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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)

**2009**

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 2009 calendar year, or tax year beginning** JUL 1, 2009 **and ending** JUN 30, 2010

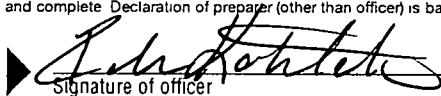
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type:  See Specific Instructions	<b>C Name of organization</b> EXTENSION ATTACHED  PRIMARY CARE DEVELOPMENT CORPORATION Doing Business As		<b>D Employer identification number</b>  13-3711803
		Number and street (or P O box if mail is not delivered to street address) Room/suite 22 CORTLANDT STREET, 12TH FL		<b>E Telephone number</b>  212-437-3946
		City or town, state or country, and ZIP + 4 NEW YORK, NY 10007		<b>G Gross receipts \$</b> 18,393,374.
		<b>F Name and address of principal officer</b> RONDA KOTELCHUCK SAME AS C ABOVE		<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c) Group exemption number</b> ▶
<b>I Tax-exempt status</b> <input checked="" type="checkbox"/> 501(c) ( 3 ) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 <b>J Website:</b> WWW.PCDCNY.ORG <b>K Form of organization</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ <b>L Year of formation</b> 1993 <b>M State of legal domicile</b> NY				

**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities	SEE SCHEDULE O	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	24
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	24
	5	Total number of employees (Part V, line 2a)	5	42
	6	Total number of volunteers (estimate if necessary)	6	6
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-V, line 34	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 8)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 9)	7,224,945.	5,068,567.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,643,206.	4,062,769.
	11	Other revenue (Part VIII, column (A), lines 5, 6, 9, 9e, 10c, and 11e)	628,621.	666,726.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,394.	178,525.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	11,508,166.	9,976,587.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	3,258,692.	747,959.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,448,431.	3,588,987.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	35,500.	
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 353,684.		
Expenses	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	4,592,931.	4,271,007.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	11,335,554.	8,607,953.
	19	Revenue less expenses Subtract line 18 from line 12	172,612.	1,368,634.
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	81,668,903.	82,126,600.
	22	Net assets or fund balances. Subtract line 21 from line 20	42,390,732.	41,232,624.
			39,278,171.	40,893,976.

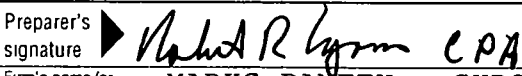
**Part II Signature Block**

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 | Date: 2-15-2011

RONDA KOTELCHUCK, EXECUTIVE DIRECTOR  
Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature:  Date: 2/14/2011 Check if self-employed:  Preparer's identifying number (see instructions):  
 Firm's name (or yours if self-employed), address, and ZIP + 4: MARKS PANETH & SHRON LLP, 622 THIRD AVENUE, NEW YORK, NY 10017  
 EIN: Phone no: 212 503-8800

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

G16 13

Part III Statement of Program Service Accomplishments

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 \$ 4,063,698. including grants of \$ 426,713.) (Revenue \$ 3,101,470.) CAPITAL FINANCING: INVESTING IN PRIMARY CARE FACILITIES. 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 MORE THAN \$260 MILLION IN 91 PRIMARY CARE FACILITY PROJECTS THROUGHOUT NEW YORK STATE. THESE PROJECTS HAVE GENERATED MORE THAN 2,300 PERMANENT JOBS; BUILT OR RENOVATED 655,000 SQUARE FEET OF SPACE; AND CREATED THE CAPACITY TO PROVIDE 1.75 MILLION MEDICAL VISITS ANNUALLY TO 595,000 MOSTLY LOW-INCOME PATIENTS. OVER THE PAST YEAR, PCDC'S CAPITAL FINANCING PROGRAM CLOSED 14 LOANS TOTALING \$17.1 MILLION. THESE LOANS HAVE CREATED OR RETAINED 70 PERMANENT JOBS AND CREATED CAPACITY TO ACCOMMODATE AN ADDITIONAL 54,000 PATIENT VISITS ANNUALLY. SEE SCHEDULE O

