



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047
2012
Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 07-01-2012, 2012, and ending 06-30-2013

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	C Name of organization PRIMARY CARE DEVELOPMENT CORPORATION		D Employer identification number 13-3711803	
	Doing Business As		E Telephone number (212) 437-3946	
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 22 CORTLANDT STREET 12TH FL			
	City or town, state or country, and ZIP + 4 NEW YORK, NY 10007		G Gross receipts \$ 19,770,135	
F Name and address of principal officer RONDA KOTELCHUCK 22 CORTLANDT STREET 12TH FL NEW YORK, NY 10007		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number		
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: WWW.PCDC.ORG				
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation 1993	M State of legal domicile NY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities 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 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.			
	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)	24	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	24	
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	52	
	6	Total number of volunteers (estimate if necessary)	0	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0	
7b	Net unrelated business taxable income from Form 990-T, line 34	0		
Revenue		Prior Year	Current Year	
	8	Contributions and grants (Part VIII, line 1h)	3,506,142	3,306,205
	9	Program service revenue (Part VIII, line 2g)	4,880,793	5,004,798
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	317,415	454,456
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-15,560	14,759
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,688,790	8,780,218
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,620,548
14		Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,175,523	4,124,693
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b		Total fundraising expenses (Part IX, column (D), line 25) \rightarrow 347,333		
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,803,323	3,319,702
18		Total expenses—add lines 13-17 (must equal Part IX, column (A), line 25)	10,599,394	9,582,770
19	Revenue less expenses—subtract line 18 from line 12	-1,910,604	-802,552	
Net Assets or Fund Balances		Beginning of Current Year	End of Year	
	20	Total assets (Part X, line 16)	74,464,393	72,937,754
	21	Total liabilities (Part X, line 26)	37,241,894	36,805,558
22	Net assets or fund balances—subtract line 21 from line 20	37,222,499	36,132,196	

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	2014-04-02
	RONDA KOTELCHUCK, CHIEF EXECUTIVE OFFICER	Date
Type or print name and title		

Paid Preparer Use Only	Pnnt/Type preparer's name ROBERT R LYONS	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00227472
	Firm's name \rightarrow MARKS PANETH LLP			Firm's EIN \rightarrow 11-3518842	
	Firm's address \rightarrow 685 THIRD AVENUE NEW YORK, NY 10017			Phone no (212) 503-8800	

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission
 PCDC'S MISSION IS TO TRANSFORM AND EXPAND PRIMARY CARE IN UNDERSERVED COMMUNITIES TO IMPROVE HEALTH OUTCOMES, REDUCE HEALTHCARE COSTS AND DISPARITIES

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
 If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
 If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 4,996,761 including grants of \$ 2,138,375) (Revenue \$ 3,198,995)
 CAPITAL INVESTMENT INVESTING IN PRIMARY CARE EXPANSION SINCE ITS FOUNDING IN 1993, PCDC HAS REMAINED A KEY SOURCE OF CAPITAL FOR THE PRIMARY CARE SECTOR IN NEW YORK PCDC HAS FINANCED 100 PRIMARY CARE PROJECTS VALUED AT \$457 MILLION, CREATING PRIMARY CARE ACCESS FOR 695,000 PATIENTS THIS INVESTMENT HAS IMPROVED 850,000 SQUARE FEET OF SPACE AND CREATED OR PRESERVED MORE THAN 4,700 JOBS IN LOW-INCOME COMMUNITIES PCDC HAS EXPERIENCED NO LOAN LOSSES IN ITS PORTFOLIO TO DATE, AND HAS RECEIVED AN AAA+2 PERFORMANCE RATING FROM THE CDFI ASSESSMENT AND RATING SYSTEM PCDC IS NOW WORKING TO EXPAND ITS LENDING NATIONALLY PCDC HAS ALSO PROVIDED CAPITAL ADVISORY SERVICES NATIONALLY SINCE 2008, PCDC HAS SERVED AS LENDER COORDINATOR FOR THE FEDERAL HEALTH SERVICES AND RESOURCES ADMINISTRATION'S LOAN GUARANTEE PROGRAM, PROVIDING LOAN UNDERWRITING AND PORTFOLIO MONITORING SERVICES FOR THE PAST FOUR YEARS PCDC HAS ADMINISTERED THE \$10 MILLION COMMUNITY HEALTH CENTER GRANT PROGRAM ON BEHALF OF THE NEW YORK STATE DEPARTMENT OF HEALTH AND THE DORMITORY AUTHORITY OF NEW YORK STATE, THE STATE'S HEALTH CARE FINANCING AUTHORITY PCDC HAS BEEN RETAINED BY CLIENTS INCLUDING THE TIDES FOUNDATION'S COMMUNITY CLINICS INITIATIVE AND THE DISTRICT OF COLUMBIA PRIMARY CARE ASSOCIATION TO CONDUCT DUE DILIGENCE ON GRANTEEES WE HAVE ADVISED PRIMARY CARE ASSOCIATIONS IN WASHINGTON, D C , WEST VIRGINIA AND CALIFORNIA ON INITIATING HEALTH CARE LENDING PRACTICES

