** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

Form **990**

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning JUL 1, 2023 and ending JUN 30, 2024

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ termin-ated
- ☐ Amended return
- ☐ Applica-tion pending

C Name of organization
PRIMARY CARE COALITION OF MONTGOMERY COUNTY, MARYLAND, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) 8757 GEORGIA AVENUE, 10TH FL

Room/suite

City or town, state or province, country, and ZIP or foreign postal code
SILVER SPRING, MD 20910-3741

F Name and address of principal officer: ANNICE CODY
SAME AS C ABOVE

D Employer identification number
52-1847976

E Telephone number
(301)628-3405

G Gross receipts $ 27,111,406.

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions

H(c) Group exemption number

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.PRIMARYCARECOALITION.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1993

M State of legal domicile: MD

Part I Summary

1	Briefly describe the organization's mission or most significant activities: SEE PART III, LINE 1.		
2	Check this box ☐ 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	18
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	17
5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	96
6	Total number of volunteers (estimate if necessary)	6	15
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	20,726,352.	25,099,305.
9	Program service revenue (Part VIII, line 2g)	1,795,154.	760,287.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,006.	90,910.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	22,529,512.	25,950,502.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	12,685,771.	16,188,705.
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)	7,098,733.	6,936,403.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) 0.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,224,340.	2,554,866.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	23,008,844.	25,679,974.
19	Revenue less expenses. Subtract line 18 from line 12	-479,332.	270,528.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	8,735,112.	9,796,766.
21	Total liabilities (Part X, line 26)	4,234,588.	5,025,714.
22	Net assets or fund balances. Subtract line 21 from line 20	4,500,524.	4,771,052.

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

Annice Cody — Signature of officer — Date 5/15/25

ANNICE CODY, PRESIDENT & CEO — Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: RICHARD J. LOCASTRO, CPA	Preparer's signature: Richard J. Locastro	Date: 5/15/2025	Check if self-employed ☐	PTIN: P00288314
Firm's name: GELMAN, ROSENBERG & FREEDMAN				Firm's EIN: 52-1392008
Firm's address: 4550 MONTGOMERY AVE SUITE 800N BETHESDA, MD 20814-2930				Phone no. 301-951-9090

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III X

1 Briefly describe the organization's mission:
THE PRIMARY CARE COALITION IS A 501(C)(3) THAT ENVISIONS A VIBRANT COMMUNITY THAT SUPPORTS ALL PEOPLE IN ACHIEVING HEALTHY LIVES. OUR MISSION IS TO IMPROVE THE HEALTH OF VULNERABLE PEOPLE AND FAMILIES BY BUILDING PARTNERSHIPS AND STRENGTHENING SYSTEMS.

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 $ 13,320,876. including grants of $ 9,999,620.) (Revenue $ 97,546.)
MONTGOMERY CARES PROVIDES HEALTH CARE TO ADULTS WHO LIVE IN MONTGOMERY COUNTY, MARYLAND AND HAVE INCOMES BELOW 250% OF THE FEDERAL POVERTY LEVEL. IN FISCAL YEAR 2024, 25,097 PATIENTS RECEIVED SERVICES THROUGH MONTGOMERY CARES, INCLUDING PRIMARY AND PREVENTIVE HEALTH VISITS, BEHAVIORAL HEALTH SERVICES, REFERRALS FOR SPECIALTY CARE, AND ACCESS TO MEDICATIONS. MONTGOMERY CARES IS A PUBLIC-PRIVATE PARTNERSHIP COMPOSED OF INDEPENDENT SAFETY-NET PRIMARY CARE ORGANIZATIONS, SIX HOSPITALS, THE MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES, AND THE PRIMARY CARE COALITION, AS WELL AS VOLUNTEER HEALTH PRACTITIONERS AND OTHER COMMUNITY-BASED ORGANIZATIONS.

CONTINUED ON SCHEDULE O

4b (Code: _____) (Expenses $ 2,911,150. including grants of $ 2,293,588.) (Revenue $ _____)
LATINO HEALTH INITIATIVE: POR NUESTRA SALUD Y BIENESTAR (LHI-PNSB) BEGAN IN FISCAL YEAR 2021 IN RESPONSE TO THE INEQUITIES MANY LATINOS FACED IN MONTGOMERY COUNTY WITH COVID-19, INCLUDING HAVING ESSENTIAL JOBS, HIGHER POVERTY RATES, RELIANCE ON PUBLIC TRANSPORTATION, TIGHT LIVING CONDITIONS, LACK OF HEALTH INSURANCE, AND A GREATER INCIDENCE OF PREEXISTING HEALTH CONDITIONS LIKE DIABETES. PCC ADMINISTERS THIS MULTI-PARTNER COUNTY HEALTH EQUITY PROGRAM FOR THE HISPANIC/ LATINO COMMUNITY ON BEHALF OF THE MONTGOMERY COUNTY LATINO HEALTH INITIATIVE. THE PROGRAM INCLUDES AN AWARD-WINNING COMMUNICATIONS CAMPAIGN, HEALTH PROMOTERS, CASE MANAGEMENT, COVID TESTING, AND VACCINE OUTREACH.

