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**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

**2008**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2008 calendar year, or tax year beginning **JUL 1, 2008** and ending **JUN 30, 2009**

<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type  See Specific Instructions	<b>C</b> Name of organization <b>PRIMARY CARE DEVELOPMENT CORPORATION</b> Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite <b>22 CORTLANDT STREET, 12TH FL</b> City or town, state or country, and ZIP + 4 <b>NEW YORK, NY 10007</b>		<b>D</b> Employer identification number <b>13-3711803</b>
		<b>F</b> Name and address of principal officer: <b>RONDA KOTELCHUCK</b> <b>SAME AS C ABOVE</b>		<b>E</b> Telephone number <b>212-437-3910</b>
		<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c) ( <b>3</b> ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>G</b> Gross receipts \$ <b>16,377,595.</b>
		<b>J</b> Website: <b>WWW.PCDCNY.ORG</b>		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number
<b>K</b> Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			<b>L</b> Year of formation <b>1993</b>	<b>M</b> State of legal domicile <b>NY</b>

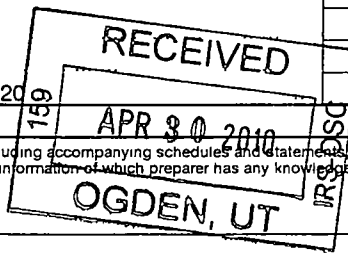
**Part I Summary**

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>			
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.			
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>24</b>	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>24</b>	
	<b>5</b> Total number of employees (Part V, line 2a)	<b>5</b>	<b>40</b>	
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>2</b>	
	<b>7a</b> Total gross unrelated business revenue from Part VIII, line 12, column (C)	<b>7a</b>	<b>0.</b>	
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>	
	Expenses	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 14,940,489.	<b>Current Year</b> 7,224,945.
		<b>9</b> Program service revenue (Part VIII, line 2g)	3,954,567.	3,643,206.
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		989,452.	628,621.	
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		25,545.	11,394.	
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		19,910,053.	11,508,166.	
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		575,000.	3,258,692.	
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)				
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,471,948.	3,448,431.	
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		60,000.	35,500.	
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)		281,659.		
Net Assets or Fund Balances	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	4,308,947.	4,592,931.	
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,415,895.	11,335,554.	
	<b>19</b> Revenue less expenses Subtract line 18 from line 12	11,494,158.	172,612.	
	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Year</b> 80,113,029.	<b>End of Year</b> 81,668,903.	
	<b>21</b> Total liabilities (Part X, line 26)	41,533,166.	42,390,732.	
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	38,579,863.	39,278,171.	

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**  
 Signature of officer: *[Signature]* Date: **4-22-10**  
**RONDA KOTELCHUCK, EXECUTIVE DIRECTOR**  
 Type or print name and title



<b>Paid Preparer's Use Only</b>	<b>Preparer's signature</b> <i>[Signature]</i>	<b>Date</b> <b>4/21/10</b>	<b>Check if self-employed</b> <input type="checkbox"/>	<b>Preparer's identifying number (see instructions)</b> <b>900444235</b>
	<b>Firm's name (or yours if self-employed), address, and ZIP + 4</b> <b>MARKS PANETH &amp; SHRON LLP</b> <b>622 THIRD AVENUE</b> <b>NEW YORK, NY 10017</b>		<b>EIN</b> <b>11-3518842</b>	<b>Phone no</b> <b>212 503-8800</b>

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

SCANNED JUN 15 2010 Revenue

915-17  
1

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:
PCDC'S MISSION IS TO EXPAND AND ENHANCE PRIMARY AND PREVENTIVE CARE IN UNDERSERVED COMMUNITIES.

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 [X] 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 [X] No

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

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code: ) (Expenses \$ 4,327,638. including grants of \$ 742,787. ) (Revenue \$ 2,889,896. )
CAPITAL ACCESS: INVESTING IN PRIMARY CARE FACILITIES. PCDC IMPROVES ACCESS TO CARE IN COMMUNITIES THAT NEED IT MOST BY PROVIDING THE CAPITAL TO BUILD, MODERNIZE, AND EXPAND FACILITIES. PCDC HAS CREATED INVESTMENTS OF 250 MILLION IN 75 PRIMARY CARE FACILITY PROJECTS THAT HAVE THE CAPACITY TO PROVIDE 1.7 MILLION MEDICAL VISITS AND SERVE 575,000 PATIENTS ANNUALLY.

SEE SCHEDULE O

4b (Code: ) (Expenses \$ 5,178,300. including grants of \$ 2,515,905. ) (Revenue \$ 753,310. )
PERFORMANCE IMPROVEMENT: STRENGTHENING SERVICE DELIVERY. PCDC TRANSFORMS PRIMARY CARE BY ASSISTING PROVIDERS TO IMPROVE PRODUCTIVITY, REDUCE WAITING TIMES AND NO SHOWS, CREATE PATIENT-CENTERED PROCESSES AND IMPROVE PATIENT AND PROVIDER SATISFACTION. PCDC HAS GUIDED MORE THAN 400 PRIMARY CARE TEAMS AT 175 ORGANIZATIONS TO REDESIGN OPERATIONS, EFFECTIVELY USE NEW INFORMATION TECHNOLOGIES, PREPARE FOR EMERGENCIES, AND BECOME MEDICAL HOMES.

SEE SCHEDULE O

4c (Code: ) (Expenses \$ 540,389. including grants of \$ 0. ) (Revenue \$ 0. )
POLICY AND ADVOCACY: LEADING PRIMARY CARE INITIATIVES. PCDC PROMOTES POLICIES THAT INCREASE ACCESS TO QUALITY PRIMARY CARE, IMPROVE THE HEALTH OF COMMUNITIES, AND LOWER HEALTH CARE COSTS. PCDC CO-FOUNDED THE NEW YORK STATE PRIMARY CARE COALITION, PUBLISHES STUDIES AND POLICY BRIEFS TO BRING VISIBILITY TO PRIMARY CARE ISSUES, AND EDUCATES POLICYMAKERS ON THE IMPORTANCE OF PRIMARY CARE DEVELOPMENT. OUR EFFORTS ARE CRITICAL TO RECENT LANDMARK PRIMARY CARE INVESTMENTS AND POLICY CHANGES IN NEW YORK STATE.

