

Form **990**
 Department of the Treasury
 Internal Revenue Service

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

OMB No 1545-0047
2007
Open to Public Inspection

A For the 2007 calendar year, or tax year beginning 01-01-2007 and ending 12-31-2007

- 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
 District of Columbia Primary Care Association

Number and street (or P O box if mail is not delivered to street address) Room/suite
 1411 K Street NW No 300

City or town, state or country, and ZIP + 4
 Washington, DC 20005

D Employer identification number
 52-1999196

E Telephone number
 (202) 638-0252

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).

G Web site: 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.

H and I are not applicable to section 527 organizations

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

H(b) If "Yes" enter number of affiliates: _____

H(c) Are all affiliates included? Yes No
 (If "No," attach a list. See instructions.)

H(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)

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12: 8,704,403

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		2,683,959	
	c Indirect public support (not included on line 1a)	1c			
	d Government contributions (grants) (not included on line 1a)	1d		5,682,039	
	e Total (add lines 1a through 1d) (cash \$ 8,365,998 noncash \$ _____)	1e			8,365,998
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			91,000
	3 Membership dues and assessments	3			62,200
	4 Interest on savings and temporary cash investments	4			184,887
	5 Dividends and interest from securities	5			
	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		
	8a				
	b Less cost or other basis and sales expenses	8b			
	c Gain or (loss) (attach schedule)	8c			
d Net gain or (loss) Combine line 8c, columns (A) and (B)	8d				
9 Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>	a Gross revenue (not including \$ _____ of contributions reported on line 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			318	
12 Total revenue Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12			8,704,403	
Expenses	13 Program services (from line 44, column (B))	13		6,443,682	
	14 Management and general (from line 44, column (C))	14		436,645	
	15 Fundraising (from line 44, column (D))	15		17,082	
	16 Payments to affiliates (attach schedule)	16			
	17 Total expenses Add lines 16 and 44, column (A)	17			6,897,409
18 Excess or (deficit) for the year Subtract line 17 from line 12	18			1,806,994	
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19			1,713,575	
20 Other changes in net assets or fund balances (attach explanation) _____	20			89,865	
21 Net assets or fund balances at end of year Combine lines 18, 19, and 20	21			3,610,434	

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 \$ 1,192,580 noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b	1,192,580	1,192,580		
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	162,959	134,396	21,377	
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	1,295,853	1,079,621	206,336	
27 Pension plan contributions not included on lines 25a, b and c	27	102,364	88,382	13,982	
28 Employee benefits not included on lines 25a - 27	28	127,695	110,254	17,441	
29 Payroll taxes	29	115,832	100,011	15,821	
30 Professional fundraising fees	30				
31 Accounting fees	31	48,045	12,395	35,650	
32 Legal fees	32	11,859		11,859	
33 Supplies	33	24,640	13,983	10,657	
34 Telephone	34				
35 Postage and shipping	35	2,857	2,185	672	
36 Occupancy	36	347,031	289,418	57,613	
37 Equipment rental and maintenance	37	6,394	2,044	4,350	
38 Printing and publications	38	12,175	9,810	2,365	
39 Travel	39	22,137	21,153	984	
40 Conferences, conventions, and meetings	40	172,242	166,082	6,160	
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	7,725		7,725	
43 Other expenses not covered above (itemize)					
a See Additional Data Table	43a				
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g	43g				
44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	6,897,409	6,443,682	436,645	17,082

Joint Costs. Check if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See 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.

<p>What is the organization's primary exempt purpose? ▶ 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</p> <p>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.)</p>	<p align="center">Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)</p>
<p>a See Additional Data Table</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>b</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>c</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>d</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>e Other program services (attach schedule)</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶</p>	<p align="right">6,443,682</p>

