

Form **990****Return of Organization Exempt From Income Tax****2008**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)

Open to Public
Inspection

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

A For the 2008 calendar year, or tax year beginning**07/01, 2008, and ending****06/30, 2009**

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

Doing Business As

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

Room/suite

8757 GEORGIA AVE.

FL. 10

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

SILVER SPRING, MD 20910-3741

F Name and address of principal officer ROBERTA MILMAN

8757 GEORGIA AVE., FL. 10 SILVER SPRING, MD 20910-3741

D Employer identification number

52-1847976

E Telephone number

(301) 628-3417

G Gross receipts \$ 14,323,750.**H(a) Is this a group return for affiliates?** Yes ☐ No ☒**H(b) Are all affiliates included?** Yes ☐ No ☐

If "No," attach a list (see instructions)

H(c) Group exemption number ▶**I Tax-exempt status** ☒ 501(c) (3) (insert no) ☐ 4947(a)(1) or ☐ 527**J Website:** WWW.PRIMARYCARECOALITION.ORG**K Type of organization** ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L Year of formation** 1993 **M State of legal domicile** MD**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities			
		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 MONTGOMERY COUNTY, MARYLAND.			
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets			
	3	Number of voting members of the governing body (Part VI, line 1a)	3	20	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	19	
	5	Total number of employees (Part V, line 2a)	5	86	
	6	Total number of volunteers (estimate if necessary)	6	19	
Revenue	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	NONE	
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	NONE	
	8	Contribution and grants (Part VIII, line 1h)	Prior Year	Current Year	
	9	Program service revenue (Part VIII, line 2g)	2,983,565.	2,403,910.	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11,761,647.	11,871,153.	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11d)	19,236.	16,852.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	68,893.	31,835.	
			14,833,341.	14,323,750.	
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	NONE	NONE
		14	Benefits paid to or for members (Part IX, column (A), line 4)	NONE	NONE
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,509,470.	4,143,182.	
16a		Professional fundraising fees (Part IX, column (A), line 11e)	NONE	NONE	
b		Total fundraising expenses, Part IX, column (D), line 25			
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	117,810.		
18		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	10,358,746.	9,813,582.	
19		Revenue less expenses Subtract line 18 from line 12	13,868,216.	13,956,764.	
Net Assets or Fund Balances			965,125.	366,986.	
	20	Total assets (Part X, line 16)	Beginning of Year	End of Year	
	21	Total liabilities (Part X, line 26)	4,836,354.	4,172,779.	
	22	Net assets or fund balances Subtract line 21 from line 20	2,782,960.	1,825,173.	
		2,053,394.	2,347,606.		

Part II Signature Block

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.

Sign Here

Signature of officer: *Steve Galer* Date: *March 1, 2010*

Type or print name and title: *Steve Galer, Executive Director*

Paid Preparer's Use Only

Preparer's signature: *Bond Beebe* Date: *2/26/10* Check if self-employed: ☐ Preparer's identifying number (see instructions):

Firm's name (or yours if self-employed), address, and ZIP + 4: *BOND BEEBE* EIN: *301-272-6000*

4600 EAST-WEST HIGHWAY SUITE 900 BETHESDA, MD 20814-3423 Phone no: *301-272-6000*

May the IRS discuss this return with the preparer shown above? (See instructions) ☒ Yes ☐ No

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

Form 990 (2008)

SCANNED MAR 30 2010

Part III Statement of Program Service Accomplishments (see instructions)**1** Briefly describe the organization's mission

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 MONTGOMERY COUNTY, MARYLAND.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
☐ Yes ☒ No

If "Yes" describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?
☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code _____) (Expenses \$ 5,851,647. including grants of \$ _____) (Revenue \$ 9,375,406.)

MONTGOMERY CARES - ORGANIZATIONS FUNDED THROUGH MONTGOMERY CARES
SERVED OVER 21,000 ADULTS WITH OVER 56,500 PATIENT VISITS. THE
NUMBER OF MONTGOMERY CARES CLINIC ORGANIZATIONS HAS GROWN FROM 6
TO 12 INDEPENDENT SUBCONTRACTORS. ORAL HEALTH AND BEHAVIORAL
HEALTH SERVICES WERE INTEGRATED INTO MONTGOMERY CARES MOVING FROM
PILOT TO PROGRAM STATUS. THE ORAL HEALTH PROGRAM TREATED 1,291
PATIENTS THROUGH SPANISH CATHOLIC CENTER AND DEPARTMENT OF HEALTH
AND HUMAN SERVICES (DHHS) ADULT DENTAL SERVICES. THE BEHAVIORAL
HEALTH PILOT SERVED 822 PATIENTS AT THREE MONTGOMERY CARES
LOCATIONS.