4d Other program services. (Describe in Schedule O)
(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses \$ 10,046,327. (Must equal Part IX, Line 25, column (B))

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** (continued)

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

Form 990 (2008)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	18		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	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		
	40		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b>	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>6a</b>	Did the organization solicit any contributions that were not tax deductible?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
<b>8</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter: N/A		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
	10a		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
	10b		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter: N/A		
<b>a</b>	Gross income from members or shareholders		
	11a		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	11b		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A		
	12b		

**Part VI Governance, Management, and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

**Section A. Governing Body and Management**

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

**Section B. Policies**

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed NY
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: MICHAEL ROSEN - 212-437-3946  
22 CORTLANDT STREET, 12TH FLOOR, NEW YORK, NY 10007

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

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

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

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

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

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

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

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DANIEL T. MCGOWAN CHAIRMAN	1.50	X		X				0.	0.	0.
PALOMA HERNANDEZ VICE-CHAIR	1.50	X		X				0.	0.	0.
THOMAS J. MURPHY VICE-CHAIR/TREASURER	1.50	X		X				0.	0.	0.
KAREN NELSON SECRETARY	1.50	X		X				0.	0.	0.
CAROLYN TAIN BOARD MEMBER	1.50	X						0.	0.	0.
ALAN AVILES BOARD MEMBER	1.00	X						0.	0.	0.
SHAUN BELLE BOARD MEMBER	1.00	X						0.	0.	0.
JO IVEY BOUFFORD BOARD MEMBER	1.00	X						0.	0.	0.
MAURA CLARK BOARD MEMBER	1.00	X						0.	0.	0.
ANDREA COHEN BOARD MEMBER	1.00	X						0.	0.	0.
DANIEL DEY BOARD MEMBER	1.00	X						0.	0.	0.
WANDA EVANS BOARD MEMBER	1.00	X						0.	0.	0.
THOMAS R. FRIEDEN BOARD MEMBER	1.00	X						0.	0.	0.
DAVID A GOULD BOARD MEMBER	1.00	X						0.	0.	0.
L. NATHAN HARE BOARD MEMBER	1.00	X						0.	0.	0.
MARK JEZIORSKI BOARD MEMBER	1.00	X						0.	0.	0.
ANDREW ROFFE BOARD 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	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID ROSEN BOARD MEMBER	1.00	X						0.	0.	0.
JOHN RUGGE BOARD MEMBER	1.00	X						0.	0.	0.
RUTH SALZMAN BOARD MEMBER	1.00	X						0.	0.	0.
CLAIRE SHULMAN BOARD MEMBER	1.00	X						0.	0.	0.
ADIRA SIMAN BOARD MEMBER	1.00	X						0.	0.	0.
LOUIS TOMSON BOARD MEMBER	1.00	X						0.	0.	0.
FREDERICK F. YANNI JR. BOARD MEMBER	1.00	X						0.	0.	0.
RONDA KOTELCHUCK EXECUTIVE DIRECTOR	40.00			X				194,551.	0.	21,946.
MICHAEL ROSEN CFO	40.00			X				165,004.	0.	23,967.
THOMAS MANNING DIR CAP ACCESS	40.00				X			161,821.	0.	32,361.
<b>1b Total</b>								<b>1,162,734.</b>	<b>0.</b>	<b>194,521.</b>

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization 9

	Yes	No
3 Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
YALE NEW HAVEN HEALTH SERVICES CORP. 789 HOWARD AVE, NEW HAVEN, CT 065191304	EMERGENCY PREPAREDNESS	210,600.
MANATT, PHELPS & PHILLIPS, LLP 7 TIMES SQUARE, NEW YORK, NY 10036	LEGAL SERVICES	151,411.
CHCANYS, 535 8TH AVENUE, 8TH FLOOR, NEW YORK, NY 10018	SUPPORT NETWORK PC SITES W/COMMUNITY OR	104,898.

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization 3

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns					
	b	Membership dues					
	c	Fundraising events	315,400.				
	d	Related organizations					
	e	Government grants (contributions)	5863170.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1046375.				
	g	Noncash contributions included in lines 1a-1f \$					
	h	<b>Total.</b> Add lines 1a-1f		7,224,945.			
	Program Service Revenue	2 a	INTEREST ON LOANS	900099	2,402,913.	2,402,913.	
		b	PROGRAM FEES	900099	1,240,293.	1,240,293.	
c							
d							
e							
f		All other program service revenue					
g		<b>Total.</b> Add lines 2a-2f		3,643,206.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		779,527.		779,527.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross Rents	(i) Real	273,573.			
		b	Less: rental expenses	282,991.			
		c	Rental income or (loss)	<9,418.>			
		d	Net rental income or (loss)		<9,418.>		<9,418.>
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	4372682.			
		b	Less: cost or other basis and sales expenses	4523588.			
		c	Gain or (loss)	<150906.>			
		d	Net gain or (loss)		<150,906.>		<150,906.>
	8 a	Gross income from fundraising events (not including \$ 315,400. of contributions reported on line 1c). See Part IV, line 18	a	83,000.			
		b	Less: direct expenses	62,850.			
		c	Net income or (loss) from fundraising events		20,150.		20,150.
	9 a	Gross income from gaming activities. See Part IV, line 19	a				
b		Less: direct expenses	b				
c		Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances	a					
	b	Less: cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue			Business Code				
11 a	MISCELLANEOUS REVENUE	900099	662.	662.			
b							
c							
d	All other revenue						
e	<b>Total.</b> Add lines 11a-11d		662.				
12	<b>Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		11508166.	3,643,868.	0.	639,353.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	3,258,692.	3,258,692.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	625,081.	298,254.	321,178.	5,649.
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	2,317,371.	1,892,414.	296,012.	128,945.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	42,569.	35,453.	4,772.	2,344.
9 Other employee benefits	264,512.	194,574.	57,699.	12,239.
10 Payroll taxes	198,898.	147,106.	43,275.	8,517.
11 Fees for services (non-employees).				
a Management				
b Legal	148,485.	135,686.	12,799.	
c Accounting	43,000.		43,000.	
d Lobbying	158,989.	158,989.		
e Professional fundraising services See Part IV, line 17	35,500.			35,500.
f Investment management fees				
g Other	822,291.	756,071.	46,521.	19,699.
12 Advertising and promotion				
13 Office expenses	217,495.	135,695.	47,735.	34,065.
14 Information technology	39,078.	27,840.	9,515.	1,723.
15 Royalties				
16 Occupancy	288,462.	214,861.	58,591.	15,010.
17 Travel	40,651.	36,890.	2,810.	951.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	64,123.	50,300.	11,575.	2,248.
20 Interest	2,247,666.	2,247,666.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	66,886.	49,470.	13,855.	3,561.
23 Insurance	18,871.		18,871.	
24 Other expenses. Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a <b>PROVISION FOR LOAN LOSS</b>	243,008.	243,008.		
b <b>PROGRAM SPACE SUPPLIES</b>	130,735.	129,879.	137.	719.
c <b>DONATIONS / JOURNAL ADS</b>	30,227.	28,647.	175.	1,405.
d <b>MISCELLANEOUS COSTS</b>	24,660.	2,828.	12,748.	9,084.
e <b>DUES AND SUBSCRIPTIONS</b>	8,304.	2,004.	6,300.	
f All other expenses				
<b>25 Total functional expenses.</b> Add lines 1 through 24f	11,335,554.	10,046,327.	1,007,568.	281,659.
<b>26 Joint Costs.</b> Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	1,688,684.	2	2,360,043.
	3	Pledges and grants receivable, net	11,787,050.	3	11,348,225.
	4	Accounts receivable, net	1,709,900.	4	1,700,345.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net	36,198,478.	7	35,606,620.
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	527,315.	9	372,851.
	10a	Land, buildings, and equipment: cost basis	10a 709,867.		
	b	Less: accumulated depreciation. Complete Part VI of Schedule D	10b 441,929.	212,981.	10c 267,938.
	11	Investments - publicly traded securities	12,543,963.	11	15,317,991.
	12	Investments - other securities. See Part IV, line 11	7,390,234.	12	6,926,983.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	8,054,424.	15	7,767,907.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	80,113,029.	16	81,668,903.	
Liabilities	17	Accounts payable and accrued expenses	626,276.	17	807,916.
	18	Grants payable		18	
	19	Deferred revenue	76,143.	19	242,380.
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	32,371,229.	23	32,965,007.
	24	Unsecured notes and loans payable		24	
	25	Other liabilities. Complete Part X of Schedule D	8,459,518.	25	8,375,429.
	26	<b>Total liabilities.</b> Add lines 17 through 25	41,533,166.	26	42,390,732.
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>				
	27	Unrestricted net assets	9,067,467.	27	10,573,089.
	28	Temporarily restricted net assets	29,512,396.	28	28,705,082.
	29	Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	<b>Total net assets or fund balances</b>	38,579,863.	33	39,278,171.	
34	<b>Total liabilities and net assets/fund balances</b>	80,113,029.	34	81,668,903.	