4b (Code ) (Expenses \$ 2,461,993. including grants of \$ 321,246.) (Revenue \$ 961,299.) PERFORMANCE IMPROVEMENT: STRENGTHENING SERVICE DELIVERY. PCDC HELPS PROVIDERS IMPROVE THE QUALITY OF PATIENT CARE BY TRANSFORMING THE WAY CARE IS DELIVERED THROUGHOUT THE ENTIRE PATIENT EXPERIENCE. USING PATIENT-CENTERED APPROACHES, PCDC HELPS PROVIDERS REDUCE PATIENT WAIT-TIMES, IMPROVE PRODUCTIVITY AND PATIENT AND STAFF SATISFACTION; IMPROVE PROVIDER EMERGENCY READINESS AND BUSINESS CONTINUITY; IMPLEMENT AND OPTIMIZE ELECTRONIC MEDICAL RECORDS AND OTHER HEALTH IT INNOVATIONS; AND HELP PROVIDERS ASSESS CURRENT OPERATIONS AND IMPLEMENT PATIENT-CENTERED PROCESSES THAT STRENGTHEN THEIR MEDICAL HOME ELIGIBILITY. PCDC HAS GUIDED MORE THAN 400 PRIMARY CARE TEAMS AT 175 ORGANIZATIONS TO REDESIGN OPERATIONS, EFFECTIVELY USE NEW INFORMATION TECHNOLOGIES, PREPARE FOR EMERGENCIES, SEE SCHEDULE O

4c (Code ) (Expenses \$ 679,935. 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. PCDC'S EFFORTS ARE CRITICAL TO RECENT LANDMARK PRIMARY CARE INVESTMENTS AND POLICY CHANGES IN NEW YORK STATE. SEE SCHEDULE O

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

4e Total program service expenses \$ 7,205,626.

**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>	N/A	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <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, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>		
	• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		
	• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>		
		Yes	No
12A			X
13	Is the organization a school 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 United States?		X
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		X
14b			X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <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 a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities 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

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

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

Note. All Form 990 filers are required to complete Schedule O.



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

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.		X

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
10b	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?		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13.	X	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done.	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	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. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not compensate any current officer, director, or trustee

(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 AND TREASURER	1.50	X		X			0.	0.	0.	
KAREN NELSON SECRETARY	1.50	X		X			0.	0.	0.	
STEPHEN ACQUARIO BOARD MEMBER	1.00	X					0.	0.	0.	
ALAN AVILES BOARD MEMBER	1.00	X					0.	0.	0.	
SHAUN BELLE BOARD MEMBER	1.00	X					0.	0.	0.	
CLIFF BLEUSTEIN 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.	
CALEN DESROSIERS BOARD MEMBER	1.00	X					0.	0.	0.	
DANIEL DEY BOARD MEMBER	1.00	X					0.	0.	0.	
THOMAS FARLEY 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.	

**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.
KAREN SCOTT COLLINS BOARD MEMBER	1.00	X						0.	0.	0.
ADIRA SIMAN BOARD MEMBER	1.00	X						0.	0.	0.
PATRICIA WANG 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				214,517.	0.	20,372.
MICHAEL ROSEN CFO	40.00			X				172,568.	0.	23,254.
THOMAS MANNING DIR CAP ACCESS	40.00				X			178,502.	0.	33,437.
<b>1b Total</b>								<b>1,276,886.</b>	<b>0.</b>	<b>191,841.</b>

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **11**

- 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
MANATT, PHELPS & PHILLIPS, LLP 7 TIMES SQUARE, NEW YORK, NY 10036	LEGAL SERVICES	283,559.
OPEN DOOR FAMILY MEDICAL CENTER 165 MAIN STREET, OSSINING, NY 10562	STUDY SITE	201,744.
YALE NEW HAVEN HEALTH SERVICES CORP. 789 HOWARD AVE, NEW HAVEN, CT 065191304	EMERGENCY PREPAREDNESS	126,105.
SKADDEN, ARPS, SLATE, MEAGHER & FLOM LLP PO BOX 1764, WHITE PLAINS, NY 10602	LEGAL SERVICES	111,156.