4b (Code _____) (Expenses \$ 2,143,003. including grants of \$ _____) (Revenue \$ 40,000.)

SEE STATEMENT 1

4c (Code _____) (Expenses \$ 966,776. including grants of \$ _____) (Revenue \$ 892,866.)

CANCER PROJECT - A MULTI-ORGANIZATIONAL INITIATIVE AGAINST CANCER
THAT IS FUNDED BY THE CIGARETTE RESTITUTION FUND. THE PROGRAM
INCLUDES COLORECTAL AND ORAL CANCER PREVENTION, EDUCATION,
SCREENING AND TREATMENT FOR LOW INCOME MONTGOMERY COUNTY
RESIDENTS.

4d Other program services (Describe in Schedule O) SEE STATEMENT 2

(Expenses \$ 4,408,757. including grants of \$ _____) (Revenue \$ 1,562,881.)

4e Total program service expenses ► \$ 13,370,183. (Must equal Part IX, Line 25, column (B))

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	X
5 Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	X
10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 X	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11 X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12 X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X
14a Did the organization maintain an office, employees, or agents outside of the U S ?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K If "No," go to question 25	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b	X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	X

Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV		X
b Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV		X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X

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Yes	No
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Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code)**Section A. Governing Body and Management**

	Yes	No
<i>For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions.</i>		
1a Enter the number of voting members of the governing body	1a 20	
b Enter the number of voting members that are independent	1b 19	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . .	3	X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . .	4	X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . .	7b	X
8 Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9a Does the organization have local chapters, branches, or affiliates?	9a	X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X
11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11	X

Section B. Policies

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X
13 Does the organization have a written whistleblower policy?	13	X
14 Does the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a The organization's CEO, Executive Director, or top management official?	15a	X
b Other officers or key employees of the organization?	15b	X
Describe the process in Schedule O (see instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► MD

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► STEVEN GALEN 8757 GEORGIA AVE., FL 10 SILVER SPRING, MD 20910-3741
 301-628-3405

Part VII	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <i>(continued)</i>
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[illegible]

1b Total	234,537.	NONE	15,619.
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2	Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization	2
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		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
SEE STATEMENT 3		

2	Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization	10
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Part VIII Statement of Revenue