4b (Code) (Expenses \$ 2,451,964 including grants of \$) (Revenue \$ 1,802,232)
 PERFORMANCE IMPROVEMENT STRENGTHENING SERVICE DELIVERY PCDC HAS PARTNERED WITH NEARLY MORE THAN 900 PRIMARY CARE ORGANIZATIONS THROUGHOUT THE U S TO ADOPT A PATIENT-CENTERED MODEL OF CARE THAT MAXIMIZES PATIENT ACCESS, MEANINGFUL USE OF HEALTH IT, CARE COORDINATION AND PATIENT EXPERIENCE, AND EMERGENCY PLANNING PCDC'S PERFORMANCE IMPROVEMENT PRACTICE HAS HELPED MORE THAN 7,000 HEALTHCARE STAFF REDESIGN WORKFLOWS/PROCESSES AND ADOPT NEW TECHNOLOGIES TO INCREASE PRODUCTIVITY AND DELIVER HIGHER QUALITY CARE, ENHANCING PRIMARY CARE SERVICES FOR MORE THAN 7 MILLION PATIENTS THROUGHOUT ITS HISTORY RECENT PERFORMANCE IMPROVEMENT ACCOMPLISHMENTS INCLUDE 1) NYS HOSPITAL MEDICAL HOME DEMONSTRATION PROJECT PCDC IS WORKING WITH KINGSBROOK JEWISH MEDICAL CENTER, SUNY DOWNSTATE MEDICAL CENTER AND WYCKOFF MEDICAL CENTER ON MEDICAL HOME PROJECTS INCLUDING SURVEY SUBMISSION, OPERATIONS REDESIGN AND TRANSFORMATION, PRIMARY CARE RESIDENCY TRAINING, AND CARE INTEGRATION, CARE COORDINATION AND INPATIENT SAFETY PROJECTS REQUIRED FOR MEDICAL HOME 2) INTER-PREGNANCY CARE INITIATIVE THROUGH THIS COLLABORATION WITH LOUISIANA PUBLIC HEALTH INSTITUTE, PCDC IS WORKING TO IMPROVE THE HEALTH OF LOW-INCOME WOMEN AND CHILDREN IN THE GREATER NEW ORLEANS AREA BY REDUCING LOW BIRTH WEIGHT AND PRE-TERM DELIVERIES TO SHARE LESSONS LEARNED THROUGH THE LEARNING COLLABORATIVE, A MANUAL WILL BE PUBLISHED TO SHARE BEST PRACTICES AND INNOVATIVE PROCESSES DEVELOPED TO ACHIEVE PROJECT GOALS 3) DEVELOPING A BROOKLYN CARE COORDINATION MODEL OVER 2 YEARS, PCDC IS WORKING WITH BROOKLYN HEALTH HOME LEAD COMMUNITY HEALTHCARE NETWORK (CHN) TO DEVELOP A COMMUNITY CARE COORDINATION MODEL, PILOT THIS MODEL AND DISSEMINATE RESULTS 4) INTEGRATING HIV/AIDS SERVICES INTO PRIMARY CARE PCDC PARTNERED WITH THE NYC AIDS FUND AND AMIDACARE TO HELP CALLEN-LORDE, HOUSING WORKS, HARLEM UNITED, HELP PSI, VILLAGE CARE, ACACIA NETWORK AND ST MARY'S EPISCOPAL CENTER ENHANCE CARE FOR HIV+ NEW YORKERS, AND WE ARE NOW CREATING A REPORT BASED ON THIS EXPERIENCE 5) PREPARING NYC FOR EMERGENCIES PCDC IS PARTNERING WITH THE NYC DEPARTMENT OF HEALTH AND MENTAL HYGIENE TO PROVIDE EMERGENCY MANAGEMENT DRILLS, EXERCISES AND TRAINING FOR HEALTH CENTERS, TO DEVELOP AND ADMINISTER AN EMERGENCY MANAGEMENT ASSESSMENT FOR NURSING HOME FACILITIES, AND TO CREATE AND PILOT A PUBLIC HEALTH DISASTER ASSESSMENT AND PREPAREDNESS TOOLKIT FOR COMMUNITY-BASED ORGANIZATIONS 6) HIV IN LEARNING COMMUNITY PCDC PROVIDED INTENSIVE COACHING AND TECHNICAL ASSISTANCE TO ASSIST 30 NON-RYAN WHITE FUNDED COMMUNITY HEALTH CENTERS TO BUILD THE SYSTEMS NECESSARY FOR QUALITY HIV SCREENING AND HIV CARE AS PART OF A NATIONAL AIDS EDUCATION AND TRAINING CENTER 7) CREATING TOOLS AND RESOURCES PCDC HAS CREATED RESOURCES FOR PRIMARY CARE PROVIDERS, INCLUDING "TRANSLATING EVIDENCE INTO PRACTICE A HOW-TO MANUAL FOR IMPLEMENTING CLINICAL DECISION SUPPORT," "BUSINESS CONTINUITY PLAN TOOLKIT" AND "BEYOND RECOGNITION SUSTAINING MEDICAL HOME TRANSFORMATION "

