

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
 ▶ Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 07-01-2015, and ending 06-30-2016

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C 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 NO 530 City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10006 F Name and address of principal officer LOUISE COHEN 45 BROADWAY NO 530 NEW YORK, NY 10006	D Employer identification number 13-3711803 E Telephone number (212) 437-3910 G Gross receipts \$ 10,498,189
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀(insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
J Website: ▶ WWW.PCDC.ORG		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1993 M State of legal domicile NY

Part I Summary

1	Briefly describe the organization's mission or most significant activities FOUNDED IN 1993, PRIMARY CARE DEVELOPMENT CORPORATION ("PCDC") BELIEVES THAT PRIMARY CARE IS TRANSFORMATIONAL AND A CORNERSTONE OF HEALTHY, THRIVING COMMUNITIES. THE PRIMARY CARE DEVELOPMENT CORPORATION (PCDC) CATALYZES EXCELLENCE IN PRIMARY CARE THROUGH STRATEGIC COMMUNITY INVESTMENT, CAPACITY BUILDING, AND POLICY INITIATIVES TO ACHIEVE HEALTH EQUITY.		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
3	Number of voting members of the governing body (Part VI, line 1a)	3	19
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	19
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	59
6	Total number of volunteers (estimate if necessary)	6	19
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	4,273,223	2,819,834
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,738,094	6,202,044
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	327,669	252,513
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-26,565	10,838
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	10,312,421	9,285,229
	14 Benefits paid to or for members (Part IX, column (A), line 4)	50,000	70,000
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	4,936,852	5,184,221
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 559,296	0	0
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	0	0
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	4,018,590	3,743,014
19 Revenue less expenses Subtract line 18 from line 12	9,005,442	8,997,235	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	1,306,979	287,994
	21 Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22 Net assets or fund balances Subtract line 21 from line 20	63,572,248	62,689,180
		28,285,415	27,040,647
		35,286,833	35,648,533

Part II Signature Block

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

Sign Here	Signature of officer _____ CPA CEO Type or print name and title	2017-02-23 Date			
Paid Preparer Use Only	Print/Type preparer's name ROBERT R LYONS	Preparer's signature ROBERT R LYONS	Date	Check <input type="checkbox"/> if self-employed	PTIN P00227472
	Firm's name ▶ MARKS PANETH LLP			Firm's EIN ▶ 11-3518842	
	Firm's address ▶ 685 THIRD AVENUE NEW YORK, NY 10017			Phone no (212) 503-8800	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

QUALITY PRIMARY CARE IS TRANSFORMATIONAL AND A CORNERSTONE OF HEALTHY, THRIVING COMMUNITIES THE PRIMARY CARE DEVELOPMENT CORPORATION (PCDC) CATALYZES EXCELLENCE IN PRIMARY CARE THROUGH STRATEGIC COMMUNITY INVESTMENT, CAPACITY BUILDING, AND POLICY INITIATIVES TO ACHIEVE HEALTH EQUITY BY PROVIDING AFFORDABLE CAPITAL FOR HEALTH FACILITY RENOVATION AND EXPANSION, CHANGING HOW CARE IS DELIVERED, AND ADVOCATING FOR GREATER PUBLIC INVESTMENT AND FAVORABLE POLICIES, PCDC STRIVES TO ENSURE THAT EVERY FAMILY AND COMMUNITY HAS THE QUALITY PRIMARY CARE IT DESERVES