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)		(B)
		Beginning of year		End of year
Assets	45 Cash—non-interest-bearing	92,583	45	925,111
	46 Savings and temporary cash investments	4,082,924	46	3,670,527
	47a Accounts receivable	47a		
	b Less allowance for doubtful accounts	47b		47c
	48a Pledges receivable	48a 1,638,540		
	b Less allowance for doubtful accounts	48b 51,800	550,000	48c 1,586,740
	49 Grants receivable	216,709	49	53,032
	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(c)(3)(B) (attach schedule)		50b	
	51a Other notes and loans receivable (attach schedule)	51a		
	b Less allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54a Investments—publicly-traded securities <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	2,985,650	54a	2,784,459
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
55a Investments—land, buildings, and equipment basis	55a			
b Less accumulated depreciation (attach schedule)	55b		55c	
56 Investments—other (attach schedule)		56		
57a Land, buildings, and equipment basis	57a 141,207			
b Less accumulated depreciation (attach schedule)	57b 108,592	35,004	57c 32,615	
58 Other assets, including program-related investments (describe <input type="checkbox"/> _____)	24,542	58	24,542	
59 Total assets (must equal line 74) Add lines 45 through 58	7,987,412	59	9,077,026	
Liabilities	60 Accounts payable and accrued expenses	450,754	60	469,624
	61 Grants payable	1,564,326	61	2,085,539
	62 Deferred revenue	4,168,832	62	2,790,561
	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"/> _____)	89,925	65	120,868
66 Total liabilities Add lines 60 through 65	6,273,837	66	5,466,592	
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	267,564	67	1,500,153
	68 Temporarily restricted	1,446,011	68	2,110,281
	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)	1,713,575	73	3,610,434
	74 Total liabilities and net assets / fund balances Add lines 66 and 73	7,987,412	74	9,077,026

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	8,957,811
b	Amounts included on line a but not on Part I, line 12		
1	Net unrealized gains on investments	b1	89,865
2	Donated services and use of facilities	b2	163,543
3	Recoveries of prior year grants	b3	
4	Other (specify) _____	b4	
	Add lines b1 through b4	b	253,408
c	Subtract line b from line a	c	8,704,403
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	253,408
e	Total revenue (Part I, line 12) Add lines c and d	e	8,704,403

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

a	Total expenses and losses per audited financial statements	a	7,060,952
b	Amounts included on line a but not on Part I, line 17		
1	Donated services and use of facilities	b1	163,543
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	163,543
c	Subtract line b from line a	c	6,897,409
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	6,897,409

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 Additional Data Table				

Part VI Other Information (continued)

Form 990 (2007) Part VI Other Information (continued) table with columns for question, Yes, and No. Includes sections 82a-82b, 83a-83b, 84a-84b, 85a-85f, 85g-85h, 86a-86b, 87a-87b, 88a-88b, 89a-89g, 90a-90b, 91a, and 91b.

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** Yes No

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**

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 Sponsorship			42	91,000	
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					62,200
95 Interest on savings and temporary cash investments			14	184,887	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b non 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 Miscellaneous			01	318	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				276,205	62,200
105 Total (add line 104, columns (B), (D), and (E))					338,405

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
	%			
	%			
	%			
	%			

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)

				Yes	No
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					
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a					
b					
c					
Totals					

				Yes	No
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					
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a					
b					
c					
Totals					

		Yes	No
108 Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?			

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	2008-08-13 Date
	SHARON BASKERVILLE Executive Director Type or print name and title	

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst W)
	Firm's name (or yours if self-employed), address, and ZIP + 4 Counclor Buchanan & Mitchell PC 7910 Woodmont Avenue Suite 500 Bethesda, MD 20814			EIN
				Phone no (301) 986-0600

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

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

2007

Department of the
Treasury
Internal Revenue
Service

Name of the organization
District of Columbia Primary Care Association

Employer identification number

52-1999196

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

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Jane Thompson 1411 K Street NW Suite 300 Washington, DC 20005	COO 40 00	126,718	18,324	0
S Orlene Grant 1411 K Street NW Suite 300 Washington, DC 20005	DIR MH PROGRAM 40 00	101,293	16,368	0
Gwen Young 1411 K Street NW Suite 300 Washington, DC 20005	Performance Imp Mgr 40 00	78,834	12,811	0
Judy Levy 1411 K Street NW Suite 300 Washington, DC 20005	Manager AHEC 40 00	77,985	14,148	0
Shari Donnell 1411 K STREET NW SUITE 300 washington, DC 20005	Director Accounting 40 00	77,548	13,667	0
Total number of other employees paid over \$50,000	5			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individual 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		

