

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

OMB No 1545-0047

2010Open to Public
Inspection**A For the 2010 calendar year, or tax year beginning** 07/01, 2010, and ending 06/30, 2011**B Check if applicable**
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending
C Name of organization PRIMARY CARE COALITION OF MONTGOMERY COUNTY

Doing Business As

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

Room/suite

8757 GEORGIA AVENUE

10TH FLR

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

SILVER SPRING, MD 20910-3741

F Name and address of principal officer STEVE GALEN

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 \$ 12,567,073.**H(a) Is this a group return for affiliates?** Yes ☐ No ☒**H(b) Are all affiliates included?** Yes ☐ No ☐

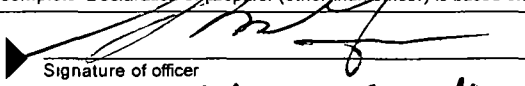
If "No," attach a list (see instructions)

I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () (insert no) ☐ 4947(a)(1) or ☐ 527**J Website:** WWW.PRIMARYCARECOALITION.ORG**H(c) Group exemption number** ▶**K Form 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	PCC IS A NOT-FOR-PROFIT ORGANIZATION DEDICATED TO IMPROVING ACCESS TO HIGH QUALITY, CULTURALLY SENSITIVE PRIMARY CARE AND SPECIALTY CARE SERVICES FOR UNINSURED CHILDREN AND ADULTS IN MONTGOMERY COUNTY, MD.	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	19.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	18.
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	86.
	6 Total number of volunteers (estimate if necessary)	6	10.
Revenue	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	
	b Net unrelated business taxable income from Form 990-T, line 34	7b	
	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	2,913,481.	1,756,917.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11,768,529.	10,796,588.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	17,495.	13,244.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	441.	324.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	14,699,946.	12,567,073.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
Expenses	16a Professional fundraising fees (Part IX, column (A), line 11e)	3,817,648.	4,068,484.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶	30,054.	17,091.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	22,889.	
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	10,040,726.	9,080,576.
	19 Revenue less expenses Subtract line 18 from line 12	13,888,428.	13,166,151.
		811,518.	-599,078.
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	5,147,485.	4,021,251.
	22 Net assets or fund balances Subtract line 21 from line 20	1,988,361.	1,461,205.

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		11.30.2011
	Signature of officer	Date
Paid Preparer Use Only	Steve Galer, Executive Director	
	Type or print name and title	
	Print/Type preparer's name	Preparer's signature
	Preparer's name	Date
	Preparer's address	Check if self-employed <input type="checkbox"/>
	Preparer's EIN	PTIN
	Preparer's phone	

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2010)

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Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☒ **X****1** Briefly describe the organization's mission:

THE PRIMARY CARE COALITION'S EXEMPT MISSION IS TO BE THE CATALYST FOR
THE DEVELOPMENT AND COORDINATION OF A COMMUNITY-BASED HEALTH CARE
SYSTEM THAT STRIVES FOR UNIVERSAL ACCESS AND HEALTH EQUITY FOR
UNDERSERVED RESIDENTS OF MONTGOMERY COUNTY, MD.

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 \$ 7,272,266. including grants of \$ _____) (Revenue \$ 7,014,920.)
SEE SCHEDULE 'O'

4b (Code _____) (Expenses \$ 1,811,843. including grants of \$ _____) (Revenue \$ 1,858,674.)
SEE SCHEDULE 'O'

4c (Code _____) (Expenses \$ 1,447,361. including grants of \$ _____) (Revenue \$ 870,256.)

CENTER OF HEALTH IMPROVEMENT - GRANT-FUNDED PROJECTS TO IMPROVE
THE HEALTH STATUS OF THE MEDICALLY UNDERSERVED BY SUPPORTING
QUALITY IMPROVEMENT PROCESSES, EVIDENCE-BASED MEDICINE, AND
EFFECTIVE PATIENT-CENTERED CARE. PROJECTS IN FY11 FOCUSED IN TWO
AREAS: BREAST HEALTH AND CANCER SCREENING SERVICES FOR ELIGIBLE
LOW-INCOME UNINSURED WOMEN IN THE REGION, AND A COMPREHENSIVE,
INTEGRATED APPROACH TO REDUCING "AVOIDABLE" EMERGENCY DEPARTMENT
VISITS BY UNINSURED AND MEDICAID-INSURED MONTGOMERY COUNTY
RESIDENTS.

4d Other program services (Describe in Schedule O) **ATTACHMENT 1**
(Expenses \$ 2,232,559. including grants of \$ _____) (Revenue \$ 2,182,071.)