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

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

4a (Code) (Expenses \$ 3,371,316 including grants of \$ 70,000) (Revenue \$ 4,900,382) CAPITAL INVESTMENT SUPPORTING PRIMARY CARE EXPANSION PCDC PROVIDES THE CAPITAL AND EXPERTISE TO BUILD, RENOVATE, AND EXPAND COMMUNITY-BASED HEALTH FACILITIES SO THAT CARE IS OFFERED IN SETTINGS THAT PROMOTE DIGNITY AND EFFICIENCY CERTIFIED AS A COMMUNITY DEVELOPMENT FINANCIAL INSTITUTION (CDFI) BY THE UNITED STATES TREASURY, PCDC IS A KEY SOURCE OF CAPITAL FOR THE PRIMARY CARE SECTOR AND TO DATE HAS FINANCED OVER 126 PRIMARY CARE PROJECTS VALUED AT MORE THAN \$800 MILLION THIS INVESTMENT HAS CREATED THE CAPACITY TO PROVIDE NEARLY 3.1 MILLION MEDICAL VISITS ANNUALLY TO MEET THE PRIMARY CARE NEEDS OF 950,000 PATIENTS THROUGHOUT THE UNITED STATES PCDC'S INVESTMENT HAS TRANSFORMED 1.5 MILLION SQUARE FEET OF SPACE INTO FULLY FUNCTIONING PRIMARY CARE PRACTICES AND CREATED OR PRESERVED OVER 7,750 JOBS IN LOW-INCOME COMMUNITIES PCDC HAS EXPERIENCED NO LOAN LOSSES IN ITS PORTFOLIO TO DATE, AND HAS RECEIVED AN AAA+2 PERFORMANCE RATING FROM THE CDFI ASSESSMENT AND RATING SYSTEM (CARS) HIGHLIGHTS OF RECENT CAPITAL INVESTMENT ACCOMPLISHMENTS INCLUDE APICHA COMMUNITY HEALTH CENTER PCDC PROVIDED THIS LGBT-FOCUSED HEALTH CENTER WITH FINANCING TOTALING \$1.6 MILLION TO ALLOW FOR EXPANSION OF PRIMARY CARE SERVICES AT ITS MAIN SITE ON THE LOWER EAST SIDE OF NEW YORK CITY DAMIAN FAMILY HEALTH CENTERS PCDC PROVIDED \$3.7 MILLION IN FINANCING TO ENABLE DAMIAN TO OPEN A NEW HEALTH CENTER IN THE MOTT HAVEN SECTION OF THE SOUTH BRONX, A COMMUNITY WHERE ALMOST 40% OF RESIDENTS ARE BELOW THE FEDERAL POVERTY LEVEL THIS EXPANSION WILL INCLUDE DENTAL CARE, CHILD PSYCHIATRY, AND MORE THAN DOUBLE THE CENTER'S CURRENT CAPACITY HEALTHCORE CLINIC PCDC HELPED HEALTHCORE COMPLETE A \$10.7 MILLION EXPANSION AND RENOVATION PROJECT TO STRENGTHEN CRITICAL FAMILY MEDICAL SERVICES IN AN UNDERSERVED COMMUNITY OF WICHITA, KS THROUGH ITS 33 EXAM ROOMS, SEVEN-CHAIR DENTAL CLINIC, AND PHARMACY, THIS 40,000 SQUARE FOOT FACILITY WILL PROVIDE SPECIALTY SERVICES INCLUDING A WOMEN'S HEALTH CENTER, PEDIATRIC CLINIC, REFUGEE CLINIC, AND A CHRONIC CARE CLINIC HEALTHRIGHT360 PCDC PROVIDED \$12 MILLION IN NEW MARKETS TAX CREDIT ALLOCATIONS AND \$1.7 MILLION IN TERM FINANCING TO TRANSFORM A FORMER CLOTHING FACTORY IN SAN FRANCISCO, CA INTO A STATE-OF-THE-ART MEDICAL FACILITY THIS NEW CENTER WILL ENABLE HEALTHRIGHT360 TO PROVIDE 24,000 MEDICAL VISITS AND 20,000 BEHAVIORAL HEALTH VISITS USING 15 MEDICAL EXAM/PROCEDURE ROOMS, A DENTAL CLINIC, AND A BEHAVIORAL HEALTH CENTER THAT INCLUDES A SUBSTANCE ABUSE CLINIC, OUTPATIENT BEHAVIORAL HEALTH SERVICES, AND A CLIENT RESOURCE CENTER IN AN UNDERSERVED NEIGHBORHOOD WHERE MORE THAN A QUARTER OF THE RESIDENTS ARE BELOW 100% OF THE FEDERAL POVERTY LEVEL LOS BARRIOS UNIDOS COMMUNITY CLINIC PCDC LEVERAGED \$8.9 MILLION IN FINANCING TO HELP LOS BARRIOS UNIDOS, THE LARGEST COMMUNITY HEALTH CENTER IN DALLAS, TX, CONSTRUCT A NEW 21,400 SQUARE FOOT PRIMARY CARE FACILITY WHEN COMPLETED, THIS NEW CENTER WILL SERVE 4,080 NEW PATIENTS THROUGH 11,200 VISITS, THE COMMUNITY WILL ALSO BE BUOYED BY THE CREATION OF 24 NEW PERMANENT JOBS LOWELL COMMUNITY HEALTH CENTER PCDC PROVIDED \$13 MILLION IN NEW MARKETS TAX CREDITS TOWARD A PROJECT THAT WILL RENOVATE 65,000 SQUARE FEET OF SPACE, WHICH WILL BRING NEW DENTAL AND VISION SERVICES AND EXPANDED PRIMARY CARE SERVICES TO RESIDENTS OF LOWELL, MA SINCE NEARLY HALF OF THIS HEALTH CENTER'S PATIENTS SPEAK A FIRST LANGUAGE OTHER THAN ENGLISH, ITS STAFF HAS THE CAPABILITY TO PROVIDE COMPETENT CARE IN OVER 25 DIFFERENT LANGUAGES

4b (Code) (Expenses \$ 2,745,496 including grants of \$) (Revenue \$ 1,301,392) PERFORMANCE IMPROVEMENT STRENGTHENING SERVICE DELIVERY PCDC'S PERFORMANCE IMPROVEMENT PRACTICE HAS PROVIDED CONSULTING, TRAINING, AND COACHING SERVICES TO MORE THAN 1,000 PRIMARY CARE ORGANIZATIONS ACROSS THE COUNTRY - HELPING THESE PRACTICES ADOPT A MODEL OF CARE THAT MAXIMIZES PATIENT ACCESS, MEANINGFUL USE OF HEALTH IT, CARE COORDINATION, PATIENT EXPERIENCE, AND EMERGENCY PLANNING OUR STAFF TEAM BRINGS EXTENSIVE EXPERTISE AND A BROAD AND POWERFUL KNOWLEDGE BASE TO THE PROVISION OF CAPACITY-BUILDING ASSISTANCE, MOST HOLD GRADUATE DEGREES AND AVERAGE BETWEEN 10 TO 15 YEARS OF EXPERIENCE WORKING DIRECTLY WITH HIGH-RISK, SAFETY NET POPULATIONS THIS "REAL WORLD EXPERIENCE" ENABLES PCDC TO BETTER UNDERSTAND THE NEEDS OF OUR CLIENTS AND GUIDES THE CREATION AND IMPLEMENTATION OF EFFECTIVE COACHING AND QUALITY IMPROVEMENT TOOLS HIGHLIGHTS OF RECENT PERFORMANCE IMPROVEMENT ACCOMPLISHMENTS INCLUDE BUILDING CARE COORDINATION CAPACITY CARE COORDINATORS PROVIDE A VITAL BRIDGE BETWEEN PATIENTS AND PROVIDERS, AND PCDC'S TRAININGS GIVE FRONT-LINE STAFF THE SKILLS THEY NEED TO DELIVER COORDINATED CARE FOR THEIR ORGANIZATIONS OUR UPDATED CARE COORDINATION FUNDAMENTALS COURSE HAS ENABLED THOUSANDS OF HEALTH CARE WORKERS TO BETTER HELP PATIENTS ACCESS AND ENGAGE IN CARE TO LIVE HEALTHIER LIVES EXPANDING PATIENT-CENTERED MEDICAL HOMES THERE IS GROWING EVIDENCE THAT PATIENT-CENTERED MEDICAL HOMES (PCMHs) HELP TO IMPROVE PATIENT HEALTH AND REDUCE OVERALL COSTS TO DATE, PCDC HAS HELPED OVER 200 PRACTICES BECOME CERTIFIED PCMHs THESE INCLUDED ORGANIZATIONS LOCATED IN NEW YORK CITY AND NEW YORK STATE, AS WELL AS CARE PROVIDERS BASED IN CONNECTICUT, ILLINOIS, LOUISIANA, MISSISSIPPI, AND PENNSYLVANIA INTEGRATING HIV PREVENTION INTO PREVENTIVE CARE PCDC CONTINUES TO PARTNER WITH THE U S CENTERS FOR DISEASE CONTROL AND PREVENTION TO PROVIDE TECHNICAL ASSISTANCE AND CREATE RESOURCES TO HELP PRIMARY CARE PROVIDERS ACROSS THE NATION INTEGRATE SCIENTIFICALLY-PROVEN AND COST-EFFECTIVE HIV PREVENTION INTO ONGOING MEDICAL HOME ACTIVITIES PROMOTING CARE MANAGEMENT PCDC IS PROVIDING TECHNICAL ASSISTANCE AND COACHING TO NEW YORK STATE HEALTH HOMES THAT PROVIDE CARE MANAGEMENT FOR HIGH-RISK COMPLEX PATIENTS WE HELP THESE ORGANIZATIONS BETTER UNDERSTAND HOW TO INTEGRATE AND COORDINATE THE DELIVERY OF THEIR MEDICAL, SOCIAL, AND BEHAVIORAL HEALTH SERVICES AND TO IMPROVE THE QUALITY OF PATIENT CARE AND STAFF SATISFACTION