4c (Code: _____) (Expenses $ 1,784,245. including grants of $ 1,072,175.) (Revenue $ _____)
CARE FOR KIDS PROVIDES AFFORDABLE PRIMARY, SPECIALTY, BEHAVIORAL HEALTH, AND DENTAL CARE FOR CHILDREN OF LOW-INCOME FAMILIES IN MONTGOMERY COUNTY WHO ARE NOT ELIGIBLE FOR OTHER STATE OR FEDERAL HEALTH PROGRAMS. IN FISCAL YEAR 2024, 10,898 CHILDREN PARTICIPATED IN THE PROGRRAM, WHICH PROVIDES ACCESS TO SERVICES RANGING FROM WELL CHILD VISITS TO CASE MANAGEMENT FOR CHILDREN WITH COMPLEX MEDICAL NEEDS. CARE FOR KIDS IS A PUBLIC-PRIVATE PARTNERSHIP COMPOSED OF THE MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES, MONTGOMERY COUNTY SCHOOL BASED HEALTH CENTERS, PRIVATE HEALTH CARE PROVIDERS AND SAFETY-NET CLINICS, KAISER PERMANENTE OF THE MID-ATLANTIC STATES AND THE PRIMARY CARE COALITION.

4d Other program services (Describe on Schedule O.)
(Expenses $ 5,127,647. including grants of $ 2,823,322.) (Revenue $ 662,741.)

4e Total program service expenses 23,143,918.

SEE SCHEDULE O FOR CONTINUATION(S)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		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 Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		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*	11a	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*	11b		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*	11c		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*	11d	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	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*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	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 and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		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	17		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*	18		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*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	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? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		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? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V ☐

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	57		
b	Enter the number of Forms W-2G included on 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	

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

				Yes	No
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	96		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	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" to line 3b, provide an explanation on 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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
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 as charitable contributions?	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			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? N/A	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b			
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A	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 N/A	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 N/A	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? N/A **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 on Schedule O*	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A If "Yes," complete Form 6069.	17			

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 on Schedule O. See instructions.*

Check if Schedule O contains a response or note to any line 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	18		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	17		
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, 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	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	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 on Schedule O*	9			X

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did 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 on 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

[X] Own website [ ] Another's website [X] Upon request [ ] Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records

ANNICE CODY - (301)628-3405

8757 GEORGIA AVENUE, 10TH FL, SILVER SPRING, MD 20910-3741

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

☐ 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 (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(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) LESLIE GRAHAM PRESIDENT & CEO	40.00	X		X				237,885.	0.	21,069.
(2) HILLERY TSUMBA DIRECTOR, ORGANIZATIONAL STRATEGY	40.00					X		151,817.	0.	39,304.
(3) MINDY PIERCE SR. DIR, CTR FOR HEALTH IMPROVEMENT	40.00					X		151,968.	0.	6,758.
(4) FAREED MOHAMMAD ANJUM DIRECTOR, DATA & INFORMATICS	40.00					X		110,569.	0.	34,484.
(5) SARAH FRAZELL BHP PROJECT DIRECTOR	40.00					X		108,188.	0.	23,271.
(6) OGECHUKWU OKEKE PRG. DIR, CENTER FOR MEDICINE ACCESS	40.00					X		108,543.	0.	16,085.
(7) SHAWN D. BARTLEY CHAIR	1.00	X		X				0.	0.	0.
(8) KEVIN SEXTON VICE CHAIR	1.00	X		X				0.	0.	0.
(9) STEVEN RAETZMAN SECRETARY	1.00	X		X				0.	0.	0.
(10) RON BIALEK TREASURER	1.00	X		X				0.	0.	0.
(11) RICHARD BOHRER MEMBER	1.00	X						0.	0.	0.
(12) LING CHIN MEMBER	1.00	X						0.	0.	0.
(13) RAVI MELWANI MEMBER	1.00	X						0.	0.	0.
(14) JULIA DOHERTY MEMBER	1.00	X						0.	0.	0.
(15) DONNA PERRY MEMBER	1.00	X						0.	0.	0.
(16) HELAINE RESNICK MEMBER	1.00	X						0.	0.	0.
(17) JESSICA WILSON MEMBER	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(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			
(18) TRISTRAM KRUGER MEMBER	1.00	X						0.	0.	0.
(19) JACY D'AIUTOLO MEMBER	1.00	X						0.	0.	0.
(20) ANA MARIA ESPINOZA MEMBER	1.00	X						0.	0.	0.
(21) RUTH ENID ZAMBRANA MEMBER	1.00	X						0.	0.	0.
(22) KIRSTEN HAALBOOM MEMBER	1.00	X						0.	0.	0.
(23) VAHE HOVIAN MEMBER (FROM 9/2023)	1.00	X						0.	0.	0.
1b Subtotal								868,970.	0.	140,971.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								868,970.	0.	140,971.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization 9

		Yes	No
3	Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	X	
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*		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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
TECH IMPACT PO BOX 825375, PHILADELPHIA, PA 19182-5375	TECHNICAL SUPPORT	184,501.
HARTMAN EXECUTIVE ADV. LLC, 19 GREENSPRING DR, STE 320, TIMONIUM, MD 21093	IT CONSULTING	166,939.
BETHANY SANDERS, FLAT 8, 69 WOODSTOCK ROAD, OXFORD, UNITED KINGDOM OX2 6EY	PROGRAM CONSULTANT	140,879.
ECLINICALWORKS LLC PO BOX 847950, BOSTON, MA 02284	EMR SERVICES	118,697.

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization 4

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	24,323,011.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	776,294.			
	g	Noncash contributions included in lines 1a-1f	1g	$			
	h	**Total.** Add lines 1a-1f			25,099,305.		
Program Service Revenue			Business Code				
	2a	HOSPITAL CONTRACTS	900099		662,741.	662,741.	
	b	SERVICE INCOME	900099		97,546.	97,546.	
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a-2f			760,287.		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			31,329.		31,329.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
				(i) Real	(ii) Personal		
	6a	Gross rents	6a				
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
				(i) Securities	(ii) Other		
	7a	Gross amount from sales of assets other than inventory	7a	1,220,485.			
	b	Less: cost or other basis and sales expenses	7b	1,160,904.			
	c	Gain or (loss)	7c	59,581.			
	d	Net gain or (loss)			59,581.		59,581.
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	8a				
	b	Less: direct expenses	8b				
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities. See Part IV, line 19	9a				
	b	Less: direct expenses	9b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	10a				
	b	Less: cost of goods sold	10b				
	c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue			Business Code				
	11a						
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a-11d					
	12	**Total revenue.** See instructions		25,950,502.	760,287.	0.	90,910.