4e Total program service expenses **▶** 12,764,029.

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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)		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		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or 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		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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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 United States? If "Yes," complete Schedule F, Parts I and IV		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, Parts II and IV		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, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>		X
24 a	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25 a	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? <i>If "Yes," complete Schedule L, Part I.</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		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? <i>If "Yes," complete Schedule L, Part II.</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III.</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i>		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		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? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V. ☐

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a 118		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a 86		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b		
4a 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)?	4a		X
b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year.	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b		
c Enter the amount of reserves on hand.	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI ☒ X

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 19		
b Enter the number of voting members included in line 1a, above, who are independent 1b 18		
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 governing documents since the prior Form 990 was filed? 4		X
5 Did the organization become aware during the year of a significant 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 organization 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	
9 Is there any officer, director, 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 9		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates? 10a		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? 10b		
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11a		X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990		
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
If "Yes" to line 15a or 15b, 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 ► STEVE GALEN 8757 GEORGIA AVE., 10TH FLR SILVER SPRING, MD 20910-3741
 301-628-3417

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII. ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) STEVE GALEN PRESIDENT/CEO	40.00	X		X				120,570		2,371
(2) CAROL W. GARVEY DIRECTOR/CHAIR	1.00	X		X						
(3) MARION EIN LEWIN DIRECTOR/ VICE-CHAIR	1.00	X		X						
(4) CHARLES H. FLEISCHER DIRECTOR/SECRETARY	1.00	X		X						
(5) RICHARD BOHRER DIRECTOR/TREASURER	1.00	X		X						
(6) MARC BERK DIRECTOR	1.00	X								
(7) JULIA DOHERTY DIRECTOR	1.00	X								
(8) BETSY CARRIER DIRECTOR	1.00	X								
(9) ARVA JACKSON DIRECTOR	1.00	X								
(10) MONICA ESCALANTE DIRECTOR	1.00	X								
(11) ROBERTA MILMAN DIRECTOR	1.00	X								
(12) RICHARD FRANK GILLUM DIRECTOR	1.00	X								
(13) TRISTRAM KRUGER DIRECTOR	1.00	X								
(14) ALAN S. GREGERMAN DIRECTOR	1.00	X								
(15) JOAN M. PLANELL DIRECTOR	1.00	X								
(16) STEVEN M. LIEBERMAN DIRECTOR	1.00	X								

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(17) JORGE RIBAS DIRECTOR	1.00	X								
(18) WILBUR W. MALLOY DIRECTOR	1.00	X								
(19) JEFFREY M. RUBERY DIRECTOR	1.00	X								
(20) HORACE "BUD" W. BERNTON DIRECTOR	1.00	X								
(21)										
(22)										
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										
1b Sub-total								120,570.		2,371.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								120,570.		2,371.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **1**

- 3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 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? If "Yes," complete Schedule J for such individual
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4		X
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
ATTACHMENT 2		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **1**

Part VIII Statement of Revenue

				(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	5,751.			
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions) . .	1e	767,419.			
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	983,747.			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		1,756,917.			
Program Service Revenue	2a	COUNTY CONTRACTS	Business Code	624100	10,749,491.	10,749,491.	
	b	PATIENTS FEES		624100	895.	895.	
	c	SERVICE INCOME		624100	46,202.	45,830.	372
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		10,796,588			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts). ATTACHMENT 3		13,244.		
4		Income from investment of tax-exempt bond proceeds		0.			
5		Royalties		0.			
			(i) Real	(ii) Personal			
6a		Gross Rents					
b		Less rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss)		0.			
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)		0.			
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		0			
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		0.			
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		0				
Miscellaneous Revenue			Business Code				
11a	MISCELLANEOUS		900099	324.		324.	
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		324.				
12	Total revenue. See instructions		12,567,073.	10,796,216.		13,940.	