4c (Code) (Expenses \$ 738,587 including grants of \$) (Revenue \$) POLICY AND ADVOCACY LEADING PRIMARY CARE INITIATIVES PRIMARY CARE IS NOT ONLY THE CENTERPIECE OF MEANINGFUL HEALTH CARE REFORM, BUT ALSO CONTRIBUTES GREATLY TO ECONOMIC DEVELOPMENT, BETTER HEALTH, AND ACROSS-THE-BOARD HEALTH CARE SAVINGS PCDC'S POLICY AND ADVOCACY AGENDA INCLUDES WORKING WITH POLICYMAKERS AND STAKEHOLDERS TO PROMOTE THE PATIENT-CENTERED MEDICAL HOME MODEL, EXPAND ACCESS TO CAPITAL FOR PRIMARY CARE EXPANSION, STRENGTHEN THE ROLE OF PRIMARY CARE IN HEALTH SYSTEM AND HEALTH PAYMENT REFORM, AND STRENGTHEN THE ROLE OF PRIMARY CARE IN SUSTAINING "HEALTHY COMMUNITIES" IN NEW YORK STATE, PCDC CONTINUES TO LEAD ADVOCACY EFFORTS TO ENSURE THE PROPER ROLE AND RESOURCES FOR PRIMARY CARE, INCLUDING SUFFICIENT REIMBURSEMENT, CAPITAL AND TECHNICAL ASSISTANCE RESOURCES, AND WORKFORCE TRAINING AND SUPPORT PCDC PARTNERS WITH OTHER LEADING NEW YORK STATE PRIMARY CARE ORGANIZATIONS INCLUDING THE COMMUNITY HEALTH CENTER ASSOCIATION OF NEW YORK STATE (CHCANS), THE NEW YORK STATE CHAPTER OF THE AMERICAN COLLEGE OF PHYSICIANS, AND THE NEW YORK STATE ACADEMY OF FAMILY PHYSICIANS NATIONALLY, PCDC'S COLLABORATIVE WORK WITH PARTNER ORGANIZATIONS HAS FOCUSED ON FEDERAL POLICIES IMPACTING COMMUNITY HEALTH CENTERS AND OTHER SAFETY NET PRIMARY CARE PROVIDERS, INCLUDING AVAILABILITY OF CAPITAL, ADEQUATE REIMBURSEMENT, AND REWARDING PRIMARY CARE PROVIDERS FOR DELIVERING QUALITY CARE PCDC IS AN EXECUTIVE MEMBER AND CO-CHAIR OF THE ADVOCACY AND PUBLIC POLICY CABINET FOR THE PATIENT CENTERED PRIMARY CARE COLLABORATIVE (PCPCC), HAS COLLABORATED ON A MAJOR ADVOCACY CAMPAIGN WITH THE NATIONAL ASSOCIATION OF COMMUNITY HEALTH CENTERS (NACHC), AND WORKS WITH THE LENDERS COALITION FOR COMMUNITY HEALTH CENTERS TO ADVOCATE FOR CHANGES TO FEDERAL POLICY THAT WILL GIVE COMMUNITY DEVELOPMENT FINANCIAL INSTITUTIONS GREATER ACCESS TO CAPITAL AND MAKE BORROWING MORE AFFORDABLE FOR COMMUNITY HEALTH CENTERS

See Additional Data

4d Other program services (Describe in Schedule O) (Expenses \$ 204,886 including grants of \$) (Revenue \$ 270)

4e Total program service expenses 7,060,285

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	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 "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), and (29) organizations.

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

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

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

Section C. Disclosure

- 17** List the States with which a copy of this Form 990 is required to be filed NY
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
 ▶ 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) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns 1a _____					
	b Membership dues 1b _____					
	c Fundraising events 1c 740,386					
	d Related organizations 1d _____					
	e Government grants (contributions) 1e 1,784,898					
	f All other contributions, gifts, grants, and similar amounts not included above 1f 294,550					
	g Noncash contributions included in lines 1a-1f \$ _____					
	h Total. Add lines 1a-1f ▶		2,819,834			
Program Service Revenue	2a PROGRAM FEES _____ Business Code 900099	4,110,974	4,110,974			
	b INTEREST ON LOANS _____ Business Code 900099	2,091,070	2,091,070			
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
	g Total. Add lines 2a-2f ▶		6,202,044			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶	298,592			298,592	
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
	6a Gross rents	(i) Real				
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss) ▶					
	7a Gross amount from sales of assets other than inventory	(i) Securities	991,000			
		(ii) Other				
		b Less cost or other basis and sales expenses	1,037,079			
		c Gain or (loss)	-46,079			
	d Net gain or (loss) ▶		-46,079			-46,079
	8a Gross income from fundraising events (not including \$ 740,386 of contributions reported on line 1c) See Part IV, line 18	a 186,719				
		b Less direct expenses b 175,881				
		c Net income or (loss) from fundraising events ▶		10,838		
	9a Gross income from gaming activities See Part IV, line 19	a _____				
		b Less direct expenses b _____				
c Net income or (loss) from gaming activities ▶						
10a Gross sales of inventory, less returns and allowances	a _____					
	b Less cost of goods sold b _____					
	c Net income or (loss) from sales of inventory ▶					
Miscellaneous Revenue	Business Code					
11a _____						
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d ▶						
12 Total revenue. See Instructions ▶		9,285,229	6,202,044	0	263,351	

