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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 private foundations)**  
 Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.  
 Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047  
**2013**  
**Open to Public Inspection**

**A For the 2013 calendar year, or tax year beginning 07-01-2013, 2013, and ending 06-30-2014**

<b>B</b> Check if applicable: <input checked="" 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	<b>C</b> Name of organization PRIMARY CARE DEVELOPMENT CORPORATION Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 45 BROADWAY SUITE 530 City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10006 <b>F</b> Name and address of principal officer RONDA KOTELCHUCK 45 BROADWAY SUITE 530 NEW YORK, NY 10006	<b>D</b> Employer identification number 13-3711803 <b>E</b> Telephone number (212) 437-3910 <b>G</b> Gross receipts \$ 23,525,767 <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c)</b> Group exemption number
<b>I</b> 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		
<b>J</b> Website: WWW.PCDC.ORG		
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation 1993 <b>M</b> State of legal domicile NY

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> 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.			
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>		23
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>		23
	<b>5</b> Total number of individuals employed in calendar year 2013 (Part V, line 2a)	<b>5</b>		54
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>		0
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>		0
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>		0
<b>Revenue</b>		<b>Prior Year</b>	<b>Current Year</b>	
	<b>8</b> Contributions and grants (Part VIII, line 1h)	3,306,205	3,474,348	
	<b>9</b> Program service revenue (Part VIII, line 2g)	5,004,798	4,615,835	
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	454,456	373,910	
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	14,759	0	
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,780,218	8,464,093	
<b>Expenses</b>				
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,138,375	2,524,787	
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0	
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	4,124,693	4,463,582	
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0	
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>538,647</b>			
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	3,319,702	3,007,148	
	<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	9,582,770	9,995,517	
	<b>19</b> Revenue less expenses Subtract line 18 from line 12	-802,552	-1,531,424	
<b>Net Assets or Fund Balances</b>		<b>Beginning of Current Year</b>	<b>End of Year</b>	
	<b>20</b> Total assets (Part X, line 16)	72,937,754	58,751,171	
	<b>21</b> Total liabilities (Part X, line 26)	36,805,558	24,643,797	
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20	36,132,196	34,107,374	

**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.

<b>Sign Here</b>	Signature of officer RONDA KOTELCHUCK CEO Type or print name and title	Date 2015-04-29
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<b>Paid Preparer Use Only</b>	Prnt/Type preparer's name ROBERT R LYONS	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00227472
	Firm's name <b>MARKS PANETH LLP</b>			Firm's EIN <b>11-3518842</b>	
	Firm's address <b>685 THIRD AVENUE                  NEW YORK, NY 10017</b>			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 or note to any line in this Part III  Yes  No

- 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**
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- 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

<b>4a</b>	(Code )	(Expenses \$ 5,164,951	including grants of \$ 2,491,152 )	(Revenue \$ 2,443,823 )
CAPITAL INVESTMENT INVESTING IN PRIMARY CARE EXPANSION PCDC PROVIDES THE CAPITAL AND EXPERTISE TO BUILD, RENOVATE AND EXPAND COMMUNITY-BASED HEALTH FACILITIES SO THAT PROVIDERS CAN DELIVER THE BEST CARE TO THEIR PATIENTS SINCE ITS FOUNDING IN 1993, PCDC HAS FINANCED 100 PRIMARY CARE PROJECTS VALUED AT \$515 MILLION, CREATING PRIMARY CARE ACCESS FOR 765,000 PATIENTS THIS INVESTMENT HAS IMPROVED 1 06 MILLION SQUARE FEET OF SPACE AND CREATED OR PRESERVED MORE THAN 5,275 JOBS IN LOW-INCOME COMMUNITIES PCDC STARTED INVESTING IN PRIMARY CARE IN NEW YORK CITY, EXPANDED TO NEW YORK STATE, AND NOW PROVIDES FINANCING IN STATES THROUGHOUT THE U S 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 RECENT CAPITAL INVESTMENT ACCOMPLISHMENTS INCLUDE BROOKLYN DENTAL CARE EXPANSION ADDRESSING MAJOR DENTAL SHORTAGES, ODA, A BROOKLYN COMMUNITY HEALTH CENTER, WILL BUILD A NEW FACILITY THAT WILL ENABLE THOUSANDS MORE PATIENTS IN BROOKLYN'S WILLIAMSBURG, BUSHWICK AND GREENPOINT NEIGHBORHOODS TO GET QUALITY DENTAL CARE PCDC PROVIDED \$2 5MILLION TO SUPPORT THE \$3 4 MILLION PROJECT THE EXPANDED FACILITY WILL ENABLE 26,000 PATIENT VISITS ANNUALLY BY 2016 (UP FROM 20,000 TODAY) NEW "GREEN" HEALTH CENTER IN EAST HARLEMA \$3 8 MILLION LOAN AND \$1 5 MILLION GRANT FROM PCDC ENABLED BORIKEN NEIGHBORHOOD HEALTH CENTER TO OPEN A \$13 6 MILLION 36,000-SQUARE-FOOT FACILITY IN 2014 THE NEW FACILITY SERVES 15,000 EAST HARLEM PATIENTS AND REPLACES LEASED SPACE ON THE THIRD FLOOR OF A NEARBY APARTMENT COMPLEX IT IS ONE OF THE FIRST GREEN HEALTH CENTERS IN NEW YORK CITY, USING NATURAL LIGHT AND VENTILATION TO CREATE A HOLISTIC MODEL FOR TOXIN AND ASTHMA TRIGGER-FREE ENVIRONMENTS IN A COMMUNITY WITH SOME OF THE HIGHEST ASTHMA RATES IN THE NATION COLLABORATIVE FOR HEALTHY COMMUNITIES FINANCES WISCONSIN HEALTH CENTER EXPANSION WITH \$12 MILLION IN NEW MARKETS TAX CREDITS, PROGRESSIVE COMMUNITY HEALTH CENTER IN MILWAUKEE, WISCONSIN, BEGAN CONSTRUCTION TO REPLACE THEIR CURRENT PRIMARY CARE CENTER WITH A 42,000SQUARE-FOOT STATE-OF-THE-ART FACILITY TO ADDRESS A SERIOUS LACK OF ACCESS TO QUALITY PRIMARY CARE IN THE REGION PROGRESSIVE IS ONE OF THE FIRST PROJECTS FINANCED BY THE COLLABORATIVE FOR HEALTHY COMMUNITIES - A PARTNERSHIP FORMED BY PCDC AND TWO OTHER CDFIS (LIIF AND TRF), TOGETHER WITH GOLDMAN SACHS URBAN INVESTMENT GROUP, THE ROCKEFELLER FOUNDATION AND THE KRESGE FOUNDATION PCDC AWARDED \$43 MILLION IN NEW MARKETS TAX CREDITSTHE U S TREASURY'S CDFI FUND AWARDED PCDC \$43 MILLION IN NEW MARKETS TAX CREDIT (NMTC) ALLOCATIONS, PART OF OVER \$3 5 BILLION AWARDED TO 87 COMMUNITY DEVELOPMENT ENTITIES TO JUMP-START INVESTMENTS IN LOW-INCOME COMMUNITIES NATIONWIDE THE AWARD WILL HELP PCDC INVEST CRITICAL FUNDING FOR PRIMARY CARE FACILITIES IN UNDERSERVED COMMUNITIES THROUGHOUT THE U S PCDC RECEIVES \$2 MILLION TO INCREASE PRIMARY CARE LENDINGPCDC RECEIVED A \$2 MILLION FINANCIAL ASSISTANCE AWARD FROM THE US TREASURY COMMUNITY DEVELOPMENT FINANCIAL INSTITUTIONS FUND (CDFI FUND) TO SUPPORT ITS EFFORTS TO EXPAND AND TRANSFORM PRIMARY CARE ACCESS ACROSS THE COUNTRY THE AWARD WAS PART OF A \$195 MILLION INITIATIVE TO ENABLE OVER 180 CDFIS ACROSS THE COUNTRY TO INCREASE THEIR LENDING AND INVESTMENTS IN LOW-INCOME AND ECONOMICALLY DISTRESSED COMMUNITIES WITH THIS SUPPORT, PCDC CAN PROVIDE GREATER ACCESS TO CAPITAL TO COMMUNITY HEALTH CENTERS AND OTHER PRIMARY CARE PRACTICES TO EXPAND IN UNDERSERVED COMMUNITIES PCDC RE-APPOINTED HRSA NATIONAL COORDINATOR OF LOAN GUARANTEE PROGRAMTHE U S HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) REAPPOINTED PCDC AS THE NATIONAL COORDINATOR OF THE HRSA LOAN GUARANTEE PROGRAM SERVING AS NATIONAL COORDINATOR SINCE 2007, PCDC WORKS WITH LOCAL COMMUNITY LENDERS AND COMMUNITY HEALTH CENTERS TO SECURE A GUARANTEE FOR LOANS THIS CREDIT ENHANCEMENT INCREASES AVAILABLE CAPITAL SOURCES FOR CHCS AS AND POTENTIALLY LOWERS BORROWING COSTS				

