HUGHES GASTON 8757 GEORGIA AVE., 10TH FL. SILVER SPRING, MD 20910	TRUSTEE 1.00	NONE	NONE	NONE
JORGE RIBAS 8757 GEORGIA AVE., 10TH FL. SILVER SPRING, MD 20910	TRUSTEE 1.00	NONE	NONE	NONE
JEFFERY RUBERY 8757 GEORGIA AVE., 10TH FL. SILVER SPRING, MD 20910	TRUSTEE 1.00	NONE	NONE	NONE
GRAND TOTALS		132,751.	6,638.	NONE

SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCOUNT
MARIE ROSA WATSON 8757 GEORGIA AVE., 10TH FL. SILVER SPRING, MD 20910	RESEARCH DIRECTOR 40.00	100,000.	NONE	NONE
SHARON ZALEWSKI 8757 GEORGIA AVE., 10TH FL. SILVER SPRING, MD 20910	VP & DIRECTOR 40.00	89,250.	4,463.	NONE
NARESH TYAGI 8757 GEORGIA AVE., 10TH FL. SILVER SPRING, MD 20910	VP & DIRECTOR 40.00	90,640.	4,532.	NONE
MARIA TRIANTIS 8757 GEORGIA AVE., 10TH FL. SILVER SPRING, MD 20910	VP & DIRECTOR 40.00	93,295.	4,665.	NONE
LETA KAIUT 8757 GEORGIA AVE., 10TH FL. SILVER SPRING, MD 20910	PROJECT MANAGER 40.00	82,664.	4,133.	NONE
TOTAL COMPENSATION		455,849.	17,793.	NONE

SCH. A, PART II-A COMPENSATION OF THE 5 HIGHEST PAID FOR PROF. SERV.
=====

COMMUNITY CLINIC 1450 RESEARCH BLVD#30 ROCKVILLE, MD 20850	MEDICAL CARE	137,196.
MOBILE MED 9309 OLD GEORGETOWN RD BETHESDA, MD 20814	MEDICAL CARE	146,009.
PHARMEDIX 3281 WHIPPLE ROAD UNION CITY, CA 94587-1218	MEDICAL CARE	75,888.
SPANISH CATHOLIC CENTER 1618 MONROE ST., NW, WASHINGTON, DC 20008	MEDICAL CARE	77,006.
MARTIN SCHAFFER, INC. 7758 WISCONSIN AVENUE, STE. 405 BETHESDA, MD 20814	PRINTING	127,875.

TOTAL COMPENSATION

563,974.
=====

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D

=====

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

SCHEDULE A, PART IV-A - OTHER INCOME

DESCRIPTION	2005	2004	2003	2002	TOTAL
MISCELLANEOUS	80,562.				80,562.
TOTALS	80,562.				80,562.

FEDERAL FOOTNOTES

=====

ATTACHMENT
FORM 990, PART III

MONTGOMERY CARES - ORGANIZATIONS FUNDED THROUGH MONTGOMERY CARES SERVED OVER 13,000 ADULTS WITH OVER 38,000 PATIENT VISITS. MEDICAL AND ADMINISTRATIVE VOLUNTEERS PROVIDED OVER 15,500 AND 9,000 HOURS RESPECTIVELY IN DONATED SERVICES. ORAL HEALTH AND BEHAVIORAL HEALTH SERVICES WERE INTEGRATED INTO MONTGOMERY CARES THROUGH TWO PILOT PROGRAMS. THE ORAL HEALTH PILOT TREATED 340 PATIENTS AND THE BEHAVIORAL HEALTH PILOT SERVED 279 PATIENTS WITH 1,585 PATIENT VISITS.

Primary Care Coalition of Montgomery County
EIN 52-1847976
Year Ended June 30, 2007

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

	<u>06/30/06</u>	<u>Additions</u>	<u>Disposals</u>	<u>06/30/07</u>
Computer Equipment	82,000	9,924		91,924
Furniture & Fixtures	2,560			2,560
Leasehold Improvements	2,795			2,795
Medical Equipment	-	20,467		20,467
Office Equipment	1,811			1,811
Software	208,645			208,645
Telephone System	7,890			7,890
	<u>305,701</u>			<u>336,092</u>
Accumulated Depreciation	289,886	8,838		298,724
	<u>15,815</u>			<u>37,368</u>

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

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

OMB No 1545-1709

► File a separate application for each return

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

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

Section 501(c) 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) 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 File by the due date for filing your return. See instructions	Name of Exempt Organization PRIMARY CARE COALITION OF MONTGOMERY COUNTY		Employer identification number 52-1847976
	Number, street, and room or suite no. If a P.O. box, see instructions 8757 GEORGIA AVE., 10TH FL.		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions SILVER SPRING, MD 20910		

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

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

- The books are in the care of ► **STEVEN GALEN**

Telephone No ► **301 628-3405**

FAX No ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a section 501(c) corporation required to file Form 990-T) extension of time until **02/15, 2008**, to file the exempt organization return for the organization named above. The extension is for the organization's return for

► ☐ calendar year _____ or
 ► ☒ tax year beginning **07/01, 2006**, and ending **06/30, 2007**

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	\$

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

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

Form **8868** (Rev. 4-2007)