**Part XI Financial Statements and Reporting**

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

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No 1545-0047

**2008**  
Open to Public  
Inspection

Name of the organization **PRIMARY CARE DEVELOPMENT CORPORATION** Employer identification number **13-3711803**

**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: (Please check only **one** organization.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete the Part III.)
- 10  An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**. (see instructions)
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f  If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
  - (ii) A family member of a person described in (i) above?
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the organizations the organization supports.

	Yes	No
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3184826.	2275688.	1818490.	14940489.	7224945.	29444438.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 3	3184826.	2275688.	1818490.	14940489.	7224945.	29444438.
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)						2355172.
6 Public Support. Subtract line 5 from line 4						27089266.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	3184826.	2275688.	1818490.	14940489.	7224945.	29444438.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	746,275.	516,988.	847,360.	981,276.	779,527.	3871426.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						33315864.
12 Gross receipts from related activities, etc. (see instructions)					12	23,003,857.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	81.31 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	67.34 %
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

**Section A. Public Support**

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

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶

**Section C. Computation of Public Support Percentage**

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

**Section D. Computation of Investment Income Percentage**

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

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

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

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

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**  
For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

**2008**  
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Department of the Treasury  
Internal Revenue Service

▶ To be completed by organizations described below.  
▶ Attach to Form 990 or Form 990-EZ.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <p align="center">PRIMARY CARE DEVELOPMENT CORPORATION</p>	Employer identification number <p align="center">13-3711803</p>
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**Part I-A** To be completed by all organizations exempt under section 501(c) and section 527 organizations.  
See the instructions for Schedule C for details.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ \_\_\_\_\_
- 3 Volunteer hours \_\_\_\_\_

**Part I-B** To be completed by all organizations exempt under section 501(c)(3).  
See the instructions for Schedule C for details.

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  
 Yes  No
- 4a Was a correction made?  
 Yes  No
- b If "Yes," describe in Part IV

**Part I-C** To be completed by all organizations exempt under section 501(c), except section 501(c)(3).  
See the instructions for Schedule C for details.

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 3 Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file Form 1120-POL for this year?  Yes  No
- 5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

**Part II-A** To be completed by organizations exempt under section 501(c)(3) that filed Form 5768  
 (election under section 501(h)). See the instructions for Schedule C for details.

- A** Check  if the filing organization belongs to an affiliated group.  
**B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
<b>1 a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)			
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)			
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)			
<b>d</b> Other exempt purpose expenditures			
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)			
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.			
If the amount on line 1e, column (a) or (b) is:	<b>The lobbying nontaxable amount is:</b>		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000		
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)			
<b>h</b> Subtract line 1g from line 1a. Enter -0- if line g is more than line a			
<b>i</b> Subtract line 1f from line 1c. Enter -0- if line f is more than line c			
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

**4-Year Averaging Period Under Section 501(h)**  
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f of the instructions.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
<b>2a</b> Lobbying non-taxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots non-taxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**Part II-B** To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?		X	
<b>e</b> Publications, or published or broadcast statements?		X	
<b>f</b> Grants to other organizations for lobbying purposes?		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	X		247,623.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		X	
<b>i</b> Other activities? If "Yes," describe in Part IV		X	
<b>j</b> Total lines 1c through 1i			247,623.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A** To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details.

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?		
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
<b>3</b> Did the organization agree to carryover lobbying and political expenditures from the prior year?		

**Part III-B** To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." See Schedule C instructions for details.

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>
<b>2</b> Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
<b>a</b> Current year	<b>2a</b>
<b>b</b> Carryover from last year	<b>2b</b>
<b>c</b> Total	<b>2c</b>
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	<b>4</b>
<b>5</b> Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	<b>5</b>

**Part IV** Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

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**Schedule D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

OMB No. 1545-0047

**2008**  
Open to Public Inspection

Name of the organization

PRIMARY CARE DEVELOPMENT CORPORATION

Employer identification number

13-3711803

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

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

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

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

Preservation of land for public use (e.g., recreation or pleasure)  Preservation of an historically important land area

Protection of natural habitat  Preservation of certified historic structure

Preservation of open space

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

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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

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

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ \_\_\_\_\_

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

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

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_
- (ii) Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_
- b Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

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

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

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

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

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

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

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

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

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

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

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

- a Board designated or quasi-endowment ▶ \_\_\_\_\_ %
- b Permanent endowment ▶ \_\_\_\_\_ %
- c Term endowment ▶ \_\_\_\_\_ %

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

- (i) unrelated organizations
- (ii) related organizations

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		320,025.	144,930.	175,095.
d Equipment		378,154.	296,999.	81,155.
e Other		11,688.		11,688.
<b>Total.</b> Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				267,938.



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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	11,508,166.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	11,335,554.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	172,612.
4	Net unrealized gains (losses) on investments	4	525,696.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	525,696.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	698,308.

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

1	Total revenue, gains, and other support per audited financial statements	1	12,437,915.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	525,696.
b	Donated services and use of facilities	2b	121,062.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	282,991.
e	Add lines 2a through 2d	2e	929,749.
3	Subtract line 2e from line 1	3	11,508,166.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	11,508,166.

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

1	Total expenses and losses per audited financial statements	1	11,739,607.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	121,062.
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	282,991.
e	Add lines 2a through 2d	2e	404,053.
3	Subtract line 2e from line 1	3	11,335,554.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	11,335,554.

**Part XIV Supplemental Information**

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

RENTAL EXPENSE OF \$282,991 NETTED AGAINST RENTAL REVENUE

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**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events NONE	(d) Total Events (Add col. (a) through col. (c))
		GALA (event type)	(event type)	(total number)	
Revenue	1	Gross receipts	398,400.		398,400.
	2	Less: Charitable contributions	315,400.		315,400.
	3	Gross revenue (line 1 minus line 2)	83,000.		83,000.
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs	59,040.		59,040.
	7	Other direct expenses	3,810.		3,810.
	8	Direct expense summary. Add lines 4 through 7 in column (d)			( 62,850.)
	9	Net income summary. Combine lines 3 and 8 in column (d)			20,150.