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)

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	0.			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	0.			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	122,941.		122,941.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	3,200,746.	2,727,612.	473,134.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions).	0.			
9 Other employee benefits	494,186.	613,611.	-119,425.	
10 Payroll taxes	250,611.		250,611.	
11 Fees for services (non-employees)				
a Management	0.			
b Legal	1,270.		1,270.	
c Accounting	32,715.		32,715.	
d Lobbying	0.			
e Professional fundraising services See Part IV, line 17	17,091.			17,091.
f Investment management fees	0.			
g Other	0.			
12 Advertising and promotion	0.			
13 Office expenses	112,341.	97,743.	14,438.	160.
14 Information technology	9,444.	2,101.	7,208.	135.
15 Royalties	0.			
16 Occupancy	230,347.	38,635.	191,712.	
17 Travel	75,599.	69,701.	5,898.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	57,950.	31,204.	26,410.	336.
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	4,093.		4,093.	
23 Insurance	6,902.		6,902.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a MEDICAL PROVIDER CONSULTANTS	6,905,196.	6,905,196.		
b PROFESSIONAL SERVICES	1,496,508.	1,407,682.	88,826.	
c PRINTING AND COPYING	39,885.	23,705.	14,458.	1,722.
d INDIRECT COST ALLOCATION		788,935.	-792,073.	3,138.
e EQUIPMENT AND MAINTENANCE	36,858.	5,495.	31,363.	
f All other expenses	71,468.	52,409.	18,752.	307.
25 Total functional expenses. Add lines 1 through 24f	13,166,151.	12,764,029.	379,233.	22,889.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). 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	226,314.	1	176,624.
	2 Savings and temporary cash investments	521,018.	2	681,165.
	3 Pledges and grants receivable, net	2,120,997.	3	1,652,217.
	4 Accounts receivable, net	2,119,812.	4	1,354,481.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	48,572.	9	45,066.
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	336,092.		
	b Less accumulated depreciation	333,022.		
		7,163.	10c	3,070.
	11 Investments - publicly traded securities.	103,609.	11	108,628.
	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)	5,147,485.	16	4,021,251.	
Liabilities	17 Accounts payable and accrued expenses	1,799,370.	17	1,261,565.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial 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 to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	188,991.	25	199,640.
	26 Total liabilities. Add lines 17 through 25	1,988,361.	26	1,461,205.
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	207,974.	27	382,527.
	28 Temporarily restricted net assets	2,932,265.	28	2,158,634.
	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	3,159,124.	33	2,560,046.
34 Total liabilities and net assets/fund balances	5,147,485.	34	4,021,251.	

Form 990 (2010)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI. ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,567,073.
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,166,151.
3	Revenue less expenses Subtract line 2 from line 1	3	-599,078.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,159,124.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2,560,046.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII. ☐

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
c	If "Yes" to line 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
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?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form **990** (2010)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization **PRIMARY CARE COALITION OF MONTGOMERY COUNTY**

Employer identification number
52-1847976

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 9 ☐ 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 exempt 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).** (Complete Part III)
- 10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h
a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ☐
- (ii) A family member of a person described in (i) above? ☐
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐
- h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2010

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,002,824.	2,983,565.	2,403,910.	2,913,480.	1,756,917.	11,060,696
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 through 3	1,002,824.	2,983,565.	2,403,910.	2,913,480.	1,756,917.	11,060,696
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).						2,509,032.
6 Public support. Subtract line 5 from line 4						8,551,664.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	1,002,824.	2,983,565.	2,403,910.	2,913,480.	1,756,917.	11,060,696.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	9,194.	19,236.	16,852.	17,495.	13,244.	76,021.
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) . ATCH 1	78,549.	68,893.	31,835.	441.	324.	180,042.
11 Total support. Add lines 7 through 10						11,316,759.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 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

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	75.57%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	74.85%
16a 33 1/3% support test - 2010. 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 - 2009. 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 - 2010. 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 "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"/>	
b 10%-facts-and-circumstances test - 2009. 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"/>	

Schedule A (Form 990 or 990-EZ) 2010

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 or if the organization failed to qualify under Part II
If the organization fails to qualify under the tests listed below, please complete Part II)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 through 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 \$5,000 or 1% of the amount on line 13 for the year						
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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2010. 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 - 2009. 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 explanations required by Part II, line 10, Part II, line 17a or 17b, or Part III, line 12. Also complete this part for any additional information (See instructions)

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2006	2007	2008	2009	2010	TOTAL
MISCELLANEOUS	78,549.	68,893.	31,835.	441.	324.	180,042.
TOTALS	<u>78,549.</u>	<u>68,893.</u>	<u>31,835.</u>	<u>441.</u>	<u>324.</u>	<u>180,042.</u>

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► **Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

► **Attach to Form 990. ► See separate instructions.**

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization **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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring 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 education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 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 Tax 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, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 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 (ASC 958), 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 (ASC 958), 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 (ASC 958) relating to these items

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

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

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

Schedule D (Form 990) 2010

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

3 Using the organization's acquisition, 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 Escrow and Custodial Arrangements. Complete if the 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.	18,885.	18,885.		
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	18,885.	18,885.	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 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) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements	0.	2,795.	2,795.	
d Equipment	0.	330,737.	327,667.	3,070.
e Other	0.	2,560.	2,560.	
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)).				3,070.

