Form 990-T Exem	Exempt Organization Business Income Tax Return					OMB No 1545-0047		
	and proxy tax und	er se	ection 6033(e))			2040		
For calendar year 2	2019 or other tax year beginning		, and ending			2019		
Department of the Treasury	Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).							
A Check box if Name of	organization (Check box if name c	hange	d and see instructions.)		DEmp	Open to Public Inspection f 501(c)(3) Organizations Only Dioyer Identification number ployees' trust, see		
	RICT OF COLUMBIA P					ructions)		
B Exempt under section Print ASSO	1777							
X 501(c0)3.) or Number,	street, and room or suite no. If a P.O. box	k, see i	nstructions.			related business activity code e instructions.)		
408(e) 220(e) 1 1 1 6 2 0	Type 1620 I STREET, N.W., NO. 300							
408A 530(a) City or to	own, state or province, country, and ZIP o	r foreig	n postal code					
529(a) WASH	INGTON, DC 20006				900	0099		
at end of year								
1,460,954. G Check	organization type 🕨 🗶 501(c) corp	oratio	n 501(c) trust	401(a)	trust	Other trust		
H Enter the number of the organization's unre		1	Describe	the only (or first) unr	elated	d .		
trade or business here REPEAL	OF SECTION 512(A)(7)	. If only one,	complete Parts I-V. I	f mor	e than one,		
describe the first in the blank space at the e	nd of the previous sentence, complete Pa	ırts I ar	nd II, complete a Schedule	M for each additiona	al trac	le or		
business, then complete Parts III-V.								
I During the tax year, was the corporation a		nt-subs	sidiary controlled group?	. • [Y	es No		