4c (Code) (Expenses \$ 564,545 including grants of \$) (Revenue \$ 3,571)
 POLICY AND ADVOCACY LEADING PRIMARY CARE INITIATIVES PRIMARY CARE IS NOT ONLY THE CENTERPIECE OF MEANINGFUL HEALTHCARE REFORM, BUT ALSO CONTRIBUTES GREATLY TO ECONOMIC DEVELOPMENT, BETTER HEALTH AND ACROSS THE BOARD HEALTHCARE SAVINGS AS POLICY LEADERS CONTINUE TO RECOGNIZE THE NEED FOR INVESTMENT IN PRIMARY CARE AS A MEANS TO CONTROL HEALTHCARE COSTS, PCDC CONTINUES TO STRENGTHEN ITS POLICY AND ADVOCACY EFFORTS IN NEW YORK STATE AND BEYOND OUR POLICY AGENDA INCLUDES WORKING WITH POLICYMAKERS AND STAKEHOLDERS TO 1) PROMOTE EXPANSION OF THE MEDICAL HOME MODEL AND ADOPTION OF HEALTH INFORMATION TECHNOLOGY, 2) EXPAND ACCESS TO CAPITAL FOR PRIMARY CARE EXPANSION, 3) STRENGTHEN THE ROLE OF PRIMARY CARE IN HEALTH SYSTEM REFORM, AND 4) STRENGTHEN THE ROLE OF PRIMARY CARE IN SUSTAINING "HEALTHY COMMUNITIES "RECENT POLICY & ADVOCACY ACCOMPLISHMENTS ARE DESCRIBED BELOW AT PCDC'S URGING, THE NYS DEPARTMENT OF HEALTH CREATED AN OFFICE OF PRIMARY CARE, AND PCDC PLAYED A LEAD ROLE IN ADVOCATING FOR MORE THAN \$2 BILLION IN PRIMARY CARE RESOURCES THAT WERE INCLUDED WITHIN THE STATE'S FEDERAL MEDICAID WAIVER APPLICATION PCDC ALSO HELPED SHAPE INCENTIVE PROGRAMS THAT HAVE MADE NYS THE NATIONAL LEADER IN "PATIENT-CENTERED MEDICAL HOMES " PCDC IS HELPING TO SHAPE THE LENDERS COALITION FOR COMMUNITY HEALTH CENTERS, WHICH WILL ADVOCATE FOR POLICIES AND FUNDING THAT ENABLE GREATER ACCESS TO CAPITAL FOR COMMUNITY HEALTH CENTER DEVELOPMENT TO FUEL THIS WORK, PCDC BRINGS TOGETHER TOP LEVEL PROVIDERS, POLICYMAKERS AND INDUSTRY LEADERS TO DISCUSS CRITICAL ISSUES, CHALLENGES AND OPPORTUNITIES THAT WILL SHAPE PRIMARY CARE AND THE HEALTHCARE SYSTEM AS A WHOLE RECENT CONVENINGS HAVE INCLUDED PRIMARY CARE AND HEALTH INSURANCE WHERE ARE WE GOING? MOVING THE PATIENT-CENTERED MEDICAL CARE HOME FORWARD IN NEW YORK STATE REDEFINING AND RESOLVING CHALLENGES TO PAYER-PROVIDER ALIGNMENT, HEALTH INSURANCE EXPANSION AND PRIMARY CARE RISKS AND OPPORTUNITIES, AND HEALTHCARE INVESTING IN THE FAST-MOVING WORLD OF HEALTH CARE PAYMENT REFORM

(Code) (Expenses \$ 8,000 including grants of \$) (Revenue \$)















4d Other program services (Describe in Schedule O)
 (Expenses \$ 8,000 including grants of \$) (Revenue \$)

4e Total program service expenses 8,021,270

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> <input checked="" type="checkbox"/>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	Yes	
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> <input checked="" type="checkbox"/>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> <input checked="" type="checkbox"/>	Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> <input checked="" type="checkbox"/>		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> <input checked="" type="checkbox"/>		No
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> <input checked="" type="checkbox"/>		No
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> <input checked="" type="checkbox"/>		No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> <input checked="" type="checkbox"/>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> <input checked="" type="checkbox"/>		No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> <input checked="" type="checkbox"/>	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> <input checked="" type="checkbox"/>	Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> <input checked="" type="checkbox"/>		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> <input checked="" type="checkbox"/>	Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> <input checked="" type="checkbox"/>	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> <input checked="" type="checkbox"/>		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		No
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, Parts II and IV</i>		No
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, Parts III and IV</i>		No
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 (see instructions)</i> <input checked="" type="checkbox"/>		No
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> <input checked="" type="checkbox"/>	Yes	
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> <input checked="" type="checkbox"/>		No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> 	21	Yes	
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> 	22		No
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> 	23	Yes	
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>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> 	25a		No
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> 	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest 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> 	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> 	27		No
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> 	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> 	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> 	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
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>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
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>	32		No
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> 	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> 	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> 	36		No
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> 	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 1a 30		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 1b 0		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 52		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year. 7d		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12. 10a		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders. 11a		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them). 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 13a		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. 13b		
13c	Enter the amount of reserves on hand. 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (24); 1b Enter the number of voting members included in line 1a, above, who are independent (24); 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? (Yes); 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? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (Yes); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 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 (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 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? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); 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? (Yes); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? (Yes).