<b>4b</b>	(Code )	(Expenses \$ 2,401,712	including grants of \$ 33,635 )	(Revenue \$ 2,172,012 )
PERFORMANCE IMPROVEMENT STRENGTHENING SERVICE DELIVERY PCDC PROVIDES CONSULTING, TRAINING AND COACHING SERVICES TO HELP PRACTICES DELIVER PATIENT-CENTERED PRIMARY CARE PCDC HAS PARTNERED WITH MORE THAN 900 PRIMARY CARE ORGANIZATIONS THROUGHOUT THE U S TO ADOPT A MODEL OF CARE THAT MAXIMIZES PATIENT ACCESS, MEANINGFUL USE OF HEALTH IT, CARE COORDINATION, 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 164 PRIMARY CARE PRACTICES NOW PATIENT CENTERED MEDICAL HOMES THE PATIENT-CENTERED MEDICAL HOME (PCMH) IMPROVES ACCESS TO QUALITY PRIMARY CARE AND IS INCREASINGLY SEEN AS ESSENTIAL TO IMPROVING HEALTH AND LOWERING COSTS PCDC HAS HELPED 164 PRIMARY PRACTICES TO DATE BECOME NCQA-RECOGNIZED PCMH AMONG THE RECENT PCMH SUCCESSES WERE SAMARITAN MEDICAL CENTER AND BASSETT HEALTHCARE NETWORK IN UPSTATE NEW YORK, NASSAU UNIVERSITY MEDICAL CENTER AND A PRIVATE PRACTICE ON ROOSEVELT ISLAND RAISING THE MEDICAL HOME BAR PCDC TOOL ASSESSES READINESS FOR PCMH 2014THE NATIONAL COMMITTEE ON QUALITY ASSURANCE (NCQA) 2014 PCMH STANDARDS RAISED THE BAR ON WHAT IT TAKES TO BE A MEDICAL HOME PCDC DEVELOPED A FREE PCMH 2014 READINESS ASSESSMENT TOOL TO HELP PRIMARY CARE PRACTICES MAKE INFORMED DECISIONS ABOUT MOVING FORWARD WITH PCMH RECOGNITION "CARE COORDINATION FUNDAMENTALS" RELEASED BY 1199SEIU TRAINING AND EMPLOYMENT FUNDS, PCDC THE NEW HEALTH CARE ENVIRONMENT EMPHASIZES TEAM-BASED, COORDINATED CARE, WHERE EVERY MEMBER OF THE STAFF WILL BE INVOLVED IN PATIENT CARE ADDRESSING THE NEED FOR IMPROVED COORDINATED CARE IN HEALTHCARE DELIVERY SYSTEMS, PCDC AND THE 1199SEIU TRAINING AND EMPLOYMENT FUNDS PUBLISHED THE "CARE COORDINATION FUNDAMENTALS" COURSE FOR HEALTHCARE WORKERS THE COURSE IS DESIGNED TO HELP HEALTHCARE WORKERS UNDERSTAND AND PARTICIPATE IN NEW AND ADVANCED MODELS OF HEALTHCARE DELIVERY CARE COORDINATION FOR SAFETY NET PROVIDERS TOOLS AND LESSONS FROM A FRONT LINE HEALTH HOME EXPERIENCEIN A HEALTH CARE SYSTEM OFTEN DEFINED BY ITS FRAGMENTATION, COORDINATING CARE AMONG PROVIDERS IS ESSENTIAL TO ENSURING PATIENTS GET THE RIGHT CARE, AT THE RIGHT TIME, IN THE RIGHT SETTING WITH FUNDING FROM THE ALTMAN FOUNDATION, PCDC COLLABORATED WITH THREE COMMUNITY HEALTH CENTERS TO ANALYZE AND IMPROVE CARE COORDINATION IN BROOKLYN AS PART OF THE NEW YORK STATE HEALTH HOMES INITIATIVE BASED ON THE PROJECT, PCDC DEVELOPED TOOLS AND RECOMMENDATIONS TO HELP HEALTH CARE PROVIDERS EFFECTIVELY COORDINATE PATIENT CARE CDC TAPS PCDC FOR "HIGH IMPACT HIV PREVENTION"HIV/AIDS CAN NOW BE DIAGNOSED, PREVENTED AND TREATED IN A PRIMARY CARE FACILITY HOWEVER, MANY PRIMARY CARE FACILITIES LACK THE TRAINING AND CAPACITY TO SERVE THIS POPULATION U S CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) RECENTLY NAMED PCDC AS A "CAPACITY BUILDING ASSISTANCE FOR HIGH-IMPACT HIV PREVENTION" PROGRAM AWARDEE THROUGH THIS 5-YEAR NATIONAL HIV PREVENTION PROJECT, PCDC IS HELPING PRIMARY CARE PROVIDERS INTEGRATE AND SUSTAIN THE HIGH IMPACT HIV PREVENTION STRATEGY IN THEIR PRACTICES INTER-PREGNANCY CARE INITIATIVETHROUGH THIS COLLABORATION WITH LOUISIANA PUBLIC HEALTH INSTITUTE (LPHI), 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 A MANUAL WILL BE PUBLISHED TO SHARE BEST PRACTICES AND INNOVATIVE PROCESSES DEVELOPED TO ACHIEVE PROJECT GOALS MEDICAL HOMES FOR SCHOOL-BASED HEALTH CARE PCDC IS COLLABORATING WITH MONTEFIORE'S SCHOOL HEALTH PROGRAM (MSHP) AND THE NEW YORK STATE ALLIANCE FOR SCHOOL-BASED HEALTH CENTERS TO TRANSFORM AND IMPROVE HOW SCHOOL-BASED HEALTH CENTERS (SBHCS) ORGANIZE AND DELIVER PRIMARY HEALTH CARE FUNDED BY THE ALTMAN FOUNDATION, THE PC-SBHC PROJECT AIMS TO CREATE A THREE-TIERED SYSTEM OF PATIENT-CENTERED QUALITY STANDARDS TO BENCHMARK SERVICES PROVIDED BY SBHCS HELPING PRIMARY CARE PREPARE FOR EBOLA BECAUSE THE FIRST SIGNS OF EBOLA VIRUS DISEASE (EVD) ARE FLU-LIKE SYMPTOMS, PATIENTS WHO HAVE SUCH SYMPTOMS MAY VISIT THEIR PRIMARY CARE PROVIDER FOR TREATMENT A CO-LEADER OF THE NEW YORK CITY PRIMARY CARE EMERGENCY PREPAREDNESS NETWORK, PCDC HELPED COORDINATE CITYWIDE EFFORTS TO PREPARE PRIMARY CARE PROVIDERS FOR EBOLA AND OTHER POTENTIAL INFECTIOUS DISEASE OUTBREAKS STRENGTHENING NURSING HOMESRESPONSIBLE FOR THE CARE OF ONE OF NYC'S MOST VULNERABLE POPULATIONS, NURSING HOME EMERGENCY PREPAREDNESS IS CRUCIAL TO MEETING THE NEEDS OF MANY NEW YORK CITY RESIDENTS PCDC, UNDER CONTRACT WITH THE NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE OFFICE OF EMERGENCY PREPAREDNESS AND RESPONSE (NYC DOHMH OEPR), DEVELOPED THE NURSING HOME EMERGENCY MANAGEMENT PROJECT (NHEMP) AND IS TRAINING NURSING HOMES TO CREATE OR ENHANCE THEIR EMERGENCY MANAGEMENT PROTOCOLS				