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).

Check if Schedule O contains a response or note to any line in this Part IX ☐

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 domestic organizations and domestic governments. See Part IV, line 21	16,032,172.	16,032,172.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	156,533.	156,533.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	252,995.		252,995.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	5,186,057.	4,115,529.	1,070,528.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	168,271.	134,865.	33,406.	
9 Other employee benefits	915,369.	699,213.	216,156.	
10 Payroll taxes	413,711.	312,261.	101,450.	
11 Fees for services (nonemployees):				
a Management				
b Legal	18,334.	16,905.	1,429.	
c Accounting	80,410.		80,410.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	5,485.		5,485.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,769,849.	1,336,909.	432,940.	
12 Advertising and promotion	1,168.	1,168.		
13 Office expenses	103,221.	60,444.	42,777.	
14 Information technology	106,027.	66,810.	39,217.	
15 Royalties				
16 Occupancy	223,353.	131,554.	91,799.	
17 Travel	17,514.	8,770.	8,744.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	37,482.	18,769.	18,713.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	6,385.		6,385.	
23 Insurance	50,205.		50,205.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a TRAINING / PROF. DEV.	30,321.	15,183.	15,138.	
b RECRUITING	25,784.	5,640.	20,144.	
c EQUIPMENT & MAINTENANCE	23,041.	14,590.	8,451.	
d GRANT ADMIN FEES	20,896.		20,896.	
e All other expenses	35,391.	16,603.	18,788.	
25 **Total functional expenses.** Add lines 1 through 24e	25,679,974.	23,143,918.	2,536,056.	0.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	918,107.	1	2,887,945.
	2	Savings and temporary cash investments	1,617,224.	2	275,951.
	3	Pledges and grants receivable, net	690,665.	3	1,200,544.
	4	Accounts receivable, net	3,900,155.	4	3,054,539.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	109,393.	9	56,122.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 97,776.			
	b	Less: accumulated depreciation — 10b: 69,170.	16,698.	10c	28,606.
	11	Investments - publicly traded securities		11	1,011,550.
	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	1,482,870.	15	1,281,509.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	8,735,112.	16	9,796,766.
Liabilities	17	Accounts payable and accrued expenses	2,822,081.	17	3,869,356.
	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	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,412,507.	25	1,156,358.
	26	**Total liabilities.** Add lines 17 through 25	4,234,588.	26	5,025,714.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	4,295,318.	27	4,250,774.
	28	Net assets with donor restrictions	205,206.	28	520,278.
		Organizations that do not follow FASB ASC 958, check here ☐ **and complete lines 29 through 33.**			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	4,500,524.	32	4,771,052.
	33	Total liabilities and net assets/fund balances	8,735,112.	33	9,796,766.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	25,950,502.
2	Total expenses (must equal Part IX, column (A), line 25)	2	25,679,974.
3	Revenue less expenses. Subtract line 2 from line 1	3	270,528.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,500,524.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	4,771,052.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII ☐

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
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?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a	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 on Schedule O and describe any steps taken to undergo such audits	3b	X	

SCHEDULE A (Form 990)

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.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization PRIMARY CARE COALITION OF MONTGOMERY COUNTY, MARYLAND, INC.

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 12, 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 (Form 990).)

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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____

10 ☐ 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.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations .....

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	15556070.	28111952.	28806105.	20726352.	25099305.	118299784
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	15556070.	28111952.	28806105.	20726352.	25099305.	118299784
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)						
6 **Public support.** Subtract line 5 from line 4.						118299784

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	15556070.	28111952.	28806105.	20726352.	25099305.	118299784
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,454.	1,616.	463.	8,006.	31,329.	42,868.
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 VI.)	2.					2.
11 **Total support.** Add lines 7 through 10						118342654

12 Gross receipts from related activities, etc. (see instructions) 12 10,406,369.

13 **First 5 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** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 14 99.96 %

15 Public support percentage from 2022 Schedule A, Part II, line 14 15 99.93 %

16a **33 1/3% support test - 2023.** 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 ☒

b **33 1/3% support test - 2022.** 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 ☐

17a **10% -facts-and-circumstances test - 2023.** 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 VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b **10% -facts-and-circumstances test - 2022.** 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 VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

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 ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 on 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 VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First 5 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** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2023** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2022** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2023.** 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 - 2022.** 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 Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* **Part VI** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* **Part VI** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* **Part VI** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in* **Part VI,** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* **Part VI.**	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* **Part VI.**	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a	
b	A family member of a person described on line 11a above?	11b	
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in* **Part VI.**	11c	

Section B. Type I Supporting Organizations

		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? *If "No," describe in* **Part VI** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* **Part VI** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	2	

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* **Part VI** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1	

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* **Part VI** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2	
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* **Part VI** *the role the organization's supported organizations played in this regard.*	3	

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* **(see instructions).**

a ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c ☐ The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a governmental entity (see instructions).*