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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: MICHAEL ROSEN, 22 CORTLANDT STREET, 12TH FLOOR, NEW YORK, NY (212) 437-3946

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . . 1a					
	b Membership dues 1b					
	c Fundraising events 1c	725,433				
	d Related organizations 1d					
	e Government grants (contributions) 1e	1,046,594				
	f All other contributions, gifts, grants, and similar amounts not included above 1f	1,534,178				
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f	3,306,205				
Program Service Revenue	2a PROGRAM FEES		900099	2,874,385	2,874,385	
	b INTEREST ON LOANS		900099	2,130,413	2,130,413	
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		5,004,798			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			490,438	
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
6a Gross rents		(i) Real	33,875			
		(ii) Personal				
		b Less rental expenses	33,875			
		c Rental income or (loss)	0			
d Net rental income or (loss)						
7a Gross amount from sales of assets other than inventory		(i) Securities	10,802,755			
		(ii) Other				
		b Less cost or other basis and sales expenses	10,838,737			
		c Gain or (loss)	-35,982			
d Net gain or (loss)			-35,982		-35,982	
8a Gross income from fundraising events (not including \$ 725,433 of contributions reported on line 1c) See Part IV, line 18						
a		131,820				
b Less direct expenses		117,305				
c Net income or (loss) from fundraising events			14,515		14,515	
9a Gross income from gaming activities See Part IV, line 19						
a						
b Less direct expenses						
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances						
a						
b Less cost of goods sold						
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
11a MISCELLANEOUS REVENUE		900099	244		244	
b						
c						
d All other revenue						
e Total. Add lines 11a-11d			244			
12 Total revenue. See Instructions		8,780,218	5,004,798	0	469,215	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	2,138,375	2,138,375		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	667,502	246,241	415,744	5,517
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	2,831,234	2,318,197	352,660	160,377
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	48,235	38,636	9,004	595
9	Other employee benefits	318,690	242,387	62,038	14,265
10	Payroll taxes	259,032	197,957	47,764	13,311
11	Fees for services (non-employees)				
a	Management				
b	Legal	103,399	93,726	9,673	
c	Accounting	49,500		49,500	
d	Lobbying	2,018	2,018		
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	503,522	400,034	34,015	69,473
12	Advertising and promotion				
13	Office expenses	302,515	224,805	47,522	30,188
14	Information technology	53,299	41,283	9,262	2,754
15	Royalties				
16	Occupancy	498,984	376,064	95,418	27,502
17	Travel	110,449	104,807	4,857	785
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	139,960	128,685	10,460	815
20	Interest	1,629,077	1,629,077		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	67,970	51,219	12,993	3,758
23	Insurance	23,325		23,325	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	PROGRAM SUPPLIES & MAT	48,060	30,396	16,363	1,301
b	DONATIONS/JOURNAL ADS	30,030	19,205	200	10,625
c	DUES & SUBSCRIPTIONS	10,755	3,865	6,890	0
d	PROVISION FOR LOAN LOSS	-277,776	-277,776	0	
e	All other expenses	24,615	12,069	6,479	6,067
25	Total functional expenses. Add lines 1 through 24e	9,582,770	8,021,270	1,214,167	347,333
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	961,689	2	1,605,880
	3 Pledges and grants receivable, net	6,113,792	3	4,206,083
	4 Accounts receivable, net	670,737	4	822,151
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	33,815,919	7	31,678,086
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	344,262	9	332,675
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 633,730		
	b Less accumulated depreciation	10b 523,021	163,546	10c 110,709
	11 Investments—publicly traded securities	13,844,209	11	10,567,476
	12 Investments—other securities See Part IV, line 11	10,608,052	12	15,420,822
	13 Investments—program-related See Part IV, line 11	589,263	13	565,291
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	7,352,924	15	7,628,581
16 Total assets. Add lines 1 through 15 (must equal line 34)	74,464,393	16	72,937,754	
Liabilities	17 Accounts payable and accrued expenses	518,122	17	488,447
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to 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	24,982,537	23	20,714,844
	24 Unsecured notes and loans payable to unrelated third parties	4,000,000	24	7,863,640
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	7,741,235	25	7,738,627
	26 Total liabilities. Add lines 17 through 25	37,241,894	26	36,805,558
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	13,961,077	27	15,070,531
	28 Temporarily restricted net assets	23,261,422	28	21,061,665
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	37,222,499	33	36,132,196	
34 Total liabilities and net assets/fund balances	74,464,393	34	72,937,754	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,780,218
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,582,770
3	Revenue less expenses Subtract line 2 from line 1	3	-802,552
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	37,222,499
5	Net unrealized gains (losses) on investments	5	-287,751
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	36,132,196

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	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	Yes	
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?	Yes	
3b	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	

Additional Data

Software ID:
Software Version:
EIN: 13-3711803
Name: PRIMARY CARE DEVELOPMENT CORPORATION

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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 SCOTT SECRETARY	1.50	X		X				0	0	0
STEPHEN ACQUARIO BOARD MEMBER (FORMER)	1.00	X						0	0	0
DONALD L ASHKENASE BOARD MEMBER	1.00	X						0	0	0
ALAN AVILES BOARD MEMBER	1.00	X						0	0	0
CLIFF BLEUSTEIN 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
LOUISE COHEN BOARD MEMBER	1.00	X						0	0	0
JAMES F CRYSTAL BOARD MEMBER	1.00	X						0	0	0
CALEB DESROSIERS BOARD MEMBER	1.00	X						0	0	0
DANIEL DEY BOARD MEMBER	1.00	X						0	0	0
WARRIA A ESMOND 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
GARY JACOBS BOARD MEMBER	1.00	X						0	0	0
MARK JEZIORSKI BOARD MEMBER	1.00	X						0	0	0
MARVIN MARKUS BOARD MEMBER	1.00	X						0	0	0
CHRISTINE QUINN BOARD MEMBER (FORMER)	1.00	X						0	0	0
CAROL RAPHAEL 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