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

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	1a					
	b Membership dues	1b					
	c Fundraising events	1c	335,825.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	3,691,242.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,041,500.				
	g Noncash contributions included in lines 1a-1f \$						
	<b>h Total. Add lines 1a-1f</b>			5,068,567.			
	Program Service Revenue	2 a INTEREST ON LOANS	Business Code 900099	2,497,473.	2,497,473.		
b PROGRAM FEES		900099	1,565,296.	1,565,296.			
c							
d							
e							
f All other program service revenue							
<b>g Total. Add lines 2a-2f</b>				4,062,769.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		675,783.			675,783.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross Rents	(i) Real	210,354.				
		(ii) Personal	210,547.				
		b Less: rental expenses	<193.>				
		<b>d Net rental income or (loss)</b>		<193.>			<193.>
	7 a Gross amount from sales of assets other than inventory	(i) Securities	8126051.				
		(ii) Other					
		b Less cost or other basis and sales expenses	8135108.				
		<b>d Net gain or (loss)</b>		<9,057.>			<9,057.>
	8 a Gross income from fundraising events (not including \$ 335,825. of contributions reported on line 1c) See Part IV, line 18	a	74,850.				
		b Less: direct expenses	71,132.				
		<b>c Net income or (loss) from fundraising events</b>		3,718.			3,718.
	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</b>							
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</b>						
Miscellaneous Revenue			Business Code				
11 a MISCELLANEOUS REVENUE	900099		175,000.			175,000.	
b							
c							
d All other revenue							
<b>e Total. Add lines 11a-11d</b>			175,000.				
<b>12 Total revenue See instructions</b>			9,976,587.	4,062,769.	0.	845,251.	

**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	747,959.	747,959.		
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	628,887.	259,102.	368,996.	789.
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	2,410,623.	1,921,542.	295,877.	193,204.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	44,795.	36,692.	8,103.	
9 Other employee benefits	313,790.	216,988.	78,704.	18,098.
10 Payroll taxes	190,892.	148,596.	27,048.	15,248.
11 Fees for services (non-employees)				
a Management				
b Legal	539,998.	522,096.	17,902.	
c Accounting	45,500.		45,500.	
d Lobbying	69,539.	69,539.		
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other	345,397.	285,382.	22,183.	37,832.
12 Advertising and promotion				
13 Office expenses	210,468.	119,583.	52,213.	38,672.
14 Information technology	56,953.	41,463.	12,002.	3,488.
15 Royalties				
16 Occupancy	285,995.	200,846.	62,274.	22,875.
17 Travel	46,425.	42,844.	2,461.	1,120.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	78,965.	66,764.	4,764.	7,437.
20 Interest	2,207,994.	2,207,994.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	60,470.	42,286.	13,367.	4,817.
23 Insurance	19,664.		19,664.	
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 <u>PROVISION FOR LOAN LOSS</u>	181,365.	181,365.		
b <u>PROGRAM SPACE SUPPLIES</u>	63,866.	56,544.	10.	7,312.
c <u>DONATIONS / JOURNAL ADS</u>	27,000.	26,300.	200.	500.
d <u>MISCELLANEOUS COSTS</u>	20,513.	9,331.	9,240.	1,942.
e <u>DUES AND SUBSCRIPTIONS</u>	10,895.	2,410.	8,135.	350.
f All other expenses				
25 <b>Total functional expenses</b> Add lines 1 through 24f	8,607,953.	7,205,626.	1,048,643.	353,684.
26 <b>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	
<b>Assets</b>	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	2,360,043.	2	1,453,435.
	3	Pledges and grants receivable, net	11,348,225.	3	11,416,010.
	4	Accounts receivable, net	1,700,345.	4	1,439,391.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net	35,606,620.	7	38,568,531.
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	372,851.	9	361,559.
	10a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a 607,174.		
	b	Less: accumulated depreciation	10b 376,177.	267,938.	10c 230,997.
	11	Investments - publicly traded securities	15,317,991.	11	13,740,563.
	12	Investments - other securities See Part IV, line 11	6,926,983.	12	7,023,067.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	7,767,907.	15	7,893,047.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	81,668,903.	16	82,126,600.	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	807,916.	17	487,134.
	18	Grants payable		18	
	19	Deferred revenue	242,380.	19	35,000.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	32,965,007.	23	32,416,272.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	8,375,429.	25	8,294,218.
	26	<b>Total liabilities.</b> Add lines 17 through 25	42,390,732.	26	41,232,624.
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	10,573,089.	27	12,877,301.
	28	Temporarily restricted net assets	28,705,082.	28	28,016,675.
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	<b>Total net assets or fund balances</b>	39,278,171.	33	40,893,976.	
34	<b>Total liabilities and net assets/fund balances</b>	81,668,903.	34	82,126,600.	