		Yes	No
2	Activities Test. **Answer lines 2a and 2b below.**		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a	
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* **Part VI** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b	
3	Parent of Supported Organizations. **Answer lines 3a and 3b below.**		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No" provide details in* **Part VI.**	3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*	3b	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in* **Part VI**). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d **Total** (add lines 1a, 1b, and 1c)	1d		
e **Discount** claimed for blockage or other factors (*explain in detail in* **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 **Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount		Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1	
2 Enter 0.85 of line 1.	2	
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4 Enter greater of line 2 or line 3.	4	
5 Income tax imposed in prior year	5	
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations *(continued)*

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - *provide details in* **Part VI**)	5	
6 Other distributions (*describe in* **Part VI**). See instructions.	6	
7 **Total annual distributions.** Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* **Part VI**). See instructions.	8	
9 Distributable amount for 2023 from Section C, line 6	9	
10 Line 8 amount divided by line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f **Total** of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* **Part VI.** See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI**. See instructions.			
7 **Excess distributions carryover to 2024.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B (Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Name of the organization
PRIMARY CARE COALITION OF MONTGOMERY COUNTY, MARYLAND, INC.

Employer identification number
52-1847976

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[ ] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year ..... $ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization
PRIMARY CARE COALITION OF MONTGOMERY COUNTY, MARYLAND, INC.

Employer identification number
52-1847976

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		$ 22,796,281.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2		$ 910,551.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: PRIMARY CARE COALITION OF MONTGOMERY COUNTY, MARYLAND, INC.

Employer identification number: 52-1847976

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

Name of organization
PRIMARY CARE COALITION OF
MONTGOMERY COUNTY, MARYLAND, INC.

Employer identification number
52-1847976

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e)** and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this info. once.) $

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization PRIMARY CARE COALITION OF MONTGOMERY COUNTY, MARYLAND, INC.

Employer identification number 52-1847976

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of 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? ☐ Yes ☐ 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? ☐ Yes ☐ No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

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

☐ Preservation of land for public use (for example, recreation or education)
☐ Preservation of a historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ 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 on line 2a	2c
d	Number of conservation easements included on line 2c acquired after July 25, 2006, 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, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

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

9 In Part XIII, 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" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB 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 XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB 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) Revenue included on 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 $ _____

b Assets included in Form 990, Part X $ _____

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 make significant use of its collection items (check all that apply).

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

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

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" on 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 XIII 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, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds Complete if the organization answered "Yes" on 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					
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					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

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

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

		Yes	No
(i) Unrelated organizations?	3a(i)		
(ii) Related organizations?	3a(ii)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(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		7,500.	7,500.	0.
d Equipment		90,276.	61,670.	28,606.
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				28,606.

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) RIGHT-OF-USE ASSET	1,281,509.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 15, col. (B))*	1,281,509.

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OPERATING LEASE LIABILITY	1,156,358.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	1,156,358.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	27,004,234.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	1,059,217.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	1,059,217.
3	Subtract line 2e from line 1			3	25,945,017.
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	5,485.		
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	5,485.
5	Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*			5	25,950,502.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	26,733,706.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	1,059,217.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	1,059,217.
3	Subtract line 2e from line 1			3	25,674,489.
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	5,485.		
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	5,485.
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)*			5	25,679,974.

Part XIII Supplemental Information

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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization PRIMARY CARE COALITION OF MONTGOMERY COUNTY, MARYLAND, INC.

Employer identification number 52-1847976

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES DC 924 G STREET NW WASHINGTON, DC 20001	53-0196524	501(C)(3)	453,420.	0.			MONTGOMERY CARES
CHINESE CULTURE & COMM 9366 GAITHER RD GAITHERSBURG, MD 20877	52-1307918	501(C)(3)	295,190.	0.			MONTGOMERY CARES / AAHI
COMMUNITY CLINIC INCORPORATED 8630 FENTON ST, STE 1204 SILVER SPRING, MD 20910	52-0988386	501(C)(3)	1128339.	0.			MONTGOMERY CARES / CARE FOR KIDS
HOLY CROSS HOSPITAL HEALTH CENTER 1500 FOREST GLEN ROAD SILVER SPRING, MD 20910	52-0738041	501(C)(3)	1704683.	0.			MONTGOMERY CARES
CARE FOR YOUR HEALTH 11120 NEW HAMPSHIRE AVE, SUITE 509 SILVER SPRING, MD 20904	26-3333964	501(C)(3)	98,633.	0.			MONTGOMERY CARES
MARY'S CENTER 2333 ONTARIO RD NW WASHINGTON, DC 20009	52-1594116	501(C)(3)	310,778.	0.			MONTGOMERY CARES / CARE FOR KIDS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... 34.