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	70,000	70,000		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,324,530	715,988	466,795	141,747
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	3,191,890	2,559,768	442,829	189,293
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	55,714	46,097	9,006	611
9	Other employee benefits	283,905	218,461	54,243	11,201
10	Payroll taxes	328,182	245,500	58,903	23,779
11	Fees for services (non-employees)				
a	Management				
b	Legal	599,296	598,833	463	
c	Accounting	61,900	7,900	54,000	
d	Lobbying	24,750	24,750		
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	630,643	534,634	44,580	51,429
12	Advertising and promotion				
13	Office expenses	238,366	165,692	34,604	38,070
14	Information technology	163,875	118,239	38,349	7,287
15	Royalties				
16	Occupancy	537,271	395,937	100,884	40,450
17	Travel	97,256	87,430	6,076	3,750
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	180,565	160,030	16,491	4,044
20	Interest	940,157	940,157		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	77,887	57,129	14,850	5,908
23	Insurance	26,177		26,177	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	PROGRAM SUPPLIES	76,242	73,801	60	2,381
b	OTHER EXPENSES	49,494	9,517	7,456	32,521
c	DONATIONS/JOURNAL ADS	24,467	17,642		6,825
d	DUES & SUBSCRIPTIONS	14,668	12,780	1,888	
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	8,997,235	7,060,285	1,377,654	559,296
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	1,667,328	2	3,703,995
	3 Pledges and grants receivable, net	409,773	3	518,656
	4 Accounts receivable, net	712,346	4	459,651
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	36,359,677	7	38,268,345
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	314,622	9	317,478
	10a Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a 631,316		
	b Less accumulated depreciation	10b 197,204	480,754	10c 434,112
	11 Investments—publicly traded securities	7,508,814	11	6,148,159
	12 Investments—other securities. See Part IV, line 11	10,296,459	12	6,948,503
	13 Investments—program-related. See Part IV, line 11	616,192	13	634,084
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	5,206,283	15	5,256,197
16 Total assets. Add lines 1 through 15 (must equal line 34)	63,572,248	16	62,689,180	
Liabilities	17 Accounts payable and accrued expenses	634,479	17	795,777
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	13,695,014	23	12,086,051
	24 Unsecured notes and loans payable to unrelated third parties	7,863,640	24	7,863,640
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	6,092,282	25	6,295,179
	26 Total liabilities. Add lines 17 through 25	28,285,415	26	27,040,647
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	18,075,581	27	18,497,281
	28 Temporarily restricted net assets	17,211,252	28	17,151,252
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	35,286,833	33	35,648,533	
34 Total liabilities and net assets/fund balances	63,572,248	34	62,689,180	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,285,229
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,997,235
3	Revenue less expenses Subtract line 2 from line 1	3	287,994
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	35,286,833
5	Net unrealized gains (losses) on investments	5	36,031
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	37,675
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	35,648,533

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

Additional Data

Software ID:

Software Version:

EIN: 13-3711803

Name: PRIMARY CARE DEVELOPMENT CORPORATION

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code)	(Expenses \$)	204,886	including grants of \$	(Revenue \$)	270
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A COMPREHENSIVE MARKETING PROGRAM LAUNCHED TO RAISE THE PUBLIC PROFILE OF PCDC AND FURTHER ACHIEVE THE ORGANIZATION'S MISSION

(Code)	(Expenses \$)		including grants of \$	(Revenue \$)	
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PCDC'S PRIMARY CARE INNOVATION CIRCLE IS A SALON SERIES THAT BRINGS TOGETHER TOP LEADERS FROM ACROSS THE HEALTH CARE AND COMMUNITY DEVELOPMENT INDUSTRIES. THE SERIES ENGAGES PROVIDERS, POLICYMAKERS, AND INVESTORS IN DISCUSSIONS AROUND KEY ISSUES, CHALLENGES, AND OPPORTUNITIES THAT ARE SHAPING THE FUTURE OF THE HEALTH CARE SYSTEM. HIGHLIGHTS OF RECENT INNOVATION CIRCLES INCLUDE NEW YORK STATE DELIVERY SYSTEM REFORM INCENTIVE PAYMENT PROGRAM (DSRIP) AND PRIMARY CARE FROM PROMISE TO REALITY (JANUARY 2015). THE DSRIP PROGRAM - NEW YORK STATE'S \$6 BILLION FEDERAL MEDICAID WAIVER INITIATIVE - ENVISIONS HEALTH SYSTEM AND PAYMENT REFORMS THAT INCLUDE A MAJOR EXPANSION OF HIGH-QUALITY PRIMARY CARE. PCDC CONVENED A DIVERSE GROUP OF STAKEHOLDERS INCLUDING STATE REPRESENTATIVES, HOSPITALS AND HEALTH CENTERS THAT ARE LEADING DSRIP APPLICATIONS, AND OTHERS TO DISCUSS THE DSRIP PROGRAM AND THE FUTURE OF PRIMARY CARE IN NEW YORK STATE. OVER 250 INDIVIDUALS ATTENDED THIS FORUM, WHICH WAS HELD AT THE NEW YORK ACADEMY OF MEDICINE GROWING THE PRIMARY CARE SHARE OF HEALTH CARE SPENDING (MARCH 2016). HELD AT THE NEW YORK ACADEMY OF SCIENCE AND ATTENDED BY MORE THAN 160 PARTICIPANTS, THIS EVENT FEATURES A DISTRINGUISHED PANEL OF EXPERTS DISCUSSING PRIMARY CARE SPENDING, AND HOW, THROUGH ADEQUATE AND APPROPRIATE INVESTMENTS, PRIMARY CARE CAN DELIVER ON THE PROMISE OF BETTER CARE, SMARTER SPENDING, AND HEALTHIER PEOPLE WHO'S GOING TO CARE? EXPLORING NEW YORK'S CARE COORDINATION AND CARE MANAGEMENT WORKFORCE CHALLENGES (OCTOBER 2015). PRESENTED IN PARTNERSHIP WITH 1199SEIU HEALTHCARE WORKERS EAST, THIS HALFDAY FORUM WAS ATTENDED BY 180 PARTICIPANTS AND FEATURES A PANEL DISCUSSION ON THE CHALLENGES FACING NEW YORK'S CARE COORDINATION AND CARE MANAGEMENT WORKFORCE AND SOLUTIONS THAT WILL DELIVER ON THE PROMISE OF TRUE HEALTHCARE TRANSFORMATION.