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation from the organization (W-2/1099-MISC)	(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				
TANYA SHAH BOARD MEMBER (FORMER)	1 00	X						27,100	0	0	
YVETTE TEOFAN BOARD MEMBER	1 00	X						0	0	0	
RONDA KOTELCHUCK CHIEF EXECUTIVE OFFICER	40 00			X				215,702	0	10,624	
MICHAEL ROSEN CFO/COO	40 00			X				194,900	0	18,158	
THOMAS MANNING MANAGING DIR , CAPITAL INV	40 00				X			171,403	0	27,355	
NANCY LAGER DIR PROJ PLAN	40 00					X		146,199	0	13,358	
PETER CUCCHIARA MANAGING DIR , PERF IMP	40 00					X		143,328	0	25,762	
JAE LEUNG DIRECTOR OF FINANCE	40 00					X		126,413	0	12,577	
DANIEL LOWENSTEIN DIRECTOR OF PUBLIC AFFAIRS	40 00					X		132,194	0	22,660	
WILLIAM O'BRIEN CHIEF LENDING OFFICER	40 00					X		146,154	0	18,824	

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2012

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

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 - Non-functionally integrated
- 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 monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	7,224,945	5,068,567	2,854,767	3,524,082	3,306,205	21,978,566
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	7,224,945	5,068,567	2,854,767	3,524,082	3,306,205	21,978,566
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)						86,696
6 Public support. Subtract line 5 from line 4						21,891,870

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	7,224,945	5,068,567	2,854,767	3,524,082	3,306,205	21,978,566
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	779,527	960,987	823,132	520,824	524,313	3,608,783
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.)			77,262	358	244	77,864
11 Total support (Add lines 7 through 10)						25,665,213
12 Gross receipts from related activities, etc. (see instructions)					12	22,030,230
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 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 2012 (line 6, column (f) divided by line 11, column (f))	14	85.300%
15 Public support percentage for 2011 Schedule A, Part II, line 14	15	87.440%
16a 33 1/3% support test—2012. 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—2011. 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—2012. 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—2011. 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2012.** 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—2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527
- Complete if the organization is described below. - Attach to Form 990 or Form 990-EZ.
- See separate instructions.

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, 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) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

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

Table with 2 columns: Name of the organization (PRIMARY CARE DEVELOPMENT CORPORATION) and Employer identification number (13-3711803)

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 the filing organization made payments

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization

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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- 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												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount Enter the amount from the following table in both columns														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 65%;">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													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a If zero or less, enter -0-														
i Subtract line 1f from line 1c If zero or less, enter -0-														
j 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f 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)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 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			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		35,464
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?		No	
j Total Add lines 1c through 1i			35,464
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d 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
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 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	
5 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, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
EXPLANATION OF LOBBYING ACTIVITIES	PART II-B, LINE 1	INCLUDED ARE DIRECT EXPENSES RELATED TO LOBBYING ACTIVITIES SUCH AS SALARIES AND RELATED TRAVEL AND SUPPLIES

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2012

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

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.

Table with 3 columns: (a) Donor advised funds, (b) Funds and other accounts, and a Yes/No column. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor advisement and grant fund usage.

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

Table with 2 columns: Description and Held at the End of the Year. Rows include purpose(s) of easements, total number, acreage, and number of easements on historic structures, along with monitoring and enforcement questions.

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.

Table with 2 columns: Description and Amount. Rows include questions about reporting art and historical treasures, and specific questions about revenues and assets included in Form 990.

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 XIII

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance

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

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

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance

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

- a Board designated or quasi-endowment, b Permanent endowment, c Temporarily restricted endowment. The percentages in lines 2a, 2b, and 2c should equal 100%

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

Table with 3 columns: Description, Yes, No. Rows: 3a(i) unrelated organizations, 3a(ii) related organizations, b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

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

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

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

1	Total revenue, gains, and other support per audited financial statements	1	8,865,499
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	15,424
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	69,857
e	Add lines 2a through 2d	2e	85,281
3	Subtract line 2e from line 1	3	8,780,218
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 XIII)	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	8,780,218

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

1	Total expenses and losses per audited financial statements	1	9,955,802
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	15,424
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	357,608
e	Add lines 2a through 2d	2e	373,032
3	Subtract line 2e from line 1	3	9,582,770
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 XIII)	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	9,582,770

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

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	PCDC HAS NO UNCERTAIN TAX POSITIONS AS OF JUNE 30, 2013 AND 2012 IN ACCORDANCE WITH ACCOUNTING STANDARDS CODIFICATION ("ASC") TOPIC 740, WHICH PROVIDES STANDARDS FOR ESTABLISHING AND CLASSIFYING ANY TAX PROVISIONS FOR UNCERTAIN TAX POSITIONS PCDC IS NO LONGER SUBJECT TO FEDERAL OR STATE AND LOCAL INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2010
PART XI, LINE 2D - OTHER ADJUSTMENTS		RENTAL REVENUE 33,875 REALIZED LOSS ON INVESTMENT 35,982
PART XII, LINE 2D - OTHER ADJUSTMENTS		RENTAL EXPENSE 33,875 UNREALIZED LOSS ON INVESTMENTS 287,751 REALIZED LOSS ON INVESTMENTS 35,982

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2012

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.