3 Enter total number of other organizations listed in the line 1 table ..... 41.

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

Schedule I (Form 990) 2023

LHA 332101 11-01-23

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MERCY HEALTH CLINIC 7 METROPOLITAN COURT, SUITE 1 GAITHERSBURG, MD 20878	52-2230932	501(C)(3)	691,499.	0.			MONTGOMERY CARES
MOBILE MEDICAL CARE, INC. 9309 OLD GEORGETOWN ROAD BETHESDA, MD 20814	23-7022588	501(C)(3)	1,440,724.	0.			MONTGOMERY CARES
MUSLIM COMMUNITY CENTER 13350 NEW HAMPSHIRE AVE SILVER SPRING, MD 20904	52-1072792	501(C)(3)	932,194.	0.			MONTGOMERY CARES
PROYECTO SALUD 11002 VEIRS MILL RD, SUITE 700 SILVER SPRING, MD 20902	31-1591753	501(C)(3)	1,339,369.	0.			LHI- PUESTRA NUESTRA SALUD, BCCP
KOREAN COMMUNITY SERV. CTR 7700 LITTLE RIVER TNPK, #406 ANNADALE, VA 22003	52-1005984	501(C)(3)	144,761.	0.			AAHI
MARYLAND VIETNAMESE MUTUAL ASSOCIATION INCORPORATED - 10770 COLUMBIA PIKE # 300, E17 - SILVER SPRING, MD 20901	52-1263654	501(C)(3)	159,110.	0.			AAHI
VIETNAMESE AMERICAN SERVICES 12621 OLD COLUMBIA PIKE SILVER SPRING, MD 20904	47-5530373	501(C)(3)	145,589.	0.			AAHI
IDENTITY, INC. TOTAL 414 EAST DIAMOND AVENUE MD GAITHERSBURG, MD 20877	52-2120012	501(C)(3)	2,172,080.	0.			LHI- PUESTRA NUESTRA SALUD
AMERICAN DIVERSITY GROUP 8815 CENTRE PARK DRIVE, SUITE 430 COLUMBIA, MD 21045	47-3510206	501(C)(3)	183,501.	0.			AAHI

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY REACH OF MONTGOMERY COUNTY INC - 1010 GRANDIN AVE, STE A1 - ROCKVILLE, MD 20851	52-0910334	501(C)(3)	324,735.	0.			MONTGOMERY CARES
CHINESE AMERICAN COMMUNITY HEALTH SERVICES INC - 9841 WASHINGTON BLVD, SUITE 200-1004 - GAITHERSBURG, MD 20878	81-1699154	501(C)(3)	138,926.	0.			AAHI
AMERICAN MUSLIM SENIOR SOCIETY INC 15124 MIDDLEGATE RD. SILVER SPRING, MD 20905	81-0785191	501(C)(3)	198,319.	0.			AAHI
ASIAN AMERICAN LEAD 14 RIDGE SQUARE, NW, SUITE 300 WASHINGTON, DC 20016	52-2102012	501(C)(3)	69,801.	0.			AAHI
HEPATITIS B INITIATIVE OF WASHINGTON, D.C. INC. - 1725 I ST NW, STE 300 - WASHINGTON, DC 20006	20-5841637	501(C)(3)	150,820.	0.			AAHI
ETHIOPIAN COMMUNITY CENTER IN MARYLAND - 8701 GEORGIA AVENUE, #201-B - SILVER SPRING, MD 20910	46-1874022	501(C)(3)	21,830.	0.			GRANT
IMAAM INC 9100 GEORGIA AVENUE SILVER SPRING, MD 20910	52-1907723	501(C)(3)	120,583.	0.			AAHI
CHINESE AMERICAN PARENTS ASSOCIATION OF MONTGOMERY COUNTY INC - 12774 WISTERIA DR, #115 - GERMANTOWN, MD 20875	81-3893959	501(C)(3)	42,900.	0.			AAHI
SENIOR CONNECTION OF MONTGOMERY COUNTY INC - 3950 FERRARA DRIVE - SILVER SPRING, MD 20906	52-1842801	501(C)(3)	75,043.	0.			AAHI

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ISLAMIC CENTER OF MARYLAND INC 19411 WOODFIELD ROAD GAITHERSBURG, MD 20879	52-1718751	501(C)(3)	9,083.	0.			AAHI
ACTION IN MONTGOMERY 6106 HARVARD AVENUE #687 GLEN ECHO, MD 20812	52-2032072	501(C)(3)	9,152.	0.			GRANT
ASHIYANAA INC 6701 DEMOCRACY BLVD., SUITE 300 BETHESDA, MD 20817	52-2193753	501(C)(3)	9,100.	0.			AAHI
CHINESE AMERICAN PARENTS AND STUDENTS ASSOCIATION MONTGOMERY COUNTY - 11113 FREAS DRIVE - NORTH POTOMAC, MD 20878	52-1785909	501(C)(3)	12,306.	0.			AAHI
MEDICAL REVENUE CYCLE SPECIALISTS 1500 POINTER RIDGE PLACE, UNIT 1775 BOWIE, MD 20716	47-3591766	N/A	27,000.	0.			GRANT
OLDER ADULTS TECHNOLOGY SERVICES 168 7TH STREET SUITE 3A BROOKLYN, NY 11215	55-0882599	501(C)(3)	120,000.	0.			AAHI
MEDSTAR MEDICAL GROUP 10980 GRANTCHESTER WAY COLUMBIA, MD 21044	52-1542230	501(C)(3)	211,412.	0.			MONTGOMERY CARES
SANDSTONE CARE MARYLAND LLC 7555 EAST HAMPTON AVENUE, #103 DENVER, CO 80231	82-2247118	N/A	48,000.	0.			MONTGOMERY CARES
ALFA SPECIALTY PHARMACY 8920 ROUTE 108, SUITE B COLUMBIA, MD 20145	36-4600565	N/A	251,335.	0.			MONTGOMERY CARES