52-1847976

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a 3,139.				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e 1,752,240.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 648,531.				
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		2,403,910.			
Program Service Revenue			Business Code				
	2a	COUNTY CONTRACTS	624100	11,787,024.	11,787,024.		
	b	PATIENT FEES	624100	84,129.	84,129.		
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		11,871,153.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		16,852.			16,852.
	4	Income from investment of tax-exempt bond proceeds		NONE			
	5	Royalties		NONE			
			(i) Real (ii) Personal				
	6a	Gross Rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)		NONE			
	7a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)		NONE			
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events		NONE			
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities		NONE			
10a	Gross sales of inventory, less returns and allowances	a					
b	Less cost of goods sold	b					
c	Net income or (loss) from sales of inventory		NONE				
Miscellaneous Revenue			Business Code				
11a	MISCELLANEOUS	900099	31,835.			31,835.	
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		31,835.				
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		14,323,750.	11,871,153.		48,687.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	NONE			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	NONE			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	114,701.	92,545.	20,225.	1,931.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	NONE			
7 Other salaries and wages	3,277,156.	2,644,147.	577,877.	55,132.
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions) . .	59,057.	47,650.	10,413.	994.
9 Other employee benefits	444,063.	409,224.	26,371.	8,468.
10 Payroll taxes	248,205.	200,262.	43,767.	4,176.
11 Fees for services (non-employees)				
a Management	NONE			
b Legal	490.	140.	350.	
c Accounting	34,313.		34,313.	
d Lobbying	NONE			
e Professional fundraising services See Part IV line 17	NONE			
f Investment management fees	NONE			
g Other	8,578,939.	8,474,543.	94,647.	9,749.
12 Advertising and promotion	NONE			
13 Office expenses	326,281.	264,444.	41,646.	20,191.
14 Information technology	11,855.	11,147.	708.	
15 Royalties	NONE			
16 Occupancy	223,235.	6,600.	216,635.	
17 Travel	91,600.	83,326.	8,249.	25.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	75,878.	71,034.	4,660.	184.
20 Interest	NONE			
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization . . .	11,364.		11,364.	
23 Insurance	5,706.	131.	5,575.	
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a FACILITIES -----	256,095.	255,995.	100.	
b SUBSCRIPTIONS AND MEMBERSHIP -----	59,105.	53,483.	3,984.	1,638.
c MISCELLANEOUS -----	15,508.	5,956.	9,552.	
d RECRUITING -----	13,608.	8,926.	1,625.	3,057.
e EQUIPMENT & MAINTENANCE -----	109,605.	85,877.	23,728.	
f All other expenses -----		654,753.	-667,018.	12,265.
25 Total functional expenses. Add lines 1 through 24f	13,956,764.	13,370,183.	468,771.	117,810.
26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1. Cash - non-interest-bearing	654,264.	1	234,893.
	2. Savings and temporary cash investments	267,182.	2	690,694.
	3. Pledges and grants receivable, net	982,281.	3	1,330,815.
	4. Accounts receivable, net	2,754,512.	4	1,749,906.
	5. Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6. Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7. Notes and loans receivable, net		7	
	8. Inventories for sales or use		8	
	9. Prepaid expenses and deferred charges STMT. 4	65,329.	9	57,671.
	10a. Land, buildings, and equipment cost basis 10a	336,092.		
	b. Less accumulated depreciation. Complete Part VI of Schedule D. 10b	322,959.		
		24,496.	10c	13,133.
	11. Investments - publicly traded securities. STMT. 5	88,290.	11	95,667.
	12. Investments - other securities. See Part IV, line 11.		12	
	13. Investments - program-related. See Part IV, line 11.		13	
	14. Intangible assets		14	
15. Other assets. See Part IV, line 11.		15		
16. Total assets. Add lines 1 through 15 (must equal line 34)	4,836,354.	16	4,172,779.	
Liabilities	17. Accounts payable and accrued expenses	2,611,729.	17	1,612,178.
	18. Grants payable		18	
	19. Deferred revenue		19	
	20. Tax-exempt bond liabilities		20	
	21. Escrow account liability. Complete Part IV of Schedule D		21	
	22. Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23. Secured mortgages and notes payable to unrelated third parties		23	
	24. Unsecured notes and loans payable.		24	
	25. Other liabilities. Complete Part X of Schedule D	171,231.	25	212,995.
	26. Total liabilities. Add lines 17 through 25.	2,782,960.	26	1,825,173.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27. Unrestricted net assets	554,854.	27	264,358.
	28. Temporarily restricted net assets	1,479,655.	28	2,064,363.
	29. Permanently restricted net assets	18,885.	29	18,885.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30. Capital stock or trust principal, or current funds		30	
	31. Paid-in or capital surplus, or land, building, or equipment fund		31	
	32. Retained earnings, endowment, accumulated income, or other funds		32	
	33. Total net assets or fund balances	2,053,394.	33	2,347,606.
	34. Total liabilities and net assets/fund balances	4,836,354.	34	4,172,779.

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X
b	Were the organization's financial statements audited by an independent accountant?	2b	X
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X
b	If "Yes," did the organization undergo the required audit or audits?	3b	X

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,446,709.	1,576,439.	1,002,824.	2,983,565.	2,403,910.	9,413,447.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1-3	1,446,709.	1,576,439.	1,002,824.	2,983,565.	2,403,910.	9,413,447.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,085,419.
6 Public support. Subtract line 5 from line 4						8,328,028.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	1,446,709.	1,576,439.	1,002,824.	2,983,565.	2,403,910.	9,413,447.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7,320.	7,320.	9,194.	19,236.	16,852.	59,922.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)		80,562.	78,549.	68,893.	31,835.	259,839.
11 Total support. Add lines 7 through 10						9,733,208.
12 Gross receipts from related activities, etc. (See instructions)					12	41,477,196.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	85.56 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	92.61 %
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "fact-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 9 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a **33 1/3% support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b **33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information (see instructions)

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2004	2005	2006	2007	2008	TOTAL
MISCELLANEOUS		80,562.	78,549.	68,893.	31,835.	259,839.
TOTALS		80,562.	78,549.	68,893.	31,835.	259,839.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Financial Statements

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008

Open to Public
Inspection

PRIMARY CARE COALITION OF MONTGOMERY COUNTY

Employer identification number

52-1847976

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure)	<input type="checkbox"/> Preservation of an historically importantly land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

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Schedule D (Form 990) 2008

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition d ☐ Loan or exchange programs
 b ☐ Scholarly research e ☐ Other _____
 c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	18,885.				
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	18,885.				