**Part XI** Financial Statements and Reporting

- 1 Accounting method used to prepare the Form 990.  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form 990 (2009)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No 1545-0047

**2009**

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 (For lines 1 through 11, check only one box.)

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

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	2275688.	1818490.	14940489.	7224945.	5068567.	31328179.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2275688.	1818490.	14940489.	7224945.	5068567.	31328179.
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)						1791953.
6 Public support. Subtract line 5 from line 4						29536226.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	2275688.	1818490.	14940489.	7224945.	5068567.	31328179.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	516,988.	847,360.	981,276.	779,527.	960,987.	4086138.
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						35414317.
12 Gross receipts from related activities, etc. (see instructions)				12	21,479,638.	
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 2009 (line 6, column (f) divided by line 11, column (f))	14	83.40 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	81.31 %
16a 33 1/3% support test - 2009. 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 - 2008. 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 - 2009. 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 - 2008. 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 through 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 \$5,000 or 1% of the amount on line 13 for the year						
<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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 2009 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests - 2009.** 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 - 2008.** 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

**2009**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization is described below.**  
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

**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 <b>PRIMARY CARE DEVELOPMENT CORPORATION</b>	Employer identification number <b>13-3711803</b>
---	---

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 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 Complete if the organization is exempt under section 501(c)(3).**

- 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 Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 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 exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file Form 1120-POL for this year?  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were 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-

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2009 LHA

**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- 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

Limits on Lobbying Expenditures (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 (grass roots 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.															
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	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		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
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. If zero or less, enter -0-															
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0-															
<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 on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
<b>2 a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**Part II-B** Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(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		103,881.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
<b>i</b> Other activities? If "Yes," describe in Part IV		X	
<b>j</b> Total Add lines 1c through 1i			103,881.
<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** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

**Part III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

<b>1</b> Dues, assessments and similar amounts from members	1	
<b>2</b> Section 162(e) nondeductible 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	2a	
<b>b</b> Carryover from last year	2b	
<b>c</b> Total	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
<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?	4	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	5	

**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**

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2009**

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

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

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

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

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

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

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - 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 Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIV and complete the following table
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b If "Yes," explain the arrangement in Part XIV

**Part V Endowment Funds.** Complete if the 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 Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the 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
- |   | Yes    | No |
|---|--------|----|
| (i) unrelated organizations   | 3a(i)  |    |
| (ii) related organizations  | 3a(ii) |    |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 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) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		320,025.	179,451.	140,574.
d Equipment		279,149.	196,726.	82,423.
e Other		8,000.		8,000.
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				<b>230,997.</b>



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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	9,976,587.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	8,607,953.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,368,634.
4	Net unrealized gains (losses) on investments	4	247,171.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4 through 8	9	247,171.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	1,615,805.

**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	10,478,516.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	247,171.
b	Donated services and use of facilities	2b	44,211.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	210,547.
e	Add lines 2a through 2d	2e	501,929.
3	Subtract line 2e from line 1	3	9,976,587.
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 must equal Form 990, Part I, line 12)	5	9,976,587.

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

1	Total expenses and losses per audited financial statements	1	8,862,711.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	44,211.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	210,547.
e	Add lines 2a through 2d	2e	254,758.
3	Subtract line 2e from line 1	3	8,607,953.
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 must equal Form 990, Part I, line 18)	5	8,607,953.