<b>4c</b>	(Code )	(Expenses \$ 499,123	including grants of \$ 0 )	(Revenue \$ 0 )
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 THE PATIENT-CENTERED MEDICAL HOME MODEL, 2) EXPAND ACCESS TO CAPITAL FOR PRIMARY CARE EXPANSION, 3) STRENGTHEN THE ROLE OF PRIMARY CARE IN HEALTH SYSTEM AND HEALTH PAYMENT REFORM, AND4) STRENGTHEN THE ROLE OF PRIMARY CARE IN SUSTAINING "HEALTHY COMMUNITIES "RECENT POLICY & ADVOCACY ACCOMPLISHMENTS ARE DESCRIBED BELOW LENDERS COALITION FOR COMMUNITY HEALTH CENTERS (LCCHC) BEGINS TO ADVOCATE PCDC IS AN ORIGINAL FOUNDER AND SITS ON THE STEERING COMMITTEE OF THE LCCHC - 19 CDFIS THAT CAME TOGETHER TO EXPAND ACCESS TO CAPITAL FOR HEALTH CENTERS THROUGH CHANGES IN FEDERAL POLICY SUPPORTING COMMUNITY HEALTH CENTER FUNDING COMMUNITY HEALTH CENTERS FACE A 70% REDUCTION IN FEDERAL FUNDING STARTING IN 2016 UNLESS CONGRESS PREVENTS THE "HEALTH CENTER FUNDING CLIFF " THIS CUT WOULD UNDERMINE HEALTH CENTERS' ABILITY TO SERVE CURRENT PATIENTS AND EXPAND TO MEET CRITICAL PRIMARY CARE NEEDS JOINING ADVOCACY EFFORTS LED BY THE NATIONAL ASSOCIATION OF COMMUNITY HEALTH CENTERS AND STATE PRIMARY CARE ASSOCIATIONS, PCDC LED A LCCHC LETTER-WRITING CAMPAIGN TO CONVINCING CONGRESS TO "FIX THE CLIFF" THE POWER OF LEVERAGE LCCHC WEIGHS IN ON FILLING HEALTH CENTER CAPITAL GAPAN ESTIMATED \$10 BILLION IS NEEDED TO HELP HEALTH CENTERS NATIONWIDE MEET THE DEMAND OF THE PRIMARY CARE SHORTAGE CURRENT PUBLIC FUNDING ALONE CANNOT MEET THESE NEEDS THE LCCHC IS CALLING FOR FEDERAL POLICIES THAT ENABLE PUBLIC FUNDS TO LEVERAGE PRIVATE SECTOR INVESTMENT SUCH AN APPROACH CAN STRETCH SCARCE FEDERAL RESOURCES, ATTRACT MORE LENDERS INTO THE MARKET, LOWER BORROWING COSTS AND INCENTIVIZE FQHCs TO DEVELOP PROJECTS WITH GREATER IMPACT ON PATIENTS THAN WOULD BE POSSIBLE OTHERWISE ENHANCING A FEDERAL CREDIT PROGRAM THE LCCHC IS BEGINNING ADVOCACY TO MAKE CHANGES TO THE HRSA LOAN GUARANTEE PROGRAM, INCLUDING ENSURING A SINGLE STREAMLINED UNDERWRITING PROCESS, ALLOWING FLEXIBILITY IN STRUCTURING LOAN AND GUARANTEE TERMS, ALLOWING THE GUARANTEED PORTION OF LOANS TO BE SOLD ON THE SECONDARY MARKET, AND SEEKING AN APPROPRIATION TO PROVIDE ADDITIONAL SUBSIDY FOR THE PROGRAM TO INCREASE ITS CAPACITY NEW YORK STATE DELIVERY SYSTEM REFORM INCENTIVE PAYMENT PROGRAM (DSRIP)NEW YORK STATE IS EMBARKING DSRIP - A FIVE-YEAR \$6 4 BILLION EFFORT TO REFORM HOW CARE IS PROVIDED TO MEDICAID ENROLLEES AND THE UNINSURED PCDC HAS PROVIDED CONTINUED ADVOCACY TO ENSURE THAT PRIMARY CARE EXPANSION AND IMPROVEMENT REMAINS A CENTRAL PRIORITY IN THIS EFFORT PCDC'S EFFORTS HAVE HELPED MAKE SURE THAT PATIENT-CENTERED MEDICAL HOMES ARE CENTRAL TO THIS EFFORT, AND THAT PRIMARY CARE EXPANSION IS PRIORITIZED IN CAPITAL RESTRUCTURING INITIATIVES NEW YORK STATE INNOVATION MODEL - ADVANCED PRIMARY CAREPCDC WORKED WITH NEW YORK STATE HEALTH OFFICIALS TO HELP SECURE \$100 MILLION IN FEDERAL FUNDING FOR A FIVE YEAR "STATE INNOVATION MODEL," WHICH ENVISIONS ENSURING THAT 80% OF NEW YORK STATE RESIDENTS HAVE ACCESS TO AN "ADVANCED PRIMARY CARE" (APC) BUILDING ON THE PRINCIPLES OF THE PCMH, APC ENVISIONS PRIMARY CARE PROVIDERS TAKING RESPONSIBILITY FOR COORDINATING THE COMPLETE HEALTH AND SOCIAL CARE NEEDS OF THEIR PATIENTS IN A COMPREHENSIVE POPULATION HEALTH MANAGEMENT MODEL GETTING THERE WILL BE CHALLENGING, AND THE PLAN RECOGNIZES THAT PAYMENT REFORM (AMONG ALL PAYERS), TRANSPARENCY OF HEALTH COST AND QUALITY INFORMATION, PUBLIC-PRIVATE PARTNERSHIPS AND TRAINING AND TECHNICAL ASSISTANCE ARE CRITICAL TO ITS SUCCESS				

(Code )	(Expenses \$ 93,231	including grants of \$ 0 )	(Revenue \$ 0 )
PCDC'S PRIMARY CARE INNOVATION CIRCLE PROGRAM IS A SALON SERIES THAT BRINGS TOGETHER TOP LEADERS FROM ACROSS THE HEALTHCARE AND COMMUNITY DEVELOPMENT INDUSTRIES TO ENGAGE PROVIDERS, POLICYMAKERS AND INVESTORS IN ROUNDTABLE AND PANEL DISCUSSIONS AROUND KEY ISSUES, CHALLENGES AND OPPORTUNITIES THAT WILL SHAPE THE HEALTHCARE SYSTEM OF THE FUTURE PCDC CONVENED FOUR INNOVATION CIRCLES IN 2014 "INTEGRATING REPRODUCTIVE HEALTH INTO PRIMARY CARE"REPRODUCTIVE HEALTH IS AN IMPORTANT COMPONENT OF PATIENT-CENTERED PRIMARY CARE AND YET TOO OFTEN IT IS NOT INCLUDED IN ROUTINE CARE TO EXPLORE THE CHALLENGES AND OPPORTUNITIES, PCDC PARTNERED WITH THE NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE TO CONVENE A GROUP OF EXPERTS IN THE FIELD OF REPRODUCTIVE HEALTH AND PRIMARY CARE THE SESSION DEEPEDED THE UNDERSTANDING OF THE NEEDS OF PRIMARY CARE PROVIDERS IN PROVIDING AND EXPANDING ACCESS TO COMPREHENSIVE REPRODUCTIVE HEALTH SERVICES AND IDENTIFIED POTENTIAL AREAS FOR WORK, PARTNERSHIP AND ADVOCACY "FQHCs AND ACCOUNTABLE CARE" WITH 123 NEW ACCOUNTABLE CARE ORGANIZATIONS (ACOS) ANNOUNCED IN 2013 AND MORE THAN 600 PUBLIC AND PRIVATE ACOS THROUGHOUT THE US, COLLABORATIVE CARE NETWORKS ARE AN EMERGING TREND WITH GOALS TO IMPROVE QUALITY OUTCOMES, IMPROVE THE EXPERIENCE OF CARE AND LOWER COSTS, THE SUCCESS OF THESE NETWORK MODELS DEPEND HEAVILY ON AN EFFECTIVE PRIMARY CARE FOUNDATION COMMUNITY HEALTH LEADERS, EXECUTIVES FROM MAJOR INSURANCE COMPANIES AND REPRESENTATIVES FROM COMMUNITY DEVELOPMENT FINANCIAL INSTITUTIONS (CDFIS) CONVENED AT THE PRIMARY CARE INNOVATION CIRCLE ROUNDTABLE DISCUSSION, "HEALTH CENTER INVESTING FQHC AND ACCOUNTABLE CARE," TO DISCUSS HOW FQHCs CAN PREPARE THEMSELVES TO CREATE, JOIN AND PARTICIPATE IN THESE NEW MODELS OF CARE "THE INTERSECTIONS OF PRIMARY CARE DELIVERY TRANSFORMATION, MEDICAL EDUCATION REFORM AND LEADERSHIP DEVELOPMENT"MORE THAN 60 MILLION AMERICANS LACK ACCESS TO PRIMARY CARE, AND MEDICAL EDUCATIONAL INSTITUTIONS ARE NOT PREPARING ENOUGH HEALTH PROFESSIONALS TO FILL THE PRIMARY CARE GAP STUDENTS, FACULTY AND PROVIDERS FROM DIFFERENT PROFESSIONS AND PRIMARY CARE DISCIPLINES CAME TOGETHER AT THE NEW YORK ACADEMY OF MEDICINE TO EXPLORE PRIMARY CARE INNOVATIONS AND GAIN A GREATER UNDERSTANDING OF THE SKILLS AND COMPETENCIES NEEDED TO SECURE THE FUTURE OF PRIMARY CARE "PRIMARY CARE REFLECTIONS ON PAST, PRESENT AND FUTURE OPPORTUNITIES"AS THE MAJORITY OF CHANGES IN THE AFFORDABLE CARE ACT WENT INTO EFFECT, PCDC BROUGHT TOGETHER ITS CURRENT AND PAST BOARD CHAIRS NEW YORK ACADEMY OF MEDICINE'S JO IVEY BOUFFORD, MD, NBC UNIVERSAL'S RICK COTTON, NEXERA HEALTHCARE CONSULTING'S BRUCE VLADECK AND CURRENT PCDC CHAIR DANIEL T MCGOWAN, FOR A PANEL DISCUSSION AT THE NEW YORK ACADEMY OF MEDICINE OVER 175 ATTENDEES PARTICIPATED IN A CONVERSATION THAT EXPLORED HOW THE MODEL OF PRIMARY CARE IS CHANGING, WHO WILL DELIVER PRIMARY CARE IN THE FUTURE, WHAT WILL NOT HAPPEN WITHOUT INTERVENTION AND HOW WE WILL ENSURE EQUAL ACCESS			