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

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

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____ a Is the organization licensed to operate gaming activities in each of these states? b If "No," Explain: _____	9a	
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," Explain: _____	10a	
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

**13** Indicate the percentage of gaming activity operated in:

<b>13a</b>	%
<b>13b</b>	%

- a The organization's facility
- b An outside facility

**14** Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?

**15a**

- b If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_ .
- c If "Yes," enter name and address:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**16** Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

- Director/officer       Employee       Independent contractor

**17** Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
- b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**17a**

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the U.S.**

OMB No. 1545-0047

2008

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.  
▶ Attach to Form 990.**

**Open to Public  
Inspection**

Name of the organization

**PRIMARY CARE DEVELOPMENT CORPORATION**

Employer identification number  
**13-3711803**

**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?  Yes  No

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BEDFORD STUYVESANT FAMILY HEALTH CENTER - 1413 FULTON STREET - BROOKLYN, NY 11216	11-2412205	501(C)(3)	50,000.	0.			TECHNICAL ASSISTANCE GRANT TO ENGAGE A CONSULTANT TO HELP IMPROVE THE
BETANCES HEALTH CENTER 280 HENRY STREET NEW YORK, NY 10002	13-2697725	501(C)(3)	32,787.	0.			TECHNICAL ASSISTANCE GRANT FOR DEVELOPMENT OF A MULTI-YEAR FINANCIAL IMPROVEMENT PLAN
BROWNSVILLE MULTI-SERVICE FAMILY HEALTH CENTER - 592 ROCKAWAY AVE - BROOKLYN, NY 11213	11-2544630	501(C)(3)	30,000.	0.			TECHNICAL ASSISTANCE GRANT TO ASSESS ORGANIZATION'S OPERATIONS AND FINANCES AND DEVELOP
CALLEN-LORDE COMMUNITY HEALTH CENTER - 356 WEST 18TH ST - NEW YORK, NY 10011	13-3409680	501(C)(3)	35,000.	0.			TECHNICAL ASSISTANCE GRANT TO DEVELOP/IMPROVE CERTAIN ORGANIZATIONAL FINANCIAL MANAGEMENT
HUDSON RIVER HEALTH CARE 1037 MAIN STREET PEEKSKILL, NY 10566	13-2828349	501(C)(3)	300,000.	0.			CAPITAL GRANT IN CONNECTION WITH FINANCING TO ACQUIRE HRHC'S MONTICELLO CENTER
OPEN DOOR FAMILY MEDICAL CENTER - PORTCHESTER - 165 MAIN STREET - OSSINING, NY 10562	13-2813103	501(C)(3)	25,000.	0.			CAPITAL GRANT FOR ARCHITECTURAL FEES AND EQUIPMENT ASSOCIATED WITH THE DEVELOPMENT OF

**2** Enter total number of section 501(c)(3) and government organizations

**3** Enter total number of other organizations

▶ **15.**  
▶ **0.**

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

**SEE PART IV FOR COLUMN (H) DESCRIPTIONS**

**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) 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 non-cash assistance

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

**SCHEDULE I, PART I, LINE 2: CAPITAL PROJECT GRANTS**

THE CAPITAL GRANTS THAT PCDC DISBURSED DURING FY2009 WERE MADE IN CONJUNCTION WITH THE HEALTH CENTER FACILITY DEVELOPMENT LOANS THAT PCDC PROVIDED. PCDC'S BOARD APPROVED THE FINANCING PACKAGES THE LOAN AND GRANT AMOUNTS AND THE ANTICIPATED GRANT USES AND PCDC STAFF DISBURSED GRANT FUNDS AT OR AFTER EACH LOAN CLOSING.

**MONITORING:** DURING THE COURSE OF THE DEVELOPMENT OF A FACILITY CAPITAL

Name of the organization

**PRIMARY CARE DEVELOPMENT CORPORATION**

Employer identification number  
**13-3711803**

**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OPPORTUNITIES DEVELOPMENT ASSOCIATION PRIMARY CARE CENTER - 14-16 HEYWARD STREET - BROOKLYN, NY 11211	11-2329960	501(C)(3)	200,000.	0.			CAPITAL GRANT FOR INFORMATION TECHNOLOGY IMPLEMENTATION AND PROFESSIONAL FEES IN
PROJECT SAMARITAN HEALTH SERVICES 138-02 QUEENS BLVD BRIARWOOD, NY 11435	22-3433831	501(C)(3)	50,000.	0.			CAPITAL GRANT IN CONNECTION WITH FINANCING FOR HEALTH INFORMATION AND TELECOMMUNICATIONS
SCHENECTADY FAMILY HEALTH SERVICE 602-608 CRAIG STREET SCHENECTADY, NY 12307	14-1636222	501(C)(3)	20,000.	0.			TECHNICAL ASSISTANCE GRANT TO IMPROVE THE ORGANIZATION'S FINANCIAL AND OPERATING PERFORMANCE
BROWNSVILLE COMMUNITY DEVELOPMENT CORP - 592 ROCKAWAY AVE - BROOKLYN, NY 11213	11-2544630	501(C)(3)	171,150.	0.			TO PURCHASE A NEW ELECTRONIC HEALTH RECORD (EHR) SYSTEM OR CUSTOMIZE AN EXISTING "EHR" SYSTEM
CALLEN-LORDE COMMUNITY HEALTH CENTER - 356 WEST 18TH ST - NEW YORK, NY 10011	13-3409680	501(C)(3)	122,250.	0.			TO PURCHASE A NEW ELECTRONIC HEALTH RECORD (EHR) SYSTEM OR CUSTOMIZE AN EXISTING "EHR" SYSTEM
CHARLES B. WANG COMMUNITY HEALTH CENTER - 268 CANAL ST - NEW YORK, NY 10013	13-2739694	501(C)(3)	366,750.	0.			TO PURCHASE A NEW ELECTRONIC HEALTH RECORD (EHR) SYSTEM OR CUSTOMIZE AN EXISTING "EHR" SYSTEM
INSTITUTE FOR URBAN FAMILY HEALTH 16 EAST 16TH ST NEW YORK, NY 10003	13-3273402	501(C)(3)	751,837.	0.			TO PURCHASE A NEW ELECTRONIC HEALTH RECORD (EHR) SYSTEM OR CUSTOMIZE AN EXISTING "EHR" SYSTEM
MORRIS HEIGHT HEALTH CENTER 85 WEST BURNSIDE AVE BRONX, NY 10453	06-1081232	501(C)(3)	513,450.	0.			TO PURCHASE A NEW ELECTRONIC HEALTH RECORD (EHR) SYSTEM OR CUSTOMIZE AN EXISTING "EHR" SYSTEM

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations



**Part IV Supplemental Information**

PROJECT, WHICH CAN TAKE FROM SEVERAL MONTHS TO SEVERAL YEARS DEPENDING ON THE NATURE AND SIZE OF THE PROJECT, PCDC STAFF MONITOR THE ORGANIZATIONS TO ASSESS PROJECT STATUS AND FINANCING READINESS. PCDC STAFF CLOSE LOANS, AND DISBURSE THE CORRESPONDING GRANTS, WHEN PROJECTS ARE COMPLETED AND REQUIRED CLOSING MILESTONES ARE MET, SUCH AS THE BORROWER/GRANTEE RECEIVING AUTHORIZATION FROM THE NEW YORK STATE DEPARTMENT OF HEALTH TO OPERATE THE DEVELOPED HEALTH CENTER. AS PART OF THE CLOSING PREPARATION, PCDC STAFF REVIEW DOCUMENTATION SUBMITTED BY BORROWER/GRANTEES THAT EVIDENCES GRANT EXPENDITURES MADE. THE COSTS ARE REVIEWED AGAINST THE ANTICIPATED GRANT BUDGET AND ANY BUDGET MODIFICATIONS MADE TO REFLECT ACTUAL PROJECT COSTS.