Schedule D (Form 990) 2010

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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must 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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must 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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

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

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) ACCRUED EMPLOYEE BENEFITS	199,640.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	
	199,640.

2. FIN 48 (ASC 740) Footnote 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 (ASC 740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	12,567,073.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	13,166,151.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-599,078.
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 through 8	9	
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	-599,078.

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	13,571,496.
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	1,004,423.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	1,004,423.
3	Subtract line 2e from line 1	3	12,567,073.
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 must equal Form 990, Part I, line 12)	5	12,567,073.

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

1	Total expenses and losses per audited financial statements	1	14,170,574.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	1,004,423.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	1,004,423.
3	Subtract line 2e from line 1	3	13,166,151.
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 must equal Form 990, Part I, line 18)	5	13,166,151.

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, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

FOOTNOTE ON FIN48

PART IV - LINE 11F

THE COALITION HAS ADOPTED ASC TOPIC 740-10, WHICH PRESCRIBES MEASUREMENT

AND DISCLOSURE REQUIREMENTS FOR CURRENT AND DEFERRED INCOME TAX

PROVISIONS. THE TOPIC PROVIDES FOR A CONSISTENT APPROACH IN IDENTIFYING

AND REPORTING UNCERTAIN TAX POSITIONS. IT IS MANAGEMENT'S BELIEF THAT

THE COALITION DOES NOT HOLD ANY UNCERTAIN TAX POSITIONS.

Part XIV Supplemental Information *(continued)*

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a
▶ Attach to Form 990 or Form 990-EZ ▶ See separate instructions.

2010

**Open To Public
Inspection**

Employer identification number
52-1847976

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17
Form 990-EZ filers are not required to complete this part

- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

[illegible]

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts				
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2).				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
11 Net income summary. Combine line 3, column (d), and line 10					

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1 Gross revenue					
Direct Expenses	2 Cash prizes					
	3 Noncash prizes					
	4 Rent/facility costs					
	5 Other direct expenses					
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
	7 Direct expense summary. Add lines 2 through 5 in column (d)					()
	8 Net gaming income summary. Combine line 1, column d, and line 7					

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

- 11** Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity operated in
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ _____

Address ▶ _____

- 15 a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization
PRIMARY CARE COALITION OF
MONTGOMERY COUNTY

Employer identification number
52-1847976

PROGRAM SERVICE ACTIVITY # 1

PART III, QS. 4A

HEALTH CARE ACCESS - INCLUDES VARIOUS PROJECTS OUT OF WHICH THE LARGEST
ONES ARE AS FOLLOWS:

1) MONTGOMERY CARES - THIS PROGRAM IS A PARTNERSHIP BETWEEN PCC,
MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES AND ELEVEN
COMMUNITY-BASED HEALTH CARE ORGANIZATIONS. IN FY11, THE PROGRAM PROVIDED
OVER 73,000 PRIMARY HEALTH CARE VISITS TO ALMOST 27,000 LOW-INCOME,
UNINSURED ADULTS FROM DIVERSE RACIAL AND ETHNIC BACKGROUNDS. THE PROGRAM
ALSO SUPPORTS A PARTNERSHIP BETWEEN PCC AND GEORGETOWN UNIVERSITY
DEPARTMENT OF PSYCHIATRY THAT HAS SUCCESSFULLY INTEGRATED BEHAVIORAL
HEALTH SERVICES AT THREE PRIMARY CARE SITES AND IS AVAILABLE TO MORE THAN
11,000 PATIENTS. THERE IS A LIMITED ORAL HEALTH PROGRAM THAT PROVIDED
5,000 DENTAL VISITS TO 2,000 PATIENTS. PCC PROVIDED SUPPORT AND TECHNICAL
ASSISTANCE TO THE ELEVEN COMMUNITY-BASED HEALTH CARE ORGANIZATIONS,
STRENGTHENING THE CAPABILITIES OF THESE ORGANIZATIONS TO SERVE THEIR
PATIENTS WITH CULTURALLY COMPETENT, QUALITY CARE. AS AN EXAMPLE, PCC
TRACKS EIGHTEEN CLINIC QUALITY INDICATORS, BENCHMARKED TO NCQA HEDIS
MEASURES, AND LEADS A QUALITY IMPROVEMENT COLLABORATIVE FOR THE
COMMUNITY-BASED HEALTH CARE ORGANIZATIONS.