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 individual or firms. If there are none, enter "None". See page 2 for instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Cumberland Consulting Group 1705 Talbot Trail Franklin, TN 37069	Program Consulting	1,293,318
eClinical Works PO Box 847950 Boston, MA 022847950	Program Consulting	852,633
capital Link 40 Court Street 10th Floor Boston, MA 02108	Program Consulting	154,208
Center for Sustainable Health O utre 118 College Drive 5174 Hattiesburg, MS 394060001	program Consulting	132,000
Core Health 1050 17th Street NW Washington, DC 20036	program Consulting	98,999
Total number of other contractors receiving over \$50,000 for other services	5	

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, include 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>44,100</u> (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities	1	Yes	
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 property?	2a		No
b Lending of money or other extension of credit?	2b		No
c Furnishing of goods, services, or facilities?	2c		No
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	Yes	
e Transfer of any part of its income or assets?	2e		No
3a 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)	3a		No
b Did the organization have a section 403(b) annuity plan for its employees?	3b	Yes	
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement	3c		No
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		No
4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	4a		No
b Did the organization make any taxable distributions under section 4966?	4b		
c Did the organization make a distribution to a donor, donor advisor, or related person?	4c		
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 right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ <u>0</u>			
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ <u>0</u>			

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	(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)

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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	10,319,916	2,815,147	2,176,344	1,500,283	16,811,690
16 Membership fees received	55,400	66,111	74,165	25,850	221,526
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					0
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	131,737	5,589	70	782	138,178
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
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					0
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets	117,810	583	1,731	497	120,621
23 Total of lines 15 through 22	10,624,863	2,887,430	2,252,310	1,527,412	17,292,015
24 Line 23 minus line 17	10,624,863	2,887,430	2,252,310	1,527,412	17,292,015
25 Enter 1% of line 23	106,249	28,874	22,523	15,274	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					345,840
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					882,634
c Total support for section 509(a)(1) test Enter line 24, column (e)					17,292,015
d Add Amounts from column (e) for lines 18 138,178 19 0 22 26 b 882,634					1,141,433
e Public support (line 26c minus line 26d total)					16,150,582
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					9339 91 %
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 (2006) (2005) (2004) (2003)					
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 (2006) (2005) (2004) (2003)					
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 7 of the instructions.)
(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	
<hr/> <hr/> <hr/>		
32 Does the organization maintain the following	32a	
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 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)		
<hr/> <hr/> <hr/>		
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)		
<hr/> <hr/> <hr/>		
34a 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? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b	
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	

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

2007

Department of the Treasury Internal Revenue Service

See separate instructions. Attach to your tax return.

Attachment Sequence No 67

Table with 3 columns: Name(s) shown on return, Business or activity to which this form relates, Identifying number.

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 rows for Part I calculations: 1 Maximum amount, 2 Total cost, 3 Threshold cost, 4 Reduction in limitation, 5 Dollar limitation.

Table with 13 rows for Part II calculations: 6-13 (a) Description of property, (b) Cost, (c) Elected cost, 7-13 (a) Description of property, (b) Cost, (c) Elected cost.

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)

Table with 4 rows for Part II calculations: 14-16 (a) Description of property, (b) Cost, (c) Elected cost.

Part III MACRS Depreciation (Do not include listed property.)

Section A

Table with 2 rows for Part III Section A: 17 MACRS deductions, 18 Grouping assets.

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction.

Section C—Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System

Table with 3 rows for Section C: 20a Class life, b 12-year, c 40-year.

Part IV Summary (see instructions)

Table with 3 rows for Part IV Summary: 21 Listed property, 22 Total, 23 For assets shown above.