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ► _____ %
 b Permanent endowment ► 100.0000 %
 c Term endowment ► _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		2,795.	2,795.	NONE
d Equipment		330,737.	317,604.	13,133.
e Other		2,560.	2,560.	
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c))				13,133.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other _____		

Total. (Column (b) should equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value

Total. (Column (b) should equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value

Total. (Column (b) should equal Form 990, Part X, col (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25

(a) Description of liability	(b) Amount
Federal income taxes	
ACCRUED EMPLOYEE BENEFITS	212,995.

Total. (Column (b) should equal Form 990, Part X, col (B) line 25.) ▶	212,995.

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	14,323,750.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	13,956,764.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	366,986.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4-8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	366,986.

Part XII	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return
-----------------	---

1	Total revenue, gains, and other support per audited financial statements		1	15,534,130.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b	1,210,380.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV)	2d		
e	Add lines 2a through 2d		2e	1,210,380.
3	Subtract line 2e from line 1		3	14,323,750.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)		5	14,323,750.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements		1	15,167,144.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a	1,210,380.	
b	Prior year adjustments	2b		
c	Losses reported on Form 990, Part IX, line 25	2c		
d	Other (Describe in Part XIV)	2d		
e	Add lines 2a through 2d		2e	1,210,380.
3	Subtract line 2e from line 1		3	13,956,764.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)		5	13,956,764.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

[illegible]

Part XIV Supplemental Information *(continued)*

Area with horizontal dashed lines for supplemental information.

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

► Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No 1545-0047

2008

**Open to Public
Inspection**

Name of the Organization

Employer Identification number

PRIMARY CARE COALITION OF MONTGOMERY COUNTY

52-1847976

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
STEVE GALEN EXECUTIVE DIRECTOR-EX OFFICIO	40.	X		X				133,032.	NONE	NONE
ARVA JACKSON DIRECTOR	1.	X						NONE	NONE	NONE
ROBERTA MILMAN DIRECTOR/CHAIR	1.	X		X				NONE	NONE	NONE
WILBUR MALLOY DIRECTOR/SECRETARY	1.	X		X				NONE	NONE	NONE
HORACE BERNTON DIRECTOR	1.	X						NONE	NONE	NONE
RICHARD BOHRER DIRECTOR/VICE CHAIR	1.	X		X				NONE	NONE	NONE
BETSY CARRIER DIRECTOR	1.	X						NONE	NONE	NONE
CHARLES FLEISCHER DIRECTOR	1.	X						NONE	NONE	NONE
CAROL GARVEY DIRECTOR	1.	X						NONE	NONE	NONE
ALAN GREGERMAN DIRECTOR	1.	X						NONE	NONE	NONE
TRISTAM KRUGER DIRECTOR	1.	X						NONE	NONE	NONE
MARION LEWIN DIRECTOR	1.	X						NONE	NONE	NONE
JOHN LUKE DIRECTOR	1.	X						NONE	NONE	NONE
STEVE BRAUNSTEIN DIRECTOR/TREASURER	1.	X		X				NONE	NONE	NONE
LECOUNT DAVIS DIRECTOR	1.	X						NONE	NONE	NONE
HIAWATHA FOUNTAIN DIRECTOR	1.	X						NONE	NONE	NONE
MARILYN HUGHES GASTON DIRECTOR	1.	X						NONE	NONE	NONE
JORGE RIBAS DIRECTOR	1.	X						NONE	NONE	NONE
JEFFERY RUBERY DIRECTOR	1.	X						NONE	NONE	NONE
KEVIN MELL DIRECTOR	1.	X						NONE	NONE	NONE
MARIA R WATSON RESEARCH DIRECTOR	40.					X		101,505.	NONE	15,619.

