

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

OMB No 1545-0047

2007**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

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

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

A For the 2007 calendar year, or tax year beginning 07/01, 2007, and ending 06/30/2008

B Check if applicable:

☐ Address change

☐ Name change

☐ Initial return

☐ Termination

☐ 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)

8757 GEORGIA AVE.

Room/suite

FL. 10

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

SILVER SPRING, MD 20910-3741

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 ▶**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)**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 ▶ 14,833,341.**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	2,174,910.	
	c Indirect public support (not included on line 1a)	1c	2,148.	
	d Government contributions (grants) (not included on line 1a)	1d	806,507.	
	e Total (add lines 1a through 1d) (cash \$ 2,983,565. noncash \$)	1e	2,983,565.	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	11,761,647.	
	3 Membership dues and assessments	3		
	4 Interest on savings and temporary cash investments	4	14,408.	
	5 Dividends and interest from securities	5	4,828.	
	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			
Net Assets	8a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
	b Less cost or other basis and sales expenses	8a	8b	
	c Gain or (loss) (attach schedule)	8a	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	68,893.	
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	14,833,341.		
13 Program services (from line 44, column (B))	13	13,237,285.		
14 Management and general (from line 44, column (C))	14	491,027.		
15 Fundraising (from line 44, column (D))	15	139,904.		
16 Payments to affiliates (attach schedule)	16			
17 Total expenses. Add lines 16 and 44, column (A)	17	13,868,216.		
18 Excess or (deficit) for the year. Subtract line 17 from line 12	18	965,125.		
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	1,088,269.		
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	2,053,394.		

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

Form 990 (2007)

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	25a 155,713.	123,588.	28,178.	3,947.
b Compensation of former officers, directors, key employees, etc listed in Part V-B	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)	25c			
26 Salaries and wages of employees not included on lines 25a, b, and c	26 2,999,634.	2,380,785.	542,808.	76,041.
27 Pension plan contributions not included on lines 25a, b, and c	27 18,187.	14,435.	3,291.	461.
28 Employee benefits not included on lines 25a - 27	28 335,936.	291,924.	35,408.	8,604.
29 Payroll taxes	29 231,833.	184,004.	41,952.	5,877.
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33 201,821.	185,211.	16,166.	444.
34 Telephone	34 119,327.	115,356.	2,867.	1,104.
35 Postage and shipping	35 23,571.	17,909.	4,522.	1,140.
36 Occupancy	36 194,442.	28,176.	166,266.	
37 Equipment rental and maintenance	37 60,929.	40,765.	20,164.	
38 Printing and publications	38 58,446.	35,229.	20,424.	2,793.
39 Travel	39 122,428.	100,043.	18,893.	3,492.
40 Conferences, conventions, and meetings	40			
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42 12,872.		12,872.	
43 Other expenses not covered above (itemize)	43a 7,633.		7,633.	
a INSURANCE	43b 6,576,703.	6,576,353.		350.
b MEDICAL PROVIDER CONSULTA	43c 50,297.	27,177.	23,120.	
c MISCELLANEOUS	43d 1,696,600.	1,423,186.	246,947.	26,467.
d PROFESSIONAL FEES - OTHER	43e 14,305.	10,795.	2,778.	732.
e RECRUITING	43f 987,539.	987,539.		
f CLINIC CONSTRUCTION SUPPO	43g	694,810.	-703,262.	8,452.
g INDIRECT COST ALLOCATION				
44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	44 13,868,216.	13,237,285.	491,027.	139,904.

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 \$ _____.

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.

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

6,860,130.

970,345.

869,508.

1,686,942.

2,850,360.

13,237,285.