2) PROJECT ACCESS - THIS PROGRAM RECRUITS AND MAINTAINS A NETWORK OF
SPECIALTY CARE PROVIDERS AND HEALTH CARE ORGANIZATIONS THAT PROVIDE
SERVICES FOR FREE OR AT HEAVILY DISCOUNTED RATES FOR LOW INCOME AND
UNINSURED PATIENTS OF THE MONTGOMERY CARES PROGRAM. THE PROGRAM USES A

Name of the organization PRIMARY CARE COALITION OF
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WEB-BASED ELECTRONIC REFERRAL MODULE THAT FACILITATES COMMUNICATION BETWEEN PRIMARY CARE PROVIDERS, THE SPECIALISTS AND PROJECT ACCESS STAFF AS WELL AS PATIENT TRACKING AND CARE MANAGEMENT. IN FISCAL YEAR 11, PROJECT ACCESS BUILT A COMMUNITY-WIDE COLLABORATION, INCLUDING THE FIVE MONTGOMERY COUNTY HOSPITALS, TO INCREASE ACCESS TO SPECIALTY CARE SERVICES. IN TOTAL, \$1,004,423 OF PRO-BONO SPECIALTY CARE SERVICES WERE PROVIDED TO MORE THAN 2,500 MONTGOMERY CARES PATIENTS THROUGH PROJECT ACCESS DURING FY11.

3) CARE FOR KIDS - AN ENROLLMENT PROGRAM THAT PROVIDES PRIMARY AND PREVENTIVE HEALTH CARE SERVICES FOR LOW-INCOME UNINSURED CHILDREN NOT ELIGIBLE FOR MARYLAND'S CHILDREN'S HEALTH INSURANCE. HEALTH SERVICES ARE PROVIDED BY COMMUNITY AND PRIVATE PROVIDERS, SCHOOL-BASED HEALTH AND WELLNESS CENTERS, AND KAISER PERMANENTE. IN FY11, CARE FOR KIDS SERVED 2,931 CHILDREN WITH 4,641 VISITS AND 866 REFERRALS FOR SPECIALTY CARE SERVICES.

PROGRAM SERVICE ACTIVITY #2

PART III, QS. 4B

MEDICINE ACCESS - IT INCLUDES 2 PROJECTS AS FOLLOWS:

1) COMMUNITY PHARMACY - THE COMMUNITY PHARMACY POINT-OF-SERVICE MEDICINE PROGRAM COMPLETED ITS SEVENTH YEAR OF OPERATION IN FY11. THIS PROGRAM PROVIDES A POPULATION-FOCUSED FORMULARY OF 45 GENERIC MEDICATIONS, CENTRALLY PURCHASED BY PCC AND AVAILABLE FREE OF CHARGE TO MONTGOMERY CARES PATIENTS THROUGH THE ELEVEN COMMUNITY-BASED HEALTH CARE ORGANIZATION PARTNERS. THE FORMULARY PROMOTES RATIONAL, CLINICALLY

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APPROPRIATE, SAFE AND COST-EFFECTIVE MEDICATIONS. THE PROGRAM PROVIDED A PHARMACY VALUE OF \$1,209,820 TO AN ESTIMATED 22,300 INDIVIDUALS. WITH DIABETES A PREVALENT CONDITION WITHIN THE PATIENT POPULATION, GLUCOSE MONITORS AND TESTING SUPPLIES VALUED AT \$340,589 WERE ALSO SUPPLIED. IN 2011, THE PCC TEAM RECEIVED THE AMERICAN DIABETES ASSOCIATION "PROMISING PRACTICE AWARD OF EXCELLENCE" FOR THE IMPLEMENTATION OF MEDICATION THERAPY MANAGEMENT (MTM) - DISTINCT CLINICAL PHARMACY SERVICES TO OPTIMIZE THERAPEUTIC OUTCOMES WITHIN THE COMMUNITY BASED SAFETY NET CLINICS. THIS EFFORT IS A PART OF THE PATIENT SAFETY AND CLINICAL PHARMACY SERVICES COLLABORATIVE (PSPC), A QUALITY IMPROVEMENT COLLABORATIVE SPONSORED BY THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) OF THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS). THE PSPC UTILIZES A PATIENT CENTERED TEAM BASED MODEL THAT INCLUDES PHARMACISTS TO IMPROVE HEALTH OUTCOMES AND PATIENT SAFETY FOR HIGH-RISK PATIENTS WITH MULTIPLE CHRONIC CONDITIONS AND MEDICATIONS.