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Schedule J-2 (Form 990) 2008

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**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

► **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

OMB No 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

PRIMARY CARE COALITION OF MONTGOMERY COUNTY

Employer identification number

52-1847976

FORM 990 PART VI SECTION B. POLICIES

LINE 12C

THE ORGANIZATION DISTRIBUTES A FORM AT THE ANNUAL MEETING TO ALL BOARD

MEMBERS, WHICH THEY MUST COMPLETE AND RETURN BACK, REGARDING ANY

CONFLICTS OF INTEREST.

Name of the organization

Employer identification number

PRIMARY CARE COALITION OF MONTGOMERY COUNTY

52-1847976

FORM 990 PART VI SECTION A. GOVERNING BODY AND MANAGEMENT

LINE 10

THE CHIEF EXECUTIVE OFFICER REVIEWS AND SIGNS THE RETURN.

Name of the organization

Employer identification number

PRIMARY CARE COALITION OF MONTGOMERY COUNTY

52-1847976

FORM 990, PART VI SECTION B. POLICIES

LINE 15A

THE CHIEF EXECUTIVE OFFICER'S PERFORMANCE IS EVALUATED BY THE BOARD CHAIR

ANNUALLY, WHO MAKES COMPENSATION RECOMMENDATIONS TO THE FULL BOARD.

Name of the organization

PRIMARY CARE COALITION OF MONTGOMERY COUNTY

Employer identification number

52-1847976

FORM 990 PART VI SECTION C. DISCLOSURE

LINE 19

THE ORGANIZATION PUBLISHES THE DOCUMENTS THROUGH ITS OWN WEBSITE. ALSO

THE DOCUMENTS ARE AVAILABLE UPON REQUEST.

Name of the organization

Employer identification number

PRIMARY CARE COALITION OF MONTGOMERY COUNTY

52-1847976

FORM 990 PART III PROGRAM SERVICE ACCOMPLISHMENT

LINE 4D OTHER PROGRAM SERVICES

ADDITIONAL PROGRAM SERVICES

CARE FOR KIDS IS A MONTGOMERY COUNTY FUNDED PROGRAM PROVIDING PRIMARY HEALTH CARE SERVICES TO LOW-INCOME, UNINSURED CHILDREN WHO ARE NOT ELIGIBLE FOR MARYLAND'S CHILDREN'S HEALTH INSURANCE PROGRAM (MCHIP). IN FY09, CARE FOR KIDS SERVED 3,600 CHILDREN PROVIDING ALMOST 5,000 PRIMARY CARE VISITS. CURRENTLY, CFK SUBCONTRACTS WITH 2 FEDERALLY QUALIFIED HEALTH CENTERS, 4 SCHOOL-BASED HEALTH CENTERS, 1 PRIVATE COMMUNITY-BASED CLINIC, 3 PRIVATE PRACTICES AND KAISER PERMANENTE. SPECIALTY CARE IS PROVIDED THROUGH THE STATE'S CHILDREN'S MEDICAL SERVICES (CMS) PROGRAM AND THE ARCHDIOCESAN HEALTH CARE NETWORK. DENTAL SCREENING IS PROVIDED THROUGH DHHS AND 18 CHILDREN RECEIVED SPECIALTY DENTAL SERVICES PROVIDED THROUGH HOWARD UNIVERSITY COLLEGE OF PEDIATRIC DENTISTRY AND PRIVATE PEDIATRIC DENTAL PRACTICES. VISION CARE, INCLUDING EYEGLASSES, IS FUNDED THROUGH CFK, FOUNDATION GRANTS AND CONTRIBUTIONS.

CENTER FOR HEALTH IMPROVEMENT - SEEKS TO IMPROVE THE HEALTH STATUS OF ADULTS AND CHILDREN BEING SERVED THROUGH THE MONTGOMERY CARES AND CARE FOR KIDS PROGRAMS WITH AN EMPHASIS ON QUALITY CARE, COMMUNITY OUTREACH AND EDUCATION, EVIDENCE-BASED MEDICINE, AND RESEARCH. THE CENTER WORKS TO SUPPORT QUALITY, EFFECTIVE, PATIENT-CENTERED CARE WITHIN THE CLINIC NETWORK BY ADOPTING THE NOTION THAT EVERY PATIENT SHOULD HAVE A PLAN OF CARE.