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 (FORMER)	1 50	X		X				0	0	0
THOMAS J MURPHY VICE-CHAIR AND TREASURER (FORMER)	1 50	X		X				0	0	0
KAREN SCOTT SECRETARY (FORMER)	1 50	X		X				0	0	0
DONALD L ASHKENASE SECRETARY	1 50	X		X				0	0	0
MAURA CLARK VICE-CHAIR	1 50	X		X				0	0	0
RUTH SALZMAN TREASURER	1 50	X		X				0	0	0
JAMES F CRYSTAL BOARD MEMBER	1 00	X						0	0	0
DANIEL DEY BOARD MEMBER	1 00	X						0	0	0
WARRIA A ESMOND BOARD MEMBER	1 00	X						0	0	0

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			
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
CAROL RAPHAEL BOARD MEMBER	1 00	X						0	0	0
JOEL LANDAU BOARD MEMBER (FORMER)	1 00	X						0	0	0
DAVID MANKO BOARD MEMBER	1 00	X						0	0	0
CAROLYN TAIN BOARD MEMBER	1 00	X						0	0	0
YVETTE TEOFAN BOARD MEMBER	1 00	X						0	0	0
HON COREY JOHNSON 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			
STEVEN NEWMARK BOARD MEMBER (FORMER)	1 00	X					0	0	0	
DANIEL NISSENBAUM BOARD MEMBER	1 00	X					0	0	0	
MARY BASETT BOARD MEMBER	1 00	X					0	0	0	
RAMANATHAN RAJU BOARD MEMBER	1 00	X					0	0	0	
RONDA KOTELCHUCK CHIEF EXECUTIVE OFFICER (FORMER)	40 00			X			154,421	0	6,122	
MICHAEL ROSEN CFO/COO	40 00			X			232,689	0	16,931	
LOUISE COHEN CHIEF EXECUTIVE OFFICER	40 00			X			102,308	0	526	
PETER CUCCHIARA MANAGING DIR , PERF IMP (FORMER)	40 00				X		178,304	0	23,633	
WILLIAM O'BRIEN CHIEF LENDING OFFICER	40 00				X		172,493	0	27,482	
ANNE DYJAK MANAGING DIR , CAPITAL INV	40 00				X		191,935	0	10,916	

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			
LAURA LEALE CHIEF DEVELOPMENT OFFICER	40 00					X		165,950	0	27,755
NANCY LAGER DIR PROJ PLAN	40 00					X		149,667	0	14,194
DANIEL LOWENSTEIN DIRECTOR OF PUBLIC AFFAIRS	40 00					X		149,955	0	9,117
JAE LEUNG DIRECTOR OF FINANCE	40 00					X		136,972	0	20,728
KEN SHAFTON DIRECTOR OF MARKETING	40 00					X		129,721	0	11,548

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.

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

2015

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).
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).
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).
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).
8 A community trust described in section 170(b)(1)(A)(vi).
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...
10 An organization organized and operated exclusively to test for public safety.
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...
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations.
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants.)	3,524,082	3,306,205	3,474,348	4,273,223	2,819,834	17,397,692
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	3,524,082	3,306,205	3,474,348	4,273,223	2,819,834	17,397,692
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						156,966
6 Public support. Subtract line 5 from line 4						17,240,726

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4	3,524,082	3,306,205	3,474,348	4,273,223	2,819,834	17,397,692
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	520,824	524,313	505,010	403,587	298,592	2,252,326
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	358	244	672	398		1,672
11 Total support. Add lines 7 through 10						19,651,690

12 Gross receipts from related activities, etc. (see instructions) **12** 26,441,564

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	87.730%
15 Public support percentage for 2014 Schedule A, Part II, line 14	15	85.210%

- 16a 33 1/3% support test—2015.** 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—2014.** 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—2015.** 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2014.** 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 VI 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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2015. 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—2014. 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part II of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Part IV Supporting Organizations (continued)**Section B. Type I Supporting Organizations**

- 1** Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2** Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 1** Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3** By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**):
- a** The organization satisfied the Activities Test. Complete **line 2** below.
- b** The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).
- 2** **Activities Test. Answer (a) and (b) below.**

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3** **Parent of Supported Organizations. Answer (a) and (b) below.**
- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in **Part VI**.
- b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income

- 1** Net short-term capital gain
- 2** Recoveries of prior-year distributions
- 3** Other gross income (see instructions)
- 4** Add lines 1 through 3
- 5** Depreciation and depletion
- 6** Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)
- 7** Other expenses (see instructions)
- 8** **Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)

	(A) Prior Year	(B) Current Year (optional)
1		
2		
3		
4		
5		
6		
7		
8		

Section B - Minimum Asset Amount

- 1** Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)
- a** Average monthly value of securities
- b** Average monthly cash balances
- c** Fair market value of other non-exempt-use assets
- d** **Total** (add lines 1a, 1b, and 1c)
- e** **Discount** claimed for blockage or other factors (explain in detail in Part VI) _____
- 2** Acquisition indebtedness applicable to non-exempt use assets
- 3** Subtract line 2 from line 1d
- 4** Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)
- 5** Net value of non-exempt-use assets (subtract line 4 from line 3)
- 6** Multiply line 5 by 0.35
- 7** Recoveries of prior-year distributions
- 8** **Minimum Asset Amount** (add line 7 to line 6)