2) MEDBANK - A PROGRAM UTILIZING PHARMACEUTICAL COMPANIES' PATIENT ASSISTANCE PROGRAMS (PAP) TO ACCESS FREE AND REDUCED-COST BRAND-NAME MEDICATIONS FOR ADULTS IN THE MONTGOMERY CARES CLINICS AND CHILDREN ENROLLED IN THE CARE FOR KIDS PROGRAM. THE PROGRAM HAD ASSISTED ABOUT 1,000 PATIENTS PER YEAR UNTIL FY11 WHEN CLINIC PROVIDERS CHANGED THEIR PRACTICE TO MAXIMIZE ACCESS TO PAP-MEDICATIONS AND PATIENT CASELOAD JUMPED BY 50% TO 1,508 PATIENTS, MANY WITH MULTIPLE MEDICATIONS. THE VALUE OF MEDICATIONS OBTAINED IN FY11 WAS \$3,340,000. SINCE ITS START IN FY02, THE PROGRAM HAS OBTAINED A VALUE OF \$16,400,000 IN MEDICATIONS FOR

Name of the organization PRIMARY CARE COALITION OF
MONTGOMERY COUNTY

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COUNTY RESIDENTS. ADMINISTRATION OF THE MEDBANK PROGRAM IS PROVIDED
UNDER THE COMMUNITY PHARMACY PROGRAM.

PROGRAM SERVICE ACTIVITY # 4 - OTHER PROGRAM SERVICES

PART III, QS. 4D

- 1) CHILD ASSESSMENT CENTER (CAC) - THE CAC IS AN INTERAGENCY PUBLIC AND
PRIVATE PARTNERSHIP, FOR WHICH PCC PROVIDES STAFF AND FISCAL MANAGEMENT.
THROUGH A COUNTY CONTRACT, STATE GRANTS AND PRIVATE FUNDERS, THE CAC
ENSURES THAT CHILDREN IN MONTGOMERY COUNTY 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.
- 2) COMMUNITY-BASED HEALTH INFORMATICS (CBHI) - A PROGRAM TO IMPROVE
HEALTH CARE QUALITY AND PRODUCTIVITY THROUGH INNOVATIVE USES OF HEALTH
INFORMATION TECHNOLOGY AND DATA ANALYTICS. CBHI PROJECTS INCLUDE CHL CARE
- A SHARED ELECTRONIC HEALTH RECORD (EHR) USED BY A NUMBER OF MONTGOMERY
CARES COMMUNITY HEALTH CARE PROVIDERS, CARE2CARE - A CARE COORDINATION
MODULE, AND MEDHIX - A HEALTH INFORMATION EXCHANGE. CBHI SUPPORTS AND
INTEGRATES WITH OTHER PROGRAMS SUCH AS MONTGOMERY CARES, PROJECT ACCESS,
AND CENTER FOR HEALTH IMPROVEMENT.
- 3) MINORITY HEALTH INITIATIVE PROJECT - STAFFING AND ADMINISTRATIVE
SUPPORT FOR MULTIPLE COUNTY PROGRAMS TO IMPROVE THE HEALTH OF MINORITY
COUNTY RESIDENTS.
- 4) HEALTH CARE FOR THE HOMELESS - ADMINISTRATION OF CONTRACTS FUNDING
MULTI-DISCIPLINARY TEAMS OF PROVIDERS SERVING HOMELESS ADULTS THROUGH TWO
COMMUNITY HEALTH CARE ORGANIZATIONS.

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REVIEW OF FORM 990

PART VI, SECTION B, LINE 11A

THE IRS FORM 990 IS PREPARED BY THE ORGANIZATION'S OUTSIDE ACCOUNTING FIRM, AND REVIEWED BY THE ORGANIZATION'S CONTROLLER AND CHIEF OPERATING OFFICER. THE DRAFT IS PROVIDED TO THE CEO/PRESIDENT AND THE BOARD FINANCE AND AUDIT COMMITTEE. ANY CHANGES ARE MADE BY THE OUTSIDE ACCOUNTING FIRM. THE BOARD FINANCE AND AUDIT COMMITTEE APPROVES THE FILING OF THE RETURN. THE PRESIDENT/CEO SIGNS THE RETURN; IT IS SUBMITTED BY THE OUTSIDE ACCOUNTING FIRM AND THEN DISTRIBUTED TO THE BOARD OF DIRECTORS.