**TECHNICAL ASSISTANCE GRANTS**

PCDC MAKES TECHNICAL ASSISTANCE GRANTS TO EXISTING HIGH RISK BORROWERS TO ENABLE THEM TO CURE SPECIFIC OPERATING OR FINANCIAL PROBLEMS. PCDC'S BOARD APPROVES THE GRANT AMOUNT AND USES. TYPICALLY GRANTEES USE THE AWARDS TO OBTAIN CONSULTANT ASSISTANCE.

**MONITORING:** BETWEEN THE TIME THE GRANT IS APPROVED AND THE ISSUANCE OF THE FINAL DISBURSEMENT, PCDC STAFF MONITOR GRANTEES TO ASSESS PROGRESS AGAINST THE ANTICIPATED GRANT WORKPLAN AND TIMETABLE. THE MILESTONES AND/OR DELIVERABLES ARE OUTLINED IN THE GRANT AWARD AGREEMENT. IN CONNECTION WITH AUTHORIZING DISBURSEMENTS, PCDC STAFF REVIEW DOCUMENTATION SUBMITTED BY GRANTEES THAT (I) EVIDENCES MILESTONES ACHIEVED AND/OR DELIVERABLES MET IN CONFORMANCE WITH THE GRANT AWARD, AND (II) THE GRANTEES' SATISFACTION WITH THE WORK UNDERTAKEN BY THE CONSULTANTS ENGAGED TO PERFORM THE SCOPE OF WORK.

Part IV Supplemental Information

PROJECT GRANTS

PROJECT GRANTS ARE AWARDED IN CONNECTION TO CAPITAL IMPROVEMENT PROJECTS APPROVED BY APPROPRIATE FUNDING AGENCIES. A SIGNED AGREEMENT IS IN PLACE TO DOCUMENT THE USE OF GRANT FUNDS AND DISBURSEMENT PROCEDURES. PROGRAM STAFF AT PCDC WORK WITH GRANTEEES TO DEVELOP A PROJECT PLAN WITH DEFINED TIMELINE AND MILESTONES THAT ENSURE THEY ARE ELIGIBLE TO RECEIVE CAPITAL GRANT FUNDS REIMBURSEMENTS. PROGRAM STAFF REVIEW DOCUMENTATION FROM GRANTEEES DEMONSTRATING FULFILLMENT OF PROGRAM MILESTONES AND PROOF OF PROJECT EXPENDITURES PRIOR TO DISBURSEMENT OF GRANT FUNDS.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

BEDFORD STUYVESANT FAMILY HEALTH CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TECHNICAL ASSISTANCE GRANT TO ENGAGE A CONSULTANT TO HELP IMPROVE THE ORGANIZATION'S FINANCIAL MANAGEMENT INFRASTRUCTURE

NAME OF ORGANIZATION OR GOVERNMENT:

BROWNSVILLE MULTI-SERVICE FAMILY HEALTH CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TECHNICAL ASSISTANCE GRANT TO ASSESS ORGANIZATION'S OPERATIONS AND FINANCES AND DEVELOP AN IMPROVEMENT PLAN

NAME OF ORGANIZATION OR GOVERNMENT: CALLEN-LORDE COMMUNITY HEALTH CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TECHNICAL ASSISTANCE GRANT TO DEVELOP/IMPROVE CERTAIN ORGANIZATIONAL FINANCIAL MANAGEMENT TOOLS

NAME OF ORGANIZATION OR GOVERNMENT:

**Part IV** Supplemental Information

OPEN DOOR FAMILY MEDICAL CENTER - PORTCHESTER

(H) PURPOSE OF GRANT OR ASSISTANCE: CAPITAL GRANT FOR ARCHITECTURAL FEES AND EQUIPMENT ASSOCIATED WITH THE DEVELOPMENT OF SCHOOL-BASED CENTERS IN PORT CHESTER AND NEW ADMINISTRATIVE SPACE IN OSSINING

NAME OF ORGANIZATION OR GOVERNMENT:

OPPORTUNITIES DEVELOPMENT ASSOCIATION PRIMARY CARE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: CAPITAL GRANT FOR INFORMATION TECHNOLOGY IMPLEMENTATION AND PROFESSIONAL FEES IN CONNECTION WITH IMPROVEMENTS TO ODA'S MAIN CENTER

NAME OF ORGANIZATION OR GOVERNMENT: PROJECT SAMARITAN HEALTH SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: CAPITAL GRANT IN CONNECTION WITH FINANCING FOR HEALTH INFORMATION AND TELECOMMUNICATIONS UPGRADES AND PHYSICAL IMPROVEMENTS TO SEVERAL FACILITIES IN NYC AND IN ELLENVILLE, NY

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

**2008**

Open to Public Inspection

Name of the organization

PRIMARY CARE DEVELOPMENT CORPORATION

Employer identification number

13-3711803

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If line 1a is 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

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee          | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

- a** Receive a severance payment or change of control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?

If "Yes," to line 5a or 5b, describe in Part III.

**6** For persons listed in 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?
- b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space is needed

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
RONDA KOTELCHUCK	(i) 194,551.	(ii) 0.	(iii) 0.	5,892.	16,054.	216,497.	101,306.
	(ii) 0.			0.	0.	0.	0.
MICHAEL ROSEN	(i) 165,004.	(ii) 0.	(iii) 0.	5,091.	18,876.	188,971.	87,821.
	(ii) 0.			0.	0.	0.	0.
THOMAS MANNING	(i) 161,821.	(ii) 0.	(iii) 0.	5,197.	27,164.	194,182.	88,086.
	(ii) 0.			0.	0.	0.	0.
NANCY LAGER	(i) 145,284.	(ii) 0.	(iii) 0.	4,528.	19,082.	168,894.	73,808.
	(ii) 0.			0.	0.	0.	0.
PETER CUCCHIARA	(i) 126,376.	(ii) 0.	(iii) 0.	3,265.	21,344.	150,985.	67,140.
	(ii) 0.			0.	0.	0.	0.
MELISSA CORRADO	(i) 122,405.	(ii) 0.	(iii) 0.	4,055.	26,143.	152,603.	69,333.
	(ii) 0.			0.	0.	0.	0.
	(i) 0.						
	(ii) 0.						
	(i) 0.						
	(ii) 0.						
	(i) 0.						
	(ii) 0.						
	(i) 0.						
	(ii) 0.						
	(i) 0.						
	(ii) 0.						



**SCHEDULE L**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Transactions with Interested Persons**

▶ Attach to Form 990 or Form 990-EZ.  
▶ To be completed by organizations that answered  
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,  
or Form 990-EZ, Part V, lines 38a or 40b.