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

Department of the Treasury Internal Revenue Service

Name of the organization PRIMARY CARE DEVELOPMENT CORPORATION

Employer identification number

13-3711803

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations, b Internet and email solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events

2a Did the organization have a written or oral agreement with any individual... Yes No

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

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>GALA</u> (event type)	<u>(event type)</u>	<u>(total number)</u>	(add col (a) through col (c))
Revenue	1 Gross receipts	857,253			857,253
	2 Less Contributions	725,433			725,433
	3 Gross income (line 1 minus line 2)	131,820			131,820
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	110,030			110,030
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	7,275			7,275
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(117,305)
11 Net income summary Combine line 3, column (d), and line 10 ▶				14,515	

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))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶					

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

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

b If "No," explain _____

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

b If "Yes," explain _____

Does the organization operate gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a	
b An outside facility	13b	

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

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

Identifier	Return Reference	Explanation
------------	------------------	-------------

Schedule I (Form 990)

OMB No 1545-0047

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

2012

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

Attach to Form 990

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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?
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. Part II can be duplicated if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC Code section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Contains 7 rows of grant data.

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

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.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 CHC CAPITAL GRANT PROGRAM - MONITORING & GRANT DISBURSEMENT PCDC IS ADMINISTERING THE CHC CAPITAL GRANT PROGRAM ON BEHALF OF THE STATE OF NEW YORK, UNDER THE AUSPICES OF THE NEW YORK STATE DEPARTMENT OF HEALTH MONITORING DURING THE COURSE OF THE DEVELOPMENT OF THE FACILITY CAPITAL PROJECTS BEING UNDERTAKEN BY THE CHC CAPITAL GRANT AWARDEES, WHICH CAN TAKE FROM SEVERAL MONTHS TO SEVERAL YEARS DEPENDING ON THE NATURE AND SIZE OF THE PROJECT, PCDC STAFF MONITOR PROJECT DEVELOPMENT STATUS, AS A WHOLE AND WITH PARTICULAR ATTENTION TO DEVELOPMENT, REGULATORY APPROVAL AND FUNDING-RELATED MILESTONES AWARDEES ARE REQUIRED TO SUBMIT QUARTERLY REPORTS DISBURSEMENT AWARDEES' ANTICIPATED BUDGETS AND PROJECT DEVELOPMENT TIMEFRAMES WERE INCORPORATED IN THE CHC CAPITAL GRANT AWARD CONTRACTS PCDC REVIEWS AWARDEES' MODIFICATION REQUESTS BASED ON PROJECT CHANGES THAT MAY OCCUR DURING THE COURSE OF DEVELOPMENT AWARDEES ARE PERMITTED TO SUBMIT DISBURSEMENT REQUESTS AS OFTEN AS MONTHLY FOR EXPENDITURES PAID OR INCURRED BUT YET TO BE PAID AWARDEES ARE REQUIRED TO SUBMIT AN UPDATED SPENDING PLAN WITH EACH DISBURSEMENT REQUEST ALONG WITH APPROPRIATE DOCUMENTATION PCDC STAFF REVIEW THE DISBURSEMENT REQUEST AND DOCUMENTATION, APPROVE BUDGET MODIFICATIONS AS NEEDED TO REFLECT ACTUAL SPENDING, AND MAKE DISBURSEMENTS PCDC MAY WITHHOLD ALL OR A PORTION OF FUNDING UNTIL CERTAIN MILESTONES ARE MET AND/OR THE PROJECT IS COMPLETE AWARDEES ARE REQUIRED TO SUBMIT A FINAL REPORT IN ORDER TO RECEIVE FINAL DISBURSEMENT

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2012

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

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 in 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 filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

- | | |
|---|---|
| <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 501(c)(3) and 501(c)(4) organizations only 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 Regulations 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
1b		
2		
4a		No
4b		No
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
9		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) RONDA KOTELCHUCK CHIEF EXECUTIVE OFFICER	(i)	215,702	0	0	6,644	3,980	226,326	0
	(ii)	0	0	0	0	0	0	0
(2) MICHAEL ROSEN CFO/COO	(i)	194,900	0	0	5,877	12,281	213,058	0
	(ii)	0	0	0	0	0	0	0
(3) THOMAS MANNING MANAGING DIR , CAPITAL INV	(i)	171,403	0	0	5,421	21,934	198,758	0
	(ii)	0	0	0	0	0	0	0
(4) NANCY LAGER DIR PROJ PLAN	(i)	146,199	0	0	4,479	8,879	159,557	0
	(ii)	0	0	0	0	0	0	0
(5) PETER CUCCHIARA MANAGING DIR , PERF IMP	(i)	143,328	0	0	4,613	21,149	169,090	0
	(ii)	0	0	0	0	0	0	0
(6) DANIEL LOWENSTEIN DIRECTOR OF PUBLIC AFFAIRS	(i)	132,194	0	0	4,138	18,522	154,854	0
	(ii)	0	0	0	0	0	0	0
(7) WILLIAM O'BRIEN CHIEF LENDING OFFICER	(i)	146,154	0	0	0	18,824	164,978	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
------------	------------------	-------------

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2012

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization PRIMARY CARE DEVELOPMENT CORPORATION

Employer identification number 13-3711803

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 \$
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) TANYA SHAH	BOARD MEMBER	27,100	CONSULTING ENGAGEMENT		No