If "Yes," enter the name and identifying nun								
J The books are in care of ► TAMAR					<u> 202</u>	2)638-0252		
Part I Unrelated Trade or B	usiness Income		(A) Income	(B) Expenses		(C) Net		
1 a Gross receipts or sales						,		
b Less returns and allowances	c Balance ►	10						
2 Cost of goods sold (Schedule A, line 7)		2						
3 Gross profit. Subtract line 2 from line 10	· ·	3_						
4a Capital gain net income (attach Schedule	' "	4a						
b Net gain (loss) (Form 4797, Part II, line	17) (attach Form 4797)	4b						
c Capital loss deduction for trusts		4c						
5 Income (loss) from a partnership or an 3	S corporation (attach statement)	5				ļ		
6 Rent income (Schedule C)		6				 		
7 Unrelated debt-financed income (Sched		7						
	rom a controlled organization (Schedule F)	8						
	7), (9), or (17) organization (Schedule G)					ļ		
10 Exploited exempt activity income (Sched	iule I)	10				<u> </u>		
11 Advertising income (Schedule J)		11				<u> </u>		
12 Other income (See instructions; attach s	chedule)	12				 		
13 Total. Combine lines 3 through 12.		13	0.	- 		<u></u>		
	n Elsewhere (See instructions fo y connected with the unrelated busin			.•				
14 Compensation of officers, directors, an	d trustees (Schedule K)		·	<u> </u>	14			
15 Salaries and wages					15	 		
16 Repairs and maintenance	• •	•	•	•	16			
17 Bad debts	• •			t	17	†		
18 Interest (attach schedule) (see instruct			•	· •	18			
19 Taxes and licenses	IONS)					 		
20 Depreciation (attach Form 4562)	ions)	•			19	į.		
					19	<u> </u>		
•			20					
21 Less depreciation claimed on Schedule	A and elsewhere on return	7	20 21a		21b			
21 Less depreciation claimed on Schedule22 Depletion	A and elsewhere on return RECEIVED]			21b 22			
 Less depreciation claimed on Schedule Depletion Contributions to deferred compensation 	A and elsewhere on return RECEIVED	3			21b 22 23			
21 Less depreciation claimed on Schedule 22 Depletion 23 Contributions to deferred compensation 24 Employee benefit programs	A and elsewhere on return RECEIVED				21b 22 23 24			
21 Less depreciation claimed on Schedule 22 Depletion 23 Contributions to deferred compensation 24 Employee benefit programs 25 Excess exempt expenses (Schedule I)	RECEIVED NOV 1 8 2020				21b 22 23			
21 Less depreciation claimed on Schedule 22 Depletion 23 Contributions to deferred compensation 24 Employee benefit programs 25 Excess exempt expenses (Schedule I) 26 Excess readership costs (Schedule J)	RECEIVED n plans NOV 1 8 2020				21b 22 23 24 25			
21 Less depreciation claimed on Schedule 22 Depletion 23 Contributions to deferred compensation 24 Employee benefit programs 25 Excess exempt expenses (Schedule I) 26 Excess readership costs (Schedule J) 27 Other deductions (attach schedule)	RECEIVED NOV 1 8 2020				21b 22 23 24 25 26	0		
21 Less depreciation claimed on Schedule 22 Depletion 23 Contributions to deferred compensatio 24 Employee benefit programs 25 Excess exempt expenses (Schedule I) 26 Excess readership costs (Schedule J) 27 Other deductions (attach schedule) 28 Total deductions. Add lines 14 through	A and elsewhere on return RECEIVED NOV 1 & 2020	t line 2	21a		21b 22 23 24 25 26 27	0 0		
21 Less depreciation claimed on Schedule 22 Depletion 23 Contributions to deferred compensatio 24 Employee benefit programs 25 Excess exempt expenses (Schedule I) 26 Excess readership costs (Schedule J) 27 Other deductions (attach schedule) 28 Total deductions. Add lines 14 through 29 Unrelated business taxable income before	NOV 1 & 2020 OGDEN, UT h 27 ore net operating loss deduction. Subtrace		21a 21a 8 from line 13		21b 22 23 24 25 26 27 28	0 0		
21 Less depreciation claimed on Schedule 22 Depletion 23 Contributions to deferred compensation 24 Employee benefit programs 25 Excess exempt expenses (Schedule I) 26 Excess readership costs (Schedule J) 27 Other deductions (attach schedule) 28 Total deductions. Add lines 14 through 29 Unrelated business taxable income before 30 Deduction for net operating loss arising	A and elsewhere on return RECEIVED NOV 1 & 2020		21a 21a 8 from line 13		21b 22 23 24 25 26 27 28			
21 Less depreciation claimed on Schedule 22 Depletion 23 Contributions to deferred compensatio 24 Employee benefit programs 25 Excess exempt expenses (Schedule I) 26 Excess readership costs (Schedule J) 27 Other deductions (attach schedule) 28 Total deductions. Add lines 14 through 29 Unrelated business taxable income before	NOV 1 & 2020 GOEN, UT The 27 Ore net operating loss deduction. Subtracting in tax years beginning on or after January		21a 21a 8 from line 13		21b 22 23 24 25 26 27 28 29	0		

		DISTRICT OF COLUMBIA PRIMARY CARE ASSO	CIATI	ON		52	2-199	9196	Page 2
Part	111	Total Unrelated Business Taxable Income							
32	2 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)								0.
33	Amou	nts paid for disallowed fringes				33			
34		ible contributions (see instructions for limitation rules)	34	T		0.			
35	Total	نر inrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract	35	Ι.,					
36									
37	Total o	f unrelated business taxable income before specific deduction. Subtract line 36 from line	e 35			37			
38	Specif	c deduction (Generally \$1,000, but see line 38 instructions for exceptions)			_	38		1,0	000.
39	Unrela	ited business taxable income. Subtract line 38 from line 37. If line 38 is greater than line	e 37,					-	
	enter t	he smaller of zero or line 37				39			0.