OMB No 1545-0047

**2008**  
**Open To Public**  
**Inspection**

Name of the organization **PRIMARY CARE DEVELOPMENT CORPORATION** Employer identification number **13-3711803**

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).  
To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**  
To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$ \_\_\_\_\_

**Part III Grants or Assistance Benefiting Interested Persons.**  
To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

**Part IV Business Transactions Involving Interested Persons.**  
To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 28a, 28b, or 28c

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
PALOMA HERNANDEZ	BOARD MEMBER OF THE	104,898.	BOARD MEMBE		X
PALOMA HERNANDEZ	BOARD MEMBER OF THE	590,468.	MS. HERNAND		X
JOHN RUGGE	BOARD MEMBER OF THE	104,898.	BOARD MEMBE		X
DANIEL DEY	BOARD MEMBER OF THE	104,898.	BOARD MEMBE		X

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No. 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

PRIMARY CARE DEVELOPMENT CORPORATION

Employer identification number

13-3711803

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FOUNDED IN 1993, THE PRIMARY CARE DEVELOPMENT CORPORATION (PCDC) IS A NONPROFIT ORGANIZATION DEDICATED TO ENSURING THAT EVERY COMMUNITY HAS TIMELY AND EFFECTIVE ACCESS TO PRIMARY CARE. OUR MISSION IS TO INCREASE THE CAPACITY AND QUALITY OF PRIMARY CARE IN UNDERSERVED COMMUNITIES IN ORDER TO ACHIEVE OUR VISION OF "EXCELLENT HEALTHCARE IN EVERY NEIGHBORHOOD." TO ACHIEVE OUR MISSION, PCDC EMPLOYS THREE STRATEGIES: INVESTING IN PRIMARY CARE FACILITIES, STRENGTHENING SERVICE DELIVERY, AND LEADING POLICY INITIATIVES.

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

TOP CAPITAL ACCESS ACCOMPLISHMENTS IN FY09 ARE:

LAUNCHED \$40 MILLION LOAN FUND TO FINANCE FACILITIES IN ECONOMICALLY DISTRESSED COMMUNITIES. WITH ACCESS TO FINANCING AT AN ALL-TIME LOW, PCDC, IN PARTNERSHIP WITH HSBC BANK USA, LAUNCHED THE LARGEST NEW MARKETS TAX CREDIT (NMTC) PROGRAM NATIONWIDE DEVOTED EXCLUSIVELY TO PRIMARY CARE DEVELOPMENT. THIS \$40 MILLION LOAN FUND PROVIDES BELOW-MARKET FINANCING TO BUILD, RENOVATE, AND EXPAND FACILITIES THROUGHOUT NEW YORK STATE. THESE LOANS ARE ESTIMATED TO CREATE SOME 525 PERMANENT JOBS, AND 365 CONSTRUCTION JOBS, AND THE CAPACITY TO SERVE 110,000 PATIENTS ANNUALLY.

SAVED HEALTH CENTERS FROM CLOSING. PCDC HELPED PRESERVE THE ST. DOMINIC

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

Schedule O (Form 990) 2008

832211  
12-18-08

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

PRIMARY CARE DEVELOPMENT CORPORATION

Employer identification number

13-3711803

HEALTH CENTER IN JAMAICA, QUEENS FROM BANKRUPTCY BY PROVIDING A \$5.5 MILLION LOAN, WHICH LEVERAGED CAPITAL FROM OTHER PRIVATE AND PUBLIC SOURCES, AND BY FACILITATING THE OWNERSHIP TRANSFER. THE ST. DOMINIC CENTER NOW SERVES FIVE TIMES THE NUMBER OF PATIENTS AND HAS EXPANDED SERVICES TO INCLUDE PEDIATRICS, DENTAL, AND OB/GYN. PCDC PROVIDED SIMILAR ASSISTANCE TO PROMOTE THE TRANSFER OF THE VALENTINE LANE FAMILY PRACTICE IN YONKERS FROM HOSPITAL SPONSORSHIP TO ANOTHER ORGANIZATION THAT FOCUSES ON PRIMARY CARE SERVICE DELIVERY.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS

TOP PERFORMANCE IMPROVEMENT ACCOMPLISHMENTS IN FY09 ARE:

PREPARED HEALTH CENTERS FOR MASS H1N1 FLU VACCINATIONS. BECAUSE PRIMARY CARE PROVIDERS HAVE A UNIQUE RELATIONSHIP WITH THE COMMUNITIES THEY SERVE, THEY PLAY A KEY ROLE DURING AN EMERGENCY. DURING THE H1N1 FLU EMERGENCY, PCDC HELPED 19 PRIMARY CARE CENTERS ORGANIZE RAPID VACCINE DISTRIBUTIONS. THESE SITES VACCINATED MORE THAN 8,000 LOW-INCOME AND PRIORITY GROUP PATIENTS.

HELPING HEALTH CENTERS ACHIEVE "MEANINGFUL USE" OF HEALTH INFORMATION TECHNOLOGY. THROUGH FUNDING FROM NEW YORK STATE'S HEAL GRANT PROGRAM, PCDC IS CURRENTLY PROVIDING TECHNICAL ASSISTANCE FOR EIGHT BROOKLYN HEALTH CENTERS TO MASTER NEW USES OF ELECTRONIC HEALTH RECORDS THAT MEET RECENTLY RELEASED FEDERAL GUIDELINES FOR "MEANINGFUL USE" OF HEALTH INFORMATION TECHNOLOGY. THESE CENTERS ARE SHARING PATIENT DATA ELECTRONICALLY ACROSS HEALTH CENTERS, HOSPITALS, AND OTHER PROVIDERS,

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Schedule O (Form 990) 2008

832211  
12-18-08

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No. 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

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Employer identification number

13-3711803

SETTING UP PERSONAL HEALTH RECORDS GIVING PATIENTS MORE TRANSPARENCY REGARDING THEIR HEALTH, AND SHARING PRESCRIPTIONS AND LAB RESULTS ELECTRONICALLY.

PROVIDING TOOLS AND EXPERTISE FOR SAFETY NET PROVIDERS TO BECOME MEDICAL HOMES. PUBLISHED "OBTAINING PATIENT-CENTERED MEDICAL HOME RECOGNITION: A HOW-TO MANUAL," A COMPREHENSIVE FRAMEWORK TO HELP PROVIDERS SEEKING PCMH RECOGNITION FROM THE NCQA, WHICH IS INCREASINGLY IMPORTANT AS NEW YORK STATE MEDICAID BEGINS TO OFFER HIGHER REIMBURSEMENTS FOR QUALIFIED CENTERS. PCDC ALSO SERVES AS FACULTY TO THE COMMONWEALTH FUND NATIONAL SAFETY NET MEDICAL HOME INITIATIVE AND PROJECT STAFF FOR THE NEW YORK EMBLEM MEDICAL HOME HIGH VALUE NETWORK DEMONSTRATION.

FORM 990, PART VI, SECTION A, LINE 2: DR. THOMAS R. FRIEDEN, COMMISSIONER OF THE NYC DEPARTMENT OF HEALTH AND MENTAL HYGIENE IS A VOTING MEMBER ON THE BOARD OF THE NEW YORK ACADEMY OF MEDICINE, IN WHICH DR. JO IVEY BOUFFORD IS PRESIDENT.