<b>4d</b>	Other program services (Describe in Schedule O )	(Expenses \$ 93,231	including grants of \$ 0 )	(Revenue \$ 0 )
<b>4e</b>	<b>Total program service expenses</b>	<b>8,159,017</b>		

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	Yes	
<b>3</b> 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
<b>4 Section 501(c)(3) organizations.</b> 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	
<b>5</b> 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
<b>6</b> 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
<b>7</b> 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
<b>8</b> 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
<b>9</b> 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
<b>10</b> 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
<b>11</b> 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		
<b>a</b> 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>b</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	
<b>c</b> 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
<b>d</b> 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	
<b>e</b> 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	
<b>f</b> 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	
<b>12a</b> 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>b</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
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		No
<b>b</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
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
<b>17</b> 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
<b>18</b> 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	
<b>19</b> 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
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
<b>b</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)

<b>21</b>	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	<b>21</b>	Yes	
<b>22</b>	Did the organization report more than \$5,000 of grants or 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> . . . . .	<b>22</b>		No
<b>23</b>	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> . . . . .	<b>23</b>	Yes	
<b>24a</b>	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 25a</i> . . . . .	<b>24a</b>		No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>		
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>		
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>		
<b>25a</b>	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25a</b>		No
<b>b</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> . . . . .	<b>25b</b>		No
<b>26</b>	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i> . . . . .	<b>26</b>		No
<b>27</b>	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> . . . . .	<b>27</b>		No
<b>28</b>	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)			
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28a</b>		No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28b</b>		No
<b>c</b>	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> . . . . .	<b>28c</b>		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>29</b>		No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>30</b>		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<b>31</b>		No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	<b>32</b>		No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	<b>33</b>		No
<b>34</b>	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> . . . . .	<b>34</b>	Yes	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b>		No
<b>b</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> . . . . .	<b>35b</b>		
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>36</b>		No
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	<b>37</b>		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b>	Yes	

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

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . .		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent . . . . .		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	Yes	
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .		No
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		No
<b>6</b>	Did the organization have members or stockholders? . . . . .		No
<b>7a</b>	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
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .		No
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>8a</b>	The governing body? . . . . .	Yes	
<b>8b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	Yes	
<b>9</b>	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.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .		No
<b>10b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	Yes	
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . . .		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	Yes	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	Yes	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	Yes	
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .	Yes	
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .	Yes	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official . . . . .	Yes	
<b>15b</b>	Other officers or key employees of the organization . . . . .	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	Yes	
<b>16b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	Yes	

**Section C. Disclosure**

<b>17</b>	List the States with which a copy of this Form 990 is required to be filed <input checked="" type="checkbox"/> NY
<b>18</b>	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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
<b>19</b>	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
<b>20</b>	State the name, physical address, and telephone number of the person who possesses the books and records of the organization <input checked="" type="checkbox"/> MICHAEL ROSEN 45 BROADWAY SUITE 530 NEW YORK, NY 10006 (212) 437-3946





**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)		
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514		
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . . <b>1a</b>						
	<b>b</b>	Membership dues . . . . . <b>1b</b>						
	<b>c</b>	Fundraising events . . . . . <b>1c</b>	796,836					
	<b>d</b>	Related organizations . . . . . <b>1d</b>						
	<b>e</b>	Government grants (contributions) <b>1e</b>	2,051,308					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above <b>1f</b>	626,204					
	<b>g</b>	Noncash contributions included in lines 1a-1f \$						
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .	3,474,348					
<b>Program Service Revenue</b>	<b>2a</b>	PROGRAM FEES						
		Business Code						
		900099	2,786,657	2,786,657				
	<b>b</b>	INTEREST ON LOANS						
		900099	1,829,178	1,829,178				
	<b>c</b>							
	<b>d</b>							
<b>e</b>								
<b>f</b>	All other program service revenue							
<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .	4,615,835						
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .	446,610			446,610		
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . . .						
	<b>5</b>	Royalties . . . . .						
	<b>6a</b>	Gross rents	(i) Real	58,400				
			(ii) Personal					
			<b>b</b>	Less rental expenses	58,400			
			<b>c</b>	Rental income or (loss)	0			
	<b>d</b>	Net rental income or (loss) . . . . .						
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities	14,764,702	7,200			
			(ii) Other					
			<b>b</b>	Less cost or other basis and sales expenses	14,829,952	14,650		
			<b>c</b>	Gain or (loss)	-65,250	-7,450		
	<b>d</b>	Net gain or (loss) . . . . .	-72,700			-72,700		
	<b>8a</b>	Gross income from fundraising events (not including \$ 796,836 of contributions reported on line 1c) See Part IV, line 18 . . . . .						
	<b>a</b>		157,999					
<b>b</b>	Less direct expenses . . . . . <b>b</b>	158,672						
<b>c</b>	Net income or (loss) from fundraising events . . . . .	-673			-673			
<b>9a</b>	Gross income from gaming activities See Part IV, line 19 . . . . .							
<b>a</b>								
<b>b</b>	Less direct expenses . . . . . <b>b</b>							
<b>c</b>	Net income or (loss) from gaming activities . . . . .							
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .							
<b>a</b>								
<b>b</b>	Less cost of goods sold . . . . . <b>b</b>							
<b>c</b>	Net income or (loss) from sales of inventory . . . . .							
	Miscellaneous Revenue	Business Code						
<b>11a</b>	MISCELLANEOUS REVENUE	900099	673			673		
<b>b</b>								
<b>c</b>								
<b>d</b>	All other revenue . . . . .							
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		673					
<b>12</b>	<b>Total revenue.</b> See Instructions . . . . .		8,464,093	4,615,835	0	373,910		

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b>	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	2,524,787	2,524,787		
<b>2</b>	Grants and other assistance to individuals in the United States. See Part IV, line 22				
<b>3</b>	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
<b>4</b>	Benefits paid to or for members				
<b>5</b>	Compensation of current officers, directors, trustees, and key employees	927,240	525,394	400,645	1,201
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b>	Other salaries and wages	2,868,674	2,195,775	420,964	251,935
<b>8</b>	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	54,994	43,909	9,143	1,942
<b>9</b>	Other employee benefits	335,797	233,449	77,457	24,891
<b>10</b>	Payroll taxes	276,877	202,282	55,043	19,552
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management				
<b>b</b>	Legal	180,319	175,520	4,799	
<b>c</b>	Accounting	51,000		51,000	
<b>d</b>	Lobbying	13,017	13,017		
<b>e</b>	Professional fundraising services. See Part IV, line 17				
<b>f</b>	Investment management fees				
<b>g</b>	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	380,823	297,241	36,980	46,602
<b>12</b>	Advertising and promotion	1,490	1,490		
<b>13</b>	Office expenses	336,073	211,629	50,754	73,690
<b>14</b>	Information technology	47,124	35,430	8,748	2,946
<b>15</b>	Royalties				
<b>16</b>	Occupancy	497,882	351,460	109,256	37,166
<b>17</b>	Travel	92,199	86,767	3,374	2,058
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b>	Conferences, conventions, and meetings	116,980	97,686	15,440	3,854
<b>20</b>	Interest	1,205,218	1,205,218		
<b>21</b>	Payments to affiliates				
<b>22</b>	Depreciation, depletion, and amortization	67,837	47,841	14,921	5,075
<b>23</b>	Insurance	24,800		24,800	
<b>24</b>	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)				
<b>a</b>	OTHER EXPENSE	68,362	14,152	6,394	47,816
<b>b</b>	PROGRAM SUPPLIES	62,507	58,388	0	4,119
<b>c</b>	DONATIONS/JOURNAL ADS	30,625	14,525	300	15,800
<b>d</b>	DUES & SUBSCRIPTIONS	18,597	10,762	7,835	0
<b>e</b>	All other expenses	-187,705	-187,705		
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24e	9,995,517	8,159,017	1,297,853	538,647
<b>26</b>	<b>Joint costs.</b> 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 or note to any line in this Part X