**Part XIV Supplemental Information**

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

**PART X: EFFECTIVE JULY 1, 2009, PCDC ADOPTED THE PROVISIONS OF**

**FASB INTERPRETATION NO. 48 ("FIN 48"), "ACCOUNTING FOR UNCERTAINTIES IN**

**INCOME TAXES - AN INTERPRETATION OF FASB STATEMENT NO. 109," NOW**

**INCORPORATED IN ASC 740, WHICH PROVIDES STANDARDS FOR ESTABLISHING AND**

**CLASSIFYING ANY TAX PROVISIONS FOR UNCERTAIN TAX POSITIONS. THE ADOPTION**

**OF FIN 48 DID NOT HAVE AN EFFECT ON PCDC'S FINANCIAL POSITION AS OF JUNE**

**30, 2010 OR PCDC'S CHANGE IN NET ASSETS AND CASH FLOWS FOR THE YEAR THEN**

**ENDED. PCDC IS NO LONGER SUBJECT TO FEDERAL OR STATE AND LOCAL INCOME TAX**

**Part XIV** Supplemental Information (continued)

EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2007.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSE: 210547.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSE: 210547.



**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	410,675.		410,675.
	2	Less: Charitable contributions	335,825.		335,825.
	3	Gross income (line 1 minus line 2)	74,850.		74,850.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	65,610.		65,610.
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	5,522.		5,522.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			( 71,132 )
	11	Net income summary. Combine line 3, column (d), and line 10			3,718.

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

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

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	Yes	No
9a		
10a		
11		
12		

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

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

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

**14** Enter 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 of the third party

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information.

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer     
  Employee     
  Independent contractor

**17** Mandatory distributions

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

**17a**

	Yes	No
13		
14		
15a		
16		
17a		

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No 1545-0047

**2009**

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

**Part II** Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV, and Schedule I-1 (Form 990) if additional space is needed ▶

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC MANAGED LONG-TERM CARE 1432 FIFTH AVENUE NEW YORK, NY 10035	20-8180809	501(C)(3)	200,000.	0.			CAPITAL GRANT TO SUPPORT THE DEVELOPMENT OF ARCHCARE'S PACE FACILITY, SPECIFICALLY TO DEFRAY A TECHNICAL ASSISTANCE
BETANCES HEALTH CENTER 280 HENRY STREET NEW YORK, NY 10002	13-2697725	501(C)(3)	17,213.	0.			GRANT FOR DEVELOPMENT OF A MULTI-YEAR FINANCIAL IMPROVEMENT PLAN
PREMIER HEALTH CARE 460 WEST 34TH STREET NEW YORK, NY 10001	13-3916271	501(C)(3)	164,500.	0.			CAPITAL GRANT TO COVER CERTAIN SOFT COSTS AND EQUIPMENT EXPENDITURES IN CONNECTION WITH THE TECHNICAL ASSISTANCE
CALLEN-LORDE COMMUNITY HEALTH CENTER - 356 WEST 18TH ST - NEW YORK, NY 10011	13-3409680	501(C)(3)	15,000.	0.			GRANT TO DEVELOP/IMPROVE CERTAIN ORGANIZATIONAL FINANCIAL MANAGEMENT
COMPREHENSIVE COMMUNITY DEVELOPMENT CORPORATION SOUNDVIEW-HC - 731 WHITE PLAINS ROAD - BRONX, NY 10473	13-2960287	501(C)(3)	250,246.	0.			TO PURCHASE A NEW ELECTRONIC HEALTH RECORD (EHR) SYSTEM OR CUSTOMIZE AN EXISTING "EHR" SYSTEM
COMMUNITY HEALTHCARE 60 MADISON AVENUE NEW YORK, NY 10010	13-3083068	501(C)(3)	11,000.	0.			TO PARTICIPATE IN PCDC ADVANCED EP PROGRAM - PODS

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

7.

**3** Enter total number of other organizations

0.