FORM 990, PART VI, SECTION A, LINE 2: ANDREA COHEN, DIRECTOR OF HEALTH SERVICES WITH THE NYC OFFICE OF THE DEPUTY MAYOR FOR HEALTH & HUMAN SERVICES REPRESENTS LINDA GIBBS, DEPUTY MAYOR OF THE NYC DEPARTMENT OF HEALTH AND HUMAN SERVICES AS A VOTING MEMBER ON THE BOARD OF NYC HEALTH AND HOSPITALS CORPORATION, IN WHICH ALAN AVILES IS THE PRESIDENT.

FORM 990, PART VI, SECTION A, LINE 2: DR. THOMAS R. FRIEDEN, COMMISSIONER

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

Schedule O (Form 990) 2008

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

PRIMARY CARE DEVELOPMENT CORPORATION

Employer identification number  
13-3711803

OF THE NYC DEPARTMENT OF HEALTH AND MENTAL HYGIENE IS A VOTING MEMBER ON THE BOARD OF NYC HEALTH AND HOSPITALS CORPORATION, IN WHICH ALAN AVILES IS THE PRESIDENT.

FORM 990, PART VI, SECTION A, LINE 6: THE CORPORATION SHALL HAVE AT LEAST NINETEEN (19) BUT NO MORE THAN THIRTY (30) MEMBERS (THE "MEMBERS"), SUCH NUMBER TO BE FIXED BY RESOLUTION OF THE MEMBERSHIP. AT THE ANNUAL MEETING OF THE MEMBERS, THERE SHALL BE AN ELECTION OF MEMBERS OF THE CORPORATION.

FORM 990, PART VI, SECTION A, LINE 7A: THE BOARD SHALL MANAGE AND CONTROL THE AFFAIRS AND PROPERTY OF THE CORPORATION. THE BOARD SHALL CONSIST OF AT LEAST NINETEEN (19) BUT NO MORE THAN THIRTY (30) DIRECTORS, AND SHALL BE COMPOSED OF THE MEMBERS OF THE CORPORATION. THE NUMBER OF DIRECTORS SHALL BE FIXED BY THE MEMBERSHIP AND SHALL BE THE SAME AS THE NUMBER OF MEMBERS OF THE CORPORATION.

ANY DIRECTOR MAY BE REMOVED, WITH OR WITHOUT CAUSE, BY A VOTE OF THE MAJORITY OF THE ENTIRE MEMBERSHIP AT ANY MEETING OF THE MEMBERSHIP AT WHICH A QUORUM EXISTS, AND FOR WHICH WRITTEN NOTICE OF THE PROPOSED REMOVAL ACTION HAS BEEN GIVEN, PURSUANT TO SECTIONS 2, 3, OR 4, OF ARTICLE II. REMOVAL FROM THE MEMBERSHIP OF THE CORPORATION SHALL BE DEEMED TO BE REMOVAL FROM THE BOARD.

FORM 990, PART VI, SECTION A, LINE 10: THE 990 IS PREPARED BY BY PCDC'S INDEPENDENT ACCOUNTING FIRM AND THEN REVIEWED BY PCDC'S CFO AND DIRECTOR OF FINANCE. THE 990 IS THEN REVIEWED BY THE FINANCE COMMITTEE. UPON APPROVAL

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No. 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

PRIMARY CARE DEVELOPMENT CORPORATION

Employer identification number

13-3711803

OF THE FINANCE COMMITTEE, THE 990 IS PRESENTED TO THE BOARD OF DIRECTORS.  
THE RETURN IS CIRCULATED TO THE BOARD OF DIRECTORS IN ADVANCE OF THE  
MEETING. AFTER APPROVAL THE RETURN IS FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: EACH YEAR BOARD MEMBERS REVIEW  
PCDC'S WRITTEN POLICY AND ATTEST THAT THEY HAVE READ AND WILL ABIDE BY THE  
POLICY BY SIGNING AN ANNUAL AFFIRMATION OF POLICY ON INTERESTED DIRECTORS.  
WHEN A DIRECTOR OF PCDC HAS AN INTEREST IN A PCDC MATTER THAT DIRECTOR  
DISCLOSES THEIR INTEREST TO THE BOARD PRIOR TO ANY DISCUSSION OR VOTE  
REGARDING THE MATTER; AND THE INTERESTED DIRECTOR ABSENTS HIM OR HERSELF  
FROM THE DISCUSSION AND/OR VOTES CONCERNING THE MATTER. CONFLICTS ARE  
REPORTED IN THE BOARD MINUTES. A LIST OF BOARD MATTERS IS COMPILED  
ANNUALLY FOR BOARD MEMBERS TO REVIEW AND REAFFIRM THEIR DISCLOSURE(S)  
DURING THE YEAR.

SIMILARLY ALL EMPLOYEES OF PCDC ANNUALLY REVIEW PCDC'S CONFIDENTIALITY AND  
CONFLICT OF INTEREST POLICIES AND SIGN A STATEMENT ACKNOWLEDGING THEY HAVE  
RECEIVED, READ AND WILL ABIDE BY THE POLICIES. ANY CONFLICT OF INTERESTS  
ARE REQUIRED TO BE IMMEDIATELY DISCLOSED TO THE EXECUTIVE DIRECTOR.

FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION FOR THE EXECUTIVE  
DIRECTOR AND CHIEF FINANCIAL OFFICER ARE REVIEWED BY THE GOVERNANCE  
COMMITTEE AND A RECOMMENDATION IS MADE TO THE BOARD FOR ITS DISCUSSION AND  
APPROVAL. THE GOVERNANCE COMMITTEE PROPOSES COMPENSATION AND DETERMINES  
THE REASONABLENESS OF RECOMMENDED COMPENSATION IN A PROCESS THAT INCLUDES  
PERFORMANCE APPRAISAL AND THE REVIEW OF A REPORT PREPARED BY PCDC'S HUMAN

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No 1545-0047

**2008**

Open to Public Inspection

Name of the organization

PRIMARY CARE DEVELOPMENT CORPORATION

Employer identification number

13-3711803

RESOURCE CONSULTANT. THE REPORT IS A COMPENSATION SURVEY BASED ON MARKET ANALYSIS AND COMPARISON OF 990S FROM OTHER ORGANIZATIONS WITH SIMILAR MISSIONS, PROGRAMS AND BUDGETS. THE BOARD MAKES THE FINAL DECISION IN EXECUTIVE SESSION WITH NO STAFF PRESENT.

FORM 990, PART VI, SECTION C, LINE 19: PCDC'S AUDITED FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. ITS TAX RETURNS INCLUDING FINANCIAL STATEMENTS ARE AVAILABLE TO PUBLIC ONLINE THROUGH GUIDESTAR AND NYS CHARITIES BUREAU'S WEBSITE. PCDC ALSO PUBLISHES NOTICES OF AVAILABILITY OF ITS TAX RETURNS WITH NEW YORK LAW JOURNAL.

FORM 990 PART XI, LINE 2C

OVERSIGHT OF AUDIT AND SELECTION OF INDEPENDENT AUDITORS  
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: PALOMA HERNANDEZ

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER OF THE ORGANIZATION

(C) AMOUNT OF TRANSACTION \$ 104898.