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .		<b>1</b>	
	<b>2</b> Savings and temporary cash investments . . . . .	1,605,880	<b>2</b>	1,420,596
	<b>3</b> Pledges and grants receivable, net . . . . .	4,206,083	<b>3</b>	1,547,680
	<b>4</b> Accounts receivable, net . . . . .	822,151	<b>4</b>	586,301
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .			<b>5</b>
	<b>6</b> 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 . . . . .			<b>6</b>
	<b>7</b> Notes and loans receivable, net . . . . .	31,678,086	<b>7</b>	25,287,514
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	332,675	<b>9</b>	492,282
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D . . . . .	866,876		
	<b>b</b> Less accumulated depreciation . . . . .	583,658	110,709	<b>10c</b>
	<b>11</b> Investments—publicly traded securities . . . . .	10,567,476	<b>11</b>	9,344,635
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	15,420,822	<b>12</b>	13,064,990
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .	565,291	<b>13</b>	576,031
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets See Part IV, line 11 . . . . .	7,628,581	<b>15</b>	6,147,924
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	72,937,754	<b>16</b>	58,751,171	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	488,447	<b>17</b>	854,969
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> 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 . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	20,714,844	<b>23</b>	9,768,107
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	7,863,640	<b>24</b>	7,863,640
	<b>25</b> 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 . . . . .	7,738,627	<b>25</b>	6,157,081
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	36,805,558	<b>26</b>	24,643,797
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	15,070,531	<b>27</b>	15,823,122
	<b>28</b> Temporarily restricted net assets . . . . .	21,061,665	<b>28</b>	18,284,252
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	36,132,196	<b>33</b>	34,107,374	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	72,937,754	<b>34</b>	58,751,171	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	8,464,093
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	9,995,517
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	-1,531,424
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	36,132,196
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-2,591
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-490,807
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	34,107,374

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> 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		
<b>2a</b> 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
<b>2b</b> 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	
<b>2c</b> 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	
<b>3a</b> 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	
<b>3b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

**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
RAMANATHAN RAJU BOARD MEMBER	1 00	X						0	0	0
DONALD L ASHKENASE BOARD MEMBER	1 00	X						0	0	0
ALAN AVILES BOARD MEMBER (FORMER)	1 00	X						0	0	0
CLIFF BLEUSTEIN BOARD MEMBER (FORMER)	1 00	X						0	0	0
MAURA CLARK BOARD MEMBER	1 00	X						0	0	0
ANDREA COHEN BOARD MEMBER (FORMER)	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 (FORMER)	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 (FORMER)	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 (FORMER)	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	1 00	X						0	0	0
YVETTE TEOFAN BOARD MEMBER	1 00	X						0	0	0
MARY BASETT BOARD MEMBER	1 00	X						0	0	0
LILLIAM BARRIOS-PAIOLI BOARD MEMBER	1 00	X						0	0	0
MELISSA MARK-VIVERITO BOARD MEMBER	1 00	X						0	0	0
RONDA KOTELCHUCK CHIEF EXECUTIVE OFFICER	40 00			X				223,704	0	10,988
MICHAEL ROSEN CFO/COO	40 00			X				192,788	0	22,321
THOMAS MANNING MANAGING DIR , CAPITAL INV	40 00				X			172,868	0	24,290
WILLIAM O'BRIEN CHIEF LENDING OFFICER	40 00				X			152,454	0	21,097
NANCY LAGER DIR PROJ PLAN	40 00					X		151,428	0	14,136
PETER CUCCHIARA MANAGING DIR , PERF IMP	40 00					X		144,444	0	30,513
JAE LEUNG DIRECTOR OF FINANCE	40 00					X		136,010	0	22,461
DANIEL LOWENSTEIN DIRECTOR OF PUBLIC AFFAIRS	40 00					X		138,146	0	24,635
LAURA LEALE CHIEF DEVELOPMENT OFFICER	40 00					X		147,160	0	20,326

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

**Public Charity Status and Public Support**

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

- ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
- ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2013**

**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 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
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		

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

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	5,068,567	2,854,767	3,524,082	3,306,205	3,474,348	18,227,969
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	5,068,567	2,854,767	3,524,082	3,306,205	3,474,348	18,227,969
<b>5</b> 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)						417,185
<b>6 Public support.</b> Subtract line 5 from line 4						17,810,784

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>7</b> Amounts from line 4	5,068,567	2,854,767	3,524,082	3,306,205	3,474,348	18,227,969
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	960,987	823,132	520,824	524,313	505,010	3,334,266
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		77,262	358	244	672	78,536
<b>11 Total support</b> (Add lines 7 through 10)						21,640,771
<b>12</b> Gross receipts from related activities, etc. (see instructions)					<b>12</b>	23,002,859

**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**

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

<b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	82.300 %
<b>15</b> Public support percentage for 2012 Schedule A, Part II, line 14	<b>15</b>	85.300 %

**16a 33 1/3% support test—2013.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33 1/3% support test—2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**17a 10%-facts-and-circumstances test—2013.** 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

**b 10%-facts-and-circumstances test—2012.** 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

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6 )						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> 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 <b>stop here</b> <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15	<b>16</b>	

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

<b>17</b> Investment income percentage for <b>2013</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2012</b> Schedule A, Part III, line 17	<b>18</b>	

- 19a 33 1/3% support tests—2013.** 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—2012.** 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.** 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**

Return Reference

Explanation

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2013

Open to Public Inspection

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. Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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?
4a Was a correction made?
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?
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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)														
<b>d</b> Other exempt purpose expenditures														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)														
<b>f</b> Lobbying nontaxable amount Enter the amount from the following table in both columns														
<table border="1" 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													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)														
<b>h</b> Subtract line 1g from line 1a If zero or less, enter -0-														
<b>i</b> Subtract line 1f from line 1c If zero or less, enter -0-														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

	(a)		(b)
	Yes	No	Amount
<i>For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.</i>			
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
<b>a</b> Volunteers?		No	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
<b>c</b> Media advertisements?		No	
<b>d</b> Mailings to members, legislators, or the public?		No	
<b>e</b> Publications, or published or broadcast statements?		No	
<b>f</b> Grants to other organizations for lobbying purposes?		No	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		56,504
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b> Other activities?		No	
<b>j</b> Total Add lines 1c through 1i			56,504
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

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

**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."**

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

**Part IV Supplemental Information**

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.

Return Reference	Explanation
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)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

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 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year.

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

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

Table with 2 columns: Description, Held at the End of the Year. Rows 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register.

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 \$
(ii) Assets included in Form 990, Part X \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 \$
b Assets included in Form 990, Part X \$

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

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

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

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

	Amount
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> 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.

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

	Yes	No
<b>(i)</b> unrelated organizations . . . . .	<b>3a(i)</b>	
<b>(ii)</b> related organizations . . . . .	<b>3a(ii)</b>	
<b>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .	<b>3b</b>	

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

**Part VI Land, Buildings, and Equipment.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements . . . . .		326,505	323,223	3,282
<b>d</b> Equipment . . . . .		180,777	135,227	45,550
<b>e</b> Other . . . . .		359,594	125,208	234,386
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . .				283,218

**Part VII Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other (A) MONEY MARKET	13,064,990	F
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12)	13,064,990	

**Part VIII Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13)		

**Part IX Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) RESTRICTED LEASE PAYMENTS (NET)	676,278
(2) RESTRICTED RESERVES	5,471,646
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	6,147,924

**Part X Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
RESERVES AND DEPOSITS PAYABLE	5,471,646
DEFERRED RENT	9,157
DUE TO NEW YORK CITY BOND PROGRAM	676,278
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25)	6,157,081

**2.** Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	9,014,700
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
<b>a</b>	Net unrealized gains on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	1,400	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	549,207	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	550,607
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	8,464,093
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	0
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .		<b>5</b>	8,464,093

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	10,057,908
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	1,400	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	60,991	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	62,391
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	9,995,517
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	0
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .		<b>5</b>	9,995,517

**Part XIII Supplemental Information**

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

Return Reference	Explanation
PART X, LINE 2	PCDC HAS NO UNCERTAIN TAX POSITIONS AS OF JUNE 30, 2014 AND 2013 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 2011
PART XI, LINE 2D - OTHER ADJUSTMENTS	RENTAL REVENUE 58,400 WRITE OFF OF OLD GRANTS 490,807
PART XII, LINE 2D - OTHER ADJUSTMENTS	RENTAL EXPENSE 58,400 UNREALIZED LOSS ON INVESTMENTS 2,591



SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2013

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.