Form 990 (2007)

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	138,490.	45	654,264.
	46 Savings and temporary cash investments	3,482.	46	267,182.
	47a Accounts receivable	47a 2,754,512.		
	b Less allowance for doubtful accounts	47b	47c	2,754,512.
	48a Pledges receivable	48a		
	b Less allowance for doubtful accounts	48b	48c	
	49 Grants receivable	244,090.	49	982,281.
	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)	51a		
	b Less allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	40,641.	53	65,329.
	54a Investments - publicly-traded securities STMT 5 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	81,871.	54a	88,290.
	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 336,092.			
b Less accumulated depreciation (attach schedule)	57b 311,596.	57c	24,496.	
58 Other assets, including program-related investments (describe <input type="checkbox"/>)	150.	58	NONE	
59 Total assets (must equal line 74) Add lines 45 through 58	2,695,305.	59	4,836,354.	
Liabilities	60 Accounts payable and accrued expenses	1,424,280.	60	2,611,729.
	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 6)	182,756.	65	171,231.
66 Total liabilities. Add lines 60 through 65	1,607,036.	66	2,782,960.	
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	472,346.	67	554,854.
	68 Temporarily restricted	597,038.	68	1,479,655.
	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)	1,088,269.	73	2,053,394.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	2,695,305.	74	4,836,354.

Yes	No
-----	----

Figure 1 is a schematic diagram of the experimental setup. It shows a subject seated at a table, viewing a video screen. A video camera is positioned above the screen. A light source is positioned to the left of the screen. The subject is looking at the screen, which displays a visual feedback of their hand position. The video camera is positioned to capture the hand's position and the screen's display. The light source is used to illuminate the hand and the screen.

75b

75c	X
-----	---

75d	x	
-----	---	--

[illegible]

Yes	No
-----	----

76	X
----	---

77		X
----	--	---

2

78a	X
-----	---

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

79	X
----	---

	
80a	X

[illegible]

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

Part VI Other Information (continued)

		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
82b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	800,360.	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	N/A	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	N/A	
85b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N/A	
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
85c	Dues, assessments, and similar amounts from members	N/A	
85d	Section 162(e) lobbying and political expenditures	N/A	
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A	
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A	
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
85h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	
86a	501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12	N/A	
86b	Gross receipts, included on line 12, for public use of club facilities	N/A	
87a	501(c)(12) orgs. Enter a Gross income from members or shareholders	N/A	
87b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	N/A	
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX.		X
88b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI.		X
89a	501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under section 4911 <u>N/A</u> , section 4912 <u>N/A</u> , section 4955 <u>N/A</u>		
89b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction.		X
89c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <u>N/A</u>		
89d	Enter Amount of tax on line 89c, above, reimbursed by the organization <u>N/A</u>		
89e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
90a	List the states with which a copy of this return is filed <u></u>		
90b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	64	
91a	The books are in care of <u>STEVEN GALEN</u> Telephone no <u>301-628-3405</u>		
	Located at <u>8757 GEORGIA AVE., FL. 10 SILVER SPRING, MD</u> ZIP + 4 <u>20910-3741</u>		
91b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
	If "Yes," enter the name of the foreign country <u></u>		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		

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** ☐ 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** | 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					11,761,647.
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	14,408.	
96 Dividends and interest from securities			14	4,828.	
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	68,893.	
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				88,129.	11,761,647.
105 Total (add line 104, columns (B), (D), and (E)) ▶					11,849,776.

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 William Blatzinger Date 12-10-2008
Type or print name and title William BLATZINGER COO/CFO

**Paid
Preparer's
Use Only**

Preparer's signature [Signature] Date 12/9/08 Check if self-employed ☐
Firm's name (or yours if self-employed) BOND BEEBE EIN
address, and ZIP + 4 4600 EAST-WEST HIGHWAY SUITE 900 Phone no 301-272-6000
BETHESDA, MD 20814-3423

Form 990 (2007)

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

2007

Name of the organization

PRIMARY CARE COALITION OF MONTGOMERY COUNTY

Employer identification number

52-1847976

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

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 12				
Total number of other employees paid over \$50,000 . . ▶	14			

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 13		
Total number of others receiving over \$50,000 for professional services ▶	4	