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25 Special allowance for qualified New York Liberty or Gulf Opportunity Zone property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						25		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%			S/L -			
		%			S/L -			
		%			S/L -			
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							29	

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2007 tax year (see instructions)					
43 Amortization of costs that began before your 2007 tax year					43
44 Total. Add amounts in column (f) See the instructions for where to report					44

Additional Data

Software ID:
Software Version:
EIN: 52-1999196
Name: District of Columbia Primary Care Association

Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
a Professional Services	43a	79,232	79,232		
b CONSULTINGSUBCONTRACTING	43b	3,073,249	3,073,249		
c COPYING	43c	27,389	22,286	5,103	
d RECRUITMENT	43d	18,079	15,859	2,220	
e STAFF TRAINING	43e	12,684	9,728	2,956	
f Business Insurance	43f	4,062		4,062	
g BUSINESS SERVICES	43g	3,228	775	2,453	
h MISCELLANEOUS	43h	1,212	145	1,067	
i Communications	43i	25,886	20,094	5,792	

Form 990, Part III - Program Service Accomplishments:

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.)
<p>a 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</p> <p>(Grants and allocations \$ 4,938) If this amount includes foreign grants, check here <input type="checkbox"/></p>	294,934
<p>b Health Information Technology - Represents an initiative to improve health status, minimize health disparities, and reduce overall District-funded healthcare costs through the utilization of information technology advancement These IT advancements include the ability to provide one electronic patient health record per person, better manage their operations and billing, relay symptom and disease data fromt he health center to DOH surveillance systems, improve coordiantion and continuity of care, and improve services by way of efficiencies gained through the automation of the health records</p> <p>(Grants and allocations \$ 112,642) If this amount includes foreign grants, check here <input type="checkbox"/></p>	2,278,222
<p>c 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</p> <p>(Grants and allocations \$ 1,075,000) If this amount includes foreign grants, check here <input type="checkbox"/></p>	3,132,798
<p>d Health Reform - REPRESENTS A PROGRAM TO LEAD THE DISTRICT'S SAFETY NET HEALTH REFORM EFFORTS THROUGH RESEARCH, ANALYSIS, AND ACTION ON POLICY AND LEGISLATIVE INITIATIVES</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	519,435
<p>e Health Access Intervention - Represents the programs designed to educate and involve District residents in shaping the primary care system and using it appropriately to meet the many health needs of their families and their communities</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	218,293

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(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
SHARON BASKERVILLE 1411 K Street NW Suite 300 Washington, DC 20005	EXECUTIVE DIRECTOR 40 00	143,719	18,040	1,200
george jones 1411 K Street NW Suite 300 Washington, DC 20005	Vice-chair 1 00	0	0	0
Rhonique Shields-Harris 1411 K Street NW Suite 300 Washington, DC 20005	Chair 1 00	0	0	0
Kim Bell 1411 K Street NW Suite 300 Washington, DC 20005	secretary 1 00	0	0	0
paul grenaldo 1411 K Street NW Suite 300 Washington, DC 20005	treasurer 1 00	0	0	0
maria gomez 1411 K Street NW Suite 300 Washington, DC 20005	director 1 00	0	0	0
kelly sweeney mcshane 1411 K Street NW Suite 300 Washington, DC 20005	director 1 00	0	0	0
Vincent Keane 1411 K Street NW Suite 300 Washington, DC 20005	Director 1 00	0	0	0
Edmund Fleet 1411 K Street NW Suite 300 Washington, DC 20005	Director 1 00	0	0	0
Ed Lazere 1411 K Street NW Suite 300 Washington, DC 20005	Director 1 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(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
John Mathewson 1411 K Street NW Suite 300 Washington, DC 20005	Director 1 00	0	0	0
Alice Rivlin 1411 K Street NW Suite 300 Washington, DC 20005	Director 1 00	0	0	0