WRITTEN CONFLICT OF INTEREST POLICY

PART VI, SECTION B, LINE 12C

THE ORGANIZATION BY-LAWS CONTAIN A CONFLICT OF INTEREST PROVISION WHICH REQUIRES THE DISCLOSURE, PRIOR TO ANY BOARD OR COMMITTEE ACTION, OF AN INDIVIDUAL'S ACTUAL OR APPARENT FINANCIAL INTEREST, WHETHER DIRECT OR INDIRECT, IN A CONTRACT, TRANSACTION OR MATTER BEING PRESENTED TO THE BOARD OR A COMMITTEE FOR A RECOMMENDATION, AUTHORIZATION, APPROVAL OR RATIFICATION. THE BOARD OR COMMITTEE DETERMINES, BY MAJORITY VOTE, WHETHER A CONFLICT OF INTEREST CAN REASONABLY BE CONSTRUED TO EXIST. IF A CONFLICT IS DEEMED TO EXIST, THE INDIVIDUAL MUST NOT VOTE ON, NOR USE HIS OR HER PERSONAL INFLUENCE ON, NOR PARTICIPATE IN THE DISCUSSIONS OR DELIBERATIONS AND THE INDIVIDUAL IS NOT COUNTED IN DETERMINING THE EXISTENCE OF A QUORUM AT ANY MEETING WHERE THE CONTRACT, TRANSACTION, OR MATTER IS UNDER DISCUSSION OR IS BEING VOTED UPON. IN ADDITION, ANNUALLY EACH DIRECTOR COMPLETES A CONFLICT OF INTEREST DISCLOSURE FORM.

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PROCESS FOR DETERMINING COMPENSATION

PART VI, SECTION B, LINE 15

PER THE ORGANIZATION'S BY-LAWS, THE DIRECTORS AND OFFICERS SERVE WITHOUT COMPENSATION FOR THEIR SERVICES AS DIRECTORS AND OFFICERS. AN EMPLOYEE OF THE ORGANIZATION IS ENTITLED TO BE COMPENSATED FOR HIS OR HER SERVICES AS AN EMPLOYEE EVEN IF THE EMPLOYEE IS ALSO AN OFFICER OR DIRECTOR. THE CEO IS THE ONLY EMPLOYEE WHO IS ALSO AN OFFICER OR DIRECTOR. THE CEO'S COMPENSATION IS EVALUATED BY THE BOARD EXECUTIVE COMMITTEE, AND IS INFORMED BY THE SALARY BENCHMARKING SURVEY CONDUCTED ANNUALLY BY THE ORGANIZATION'S HR GENERALIST FOR ALL ORGANIZATION POSITIONS. THIS BENCHMARKING SURVEY UTILIZES DATA FROM COMMERCIALY AVAILABLE COMPENSATION SURVEYS AND ATTEMPTS TO IDENTIFY THE MOST PERTINENT COMPARABLES BY NOT-FOR-PROFIT, HEALTH CARE SECTOR, BUDGET SIZE AND GEOGRAPHY. ANY SALARY ADJUSTMENT IS COMMUNICATED IN WRITING FROM THE BOARD CHAIR TO THE HUMAN RESOURCES DEPARTMENT. THE BOARD IS NOT INVOLVED IN THE COMPENSATION DECISIONS FOR OTHER STAFF POSITIONS; THESE ARE CEO DECISIONS. HOWEVER, ALL SALARIES UNDERGO ANNUAL REVIEW UTILIZING THE SALARY BENCHMARKING SURVEY. THE BOARD APPROVES THE OVERALL ANNUAL OPERATING BUDGET AND MONITORS THE BUDGET THROUGHOUT THE YEAR.

AVAILABILITY OF STATEMENTS TO THE PUBLIC

PART VI, SECTION C- LINE 19

PRIMARY CARE COALITION MAKES THESE DOCUMENTS AVAILABLE EITHER ON THEIR WEBSITE OR UPON REQUEST.

Name of the organization **PRIMARY CARE COALITION OF
MONTGOMERY COUNTY**

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INDEPENDENT CONTRACTORS

990, PART VII - SECTION B - DESCRIPTION OF SERVICES

EVELYN SHUKAT, MD IS A BOARD CERTIFIED CHILD ABUSE PEDIATRICIAN. SHE PROVIDES SPECIALIZED MEDICAL EVALUATIONS FOR CHILD VICTIMS OF SEXUAL AND PHYSICAL ABUSE, AS WELL AS SERVES AS A MEDICAL CONSULTANT FOR OTHER MONTGOMERY COUNTY AGENCIES CONCERNING ABUSE MEDICAL ISSUES. SHE PARTICIPATES IN THE WEEKLY MULTIDISCIPLINARY TEAM MEETINGS AS WELL AS NETWORKING WITHIN THE COMMUNITY.