Part	: IV	Tax Computation					-	747	
40	Organ	zations Taxable as Corporations. Multiply line 39 by 21% (0.21)				40	T		0.
41		Taxable at Trust Rates. See instructions for tax computation. Income tax on the amoun	nt on line 39	from:			†		
	_	ax rate schedule or Schedule D (Form 1041)			•	41	1		
42		tax. See instructions				42	 		
43	_	ative minimum tax (trusts only)	• ••	•		43	 		
44		Noncompliant Facility Income. See instructions			••	44	 		
45		Add lines 42, 43, and 44 to line 40 or 41, whichever applies	•		•••	45	† 		0.
Part	V	Tax and Payments			•				
46a	Foreign	n tax credit (corporations attach Form 1118; trusts attach Form 1116)	46a			T			
		credits (see instructions)	46b			1	Ĭ		
		Il business credit. Attach Form 3800	48c			1			
		for prior year minimum tax (attach Form 8801 or 8827)	48d			1			
		redits. Add lines 46a through 46d				46e			
		ct line 46e from line 45	•			47	<u> </u>		0.
48		axes. Check if from: Form 4255 Form 8611 Form 8697 Form	n 8866	Other (atta	ach schedule)	48			
49		ax. Add lines 47 and 48 (see instructions)			,	49	1		0.
		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3				50	 		0.
		nts: A 2018 overpayment credited to 2019	51a		233.		 		
	-	stimated tax payments	51b		2,800.	1			
		posited with Form 8868	51c		_,	1	i		
		n organizations: Tax paid or withheld at source (see instructions)	51d			1			
		o withholding (see instructions)	51e			1			
		for small employer health insurance premiums (attach Form 8941)	51f			1			
		redits, adjustments, and payments: Form 2439				1			
•		orm 4136 Other Total	▶ 51g			ŀ			
52	Total p	ayments. Add lines 51a through 51g	للاندا			52]	3.0	33.
		ted tax penalty (see instructions). Check if Form 2220 is attached				53	 		
54		e. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed			•	54	 		
55		lyment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid		•		55	 	3.0	33.
56		ne amount of line 55 you want; Credited to 2020 estimated tax	•	Refun	ded -	56	 		33.
Part		Statements Regarding Certain Activities and Other Informa	ation (se						
57		time during the 2019 calendar year, did the organization have an interest in or a signatur						Yes	No
	_	financial account (bank, securities, or other) in a foreign country? If "Yes," the organization		•				1	1
		Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of th	-						
	here	>		,					X
		the tax year, did the organization receive a distribution from, or was it the grantor of, or	transferor to	a foreign	trust?			-	X
		see instructions for other forms the organization may have to file.	., ., ., ., ., ., ., ., ., ., ., ., ., .	o, a loloigii	austi		• •-	\vdash	 -
		ne amount of tax-exempt interest received or accrued during the tax year > \$						1	
		nder penalties of perjury, I declare that I have examined this return, including accompanying schedules a prect, and complete. Declaration of preparer (other man taxpayed is based on all information of which pr	and statement	ts, and to the	best of my know	wledge (and bellef, it	is true,	
Sign	a	orrect, and complete. Declaration of preparer (other man) taxpayer is based on all information of which pr	reparer has an	ny knowledge.					
Here	1	Jaman A. meth 11/1/29 PRESI	DENT :	AND C	$\Box \land$	•	RS discuss ti er shown be		with
		Signature of officer Date Title						Yes	□ No
		Print/Type preparer's name Preparer's signature	Date	Ch	eck n				
Date:		RICHARD J. LOCASTRO,	5410		f- employed	' ' ''	•••		
Paid		CPA Ruball & Location	11/11/2		. omployed	P	00288	8314	
-	arer	Firm's name GELMAN, ROSENBERG & FREEDMAN			rm's EIN 🕨		2-139		
Use	Only	4550 MONTGOMERY AVE SUITE 80	ON		IIII S LIIV			, 2, 0, 0	-
		Firm's address ▶ BETHESDA, MD 20814-2930		P	hone no. (301	.) 95:	1-90	90
923711	01-27-20			<u></u>				990-T	
							· Oilli §		(C 1 D)