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY RADIOLOGY ASSO 7700 COLLECTION CENTER DRIVE CHICAGO, IL 60693-0077	52-1183370	N/A	161,911.	0.			MONTGOMERY CARES/MCF/DHMH/UNINA
T. ANN TONNU MD LLC 9057 SHADY GROVE CT. GAITHERSBURG, MD 20877	52-2321028	N/A	46,484.	0.			CANCER CRUSADE
SHAH, MUSHTAQ 7227A HANOVER PARKWAY GREENBELT, MD 20770	52-1308945	N/A	18,545.	0.			MONTGOMERY CARES/UNINH/UNINA
GREENBELT ENDOSCOPY CENTER LLC 9821 GREENBELT ROAD LANHAM, MD 20706	52-1950078	N/A	21,286.	0.			MONTGOMERY CARES/UNINH/UNINA
MONTGOMERY SURGERY CENTER 46 W. GUDE DRIVE ROCKVILLE, MD 20850	52-1401868	N/A	9,813.	0.			MONTGOMERY CARES
PHARMADEX 3281 WHIPPLE ROAD UNION CITY, CA 94587-1218	94-3163919	N/A	1,008,503.	0.			MONTGOMERY CARES/UNHCH
QUEST DIAGNOSTICS INC 7700 COLLECTION CENTER DRIVE CHICAGO, IL 60693-0077	52-0890739	N/A	30,169.	0.			MONTGOMERY CARES/MCF/UNINH/UNINA/MEDBANK
ADVENTIST HEALTHCARE INCORPORATED P.O. BOX 62153 BALTIMORE, MD 21264	52-1532556	501(C)(3)	11,244.	0.			CANCER CRUSADE/MONTGOMERY CARES
ADVENTIST PHYSICIAN SERVICES INC DBA ADVENTIST HEALTHCARE MEDICAL GROUP - P.O. BOX 64742 - BALTIMORE, MD 21264	20-4600646	501(C)(3)	102,756.	0.			MONTGOMERY CARES/MCF/UNINH/UNINA

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OMFS MD PA 77 SOUTH WASHINGTON STREET, # 205 ROCKVILLE, MD 20850	01-0655292	N/A	13,806.	0.			CARE FOR KIDS-DELTA DENTAL
VU TRAN DDS, PC 11243 LOCKWOOD DRIVE SILVER SPRING, MD 20901	75-3170166	N/A	95,887.	0.			CARE FOR KIDS
MOGHADDAME-JAFARI, SASAN 11921 ROCKVILLE PIKE, # 405 ROCKVILLE, MD 20852	26-1694250	N/A	5,166.	0.			CARE FOR KIDS-DELTA DENTAL
ROCKVILLE PEDIATRIC DENTAL, LLC 121 CONGRESSIONAL LANE, # 500 ROCKVILLE, MD 20852	20-4713800	N/A	35,655.	0.			CARE FOR KIDS
ENDODONTIC ASSOCIATES OF GREATER WASHINGTON - 11125 ROCKVILLE PIKE, # 103 - ROCKVILLE, MD 20852	52-2061840	N/A	6,366.	0.			CARE FOR KIDS
GREENBELT ANESTHESIA ASSOCIATES LLC - 9821 GREENBELT ROAD, # 103 - LANHAM, MD 20706	73-6298020	N/A	7,245.	0.			MONTGOMERY CARES/UNINH/UNINA
MID ATLANTIC EPILEPSY AND SLEEP CENTER - 6410 ROCKLEDGE DRIVE, # 410 - BETHESDA, MD 20817	35-2202368	N/A	28,330.	0.			MONTGOMERY CARES/UNINH/UNINA
ADVANCED NEURO AND ORTHO PHYS 12718 W. OLD BALTIMORE ROAD BOYDS, MD 20841	47-1829339	N/A	7,000.	0.			MONTGOMERY CARES
PRECISION ORTHOPEDICS AND SPORTS MEDICINE LLC - 14201 PAK CENTER DRIVE # 410 - LAUREL, MD 20707	45-4196640	N/A	46,105.	0.			MONTGOMERY CARES/UNINH/UNINA

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOLY CROSS HEALTH 1500 FOREST GLEN ROAD SILVER SPRING, MD 20910	52-0738041	501(C)(3)	24,979.	0.			MONTGOMERY CARES
KESSOUS & KESSOUS MD PC 800 S. FREDERICK AVENUE, # 110 GAITHERSBURG, MD 20877	46-4273509	N/A	6,109.	0.			MONTGOMERY CARES
MONTGOMERY SPORTS MEDICINE CENTER 11120 NEW HAMPSHIRE AVENUE, # 411 SILVER SPRING, MD 20904	26-3415618	N/A	12,712.	0.			MONTGOMERY CARES/UNINA
OPTUMRX, INC. PO BOX 888765 LOS ANGELES, CA 90088-8765	33-0441200	N/A	63,006.	0.			CARE FOR KIDS
PFIZER INC. PO BOX 417510 BOSTON, MA 02241-7510	13-5315170	N/A	25,058.	0.			MONTGOMERY CARES
VAXSERVE INC. 12566 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	23-2970998	N/A	74,723.	0.			MONTGOMERY CARES
MRB COUNSELING SERVICES INC. 1029 BEXHILL DRIVE FREDRICK, MD 21702	02-0625380	N/A	19,125.	0.			CARE FOR KIDS
ENDO SURGICAL CTRE OF MARYLAND 12510 PROSPERITY DRIVE, # 200 SILVER SPRING, MD 20904	20-5988845	N/A	27,389.	0.			CANCER CRUSADE
ENDO SURGICAL CTRE OF MD NORTH 12510 PROSPERITY DRIVE, # 200 SILVER SPRING, MD 20904	20-8004241	N/A	22,302.	0.			CANCER CRUSADE