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) 2007

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

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? STMT. 14	X	
e Transfer of any part of its income or assets?		X
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)		X
b Did the organization have a section 403(b) annuity plan for its employees?	X	
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		X
b Did the organization make any taxable distributions under section 4966?		
c Did the organization make a distribution to a donor, donor advisor, or related person?		
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

Schedule A (Form 990 or 990-EZ) 2007

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 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 8 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 8 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)	934,007.	1,577,322.	1,383,810.	1,950,368.	5,845,507.
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	8,207,249.	4,636,309.	3,835,587.	2,673,397.	19,352,542.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975.	9,194.	7,320.	7,320.	5,090.	28,924.
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	78,549.	80,562.			159,111.
23 Total of lines 15 through 22	9,228,999.	6,301,513.	5,226,717.	4,628,855.	25,386,084.
24 Line 23 minus line 17.	1,021,750.	1,665,204.	1,391,130.	1,955,458.	6,033,542.
25 Enter 1% of line 23.	92,290.	63,015.	52,267.	46,289.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 120,671.
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 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 257,595.
c Total support for section 509(a)(1) test. Enter line 24, column (e).					26c 6,033,542.
d Add: Amounts from column (e) for lines 18 28,924. 19 22 159,111. 26b 257,595.					26d 445,630.
e Public support (line 26c minus line 26d total)					26e 5,587,912.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 92.6141 %
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 (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 2003 through 2006, 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? 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	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768) **NOT APPLICABLE**Check **a** if the organization belongs to an affiliated group Check **b** if you checked "a" and "limited control" provisions apply**Limits on Lobbying Expenditures**

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

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

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

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

See the instructions for lines 45 through 50 on page 13 of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
Lobbying nontaxable amount					
45 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
Grassroots nontaxable amount					
48 Grassroots ceiling amount (150% of line 48(e))					
49 Grassroots lobbying expenditures					
50					

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

- 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

Yes	No	Amount

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 14 of the instructions.)

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

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

Yes	No
-----	----

51a(i)	X
--------	---

a(ii)	X
-------	---

b Other transactions

b(i)	X
------	---

b(ii)	X
-------	---

b(iii)		X
--------	--	---

b(iv)		X
-------	--	---

$b(v)$		x
--------	--	-----

b(vi)		X
-------	--	---

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

C		X
---	--	---

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

[illegible]

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☒ No

b If "Yes," complete the following schedule

[illegible]

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 - ORGANIZATIONS FUNDED THROUGH MONTGOMERY CARES SERVED NEARLY 17,000 ADULTS WITH OVER 45,000 PATIENT VISITS. MEDICAL AND ADMINISTRATIVE VOLUNTEERS PROVIDED OVER 14,400 AND 14,500 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 625 PATIENTS AND THE BEHAVIORAL HEALTH PILOT SERVED 490 PATIENTS WITH 1,215 PATIENT VISITS.

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

DESCRIPTION -----	GRANTS AND ALLOCATIONS -----	EXPENSES -----
CHILD ASSESSMENT CENTER		569,246.
COMMUNITY BASED HEALTH INFORMATICS		572,139.
PROJECT ACCESS		238,112.
AGENCY FOR HEALTH CARE RESEARCH AND QUALITY		350,494.
HEALTH CARE FOR THE HOMELESS		372,281.
CENTER FOR HEALTH IMPROVEMENT		709,393.
MEDBANK		37,474.
OTHER PROJECTS		1,221.

TOTALS		2,850,360.
		=====

FORM 990, PART IV - PREPAID EXPENSES AND DEFERRED CHARGES

=====

DESCRIPTION -----	ENDING BOOK VALUE -----
PREPAID EXPENSES	23,260.
PREPAID WORKERS COMPENSATION	10,833.
PREPAID POSTAGE	687.
PREPAID INSURANCE	30,549.