	(A) Prior Year	(B) Current Year (optional)
1		
1a		
1b		
1c		
1d		
2		
3		
4		
5		
6		
7		
8		

Section C - Distributable Amount

- 1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2** Enter 85% of line 1
- 3** Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4** Enter greater of line 2 or line 3
- 5** Income tax imposed in prior year
- 6** **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7** Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

		Current Year
1		
2		
3		
4		
5		
6		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013. _____			
e From 2014. _____			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7			
\$ _____			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013. _____			
d From 2014. _____			
e From 2015. _____			

Part VI Supplemental Information.

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

SCHEDULE C
(Form 990 or
990-EZ)

Department of the
Treasury
Internal Revenue
Service

Political Campaign and Lobbying Activities

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

OMB No 1545-0047
2015
Open to Public
Inspection

If the organization answered "Yes" on 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" on 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" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

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

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

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

Part I-B Complete if the organization is exempt under section 501(c)(3).

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6				

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

A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

(a) Filing organization's totals	(b) Affiliated group totals
---	------------------------------------

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount Enter the amount from the following table in both columns														
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</td> <td style="width: 50%;">The lobbying nontaxable amount is:</td> </tr> <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> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000													
Over \$17,000,000	\$1,000,000													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a If zero or less, enter -0-														
i Subtract line 1f from line 1c If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

Y e s **N o**

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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a)2012	(b)2013	(c)2014	(d)2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

- 1** During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of
 - a** Volunteers?
 - b** Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?
 - c** Media advertisements?
 - d** Mailings to members, legislators, or the public?
 - e** Publications, or published or broadcast statements?
 - f** Grants to other organizations for lobbying purposes?
 - g** Direct contact with legislators, their staffs, government officials, or a legislative body?
 - h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?
 - i** Other activities?
 - j** Total Add lines 1c through 1i
- 2a** Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?
- b** If "Yes," enter the amount of any tax incurred under section 4912
- c** If "Yes," enter the amount of any tax incurred by organization managers under section 4912
- d** If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

	(a)		(b)
	Yes	No	Amount
		No	
	Yes		
		No	
		No	
		No	
	Yes		54,925
		No	
		No	
		No	54,925
		No	
		No	

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

- 1** Were substantially all (90% or more) dues received nondeductible by members?
- 2** Did the organization make only in-house lobbying expenditures of \$2,000 or less?
- 3** Did the organization agree to carry over lobbying and political expenditures from the prior year?

	Yes	No
1		
2		
3		

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

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

1	
2a	
2b	
2c	
3	
4	
5	

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, lines 1 and 2 (see instructions), 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
2015
Open to Public Inspection

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

Information about Schedule D (Form 990) 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 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	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, handling of violations, and enforcing conservation easements during the year
▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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) Revenue included on 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 Revenue included on 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" on 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 |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 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
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on 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 |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 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
1a Land				
b Buildings				
c Leasehold improvements		359,780	63,725	296,055
d Equipment		208,095	109,636	98,459
e Other		63,441	23,843	39,598
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶				434,112

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

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Includes rows for Financial derivatives, Closely-held equity interests, Other (A) MONEY MARKET, and a Total row.

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

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Includes a Total row.

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

Table with 2 columns: (a) Description, (b) Book value. Includes rows for RESTRICTED LEASE PAYMENTS (NET), RESTRICTED RESERVES, and a Total row.

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

Table with 2 columns: (a) Description of liability, (b) Book value. Includes rows for Federal income taxes, RESERVES AND DEPOSITS PAYABLE, DEFERRED RENT, DUE TO NEW YORK CITY BOND PROGRAM, and a Total row.

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 [checked]

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	9,335,468
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a	36,031	
b	Donated services and use of facilities	2b	14,208	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d			2e 50,239
3	Subtract line 2e from line 1			3 9,285,229
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b			4c 0
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)			5 9,285,229

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	8,973,768
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a	14,208	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d	-37,675	
e	Add lines 2a through 2d			2e -23,467
3	Subtract line 2e from line 1			3 8,997,235
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b			4c 0
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)			5 8,997,235

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, 2016 AND 2015 IN ACCORDANCE WITH ACCOUNTING STANDARDS CODIFICATION ("ASC") TOPIC 740, WHICH PROVIDES STANDARDS FOR ESTABLISHING AND CLASSIFYING ANY TAX PROVISIONS FOR UNCERTAIN TAX POSITIONS

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No 1545-0047

2015

**Open to Public
Inspection**

Complete if the organization answered "Yes" on 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

▶ 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" on 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

(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
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				▶		

- 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" on 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)
		<u>GALA</u> (event type)	<u>FOUNDERS RECEPTION</u> (event type)	(total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	808,380	118,725		927,105
	2 Less Contributions	652,905	87,481		740,386
	3 Gross income (line 1 minus line 2)	155,475	31,244		186,719
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	132,011	38,870		170,881
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	5,000			5,000
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				175,881
11 Net income summary Subtract line 10 from line 3, column (d) ▶				10,838	

Part III Gaming.

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

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

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

a Is the organization licensed to conduct 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 _____

11 Does the organization conduct 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 conducted in

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

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

2015

Open to Public Inspection

Complete if the organization answered "Yes," on 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.

Department of the Treasury Internal Revenue Service

Name of the organization PRIMARY CARE DEVELOPMENT CORPORATION

Employer identification number

13-3711803

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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 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.