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMFORT SEDATION, LLC PO BOX 7247-6471 PHILADELPHIA, PA 19170-6471	20-4340445	N/A	14,175.	0.			CANCER CRUSADE
CAPITAL ANESTHESIA PARTNERS LLC 5530 WISCONSIN AVENUE, # 500 CHEVY CHASE, MD 20815	45-3171333	N/A	7,482.	0.			CANCER CRUSADE
ADVANCED SURGERY CENTER LLC 10110 MOLECULARR DR. # 100 ROCKVILLE, MD 20850	20-0526162	N/A	55,163.	0.			CANCER CRUSADE
CAPITAL CHILDREN'S HEALTHCARE LLC 1220 CARAWAY CT, SUITE 1050 UPPER MARLBORO, MD 20774	81-2837189	N/A	76,911.	0.			CARE FOR KIDS
POLYMEDCO INC 510 FURNACE DOCK ROAD CORTLANDT MANOR, NY 10567	13-3045754	N/A	18,064.	0.			MONTGOMERY CARES
POTOMAC ONCOLOGY AND HEMATOLOGY LLC - 6000 EXECUTIVE BLVD. # 501 - ROCKVILLE, MD 20852	81-3805288	N/A	63,267.	0.			MONTGOMERY CARES/MCF/UNINA
THE RADIOLOGY CLINIC 14995 SHADY GROVE ROAD, # 140 ROCKVILLE, MD 20850	47-3934112	N/A	38,322.	0.			MONTGOMERY CARES/CARE FOR KIDS-GENERAL/MCF/UNINH/UNINA
A PLUS PEDIATRICS LLC 50 W. EDMONSTON DRIVE, # 502 ROCKVILLE, MD 20852	83-3889528	N/A	21,202.	0.			CARE FOR KIDS
CASA RUBEN INC 1700 ELTON ROAD, SUITE 200 SILVER SPRING, MD 20903	26-0340539	501(C)(3)	239,410.	0.			CARE FOR KIDS

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FALLSGROVE ENDOSCOPY CENTER LLC P.O. BOX 37614 BALTIMORE, MD 21297	84-2186338	N/A	12,789.	0.			CANCER CRUSADE
REHABNEEDS 2401 RESEARCH BLVD. # 101 ROCKVILLE, MD 20850	45-4853642	N/A	30,885.	0.			MONTGOMERY CARES/UNINA
GOLD PEDIATRICS LLC 15005 SHADY GROVE RD, SUITE 450 ROCKVILLE, MD 20850	86-2143840	N/A	7,428.	0.			CARE FOR KIDS
MY EYE DR. 8614 WESTWOOD CENTER DR, 9TH FL VIENNA, VA 22182	46-4746102	N/A	44,165.	0.			CARE FOR KIDS
BLACKWELL PHYSICIANS LLC DBA AHC IMAGING - 820 WEST DIAMON AVE, SUITE 600 - GAITHERSBURG, MD 20878	87-1714938	N/A	87,926.	0.			MONTGOMERY CARES/MCF/UNINH/UNINA/DHMH
POTOMAC CARE PHARMACY INC 12103 DARNESTOWN ROAD NORTH POTOMAC, MD 20878	47-5361591	N/A	15,435.	0.			MONTGOMERY CARES / CARE FOR KIDS

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
NURSING SCHOOL TUITION ASSISTANCE	7	156,533.	0.		

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE PRIMARY CARE COALITION ASSIGNS A PROGRAM MANAGER TO MONITOR AND COLLABORATE WITH THE RECIPIENT ORGANIZATION. THAT PROGRAM MANAGER MEETS REGULARLY WITH THE RECIPIENT ORGANIZATION'S PROGRAM MANAGEMENT, REVIEWS THE REPORTS ON PROGRESS AND EXPENDITURES, AND JOINTLY PROBLEM SOLVES WITH THE RECIPIENT ORGANIZATION TO ENSURE THE PROGRAM GOALS ARE TIMELY MET.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization: PRIMARY CARE COALITION OF MONTGOMERY COUNTY, MARYLAND, INC.

Employer identification number: 52-1847976

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (such as maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☒ Compensation committee	☐ Written employment contract		
	☒ Independent compensation consultant	☒ Compensation survey or study		
	☒ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
c	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) LESLIE GRAHAM	(i)	222,367.	15,518.	0.	9,515.	11,554.	258,954.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) HILLERY TSUMBA	(i)	151,817.	0.	0.	6,073.	33,231.	191,121.	0.
DIRECTOR, ORGANIZATIONAL STRATEGY	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MINDY PIERCE	(i)	151,968.	0.	0.	6,079.	679.	158,726.	0.
SR. DIR, CTR FOR HEALTH IMPROVEMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
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	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 7:

LESLIE GRAHAM RECEIVED A PERFORMANCE-BASED BONUS PAYMENT OF $15,518.

SCHEDULE O (Form 990)

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 Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization: PRIMARY CARE COALITION OF MONTGOMERY COUNTY, MARYLAND, INC.

Employer identification number: 52-1847976

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

THE PRIMARY CARE COALITION ADMINISTERS MONTGOMERY CARES AND IS RESPONSIBLE FOR COORDINATING THE SERVICES OF THE PARTICIPATING HEALTH CARE PARTNERS TO PROVIDE HIGH-QUALITY, EFFICIENT, ACCESSIBLE, AND EQUITABLE HEALTH SERVICES TO LOW INCOME, UNINSURED ADULTS IN MONTGOMERY COUNTY.

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

NEXUS MONTGOMERY IS A COLLABORATION AMONG MONTGOMERY COUNTY, MARYLAND'S SIX HOSPITALS AND COMMUNITY PARTNERS TO PROMOTE HEALTH, REDUCE HOSPITAL UTILIZATION AND MANAGE TOTAL COST OF CARE FOR THE SHARED COMMUNITY IN WAYS THAT NO SINGLE HOSPITAL COULD ACHIEVE ON ITS OWN. THE PRIMARY CARE COALITION HAS SERVED AS THE MANAGEMENT ENTITY FOR NEXUS MONTGOMERY SINCE ITS INCEPTION IN 2015, PROVIDING ORGANIZATIONAL INFRASTRUCTURE, STAFFING, DATA ANALYTICS, EVALUATION AND PROGRAM IMPLEMENTATION.