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
PART IV, LINE 1	CONSULTING ENGAGEMENT	TANYA SHAH WAS A BOARD MEMBER WHO WAS HIRED AS A CONSULTANT BY PCDC FOR SEVERAL MONTHS TO PROVIDE MANAGEMENT CONSULTING FOR THE PERFORMANCE IMPROVEMENT PROGRAM AREA SHE RESIGNED FROM THE BOARD DURING THE ENGAGEMENT PERIOD AND WAS REINSTATED TO THE BOARD AFTERWARDS HER CONTRACT FEE WAS NEGOTIATED AT THE CURRENT MARKET RATE BY THE CEO AND THE CFO WHO REPORT TO THE BOARD

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2012

**Open to Public
Inspection**

Name of the organization
PRIMARY CARE DEVELOPMENT CORPORATION

Employer identification number

13-3711803

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	DR THOMAS FARLEY, COMMISSIONER OF NYC DEPARTMENT OF HEALTH AND MENTAL HYGIENE SERVES AS A VOTING MEMBER ON THE BOARD OF NYC HEALTH AND HOSPITALS CORPORATION, IN WHICH ALAN AVILES IS PRESIDENT

Identifier	Return Reference	Explanation
	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 SERVES AS A VOTING MEMBER ON THE BOARD OF NYC HEALTH AND HOSPITALS CORPORATION, IN WHICH ALAN AVILES IS PRESIDENT

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	KAREN SCOTT'S HUSBAND HAS A DIRECT REPORTING RELATIONSHIP TO ALAN AVILES AT NYC HEALTH AND HOSPITALS CORPORATION

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	DURING THE FISCAL YEAR CLIFF BLEUSTEIN AND GARY JACOBS BOTH WORKED FOR PRICEWATERHOUSECOOPERS THOUGH IN DIFFERENT CITIES AND IN DIFFERENT PARTS OF THE COMPANY MR BLEUSTEIN HAS SINCE MOVED TO A NEW COMPANY

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 4	THE PURPOSE OF THE BY-LAW CHANGE WAS TO 1) SET TERM LIMITS FOR BOARD MEMBERS (DID NOT EXIST PRIOR) NOW IT IS 3 CONSECUTIVE 3 YEAR TERMS, AND, 2) AFFIRM 3 STANDING COMMITTEES EXECUTIVE, GOVERNANCE, FINANCE AND AUDIT, AND CREATE A SPECIAL COMMITTEE. LOAN AND PORTFOLIO REVIEW COMMITTEE

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE 990 IS PREPARED BY PCDC'S CFO AND DIRECTOR OF FINANCE AND REVIEWED BY PCDC'S INDEPENDENT ACCOUNTING FIRM. 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.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	EACH YEAR BOARD MEMBERS REVIEW PCDC'S WRITTEN POLICY AND ATTEST THAT THEY HAVE READ AND WILL ABIDE BY THE POLICY BY SIGNING AN ANNUAL AFFIRMATION OF POLICY ON INTERESTED DIRECTORS WHEN A DIRECTOR OF PCDC HAS AN INTEREST IN A PCDC MATTER THAT DIRECTOR DISCLOSES THEIR INTEREST TO THE BOARD PRIOR TO ANY DISCUSSION OR VOTE REGARDING THE MATTER, AND THE INTERESTED DIRECTOR ABSENTS HIM OR HERSELF FROM THE DISCUSSION AND/OR VOTES CONCERNING THE MATTER. CONFLICTS ARE REPORTED IN THE BOARD MINUTES. A LIST OF BOARD MATTERS IS COMPILED ANNUALLY FOR BOARD MEMBERS TO REVIEW AND REAFFIRM THEIR DISCLOSURE (S) DURING THE YEAR. SIMILARLY ALL EMPLOYEES OF PCDC ANNUALLY REVIEW PCDC'S CONFIDENTIALITY AND CONFLICT OF INTEREST POLICIES AND SIGN A STATEMENT ACKNOWLEDGING THEY HAVE RECEIVED, READ AND WILL ABIDE BY THE POLICIES. ANY CONFLICT OF INTERESTS ARE REQUIRED TO BE IMMEDIATELY DISCLOSED TO THE CHIEF EXECUTIVE OFFICER.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION FOR THE CHIEF EXECUTIVE OFFICER (CEO), 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, BALANCE SHEETS, AND BUDGETS THE BOARD MAKES THE FINAL DECISION IN EXECUTIVE SESSION WITH NO STAFF PRESENT KEY EMPLOYEE COMPENSATION IS REVIEWED BY THE CEO AND CFO ANNUALLY AND IS BASED PRIMARILY ON PERFORMANCE APPRAISALS KEY EMPLOYEE COMPENSATION IS REVIEWED BY BOARD COMMITTEE AS WELL

Identifier	Return Reference	Explanation
	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

Identifier	Return Reference	Explanation
PROVISION FOR LOAN LOSS ADJUSTMENT	FORM 990, PART IX, LINE 24D	LOAN LOSS RESERVE (LLR) PROVISIONS ARE AN OPERATING EXPENSE. IN YEARS WHEN EITHER LOAN BALANCES ARE REDUCED, AND AS A RESULT SO ARE LLR, OR THERE IS A REDUCTION IN RESERVES DUE TO REDUCED RISK IN THE PORTFOLIO, LLR APPEAR AS A CREDIT IN OPERATING EXPENSE. IN 2013, LOAN LOSS RESERVES WERE REDUCED BY \$277,776