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2009

**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and 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 FY2010 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 United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SCHENECTADY FAMILY HEALTH SERVICE 602-608 CRAIG STREET SCHENECTADY, NY 12307	14-1636222	501(C)(3)	30,000.	0.			TECHNICAL ASSISTANCE GRANT TO IMPROVE THE ORGANIZATION'S FINANCIAL AND OPERATING PERFORMANCE

**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: CATHOLIC MANAGED LONG-TERM CARE

(H) PURPOSE OF GRANT OR ASSISTANCE: CAPITAL GRANT TO SUPPORT THE DEVELOPMENT OF ARCHCARE'S PACE FACILITY, SPECIFICALLY TO DEFRAY A PORTION OF THE ARCHITECT/ENGINEER FEES

NAME OF ORGANIZATION OR GOVERNMENT: PREMIER HEALTH CARE

(H) PURPOSE OF GRANT OR ASSISTANCE: CAPITAL GRANT TO COVER CERTAIN SOFT COSTS AND EQUIPMENT EXPENDITURES IN CONNECTION WITH THE EXPANSION OF THE HEALTH CARE FACILITY

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

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No 1545-0047

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

**2009**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990. ▶ See separate instructions.

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 any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**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, with respect to the filing organization or a related organization

- 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 section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

**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

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2009





**SCHEDULE O**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
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OMB No 1545-0047

**2009**  
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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 FINANCING ACCOMPLISHMENTS IN FY10 ARE:

EARNED TOP RATINGS FROM THIRD-PARTY EVALUATOR. WAS AWARDED AN AAA+2  
RATING-ONE OF THE HIGHEST POSSIBLE RATINGS-FROM THE CDFI ASSESSMENT AND  
RATINGS SYSTEM (CARS), DEMONSTRATING PCDC'S CLEAR ALIGNMENT OF MISSION,  
STRATEGIES, AND IMPACT; ABILITY TO CHANGE PUBLIC POLICY; AS WELL AS ITS  
OVERALL FINANCIAL STRENGTH, STABILITY, AND THOROUGH RISK MANAGEMENT  
PRACTICES.

PROVIDED TECHNICAL ASSISTANCE FOR PRIMARY CARE CENTERS APPLYING FOR  
FEDERAL STIMULUS FUNDING. HELPED COMMUNITY HEALTH CENTERS IN THE  
UNDERSERVED COMMUNITIES OF THE BRONX, MANHATTAN, AND QUEENS TO RAISE  
\$16.8 MILLION IN FEDERAL AND STATE GRANT FUNDING TO MODERNIZE  
FACILITIES AND EXPAND PRIMARY CARE SERVICES.

PROVIDED BRIDGE LOANS IN ANTICIPATION OF GOVERNMENT GRANTS: DEPLOYED

**SCHEDULE O**  
(Form 990)

Department of the Treasury  
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TEN BRIDGE LOANS TOTALING \$7.95 MILLION, INCLUDING EIGHT LOANS TO  
BRIDGE NEW YORK STATE HEAL GRANTS AND TWO LOANS TO BRIDGE ANTICIPATED  
CITY FUNDING;

DEPLOYING NEW MARKETS LOAN FUND: CLOSED THE FIRST LOAN UNDER ITS  
LOW-COST \$40 MILLION NEW MARKETS FUND, TO ACQUIRE AND EXPAND A RURAL  
HEALTH CENTER.

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

AND BECOME MEDICAL HOMES.

TOP PERFORMANCE IMPROVEMENT ACCOMPLISHMENTS IN FY10 ARE:

COMBINED MEANINGFUL USE OF HIT AND MEDICAL HOME. RECOGNIZING THE  
IMPENDING NEED FOR PROVIDERS TO ACHIEVE "MEANINGFUL USE OF HEALTH  
INFORMATION TECHNOLOGY" AND "MEDICAL HOME RECOGNITION," PCDC HAS  
LAUNCHED A PROGRAM DESIGNED TO ASSIST HEALTH CENTERS IN NEW YORK CITY  
TO MEET REQUIREMENTS OF BOTH INITIATIVES AND TAKE ADVANTAGE OF NEW  
FINANCIAL INCENTIVES.