PROGRAMS INCLUDE:

- SNF ALLIANCE: A LEARNING COLLABORATIVE WITH THE HOSPITALS AND 30+ SKILLED NURSING FACILITIES (SNFS) TO IMPROVE SNF CAPACITY FOR QUALITY CARE, REDUCE READMISSIONS TO HOSPITALS, AND DECREASE TOTAL COST OF CARE.
- BEHAVIORAL HEALTH CRISIS SYSTEMS: BUILD COMMUNITY CAPACITY (CRISIS BEDS, MEDICAL RESPITE CARE PROGRAM FOR HOMELESS), AND FACILITATE COLLABORATIVE EFFORTS TO SET STRATEGY AND IMPROVE PROCESSES ACROSS ENTITIES FOR ENHANCED BEHAVIORAL HEALTH CRISIS RESPONSE.

EXPENSES $ 625,575. INCLUDING GRANTS OF $ 16,624. REVENUE $ 662,741.

Name of the organization PRIMARY CARE COALITION OF MONTGOMERY COUNTY, MARYLAND, INC.

Employer identification number 52-1847976

OTHER PROGRAMS AND SERVICES: THE PRIMARY CARE COALITION WORKS ON MANY LEVELS TO INCREASE ACCESS TO HEALTH CARE AND IMPROVE THE HEALTH AND LIVES OF OUR NEIGHBORS WHO ARE EXPERIENCING VULNERABILITY. WE CONNECT PEOPLE TO SERVICES. WE SUPPORT HEALTH CARE PROVIDERS WITH TECHNICAL ASSISTANCE IN AREAS INCLUDING QUALITY ASSURANCE, DATA ANALYSIS AND HEALTH INFORMATICS, AND PROCESS IMPROVEMENT. WE BUILD SYSTEMS BY ENGAGING DIVERSE STAKEHOLDERS TO DISCUSS SHARED CHALLENGES AND DEVELOP SYSTEMS OF CARE THAT MEET THE NEEDS OF OUR COMMUNITY. EXAMPLES OF ADDITIONAL PCC PROGRAMS DESIGNED TO IMPROVE SYSTEMS OF CARE FOR VULNERABLE RESIDENTS:

- CONNECTING TO HEALTH COVERAGE. THE PRIMARY CARE COALITION SERVES AS THE PERFORMANCE MANAGER FOR THE CAPITAL SOUTH REGION CONNECTOR PROGRAM, WHICH ASSISTS PRINCE GEORGE'S COUNTY RESIDENTS IN ENROLLING IN MEDICAID AND PRIVATE HEALTH INSURANCE COVERAGE THROUGH THE MARYLAND HEALTH CONNECTION-THE STATE-BASED INSURANCE MARKETPLACE.

- POINT OF ENTRY PROJECT (PEP). WORKING WITH MONTGOMERY COUNTY PUBLIC SCHOOLS INTERNATIONAL ADMISSIONS, A PCC CLIENT NAVIGATOR CONNECTS NEWLY IMMIGRANT FAMILIES WITH CARE FOR KIDS AND SOCIAL SERVICES.

EXPENSES $ 4,502,072. INCLUDING GRANTS OF $ 2,806,698. REVENUE $ 0.

FORM 990, PART VI, SECTION A, LINE 4:

THE BYLAWS WERE AMENDED TO REMOVE THE PUBLIC RELATIONS AND FUNDRAISING COMMITTEE AND ADD THE RESOURCE DEVELOPMENT COMMITTEE AND THE STRATEGIC COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS PREPARED BY THE ORGANIZATIONS OUTSIDE ACCOUNTING FIRM, AND

Name of the organization PRIMARY CARE COALITION OF MONTGOMERY COUNTY, MARYLAND, INC.

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REVIEWED BY THE ORGANIZATION'S CONTROLLER. 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, WITH THE APPROVED FORM 990 PROVIDED TO THE BOARD PRIOR TO FILING. THE PRESIDENT/CEO SIGNS THE RETURN; IT IS SUBMITTED BY THE OUTSIDE ACCOUNTING FIRM.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS MUST ANNUALLY SIGN A STATEMENT WHICH AFFIRMS THAT SUCH PERSON:

A. HAS RECEIVED A COPY OF THE CONFLICTS OF INTEREST POLICY,

B. HAS READ AND UNDERSTANDS THE POLICY,

C. HAS AGREED TO COMPLY WITH THE POLICY, AND

D. UNDERSTANDS THE COALITION IS CHARITABLE AND IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OF MORE ITS TAX-EXEMPT PURPOSES.

THE FINANCE AND AUDIT COMMITTEE MONITORS COMPLIANCE WITH THE ANNUAL STATEMENT REQUIREMENT.

FORM 990, PART VI, SECTION B, LINE 15A:

PER THE ORGANIZATION'S BYLAWS, 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'S COMPENSATION IS EVALUATED BY THE BOARD EXECUTIVE COMMITTEE, AND IS INFORMED BY A SALARY BENCHMARKING SURVEY CONDUCTED BY A SUBCOMMITTEE OF THE BOARD. ANY SALARY ADJUSTMENT IS COMMUNICATED IN WRITING FROM THE BOARD CHAIR TO

Name of the organization PRIMARY CARE COALITION OF MONTGOMERY COUNTY, MARYLAND, INC.

Employer identification number 52-1847976

THE HUMAN RESOURCES DEPARTMENT. THE LAST COMPENSATION REVIEW FOR THE CEO TOOK PLACE IN NOVEMBER 2023.

FORM 990, PART VI, SECTION C, LINE 19:

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