CHILD ASSESSMENT CENTER - ITS MISSION IS TO ENSURE THAT CHILDREN IN

Name of the organization

Employer identification number

PRIMARY CARE COALITION OF MONTGOMERY COUNTY

52-1847976

MONTGOMERY COUNTY, MARYLAND WHO HAVE BEEN VICTIMS OF SEXUAL ABUSE OR
 SERIOUS PHYSICAL ABUSE OR NEGLECT RECEIVE COMPREHENSIVE,
 MULTIDISCIPLINARY, HIGH QUALITY, CULTURALLY SENSITIVE SERVICES IN A
 CHILD-FRIENDLY ENVIRONMENT. A COMPLEMENTARY GOAL IS TO FACILITATE AGENCY
 COLLABORATION TO MINIMIZE TRAUMA TO THE CHILD AND SUPPORT THE CHILD'S
 WELL-BEING IN A HEALTHY AND SAFE FAMILY AND COMMUNITY SETTING.

COMMUNITY-BASED HEALTH INFORMATICS (CBHI) - ITS MISSION IS TO IMPROVE
 HEALTH CARE QUALITY, PRODUCTIVITY FOR THE LOW-INCOME UNINSURED THROUGH
 INNOVATIVE USES OF HEALTH INFORMATION AND TECHNOLOGY AND DEVELOP AND
 IMPLEMENT CHL CARE, A SHARE-ELECTRONIC MEDICAL RECORD AND INFORMATION
 MANAGEMENT SYSTEM.

PROJECT ACCESS - A HEALTHCARE REFERRAL SERVICE. PARTICIPATING PROVIDERS
 AND HEALTH CARE ORGANIZATIONS PROVIDE SERVICES FOR FREE OR AT HEAVILY
 DISCOUNTED RATES FOR LOW-INCOME AND UNINSURED COUNTY RESIDENTS. REFERRALS
 COME FROM COMMUNITY HEALTHLINK SAFETY NET CLINICS AND PROJECT ACCESS
 PRIVATE PHYSICIANS AND HOSPITALS. PROJECT ACCESS FACILITATES THE
 REFERRALS AND MAINTAINS THE PROVIDER NETWORK THROUGH
 RELATIONSHIP-BUILDING AND RECRUITMENT ACTIVITIES.

HEALTH CARE FOR THE HOMELESS - FACILITATES A MULTI-DISCIPLINARY TEAM OF
 PROVIDERS SERVING HOMELESS ADULTS.

AGENCY FOR HEALTH CARE RESEARCH AND QUALITY (AHRQ) - A FEDERAL GRANT
 PROGRAM TO DEVELOP AN IMPLEMENTATION PLAN FOR A COMMUNITY-BASED HEALTH
 INFORMATION TECHNOLOGY ARCHITECTURE TO ENABLE SECURE, HIPAA COMPLIANT

Name of the organization

Employer identification number

PRIMARY CARE COALITION OF MONTGOMERY COUNTY

52-1847976

SHARING OF PATIENT HEALTH INFORMATION AMONGST PARTICIPATING SAFETY NET

CLINICS, SPECIALTY PROVIDERS AND AREA HOSPITALS IN THE NATIONAL CAPITAL

REGION.

FORM 990, PART III - PROGRAM SERVICES

4B PROGRAM SERVICE

COMMUNITY PHARMACY - THE COMMUNITY PHARMACY POINT OF SERVICE MEDICINE PROGRAM COMPLETED ITS FIFTH YEAR OF OPERATION IN FY09. THE ORIGINAL 13 GENERIC MEDICATION FORMULARY HAS BEEN DEVELOPED INTO 45 CORE MEDICINES COVERING 8 CLASSES OF DRUGS. SEASONAL FLU AND PNEUMOVAX VACCINE HAVE BEEN PURCHASED FOR ADMINISTRATION AT THE SITES FOR THE FOURTH YEAR. IN RESPONSE TO PROVIDER REQUESTS, THE MONTGOMERY CARES CLINICS CONTINUED TO RECEIVE MINI GRANTS TOTALING \$50,000 TO PURCHASE OVER THE COUNTER MEDICATIONS AND ITEMS NOT SUITABLE FOR THE GENERAL FORMULARY.