TOTALS	65,329.
	=====

FORM 990, PART IV - INVESTMENTS - PUBLICLY TRADED SECURITIES

=====

DESCRIPTION -----	ENDING BOOK VALUE -----	COST OR FMV -----
PUBLICLY TRADED SECURITIES		
MUTUAL FUNDS	88,290.	FMV

TOTALS	88,290.	
	=====	

FORM 990, PART IV - OTHER LIABILITIES

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
ACCRUED EMPLOYEE BENEFITS	171,231.
TOTALS	----- 171,231. =====

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

=====

NAME AND ADDRESS -----	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
STEVE GALEN 8757 GEORGIA AVE. FL. 10 SILVER SPRING, MD 20910-3741	EXECUTIVE DIRECTOR 40.00	155,713.	6,770.	NONE
ARVA JACKSON 8757 GEORGIA AVE. FL. 10 SILVER SPRING, MD 20910-3741	TRUSTEE 1.00	NONE	NONE	NONE
ROBERTA MILMAN 8757 GEORGIA AVE. FL. 10 SILVER SPRING, MD 20910-3741	CHAIR 1.00	NONE	NONE	NONE
WILBUR MALLOY 8757 GEORGIA AVE. FL. 10 SILVER SPRING, MD 20910-3741	SECRETARY 1.00	NONE	NONE	NONE
HORACE BERNTON 8757 GEORGIA AVE. FL. 10 SILVER SPRING, MD 20910-3741	TRUSTEE 1.00	NONE	NONE	NONE
RICHARD BOHRER	VICE CHAIR 1.00	NONE	NONE	NONE

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

=====

NAME AND ADDRESS -----	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
8757 GEORGIA AVE. FL. 10 SILVER SPRING, MD 20910-3741				
BETSY CARRIER 8757 GEORGIA AVE. FL. 10 SILVER SPRING, MD 20910-3741	TRUSTEE 1.00	NONE	NONE	NONE
CHARLES FLEISCHER 8757 GEORGIA AVE. FL. 10 SILVER SPRING, MD 20910-3741	TRUSTEE 1.00	NONE	NONE	NONE
CAROL GARVEY 8757 GEORGIA AVE. FL. 10 SILVER SPRING, MD 20910-3741	TRUSTEE 1.00	NONE	NONE	NONE
BRIAN GRAGNOLATI 8757 GEORGIA AVE. FL. 10 SILVER SPRING, MD 20910-3741	TRUSTEE 1.00	NONE	NONE	NONE
ALAN GREGERMAN 8757 GEORGIA AVE. FL. 10	TRUSTEE 1.00	NONE	NONE	NONE

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

NAME AND ADDRESS -----	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
SILVER SPRING, MD 20910-3741				
SHIRLEY JOHNSON 8757 GEORGIA AVE. FL. 10 SILVER SPRING, MD 20910-3741	TRUSTEE 1.00	NONE	NONE	NONE
TRISTAM KRUGER 8757 GEORGIA AVE. FL. 10 SILVER SPRING, MD 20910-3741	TRUSTEE 1.00	NONE	NONE	NONE
MARION LEWIN 8757 GEORGIA AVE. FL. 10 SILVER SPRING, MD 20910-3741	TRUSTEE 1.00	NONE	NONE	NONE
JOHN LUKE 8757 GEORGIA AVE. FL. 10 SILVER SPRING, MD 20910-3741	TRUSTEE 1.00	NONE	NONE	NONE
STEVE BRAUNSTEIN 8757 GEORGIA AVE. FL. 10 SILVER SPRING, MD 20910-3741	TREASURER 1.00	NONE	NONE	NONE