TY 2007 Cash Grants Paid Schedule

Name: District of Columbia Primary Care Association

EIN: 52-1999196

Class of Activity	Recipient's name	Address	Amount	Relationship
Medical Homes Grant	La Clinica del Pueblo	2831 15th Street NW Washington, DC 20009	75,000	
Medical Homes Grant	Family and Medical Counseling Services	2041 Martin Luther King Jr Ave SE Washington, DC 20020	1,000,000	
EMR Grant	Whitman-Walker Clinic	1407 S Street NW Washington, DC 20009	112,642	
AHEC Grant	wHITman-Walker Clinic	1407 S Street NW Washington, DC 20009	4,938	
Medical Homes Grant	Unity Health Care	3020 14th Street NW Washington, DC 20009		
Bioterrorism Grant	Bread for the City	1525 7th Street NW Washington, DC 20009		
Bioterrorism Grant	Columbia Road Health Services	1660 Columbia Road NW Washington, DC 20001		
bioterrorism Grant	Community of Hope Inc	1413 Girard St NW Washington, DC 20009		

Class of Activity	Recipient's name	Address	Amount	Relationship
bioterrorism Grant	Developing Families Center	60 O Street NW Washington, DC 20001		
bioterrorism Grant	Family and Medical Counseling Services	2333 Ontario Road NW Washington, DC 20009		
bioterrorism Grant	La Clinica del Pueblo	2831 15th Street NW Washington, DC 20009		
bioterrorism Grant	Mary's Center	2333 Ontario Rd NW Washington, DC 20009		
bioterrorism Grant	Planned Parenthood of Metropolitan Washington DC	1108 16th Street NW Washington, DC 20036		
bioterrorism Grant	So Others Might Eat	71 O Street NW Washington, DC 20001		
bioterrorism Grant	Spanish Catholic Center	1618 Monroe Street NW Washington, DC 20001		
bioterrorism Grant	Unity Health Care	3020 14th Street NW Washington, DC 20009		

Class of Activity	Recipient's name	Address	Amount	Relationship
bioterrorism Grant	Whitman-Walker Clinic	1407 S Street NW Washington, DC 20009		
AHEC Grant	Bread for the City	1525 7th Street NW Washington, DC 20009		
AHEC Grant	Community of Hope Inc	1413 Girard St NW Washington, DC 20009		
aHEC Grant	Columbia Road Health Services	1660 Columbia Road NW Washington, DC 20009		
aHEC Grant	Family Health and Birth Center	2041 Martin Luther King Jr Ave SE Washington, DC 20020		
aHEC Grant	Family and Medical Counseling Services	2333 Ontario Road NW Washington, DC 20009		
aHEC Grant	La Clinica del Pueblo	2831 15th Street NW Washington, DC 20009		
aHEC Grant	Mary's Center	2333 Ontario Rd NW Washington, DC 20009		

Class of Activity	Recipient's name	Address	Amount	Relationship
aHEC Grant	Spanish Catholic Center	1618 Monroe Street NW Washington, DC 20001		
aHEC Grant	Unity Health Care	3020 14th Street NW Washington, DC 20009		
aHEC Grant	Washington Free Clinic	1525 Newton Street NW Washington, DC 20010		

TY 2007 Depreciation and Depletion Schedule

Name: District of Columbia Primary Care Association

EIN: 52-1999196

TY 2007 Land etc. Schedule

Name: District of Columbia Primary Care Association

EIN: 52-1999196

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
Furniture and Equipment	102,699	94,745	7,954
Software	10,263	5,637	4,626
Leasehold Improvements	28,245	8,210	20,035

TY 2007 Other Assets Schedule

Name: District of Columbia Primary Care Association

EIN: 52-1999196

Description	Beginning of Year Amount	End of Year Amount
Deposits	24,542	24,542

TY 2007 Other Changes in Net Assets Schedule

Name: District of Columbia Primary Care Association

EIN: 52-1999196

Description	Amount
Unrealized Gain on Investments	89,865

TY 2007 Other Liabilities Schedule

Name: District of Columbia Primary Care Association

EIN: 52-1999196

Description	Beginning of Year Amount	End of Year Amount
Deferred Rent Liability	89,925	120,868

TY 2007 Other Income Schedule

Name: District of Columbia Primary Care Association

EIN: 52-1999196

Description	2006	2005	2004	2003	Total
OTHER REVENUE	117,810	583	1,731	497	120,621