COMMUNITY PHARMACY CONTINUED TO PROVIDE ACCESS BEYOND THE GENERAL FORMULARY INCLUDING MEDICATIONS FOR THE MONTGOMERY CARES BEHAVIORAL HEALTH PROGRAMS, AND THE MONTGOMERY COUNTY DENTAL HEALTH PILOT. COMMUNITY PHARMACY ALSO PURCHASES DIABETIC SUPPLIES; GLUCOMETERS, LANCETS, AND STRIPS FOR PATIENTS PARTICIPATING IN THE MONTGOMERY COUNTY DHHS MATERNAL CHILD HEALTH PROGRAM. TWO NEW CLINICS OPENED: THE PAN ASIAN CLINIC AND THE COMMUNITY MINISTRIES OF ROCKVILLE CLINIC. THE BEHAVIORAL HEALTH PROGRAM EXPANDED TO TWO SITES AT HOLY CROSS, GAITHERSBURG AND PROYECTO SALUD, OLNEY.

IN ORDER TO GET A MORE IN-DEPTH UNDERSTANDING OF PATIENT EXPERIENCE, THE CENTER FOR MEDICINE ACCESS (CMA) HAS CONDUCTED QUARTERLY PHONE SURVEYS. IN ADDITION, CMA HAS REENTERED THE DHHS HRSA COLLABORATIVE ALONG WITH ALFA PHARMACY AND THE UNIVERSITY OF MARYLAND SCHOOL OF PHARMACY. UNDER THE COLLABORATIVE, A MEDICATION THERAPY MANAGEMENT PILOT WAS INTRODUCED AT MERCY CLINIC. PATIENTS MEET WITH VOLUNTEER PHARMACISTS WITH THE GOAL OF IMPROVING HEALTH OUTCOMES, PATIENT EXPERIENCE AND COST.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

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DESCRIPTION	GRANTS	EXPENSES	REVENUE
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CARE FOR KIDS		947,391.	959,582.
CENTER FOR HEALTH IMPROVEMENT		845,556.	
CHILD ASSESSMENT CENTER		699,419.	559,070.
COMMUNITY BASED HEALTH INFORMATICS		595,077.	42,551.
PROJECT ACCESS		500,543.	1,678.
HEALTH CARE FOR THE HOMELESS		447,139.	
HEALTH CARE RESEARCH AND QUALITY		373,632.	
	-----	-----	-----
TOTALS		4,408,757.	1,562,881.
	=====	=====	=====

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS
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NAME AND ADDRESS -----	DESCRIPTION OF SERVICES -----	COMPENSATION -----
COMMUNITY CLINIC 1450 RESEARCH BLVD#30 ROCKVILLE, MD 20850	MEDICAL CARE	665,829.
MOBILE MED 9309 OLD GEORGETOWN RD BETHESDA, MD 20814	MEDICAL CARE	1,161,591.
PROYECTO SALUD 2424 REEDIE DRIVE WHEATON, MD 20902	MEDICAL CARE	748,533.
MERCY HEALTH CLINIC 7-1 METROPOLITAN COURT GAITHERSBURG, MD 20878	MEDICAL CARE	421,183.
HOLY CROSS HOSPITAL HEALTH CENTER 10400 DETRICK AVENUE KENSINGTON, MD 20895	MEDICAL CARE	1,064,808.
TOTAL COMPENSATION		----- 4,061,944. =====

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

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DESCRIPTION	ENDING BOOK VALUE
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PREPAID EXPENSES	56,565.
PREPAID POSTAGE	1,106.

TOTALS	57,671.
	=====

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

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DESCRIPTION -----	ENDING BOOK VALUE -----	COST OR FMV -----
PUBLICLY TRADED SECURITIES		
MUTUAL FUNDS	95,667.	FMV

TOTALS	95,667.	
	=====	

*Assets Retired
JSA
8X9024 1 000

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization	Employer Identification number
	PRIMARY CARE COALITION OF MONTGOMERY COUNTY	52-1847976
	Number, street, and room or suite no. If a P.O. box, see instructions.	For IRS use only
	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-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• The books are in the care of **STEVEN GALEN**

Telephone No **301 628-3405**

FAX No

• If the organization does not have an office or place of business in the United States, check this box ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **05/15/2010**

5 For calendar year , or other tax year beginning **07/01/2008**, and ending **06/30/2009**

6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension

ADDITIONAL TIME IS REQUIRED TO ASSEMBLE THE INFORMATION IN ORDER TO FILE A COMPLETE AND ACCURATE RETURN.

8a 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	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b \$
c Balance Due. Subtract line 8b from line 8a 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	8c \$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature **Thom BEEBE** Title **CFA** Date **2/9/10**
 BOND BEEBE
 4600 EAST-WEST HIGHWAY SUITE 900
 BETHESDA, MD 20814-3423

Form 8868 (Rev 4-2009)