- 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 Domestic Individuals.** Complete if the organization answered "Yes" on 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	PROJECT GRANT WERE MADE IN CONJUNCTION WITH NMTC FINANCING TO BUILD OR EXPAND COMMUNITY-BASED HEALTH CARE FACILITY GRANT FUNDS WERE USED TO DEFRAY CONSTRUCTION COSTS ASSOCIATED WITH THE CAPITAL PROJECT MONITORING THE USE OF GRANTS FUNDS PCDC PROGRAM DIRECTOR REVIEWED PROGRAM PLAN AND BUDGET WITH GRANTEE THOROUGHOUT THE UNDERWRITING PROCESS GRANT FUNDS WERE DISBURSED WHEN A LOAN CLOSING WAS SCHEDULED AND A SIGNED AWARD LETTER CONFIRMING TERMS AND CONDITION WAS RECEIVED A REPORT IDENTIFYING THE USES OF GRANT FUNDS WAS REQUIRED FROM THE GRANTEE FOLLOWING RECEIPT OF THE GRANT CHECK

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 Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INSTITUTE OF COMMUNITY LIVING INC 125 BROAD STREET NEW YORK, NY 10004	13-3306195	501 (C)(3)	30,000				CAPACITY BUILDING GRANT UNDER PCDC'S NMTC PROGRAM
HEALTHCORE CLINIC INC 2707 E 21ST ST N WICHITA, KS 67214	48-1180078	501 (C)(3)	40,000				CAPACITY BUILDING GRANT UNDER PCDC'S NMTC PROGRAM

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.

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

2015
Open to Public Inspection

Name of the organization
PRIMARY CARE DEVELOPMENT CORPORATION

Employer identification number
13-3711803

Part I Questions Regarding Compensation

	Yes	No
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</p> <p> <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) </p>		
<p>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</p>	1b	
<p>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?</p>	2	
<p>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</p> <p> <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 </p>		
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization</p>		
<p>a Receive a severance payment or change-of-control payment?</p>	4a	Yes
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	No
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	4c	No
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>		
<p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</p>		
<p>a The organization?</p>	5a	No
<p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III</p>	5b	No
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</p>		
<p>a The organization?</p>	6a	No
<p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III</p>	6b	No
<p>7 For persons listed on 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</p>	7	No
<p>8 Were any amounts reported on 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</p>	8	No
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9	

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

For each individual whose compensation must be reported on 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 in column(B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 RONDA KOTELCHUCK CHIEF EXECUTIVE OFFICER (FORMER)	(i)	146,421	8,000	0	4,617	1,505	160,543	0
	(ii)	0	0	0	0	0	0	0
2 MICHAEL ROSENCFO/COO	(i)	216,689	16,000	0	7,143	9,788	249,620	0
	(ii)	0	0	0	0	0	0	0
3 PETER CUCCHIARA MANAGING DIR , PERF IMP (FORMER)	(i)	149,754	0	28,550	4,674	18,959	201,937	0
	(ii)	0	0	0	0	0	0	0
4 WILLIAM O'BRIEN CHIEF LENDING OFFICER	(i)	163,493	9,000	0	5,326	22,156	199,975	0
	(ii)	0	0	0	0	0	0	0
5 ANNE DYJAK MANAGING DIR , CAPITAL INV	(i)	188,935	3,000	0	0	10,916	202,851	0
	(ii)	0	0	0	0	0	0	0
6 LAURA LEALE CHIEF DEVELOPMENT OFFICER	(i)	165,950	0	0	5,076	22,679	193,705	0
	(ii)	0	0	0	0	0	0	0
7 NANCY LAGER DIR PROJ PLAN	(i)	146,667	3,000	0	4,569	9,625	163,861	0
	(ii)	0	0	0	0	0	0	0
8 DANIEL LOWENSTEIN DIRECTOR OF PUBLIC AFFAIRS	(i)	149,955	0	0	4,608	4,509	159,072	0
	(ii)	0	0	0	0	0	0	0
9 JAE LEUNG DIRECTOR OF FINANCE	(i)	133,972	3,000	0	4,235	16,493	157,700	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
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**SCHEDULE O
(Form 990 or
990-EZ)**

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ 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.

2015

**Open to Public
Inspection**

Department of the
Treasury
Internal Revenue
Service

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 MARY BASSETT IS COMMISSIONER OF NYC DEPARTMENT OF HEALTH AND MENTAL HY GIENE AND SERVED AS VOTING MEMBER ON THE BOARD OF THE NYC HEALTH AND HOSPITALS CORPORATION, IN WHICH RAMANATHAN RAJU WAS PRESIDENT KAREN SCOTT'S HUSBAND HAS A DIRECT REPORTING RELATIONSHIP TO RAMANATHAN RAJU AT NYC HEALTH AND HOSPITALS CORPORATION MS PALOMA HERNANDEZ IS THE CEO OF URBAN HEALTH PLAN WHERE THEY HAD A NMTC TRANSACTION WITH GOLDMAN SACHS MR. DANIEL NISSENBAUM IS EMPLOYED BY GOLDMAN SACHS BUT HE IS NOT PART OF THE TRANSACTION DANIEL DEY , PALOMA HERNANDEZ AND WARRIA ESMOND SERVE ON ANOTHER BOARD TOGETHER.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE 990 IS PREPARED BY PCDC 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.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION FOR THE CHIEF EXECUTIVE OFFICER (CEO), CHIEF FINANCIAL OFFICER (CFO) AND SENIOR MANAGEMENT ARE REVIEWED BY THE GOVERNANCE COMMITTEE (GC) RECOMMENDATION OF CEO'S AND CFO'S 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 AND COMPARABLE SALARY SURVEY PREPARED BY PCDC'S HUMAN RESOURCE CONSULTANT DECISIONS ARE PRESENTED TO THE GC FOR THEIR REVIEW

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 XI, LINE 9	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 2015, LOAN LOSS RESERVES WERE INCREASED BY \$351,485.