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

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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. Form 990-EZ filers are not required to complete this part.

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 (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? 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 rows 1-10 and a Total row.

3 List all states in which the organization is registered or licensed to solicit contributions 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>20TH ANNIVERSARY</u> (event type)	(total number)	(add col (a) through col (c))
<b>Revenue</b>	<b>1</b> Gross receipts . . . . .	805,781	149,054		954,835
	<b>2</b> Less Contributions . . . . .	674,382	122,454		796,836
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	131,399	26,600		157,999
<b>Direct Expenses</b>	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .	121,429	34,530		155,959
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .	2,713			2,713
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				
<b>11</b> Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶					-673

**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))
		<b>1</b> Gross revenue . . . . .			
<b>Direct Expenses</b>	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Non-cash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> 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	
<b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶					
<b>8</b> Net gaming income summary Subtract line 7 from line 1, 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

<b>a</b> The organization's facility	<b>13a</b>	%
<b>b</b> An outside facility	<b>13b</b>	%

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

Name ▶ .....

Address ▶ .....

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

Return Reference	Explanation
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Schedule I (Form 990)

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

OMB No 1545-0047

2013

Department of the Treasury Internal Revenue Service

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

Attach to Form 990

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization PRIMARY CARE DEVELOPMENT CORPORATION

Employer identification number

13-3711803

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
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 (book, FMV, appraisal, other), (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Row 1 contains 'See Additional Data Table'.

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

Return Reference	Explanation
PART I, LINE 2	<p>CHC CAPITAL GRANT PROGRAM - MONITORING &amp; 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 PROJECT STIPEND GRANTS PROJECT STIPEND GRANTS ARE AWARDED IN CONNECTION TO NYC DEPARTMENT OF HEALTH AND MENTAL HYGIENE (NYC DOHMM)-SPONSORED EMERGENCY PREPAREDNESS TRAINING PROGRAM THAT IMPROVES THE CAPACITY OF NURSING HOME FACILITIES AND/OR NURSING HOME NETWORKS LOCATED IN NEW YORK CITY TO RESPOND TO PUBLIC HEALTH EMERGENCIES PARTICIPATING NURSING HOMES ARE ELIGIBLE FOR A STIPEND GRANT OF UP TO \$2,000 TO DEFRAY COSTS OF PURCHASING SUPPLIES FROM A STANDARD EMERGENCY MANAGEMENT OPERATION (EOC) LIST DURING THE FISCAL YEAR 2014, PROGRAM STAFF AT PCDC WORKED WITH PARTICIPATING STIES TO SECURE APPROPRIATE SUPPLIES ELIGIBLE FOR GRANT REIMBURSEMENTS INVOICES DETAILING EOC SUPPLIES EXPENSES INCURRED BY PARTICIPANTS WERE REVIEWED AND AUDITED BY PCDC STAFF BEFORE THEY WERE FORWARDED TO NYC DOHMM FOR REVIEW STIPEND CHECKS WERE DISBURSED ONCE DOHMM APPROVAL WAS GRANTED</p>

**Additional Data**

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

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BROWNSVILLE MULTI-SERVICE 592 ROCKAWAY AVENUE NEW YORK, NY 11212	11-2544630	501(C)(3)	37,834				CAPITAL PROJECT GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
EAST HARLEM COUNCIL FOR HUMAN SERVICES INC 2253 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10035	13-6213532	501(C)(3)	659,699				CAPITAL PROJECT GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HUDSON RIVER HEALTH CARE INC 1037 MAIN STREET PEEKSKILL, NY 10566	13-2828349	501(C)(3)	178,061				CAPITAL PROJECT GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FAMILY HEALTH NETWORK OF CENTRAL NEW YORK 17 MAIN STREET SUITE 302 CORTLAND, NY 13045	16-1133983	501(C)(3)	50,780				CAPITAL PROJECT GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
							CAPITAL PROJECT GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
							CAPITAL PROJECT GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HARLEM UNITED COMMUNITY AIDS CENTER INC 306 LENOX AVE THIRD FLOOR NEW YORK, NY 10027	13-3461695	501(C)(3)	855,000				CAPITAL PROJECT GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FINGER LAKES MIGRANT HEALTH CARE PROJECT INC 14 MAIDEN LANE PO 423 PENN YAN, NY 14527	16-1581104	501(C)(3)	252,495				CAPITAL PROJECT GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HOUSING WORKS 57 WILLOUGHBY ST 2ND FL BROOKLYN, NY 11201	13-3584089	501(C)(3)	177,283				CAPITAL PROJECT GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MORIS HEIGHTS HEALTH CENTER HARRISON CIRCLE 57-69 WEST BURNSIDE AVENUE BRONX, NY 10453	06-1081232	501(C)(3)	280,000				CAPITAL PROJECT GRANT

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No 1545-0047

**2013**

**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, line 23.**

▶ **Attach to Form 990. ▶ See separate instructions.**

▶ **Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

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 idemnification 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 directors, trustees, officers, including 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
<b>1b</b>		
<b>2</b>		
<b>4a</b>		No
<b>4b</b>		No
<b>4c</b>		No
<b>5a</b>		No
<b>5b</b>		No
<b>6a</b>		No
<b>6b</b>		No
<b>7</b>		No
<b>8</b>		No
<b>9</b>		

**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)	223,704	0	0	6,743	4,245	234,692	0
	(ii)	0	0	0	0	0	0	0
(2)MICHAEL ROSEN CFO/COO	(i)	192,788	0	0	5,962	16,359	215,109	0
	(ii)	0	0	0	0	0	0	0
(3)THOMAS MANNING MANAGING DIR , CAPITAL INV	(i)	172,868	0	0	5,421	18,869	197,158	0
	(ii)	0	0	0	0	0	0	0
(4)WILLIAM O'BRIEN CHIEF LENDING OFFICER	(i)	152,454	0	0	720	20,377	173,551	0
	(ii)	0	0	0	0	0	0	0
(5)NANCY LAGER DIR PROJ PLAN	(i)	151,428	0	0	4,568	9,568	165,564	0
	(ii)	0	0	0	0	0	0	0
(6)PETER CUCCHIARA MANAGING DIR , PERF IMP	(i)	144,444	0	0	4,613	25,900	174,957	0
	(ii)	0	0	0	0	0	0	0
(7)JAE LEUNG DIRECTOR OF FINANCE	(i)	136,010	0	0	4,170	18,291	158,471	0
	(ii)	0	0	0	0	0	0	0
(8)DANIEL LOWENSTEIN DIRECTOR OF PUBLIC AFFAIRS	(i)	138,146	0	0	4,320	20,315	162,781	0
	(ii)	0	0	0	0	0	0	0
(9)LAURA LEALE CHIEF DEVELOPMENT OFFICER	(i)	147,160	0	0	0	20,326	167,486	0
	(ii)	0	0	0	0	0	0	0

**Part III Supplemental Information**

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

**Return Reference****Explanation**

# Additional Data

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

## Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
RONDA KOTELCHUCK CHIEF EXECUTIVE OFFICER	(i)	223,704	0	0	6,743	4,245	234,692	0
	(ii)	0	0	0	0	0	0	0
MICHAEL ROSEN CFO/COO	(i)	192,788	0	0	5,962	16,359	215,109	0
	(ii)	0	0	0	0	0	0	0
THOMAS MANNING MANAGING DIR , CAPITAL INV	(i)	172,868	0	0	5,421	18,869	197,158	0
	(ii)	0	0	0	0	0	0	0
WILLIAM O'BRIEN CHIEF LENDING OFFICER	(i)	152,454	0	0	720	20,377	173,551	0
	(ii)	0	0	0	0	0	0	0
NANCY LAGER DIR PROJ PLAN	(i)	151,428	0	0	4,568	9,568	165,564	0
	(ii)	0	0	0	0	0	0	0
PETER CUCCHIARA MANAGING DIR , PERF IMP	(i)	144,444	0	0	4,613	25,900	174,957	0
	(ii)	0	0	0	0	0	0	0
JAE LEUNG DIRECTOR OF FINANCE	(i)	136,010	0	0	4,170	18,291	158,471	0
	(ii)	0	0	0	0	0	0	0
DANIEL LOWENSTEIN DIRECTOR OF PUBLIC AFFAIRS	(i)	138,146	0	0	4,320	20,315	162,781	0
	(ii)	0	0	0	0	0	0	0
LAURA LEALE CHIEF DEVELOPMENT OFFICER	(i)	147,160	0	0	0	20,326	167,486	0
	(ii)	0	0	0	0	0	0	0