Identifier	Return Reference	Explanation
THE PROCESS OF OVERSEEING THE AUDIT AND SELECTION OF INDEPENDENT ACCOUNTANT	FORM 990, PART XII, LINE 2C	HAS NOT BEEN CHANGED FROM THE PRIOR YEAR

Identifier	Return Reference	Explanation
RELATED PARTIES TREATED AS PARTNERSHIPS	SCHEDULE R - PART III	<p>IN OCTOBER 2007 PCDC WAS AWARDED A \$40 MILLION NEW MARKETS TAX CREDIT (NMTC) ALLOCATION TO FINANCE THE CONSTRUCTION OF HEALTH CENTERS IN LOW INCOME COMMUNITIES IN NEW YORK STATE. THE PROGRAM, ADMINISTERED BY THE COMMUNITY DEVELOPMENT FINANCIAL INSTITUTIONS FUND, A BRANCH OF THE U.S. DEPARTMENT OF THE TREASURY, REQUIRES THAT NONPROFIT AWARD RECIPIENTS CREATE A FOR-PROFIT ENTITY OR ENTITIES THROUGH WHICH THE TAX CREDIT ALLOCATION FLOWS. IN MARCH 2008 PCDC CREATED FOUR SUCH ENTITIES (PCDC EMPIRE STATE HEALTH OPPORTUNITIES FUND I-IV, LLC), ALL OF WHICH ARE MULTI-MEMBER LIMITED LIABILITY COMPANIES. THE LLCs DO NOT HAVE A SEPARATE BOARD OF DIRECTORS. DECISIONS ARE MADE BY THE LLC MEMBERS. PCDC IS THE MANAGING MEMBER OF EACH LLC AND 100% OWNER UNTIL AN INVESTMENT PARTNER IS SELECTED. PRIOR TO THE PARTICIPATION OF AN INVESTMENT PARTNER THERE IS NO ACTIVITY IN THE LLC. UPON EXECUTION OF AN INVESTMENT AGREEMENT, THE INVESTOR BECOMES 99.99% OWNER OF THE LLC AND 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, HOWEVER PCDC MANAGES THE LENDING PROCESS CONSISTENT WITH ITS OTHER LENDING PROGRAMS, WHICH IS TO SAY THAT THE LENDING PROCESS IS MANAGED BY THE STAFF OF PCDC UNDER THE DIRECTION OF ITS BOARD OF DIRECTORS. AS OF JUNE 30, 2013, LLC I, II & III ARE ACTIVE. 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. THE MEMBER LOAN RECEIVABLE BALANCE REMAINING WAS FULLY REPAID DURING FISCAL YEAR 2013 WHEN THE FINAL QUALIFIED EQUITY INVESTMENT (QEI) WAS MADE BY THE INVESTMENT PARTNER. AS MANAGING MEMBERS OF LLC I, II & LLC III, PCDC IS ENTITLED TO FINANCING AND LOAN SERVICING FEES FOR ITS SERVICES. UNDER THE TERMS OF LLC I, II AND III OPERATING AGREEMENTS, PCDC WILL MAKE EQUITY CONTRIBUTIONS IN PROPORTION TO ITS MEMBERSHIP INTEREST OF EACH QEI MADE BY THE INVESTOR MEMBER. THE NET PRESENT VALUE OF PCDC'S EQUITY CONTRIBUTIONS WAS REPORTED AS INVESTMENTS IN LLCs AT APPROXIMATELY \$565,000 USING DISCOUNT RATES RANGING FROM 1.41% TO 3.22% IN PCDC'S AUDITED FINANCIAL STATEMENTS. PCDC'S EQUITY CONTRIBUTIONS WILL REMAIN IN THE LLCs UNTIL THEY ARE DISSOLVED.</p>

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2012

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Department of the Treasury
Internal Revenue Service

Name of the organization
PRIMARY CARE DEVELOPMENT CORPORATION

Employer identification number

13-3711803

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) PCDC EMPIRE STATE HEALTH I C/O PCDC 22 CORTLANDT ST NEW YORK, NY 10007 26-2054468	NEW MARKET FUNDS	NY		RELATED	25	731,182		No		Yes		0 010 %
(2) PCDC EMPIRE STATE HEALTH II C/O PCDC 22 CORTLANDT ST NEW YORK, NY 10007 26-2054556	NEW MARKET FUNDS	NY		RELATED	9	976		No		Yes		0 010 %
(3) PCDC EMPIRE STATE HEALTH III C/O PCDC 22 CORTLANDT ST NEW YORK, NY 10007 26-2054665	NEW MARKET FUNDS	NY		RELATED		1,994		No		Yes		0 010 %
(4) PCDC EMPIRE STATE HEALTH IV C/O PCDC 22 CORTLANDT ST NEW YORK, NY 10007 26-2054736	NEW MARKET FUNDS	NY		RELATED				No		Yes		100 000 %

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, 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 related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

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

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	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) PCDC EMPIRE STATE HEALTH I OPP FUND 1	L	59,875	COST
(2) PCDC EMPIRE STATE HEALTH I OPP FUND 2	L	333,260	COST
(3) PCDC EMPIRE STATE HEALTH I OPP FUND 3	L	99,948	COST

Software ID:
Software Version:
EIN: 13-3711803
Name: PRIMARY CARE DEVELOPMENT CORPORATION

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	
------------	------------------	-------------	--

-->