LED RESEARCH STUDY TO SHOW IMPACT OF HEALTH INFORMATION TECHNOLOGY ON  
COMMUNITY HEALTH. THIS YEAR PCDC WILL CONCLUDE A \$1.2 MILLION RESEARCH  
STUDY IN PARTNERSHIP WITH OPEN DOOR FAMILY MEDICAL CENTERS, COLUMBIA  
UNIVERSITY AND NYU FUNDED BY THE AGENCY FOR HEALTHCARE RESEARCH AND  
QUALITY (AHRQ), WHICH HAS ALREADY SHOWN SIGNIFICANT IMPROVEMENTS IN  
BLOOD PRESSURE CONTROL FOR A HISPANIC PATIENT POPULATION.

**SCHEDULE O**  
(Form 990)

Department of the Treasury  
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EXPANDED PCDC'S EMERGENCY PREPAREDNESS MODEL THROUGHOUT NEW YORK STATE  
AND INCREASINGLY THROUGHOUT THE UNITED STATES. THE CONTINUED SUCCESS  
AND IMPACT OF PCDC'S EP PROGRAM HAVE RESULTED IN ADDITIONAL TRAININGS  
IN UPSTATE NEW YORK, THE MID-ATLANTIC, AND A NATIONAL VIRTUAL  
CONFERENCE IN PARTNERSHIP WITH THE NATIONAL ASSOCIATION OF COMMUNITY  
HEALTH CENTERS TO HELP HEALTH CENTERS ACROSS THE COUNTRY PREPARE  
BUSINESS CONTINUITY PLANS.

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

TOP POLICY & ADVOCACY ACCOMPLISHMENTS IN FY10 ARE:

ADVOCATED FOR PRIMARY CARE MEDICAID STANDARDS. PCDC TOOK A STRONG  
POSITION IN SUPPORT OF REFORMS IN THE 09-10 NEW YORK STATE EXECUTIVE  
BUDGET THAT ALLOCATED MORE THAN \$600 MILLION TOWARD PRIMARY CARE,  
MARKING A HISTORIC SHIFT FROM INPATIENT TO OUTPATIENT CARE AFTER YEARS  
OF UNDERINVESTMENT. THIS INVESTMENT INCLUDES \$70 MILLION IN PATIENT  
CENTERED MEDICAL HOME INCENTIVES FOR PRIMARY CARE PROVIDERS.

PUBLISHED A REPORT THAT HIGHLIGHTS \$10 BILLION IN HEALTHCARE SAVINGS  
FOR NEW YORK STATE. AS NEW YORK STRUGGLES WITH THE ECONOMIC DOWNTURN,  
THE NEW YORK STATE PRIMARY CARE COALITION (OF WHICH PCDC IS A FOUNDING  
MEMBER) RELEASED A REPORT TITLED, "PRIMARY CHALLENGE: HOW NEW YORK CAN  
SAVE BILLIONS BY INVESTING IN PRIMARY CARE." THE REPORT FINDS THAT NEW  
YORK'S FAMILIES, BUSINESSES, AND GOVERNMENT COULD SAVE \$10 BILLION  
ANNUALLY, BUT INVESTING IN PRIMARY CARE IS CRUCIAL TO THESE COST  
SAVINGS.

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

Department of the Treasury  
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Employer identification number  
13-3711803

FORM 990, PART VI, SECTION A, LINE 2: DR. THOMAS FARLEY, 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. JOE 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 AND 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 CORPORATON, IN WHICH ALAN AVILES IS PRESIDENT.

FORM 990, PART VI, SECTION A, LINE 2: DR. THOMAS FARLEY, COMMISSIONER OF 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 PRESIDENT.

FORM 990, PART VI, SECTION A, LINE 2: LOUISE COHEN, DEPUTY COMMISSIONER HEALTH CARE ACCESS AND IMPROVEMENT, REPRESENTS DR. THOMAS FARLEY ON PCDC'S BOARD, IS RESPONSIBLE FOR NEGOTIATION AND OVERSIGHT OF CONTRACTS IN THE NYC DEPT OF HEALTH AND MENTAL HYGIENE, TO WHICH HEALTHFIRST IS A PARTY. PAT WANG, BOARD MEMBER OF PCDC IS THE CEO OF HEALTHFIRST.

FORM 990, PART VI, SECTION A, LINE 2: JAMAICA HOSPITAL IS AN OWNER OF HEALTHFIRST WHERE PAT WANG, BOARD MEMBER OF PCDC IS THE CEO. DAVID ROSEN IS THE CEO OF JAMAICA HOSPITAL.