**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.**

**▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**2013**

**Open to Public Inspection**

Name of the organization  
PRIMARY CARE DEVELOPMENT CORPORATION

Employer identification number

13-3711803

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	DR THOMAS FARLEY, WAS COMMISSIONER OF NYC DEPARTMENT OF HEALTH AND MENTAL HYGIENE THROUGH DECEMBER 2013 AND MS ANDREA COHEN, WAS THE DIRECTOR OF HEALTH SERVICES WITH THE NYC DEPARTMENT OF HEALTH AND HUMAN SERVICES THROUGH DECEMBER 2013 BOTH SERVED AS VOTING MEMBERS ON THE BOARD OF THE NYC HEALTH AND HOSPITALS CORPORATION, IN WHICH ALAN AVILES WAS PRESIDENT UNTIL DECEMBER 2013

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	DR MARY BASSETT, IS THE COMMISSIONER OF NYC DEPARTMENT OF HEALTH AND MENTAL HYGIENE SINCE JANUARY 2014 AND MS LILLIAM BARRIOS-PAIOLI IS THE DEPUTY MAYOR FOR NYC HEALTH AND HUMAN SERVICES SINCE JANUARY 2014 BOTH SERVE AS VOTING MEMBERS ON THE BOARD OF THE NYC HEALTH AND HOSPITALS CORPORATION, IN WHICH MR RAMANATHAN RAJU IS PRESIDENT SINCE JANUARY 2014

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

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	FORMER BOARD MEMBER MR CLIFF BLEUSTEIN AND MR GARY JACOBS ARE BOTH EMPLOYED BY PRICE WATERHOUSE BUT THEY HAVE NO REPORTING RELATIONSHIP

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	DR JOHN RUGGE WAS ON THE INITIAL BOARD OF HEALTH REPUBLIC INSURANCE, A NON-PROFIT COOPERATIVE INSURANCE COMPANY UNDER THE ACA MR DAN MCGOWAN WAS THE FIRST PRESIDENT AND CEO OF HEALTH REPUBLIC UNTIL JULY 2013

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	MS PALOMA HERNANDEZ AND DR JOHN RUGGE HAVE A BUSINESS RELATIONSHIP RELATED TO THE 340B PROGRAM MS PALOMA HERNANDEZ, IS THE CEO OF URBAN HEALTH PLAN WHERE THEY HAD A NMTC TRANSACTION WITH GOLDMAN SACHS MR MARVIN MARCUS IS EMPLOYED BY GOLDMAN SACHS BUT HE IS NOT PART OF THE TRANSACTION

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	MR DANIEL T DEY , CEO OF NORTHERN OSWEGO COUNTY HEALTH SERVICES, HAS BUSINESS RELATIONSHIPS WITH MS PALOMA HERNANDEZ, MR LARAY BROWN, DR JOHN RUGGE AND DR WARRIA ESMOND THROUGH HIS ORGANIZATION

**Return Reference****Explanation**

FORM 990, PART VI, SECTION A,  
LINE 2

MS PALOMA HERNANDEZ SERVES ON A BOARD WITH MR DANIEL DEY, DR WARRIA ESMOND, AND  
MR CALEB DE ROSIERS

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.

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.

<b>Return Reference</b>	<b>Explanation</b>
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

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 NY'S CHARITIES BUREAU'S WEBSITE. PCDC ALSO PUBLISHES NOTICES OF AVAILABILITY OF ITS TAX RETURNS WITH NEW YORK LAW JOURNAL.

Return Reference	Explanation
FORM 990, PART IX, LINE 24D	PROVISIONS FOR LOAN LOSS RESERVES IMPACT PCDC'S OPERATING EXPENSES. THE LLR RESERVE REQUIREMENT IS A RISK-BASED CALCULATION USING AN INTERNAL RATING SYSTEM. THE BORROWER IS SCORED USING A MATRIX OF RISK CRITERIA. THE RATING FOR EACH BORROWER IS REVIEWED QUARTERLY BY THE CHIEF CREDIT OFFICER TO DETERMINE WHETHER OR NOT RESERVE ADJUSTMENTS ARE REQUIRED. UNDER CERTAIN CIRCUMSTANCES, THE NON-CASH PROVISION FOR RESERVES IS REDUCED WHICH RESULTS IN A REDUCTION OF OPERATING EXPENSES. IN 2014, LOAN LOSS RESERVES WERE REDUCED BY \$187,705.

**Return Reference****Explanation**

FORM 990, PART XI, LINE 9

WRITE OFF OF OLD GRANTS -490,807

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	HAS NOT BEEN CHANGED FROM THE PRIOR YEAR