ATTACHMENT 1

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

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
COMMUNITY BASED HEALTH INFORMATICS		472,207.	487,223.
CHILD ASSESSMENT CENTER		648,981.	651,360.
OTHER COUNTY		1,111,371.	1,043,488.
TOTALS		<u>2,232,559.</u>	<u>2,182,071.</u>

ATTACHMENT 2

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
EVELYN SHUKAT 2020 LONG CORNER RD. PO BOX 1087 MOUNT AIRY, MD 21771	MEDICAL SERVICES	105,200.
TOTAL COMPENSATION		<u>105,200.</u>

Name of the organization **PRIMARY CARE COALITION OF
MONTGOMERY COUNTY**

Employer identification number
52-1847976

ATTACHMENT 3

FORM 990, PART VIII - INVESTMENT INCOME

<u>DESCRIPTION</u>	(A) <u>TOTAL REVENUE</u>	(B) <u>RELATED OR EXEMPT REVENUE</u>	(C) <u>UNRELATED BUSINESS REV.</u>	(D) <u>EXCLUDED REVENUE</u>
INTEREST INCOME	13,244.			13,244.
TOTALS	<u>13,244.</u>			<u>13,244.</u>

ATTACHMENT 4

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>
PREPAID EXPENSES	44,377.
PREPAID POSTAGE	689.
TOTALS	<u>45,066.</u>

ATTACHMENT 5

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>COST OR FMV</u>
MUTUAL FUNDS	108,628.	FMV
TOTALS	<u>108,628.</u>	

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to your tax return.

2010Attachment
Sequence No **67**

Name(s) shown on return

Identifying number

PRIMARY CARE COALITION OF**52-1847976**

Business or activity to which this form relates

GENERAL DEPRECIATION**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2009 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property) (See instructions)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2010	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B - Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	

Section C - Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

20a Class life				S/L	
b 12-year			12 yrs	S/L	
c 40-year			40 yrs	MM	S/L

Part IV Summary (See instructions.)

21	Listed property Enter amount from line 28	21	4,093.
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instructions	22	4,093.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.**Section A - Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed?		Yes	No	24b If "Yes," is the evidence written?	Yes	No
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention
					(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)					25	
26 Property used more than 50% in a qualified business use					SEE LISTED PROPERTY DETAIL	
		%				
		%				
		%				
27 Property used 50% or less in a qualified business use						
		%			S/L -	
		%			S/L -	
		%			S/L -	
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1					28	4,093.
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1					29	

Section B - Information on Use of Vehicles

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

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

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

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

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

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

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2010 tax year (see instructions)					
43 Amortization of costs that began before your 2010 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

Description of Property

GENERAL DEPRECIATION

DEPRECIATION

[illegible]

Listed Property

Listed Property									
	06/30/2003	2,795.	100.000			2,795.	2,795.	SL	3,000
LEASEHOLD IMPROV.									
MEDICAL EQUIPMENT	03/20/2007	20,467.	100.000			20,467.	13,304.	SL	5,000
TELEPHONE SYSTEM	12/31/2000	7,890.	100.000			7,890.	7,890.	SL	3,000
OFFICE EQUIPMENT	06/24/2003	1,811.	100.000			1,811.	1,811.	SL	3,000
Less Retired Assets									
Subtotals		336,092.				336,092.	328,929		4,093.
TOTALS		336,092.				336,092.	328,929.		4,093.

AMORTIZATION

AMORTIZATION						Accumulated amortization	Ending accumulated amortization	Code	Life	Current-year amortization
Asset description	Date placed in service	Cost or basis								
TOTALS									

*Assets Retired

JSA

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[illegible][illegible][illegible]

COMPUTER SOFTWARE	07/30/1999	208,645.	100.000	208,645.	208,645.	208,645.	SL	3.000
COMPUTER EQUIPMENT	02/23/1996	67,499.	100.000	67,499.	67,499.	67,499.	SL	3.000
COMP. EQUIP 2005	12/31/2005	5,369.	100.000	5,369.	5,369.	5,369.	SL	3.000

[illegible][illegible]

	Date	Cost	Ending	Current-year

	Date	Cost	Accumulated Ending	Current-year
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Asset description	placed in service	or basis		Accumulated amortization	Accumulated amortization	Code	Life	amortization
TOTALS								

USA
Canada
Mexico

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PRIMARY CARE COALITION OF

[illegible]