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

Department of the Treasury  
Internal Revenue Service

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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 B, LINE 11: 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 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.

**SCHEDULE O**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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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 PCDCS 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, CHIEF FINANCIAL OFFICER (CFO) AND SENIOR MANAGEMENT ARE REVIEWED BY THE GOVERNANCE COMMITTEE (GC). RECOMMENDATION OF OFFICERS COMPENSATION IS MADE BY THE GC TO THE BOARD FOR ITS DISCUSSION AND APPROVAL. THE GC PROPOSES COMPENSATION AND DETERMINES THE REASONABLENESS OF RECOMMENDED COMPENSATION IN A PROCESS THAT INCLUDES PERFORMANCE APPRAISALS AND THE REVIEW OF A REPORT PREPARED BY PCDC'S HUMAN 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. KEY EMPLOYEE COMPENSATION IS REVIEWED BY THE EXECUTIVE DIRECTOR

**SCHEDULE O**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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AND CFO ANNUALLY AND IS BASED PRIMARILY ON PERFORMANCE APPRAISALS.

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:

THE PROCESS OF SELECTING THE AUDITOR AND INDEPENDENT ACCOUNTANTS  
HAS NOT BEEN CHANGED FROM THE PRIOR YEAR.

**SCHEDULE R - PART III**

**RELATED PARTIES TREATED AS PARTNERSHIPS**

THE FOUR 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 MARKET TAX CREDIT PROGRAM. EACH LLC WAS  
CREATED TO ACT AS CONDUIT LENDER UNDER THE NEW MARKET 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 AND 100% OWNER UNTIL AN INVESTMENT PARTNER IS SELECTED, THOUGH  
THERE IS NO ACTIVITY IN THE LLC WITHOUT AN INVESTMENT PARTNER. THE  
INVESTOR IS A 99.9% OWNER OF THE LLC UPON EXECUTION OF AN INVESTMENT

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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AGREEMENT. PCDC RETAINS A .01% OWNERSHIP INTEREST AND REMAINS THE  
MANAGING MEMBER. ALL ACTIONS OF THE LLCs ARE MANAGED BY PCDC PER THE  
TERMS OF THE INVESTMENT AGREEMENT. PCDC MANAGES THE LENDING PROCESS  
CONSISTENT WITH ITS OTHER LENDING PROGRAMS, THAT IS TO SAY, THE PROCESS  
IS MANAGED BY THE STAFF OF PCDC UNDER THE DIRECTION OF THE BOARD OF  
DIRECTORS.

AS MANAGING MEMBER OF EMPIRE STATE HEALTH OPPORTUNITIES FUND I, PCDC  
MAKES MEMBER LOANS TO COVER OPERATING EXPENSES AND HAS BILLED THE LLC  
FOR START-UP EXPENSES. BOTH THE LOAN AND RECEIVABLE WILL BE REPAYED  
FROM THE LLCs OPERATIONS. PCDC IS ALSO ENTITLED TO A FINANCING FEE AT  
EACH LOAN CLOSING.

ON JUNE 30, 2010, THE FIRST NMTC LOAN WAS CLOSED. AS A MANAGING MEMBER  
OF THE LLC, PCDC WAS REQUIRED TO MAKE A 0.01% EQUITY CONTRIBUTION OF  
\$297. PCDC'S EQUITY CONTRIBUTIONS WILL REMAIN IN THE LLC UNTIL IT IS  
DISSOLVED.





**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

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

**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 or (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

	(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved	Yes	No
(1)	PCDC EMPIRE STATE HEALTH I	D	530,000.	X	
(2)	PCDC EMPIRE STATE HEALTH I	K	335,890.		X
(3)	PCDC EMPIRE STATE HEALTH I	P	89,062.	X	
(4)					
(5)					
(6)					



## 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

<b>Type or print</b>	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, 2011**, 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, 2009**, and ending **JUN 30, 2010**.

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 Balance Due. 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	\$ <span style="float: right;">N/A</span>

**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.