(D) DESCRIPTION OF TRANSACTION: BOARD MEMBER OF CHCANYS, A VENDOR USED BY THE ORGANIZATION.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: PALOMA HERNANDEZ

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

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**(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:**

BOARD MEMBER OF THE ORGANIZATION

**(C) AMOUNT OF TRANSACTION \$ 590468.**

**(D) DESCRIPTION OF TRANSACTION: MS. HERNANDEZ IS THE CEO OF URBAN HEALTH PLAN WHICH RECEIVED A HEAL 1 GRANT FROM THE ORGANIZATION DURING THE YEAR. ALL HEAL 1 GRANTEES ARE APPROVED BY NYC DOH IN ADVANCE. THE ORGANIZATION DID NOT PARTICIPATE IN THE SELECTION OR APPROVAL PROCESS.**

**(E) SHARING OF ORGANIZATION REVENUES? = NO**

**(A) NAME OF PERSON: JOHN RUGGE**

**(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:**

BOARD MEMBER OF THE ORGANIZATION

**(C) AMOUNT OF TRANSACTION \$ 104898.**

**(D) DESCRIPTION OF TRANSACTION: BOARD MEMBER OF CHCANYS, A VENDOR USED BY THE ORGANIZATION.**

**(E) SHARING OF ORGANIZATION REVENUES? = NO**

**(A) NAME OF PERSON: DANIEL DEY**

**(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:**

BOARD MEMBER OF THE ORGANIZATION

**(C) AMOUNT OF TRANSACTION \$ 104898.**

**(D) DESCRIPTION OF TRANSACTION: BOARD MEMBER OF CHCANYS, A VENDOR USED BY THE ORGANIZATION.**

**(E) SHARING OF ORGANIZATION REVENUES? = NO**

**SCHEDULE R - PART III**

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

Schedule O (Form 990) 2008

832211  
12-18-08

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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OMB No 1545-0047

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13-3711803

**RELATED PARTIES TREATED AS PARTNERSHIPS**

THE LLCs WERE FORMED BY PCDC AS A REQUIREMENT TO RECEIVE ITS \$40 MILLION FEDERAL NEW MARKET TAX CREDIT AWARD TO PROVIDE LOW INTEREST LOANS TO ITS NONPROFIT CLIENTS. THE MISSION OF THESE LLCs IS CONSISTENT WITH PCDC'S EXEMPT PURPOSE AND THEY OPERATE WITHIN THE CONSTRAINTS OF THE FEDERAL NEW MARKETS TAX CREDIT PROGRAM. EACH LLC WAS CREATED TO ACT AS CONDUIT LENDER UNDER THE NEW MARKETS TAX CREDIT PROGRAM AND DOES NOT HAVE A SEPARATE BOARD OF DIRECTORS. ALL DECISIONS FOR EACH LLC ARE MADE BY THE MEMBERS. PCDC IS THE MANAGING MEMBER OF EACH LLC. THE INVESTOR IS A 99.9% OWNER OF THE LLCs UPON EXECUTION OF INVESTMENT AGREEMENT. ALL ACTIONS OF THE LLC IN MAKING AND HOLDING LOANS TO BORROWERS ARE MANAGED BY PCDC UNDER EACH LLC'S OPERATING AGREEMENT WITH AN INVESTOR. ACTIONS BY PCDC IN THIS CAPACITY, LIKE ALL ITS OTHER LOAN ACTIVITY TO BORROWERS, ARE MANAGED BY THE STAFF AND OFFICERS OF PCDC UNDER THE DIRECTION OF THE BOARD OF DIRECTORS OF PCDC.





**Part V Transactions With Related Organizations**

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

**a** Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

**b** Gift, grant, or capital contribution to other organization(s)

**c** Gift, grant, or capital contribution from other organization(s)

**d** Loans or loan guarantees to or for other organization(s)

**e** Loans or loan guarantees by other organization(s)

**f** Sale of assets to other organization(s)

**g** Purchase of assets from other organization(s)

**h** Exchange of assets

**i** Lease of facilities, equipment, or other assets to other organization(s)

**j** Lease of facilities, equipment, or other assets from other organization(s)

**k** Performance of services or membership or fundraising solicitations for other organization(s)

**l** Performance of services or membership or fundraising solicitations by other organization(s)

**m** Sharing of facilities, equipment, mailing lists, or other assets

**n** Sharing of paid employees

**o** Reimbursement paid to other organization for expenses

**p** Reimbursement paid by other organization for expenses

**q** Other transfer of cash or property to other organization(s)

**r** Other transfer of cash or property from other organization(s)

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	Yes	No
1a	X	
1b	X	
1c	X	
1d	X	
1e	X	
1f		X
1g		X
1h		X
1i		X
1j		X
1k		X
1l		X
1m		X
1n		X
1o		X
1p		X
1q		X
1r		X

	(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			



Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	LEASEHOLD IMPROVEMENTS		SL	.000	16	283,201.			283,201.	111,987.		32,943.
	5-10 YRS											
2	COMPUTER		SL	.000	16	217,599.			217,599.	163,013.		16,895.
	EQUIPMENT & SOFTWARE											
3	FURNITURE AND FIXTURE		SL	.000	16	118,357.			118,357.	100,043.		17,048.
	5 YRS											
	* TOTAL 990 PAGE 10							0.	619,157.	375,043.	0.	66,886.
	DEPR											

# Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form).

**Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization <b>PRIMARY CARE DEVELOPMENT CORPORATION</b>	Employer identification number <b>13-3711803</b>
File by the due date for filing your return See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. <b>22 CORTLAND STREET, 12TH FL</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>NEW YORK, NY 10007</b>	

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

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

**MICHAEL ROSEN**

• The books are in the care of ▶ **22 CORTLANDT STREET, 12TH FLOOR - NEW YORK, NY 10007**  
Telephone No. ▶ **212-437-3946** FAX No. ▶ **212-693-1860**

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

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year \_\_\_\_\_ or  
▶  tax year beginning **JUL 1, 2008**, and ending **JUN 30, 2009**.

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	
c <b>Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	N/A

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)

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

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

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

<b>Part II</b>		<b>Additional (Not Automatic) 3-Month Extension of Time.</b> Only file the original (no copies needed).	
Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization		Employer identification number
	PRIMARY CARE DEVELOPMENT CORPORATION		13-3711803
	Number, street, and room or suite no. If a P.O. box, see instructions.		For IRS use only
	22 CORTLAND STREET, 12TH FL		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
	NEW YORK, NY 10007		

**Check type of return to be filed** (File a separate application for each return):

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

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

MICHAEL ROSEN

• The books are in the care of **22 CORTLANDT STREET, 12TH FLOOR - NEW YORK, NY 10007**  
 Telephone No. **212-437-3946** FAX No. **212-693-1860**

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

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

4 I request an additional 3-month extension of time until MAY 15, 2010.

5 For calendar year \_\_\_\_\_, or other tax year beginning JUL 1, 2008, and ending JUN 30, 2009.

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

7 State in detail why you need the extension  
INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	
<b>c Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	N/A

**Signature and Verification**

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

Signature Michael Rosen Title CPA Date 2/11/10