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

=====

NAME AND ADDRESS -----	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
THERESA V. BROWN 8757 GEORGIA AVE. FL. 10 SILVER SPRING, MD 20910-3741	TRUSTEE 1.00	NONE	NONE	NONE
ALLISON BRYANT 8757 GEORGIA AVE. FL. 10 SILVER SPRING, MD 20910-3741	TRUSTEE 1.00	NONE	NONE	NONE
LECOUNT DAVIS 8757 GEORGIA AVE. FL. 10 SILVER SPRING, MD 20910-3741	TRUSTEE 1.00	NONE	NONE	NONE
HIAWATHA FOUNTAIN 8757 GEORGIA AVE. FL. 10 SILVER SPRING, MD 20910-3741	TRUSTEE 1.00	NONE	NONE	NONE
MARILYN HUGHES GASTON 8757 GEORGIA AVE. FL. 10 SILVER SPRING, MD 20910-3741	TRUSTEE 1.00	NONE	NONE	NONE
JORGE RIBAS	TRUSTEE 1.00	NONE	NONE	NONE

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

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
-----	-----	-----	-----	-----
8757 GEORGIA AVE. FL. 10 SILVER SPRING, MD 20910-3741				
JEFFERY RUBERY 8757 GEORGIA AVE. FL. 10 SILVER SPRING, MD 20910-3741	TRUSTEE 1.00	NONE	NONE	NONE
GRAND TOTALS				
		155,713.	6,770.	NONE
		=====	=====	=====

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

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCOUNT
MARIE ROSA WATSON 8757 GEORGIA AVE., 10TH FL. SILVER SPRING, MD 20910	RESERCH DIRECTOR 40.00	117,281.	NONE	NONE
SHARON ZALEWSKI 8757 GEORGIA AVE., 10TH FL. SILVER SPRING, MD 20910	VP & DIR 40.00	108,051.	NONE	NONE
NARESH TYAGI 8757 GEORGIA AVE., 10TH FL. SILVER SPRING, MD 20910	SR VP, DIR 40.00	106,511.	NONE	NONE
MARIA TRIANTIS 8757 GEORGIA AVE., 10TH FL. SILVER SPRING, MD 20910	VP, DIRECT 40.00	110,822.	4,751.	NONE
LETA KAIUT 8757 GEORGIA AVE., 10TH FL. SILVER SPRING, MD 20910	PROJECT MANAGER 40.00	98,999.	4,299.	NONE
TOTAL COMPENSATION		541,664.	9,050.	NONE

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

NAME AND ADDRESS -----	TYPE OF SERVICE -----	COMPENSATION -----
COMMUNITY CLINIC 1450 RESEARCH BLVD#30 ROCKVILLE, MD 20850	MEDICAL CARE	618,372.
MOBILE MED 9309 OLD GEORGETOWN RD BETHESDA, MD 20814	MEDICAL CARE	1,545,611.
PROYECTO SALUD	MEDICAL CARE	884,439.
CATHOLIC CHARITIES	MEDICAL CARE	486,185.
HOLY CROSS HOSPITAL HEALTH CENTER	MEDICAL CARE	410,722.

	TOTAL COMPENSATION	3,945,329.
		=====

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.

Primary Care Coalition of Montgomery County
EIN 52-1847976
Year Ended June 30, 2008

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

	<u>06/30/07</u>	<u>Additions</u>	<u>Disposals</u>	<u>06/30/08</u>
Computer Equipment	91,924	0	0	91,924
Furniture & Fixtures	2,560	0	0	2,560
Leasehold Improvements	2,795	0	0	2,795
Medical Equipment	20,467.00	0	0	20,467
Office Equipment	1,811	0	0	1,811
Software	208,645	0	0	208,645
Telephone System	7,890	0	0	7,890
Total Cost	336,092	0	0	336,092
Accumulated Depreciation	(298,724)	(12,872)	0	(311,596)
Net Book Value	37,368	(12,872)	0	24,496

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)

A corporation 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 a corporation 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.	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions SILVER SPRING, MD 20910-3741	

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

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

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

Telephone No ▶ **301 628-3405** FAX No ▶ _____

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **02/15, 2009**, 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, 2007**, and ending **06/30, 2008**

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	\$ NONE
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. 4-2008)