Return Reference	Explanation	
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 ("CDF I FUND"), A BRANCH OF THE U S DEPARTMENT OF THE TREASURY, REQUIRES THAT NONPROFIT AWARD R ECIPIENTS CREATE A FOR-PROFIT ENTITY OR ENTITIES THROUGH WHICH THE TAX CREDIT ALLOCATION F LOWS IN MARCH 2008, PCDC CREATED FOUR SUCH ENTITIES (PCDC EMPIRE STATE HEALTH OPPORTUNITI ES FUND I-IV, LLC), ALL OF WHICH ARE MULTI-MEMBER LIMITED LIABILITY COMPANIES IN 2014, PC DC WAS AWARDED AN ADDITIONAL \$43 MILLION NMTC ALLOCATION IN JUNE 2014, PCDC HEALTH OPPORT UNITIES FUND V-VII LLC WERE CREATED BY PCDC AS OF JUNE 30, 2014, PCDC HEALTH OPPORTUNITIE S FUND LLC'S IV- VII REMAIN INACTIVE ON JULY 30, 2009, PCDC SIGNED AN INVESTMENT AGREEMEN T WITH HSBC BANK USA ("HSBC") AT THAT TIME, HSBC RETAINED A 99 99% OWNERSHIP INTEREST IN PCDC EMPIRE STATE HEALTH OPPORTUNITIES FUND I, LLC ("LLC I") PCDC RETAINS A 0 01% OWNERSH IP INTEREST AND WILL REMAIN THE MANAGING MEMBER FOR EACH NMTC LOAN (KNOWN AS A "QUALIFIED LOW-INCOME COMMUNITY INVESTMENT" OR QLICI) CLOSED WITH LLC I, PCDC WAS REQUIRED TO FUND A RESERVE IN THE MINIMUM AMOUNT OF SIX (6) MONTHS OF DEBT SERVICE PAYMENT THE RESERVE WILL BE AVAILABLE TO COVER SHORTFALLS IN PAYMENTS UNDER APPROVED QLICIS AS MANAGING MEMBER, P CDC MADE MEMBER LOANS TO LLC I TO COVER START-UP EXPENSES DURING THE YEAR ENDED JUNE 30, 2012, HSBC AND PCDC AGREED TO CONVERT \$730,188 OF MEMBER LOANS AND ACCOUNTS RECEIVABLE THA T WERE PREVIOUSLY ADVANCED BY PCDC TO EQUITY CONTRIBUTIONS TO LLC I THE MEMBER LOAN RECEI VABLE BALANCE OF \$132,030 REMAINING WAS FULLY REPAID DURING FISCAL YEAR 2013 WHEN THE FINA L QUALIFIED EQUITY INVESTMENT ("QEI") WAS MADE BY HSBC THE ADDITIONAL EQUITY CONTRIBUTION WILL NOT ALTER THE INTENDED PERCENTAGE OF PCDC'S OWNERSHIP INTERESTS PCDC'S TOTAL EQUITY CONTRIBUTIONS IN THE LLC I WILL BE FULLY REPAID OVER A PERIOD OF 17 YEARS THROUGH THE OPE RATING REVENUES GENERATED IN MARCH 2012, PCDC ENTERED INTO AN OPERATING AGREEMENT WITH TD BANK, N A ("TD BANK") TD BANK BECAME THE 99 99% INVESTOR MEMBER OF THE PCDC EMPIRE STAT E HEALTH OPPORTUNITIES FUND III, LLC ("LLC III") AND AS SUCH, PROVIDED THE NECESSARY QEI PCDC IS THE MANAGING MEMBER AT 0 01% OWNERSHIP INTEREST PCDC EMPIRE STATE HEALTH OPPORTUN ITIES FUND II, LLC BECAME ACTIVE IN AUGUST 2012 WHEN PCDC ENTERED INTO AN OPERATING AGREEM ENT WITH JP MORGAN CHASE BANK, N A ("CHASE") PURSUANT TO THE AGREEMENT, CHASE WAS THE 99 99% INVESTOR MEMBER MAKING THE QEI TO THE LLC WHILE PCDC REMAIN AS THE MANAGING MEMBER AT 0 01% OWNERSHIP INTEREST PER SEPARATE INDEMNIFICATION AGREEMENTS WITH EACH INVESTOR, PCD C AGREES TO INDEMNIFY INVESTORS WHEN THERE IS A LOSS OF NEW MARKET TAX CREDITS RELATED TO THE QEI MADE IN THE LLC TRIGGERED BY CERTAIN RECAPTURE EVENTS AS DEFINED UNDER THE INTERNA L REVENUE CODE THE INDEMNIFICATION AMOUNTS VARY WITH EACH AGREEMENT UNDER PCDC'S AGREEME NT WITH HSBC, THE MAXIMUM EXPOSURE WILL BE 3% OF THE QEI MADE UNDER ITS AGREEMENTS WITH T D BANK AND CHASE, PCDC'S EXPOSURE WILL NOT EXCEED FEES PAID OR PAY ABLE TO PCDC OVER THE 7 YEAR COMPLIANCE PERIOD ABSENT GROSS OR WILLFUL MISCONDUCT, PCDC'S LIABILITY IS SUBJECT TO THE AFOREMENTIONED INDEMNIFICATION LIMIT IN EACH AGREEMENT WITH AN ESTIMATED AMOUNT TOTAL ING TO \$1 2M PCDC HAS SYSTEMATIC MONITORING PROCEDURES IN PLACE TO AVOID RECAPTURE EVENTS THROUGH TRACKING AND TESTING OF TRANSACTION PAYMENTS, REVIEW OF QUARTERLY FINANCIAL STATE MENTS, CONFIRMATION OF COMPLIANCE CERTIFICATES AND REGULAR MEETINGS OF THE NMTC ADVISORY B OARD AS MANAGING MEMBERS OF LLC I, II, AND III, PCDC IS ENTITLED TO FINANCING AND LOAN SE RVICING FEES UNDER THE TERMS OF THE OPERATING AGREEMENTS IN LLC I, II AND III, PCDC MADE A PROPORTIONAL EQUITY CONTRIBUTION BASED ON EACH QEI AND PCDC'S 01% MEMBERSHIP INTEREST F OR THE QEI AS OF JUNE 30, 2014, PCDC'S NET EQUITY CONTRIBUTION IN LLC I, II AND LLC III A MOUNTED TO \$731,214, \$920 AND \$1,982, RESPECTIVELY AS OF JUNE 30, 2013, PCDC'S NET EQUITY CONTRIBUTIONS IN LLC I, II, AND III AMOUNTED TO \$731,214, \$951 AND \$1,990, RESPECTIVELY AS OF JUNE 30, 2014 AND 2013, THE NET PRESENT VALUE OF PCDC'S EQUITY CONTRIBUTIONS WAS REP ORTED AS INVESTMENTS IN LLCS AT APPROXIMATELY \$575,000 AND \$565,000 RESPECTIVELY , USING DI SCOUNT RATES RANGING FROM 0 88% TO 3 80% IN THE ACCOMPANY ING FINANCIAL STATEMENTS IN DECE MBER, 2013 PCDC ENTERED INTO AN AGREEMENT WITH TWO OTHER CDFI'S TO FORM HEALTHCO PARTICIPA NT, LLC ("HEALTHCO") AS A FINANCING VEHICLE TO PROVIDE INDIRECT FACILITY FINANCING FOR FED ERALLY QUALIFIED HEALTHCARE CENTERS PCDC IS ONE OF THREE EQUAL MEMBERS AT 33 33% UNDER T HE LIMITED LIABILITY COMPANY AGREEMENT, ANY INCOME OR EXPENSE OF HEALTHCO IS SHARED EQUALL Y BY THE THREE MEMBERS AT JUNE 30, 2014, PCDC'S INVESTMENT IN HEALTHCO OF \$500 WAS REPORT ED IN THE ACCOMPANY ING FINANCIAL STATEMENTS AS INV</p>

Return Reference	Explanation	
	SCHEDULE R - PART III	ESTMENTS IN LLCS

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2013**

**Open to Public Inspection**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990. ▶ See separate instructions.
- ▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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" on 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" on 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" on 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	
See Additional Data Table												

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on 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" on 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
<b>1a</b>		No
<b>1b</b>	Yes	
<b>1c</b>		No
<b>1d</b>		No
<b>1e</b>		No
<b>1f</b>		No
<b>1g</b>		No
<b>1h</b>		No
<b>1i</b>		No
<b>1j</b>		No
<b>1k</b>		No
<b>1l</b>	Yes	
<b>1m</b>		No
<b>1n</b>	Yes	
<b>1o</b>	Yes	
<b>1p</b>		No
<b>1q</b>	Yes	
<b>1r</b>		No
<b>1s</b>		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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
<b>(1)</b> PCDC EMPIRE STATE HEALTH I OPP FUND 1	L	68,643	COST
<b>(2)</b> PCDC EMPIRE STATE HEALTH I OPP FUND 3	L	99,948	COST



**Part VII Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

**Return Reference****Explanation**

**Additional Data**

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

**Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership**

(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 K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
PCDC EMPIRE STATE HEALTH I  C/O PCDC 45 BROADWAY NEW YORK, NY 10006 26-2054468	NEW MARKET FUNDS	NY		RELATED		731,221		No		Yes		0 010 %
PCDC EMPIRE STATE HEALTH II  C/O PCDC 45 BROADWAY NEW YORK, NY 10006 26-2054556	NEW MARKET FUNDS	NY		RELATED	32	971		No		Yes		0 010 %
PCDC EMPIRE STATE HEALTH III  C/O PCDC 45 BROADWAY NEW YORK, NY 10006 26-2054665	NEW MARKET FUNDS	NY		RELATED	9	1,986		No		Yes		0 010 %
PCDC EMPIRE STATE HEALTH IV  C/O PCDC 45 BROADWAY NEW YORK, NY 10006 26-2054736	NEW MARKET FUNDS	NY		RELATED				No		Yes		100 000 %
PCDC HEALTH OPP FUND 5  C/O PCDC 45 BROADWAY NEW YORK, NY 10006 47-1122026	NEW MARKET TAX CREDIT	NY		RELATED				No		Yes		100 000 %
PCDC HEALTH OPP FUND 6  C/O PCDC 45 BROADWAY NEW YORK, NY 10006 47-1147896	NEW MARKET TAX CREDIT	NY		RELATED				No		Yes		100 000 %
PCDC HEALTH OPP FUND 7  C/O PCDC 45 BROADWAY NEW YORK, NY 10006 47-1150721	NEW MARKET TAX CREDIT	NY		RELATED				No		Yes		100 000 %
PCDC HEALTH OPP FUND 8  C/O PCDC 45 BROADWAY NEW YORK, NY 10006 47-1160866	NEW MARKET TAX CREDIT	NY		RELATED				No		Yes		100 000 %
PCDC HEALTH OPP FUND 9  C/O PCDC 45 BROADWAY NEW YORK, NY 10006 47-1174154	NEW MARKET TAX CREDIT	NY		RELATED				No		Yes		100 000 %
PCDC HEALTH OPP FUND 10  C/O PCDC 45 BROADWAY NEW YORK, NY 10006 47-1186012	NEW MARKET TAX CREDIT	NY		RELATED				No		Yes		100 000 %
PCDC HEALTH OPP FUND 11  C/O PCDC 45 BROADWAY NEW YORK, NY 10006 47-1197703	NEW MARKET TAX CREDIT	NY		RELATED				No		Yes		100 000 %
PCDC HEALTH OPP FUND 12  C/O PCDC 45 BROADWAY NEW YORK, NY 10006 47-1150721	NEW MARKET TAX CREDIT	NY		RELATED				No		Yes		100 000 %
HEALTHCO PARTICIPANT LLC  C/O PCDC 45 BROADWAY NEW YORK, NY 10006 46-4147984	FINANCING	DE		RELATED		500		No		Yes		33 330 %