Return Reference	Explanation
FORM 990, PART XI, LINE 9	LOAN LOSS RESERVE ADJUSTMENT 37,675

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>DURING FISCAL YEARS 2007, 2014 AND 2015, PCDC WAS AWARDED NEW MARKETS TAX CREDIT ("NMTC") ALLOCATION OF \$40 MILLION, \$43 MILLION AND \$55 MILLION RESPECTIVELY TO FINANCE THE CONSTRUCTION OF HEALTH CENTERS IN LOW INCOME COMMUNITIES THE PROGRAM, ADMINISTERED BY THE COMMUNITY DEVELOPMENT FINANCIAL INSTITUTIONS FUND ("CDFI FUND"), A BRANCH OF THE U S DEPARTMENT OF THE TREASURY, REQUIRES THAT NONPROFIT AWARD RECIPIENTS CREATE A FOR-PROFIT ENTITY OR ENTITIES THROUGH WHICH THE TAX CREDIT ALLOCATION FLOWS AS SUCH, PCDC CREATED 17 SUCH ENTITIES PCDC EMPIRE STATE HEALTH OPPORTUNITIES FUND LLC I-IV, LLC AND PCDC HEALTH OPPORTUNITIES FUND LLC V-XVII, ALL OF WHICH ARE MULTI-MEMBER LIMITED LIABILITY COMPANIES AS OF JUNE 30, 2016, PCDC HEALTH OPPORTUNITIES FUND LLC XIII THROUGH XVII REMAIN INACTIVE PURSUANT TO THE AMENDED OPERATING AGREEMENTS UNDER LLC I THROUGH XII, PCDC RETAINS A 0.01% OWNERSHIP INTEREST WHEN AN INVESTOR MEMBER IS IDENTIFIED IN EACH ENTITY AT THAT TIME, THE INVESTOR MEMBER BECAME THE 99.99% OWNER MAKING THE NECESSARY QUALIFIED EQUITY INVESTMENT (QE) IN THE LLC WHILE PCDC REMAINS THE MANAGING MEMBER. IN THE INDEMNIFICATION AGREEMENTS WITH EACH INVESTOR PCDC AGREES TO INDEMNIFY INVESTORS IF THERE IS A LOSS OF NEW MARKET TAX CREDITS RELATED TO THEIR QEI TRIGGERED BY CERTAIN RECAPTURE EVENTS AS DEFINED UNDER THE INTERNAL REVENUE CODE. THE INDEMNIFICATION AMOUNTS VARY WITH EACH AGREEMENT ABSENT GROSS OR WILLFUL MISCONDUCT, PCDC'S LIABILITY IS SUBJECT TO THE AFOREMENTIONED INDEMNIFICATION LIMIT IN EACH AGREEMENT WITH AN ESTIMATED AMOUNT TOTALING \$8.2 MILLION PCDC HAS SYSTEMATIC MONITORING PROCEDURES IN PLACE TO AVOID RECAPTURE EVENTS THROUGH TRACKING AND TESTING OF TRANSACTION PAYMENTS, REVIEW OF QUARTERLY FINANCIAL STATEMENTS, CONFIRMATION OF COMPLIANCE CERTIFICATES AND REGULAR MEETINGS OF THE PCDC NMTC ADVISORY BOARD AS MANAGING MEMBERS OF EACH OF THE AFOREMENTIONED LLCs, PCDC IS ENTITLED TO ASSET MANAGEMENT FEES IN ADDITION TO FINANCING FEES THROUGH SPECIFIC LOAN TRANSACTIONS UNDER THE TERMS OF THE AMENDED OPERATING AGREEMENTS, PCDC MADE A PROPORTIONAL EQUITY CONTRIBUTION BASED ON EACH QEI AND PCDC'S 0.01% MEMBERSHIP INTEREST IN EACH LLC AS OF JUNE 30, 2016 AND 2015, THE NET PRESENT VALUE OF PCDC'S EQUITY CONTRIBUTIONS WAS REPORTED AS INVESTMENTS IN LLC'S AT APPROXIMATELY \$633,000 AND \$616,000 RESPECTIVELY, USING DISCOUNT RATES RANGING FROM 1.01% TO 2.83% IN DECEMBER, 2013 PCDC ENTERED INTO AN AGREEMENT WITH TWO OTHER CDFI'S TO FORM HEALTHCO PARTICIPANT, LLC ("HEALTHCO") AS A FINANCING VEHICLE TO PROVIDE INDIRECT FACILITY FINANCING FOR FEDERALLY QUALIFIED HEALTHCARE CENTERS PCDC IS ONE OF THREE EQUAL MEMBERS AT 33.33% UNDER THE LIMITED LIABILITY COMPANY AGREEMENT, ANY INCOME OR EXPENSE OF HEALTHCO IS SHARED EQUALLY BY THE THREE MEMBERS AT JUNE 30, 2016, PCDC'S INVESTMENT IN HEALTHCO OF \$500 WAS REPORTED</p>

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

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2015

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.

Information about Schedule R (Form 990) 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 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Table with 6 columns: (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.

Table with 7 columns: (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
1a		No
1b	Yes	
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l	Yes	
1m		No
1n		No
1o		No
1p		No
1q		No
1r		No
1s		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)PCDC EMPIRE STATE HEALTH OPP FUND I	L	72,823	COST
(2)PCDC EMPIRE STATE HEALTH OPP FUND III	L	99,948	COST
(3)PCDC EMPIRE STATE HEALTH OPP FUND IX	L	163,125	COST
(4)PCDC EMPIRE STATE HEALTH OPP FUND X	L	376,500	COST
(5)PCDC EMPIRE STATE HEALTH OPP FUND XI	L	379,688	COST
(6)PCDC EMPIRE STATE HEALTH OPP FUND XII	L	272,750	COST

Part VII **Supplemental Information**

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

Return Reference	Explanation
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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 Schedule 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	40	731,214		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	27	925		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		1,999		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		1,000		No		Yes		0 010 %
PCDC HEALTH OPP FUND V C/O PCDC 45 BROADWAY NEW YORK, NY 10006 47-1122026	NEW MARKET TAX CREDIT	NY		RELATED	1	950		No		Yes		0 010 %
PCDC HEALTH OPP FUND VI C/O PCDC 45 BROADWAY NEW YORK, NY 10006 47-1147896	NEW MARKET TAX CREDIT	NY		RELATED	1	749		No		Yes		0 010 %
PCDC HEALTH OPP FUND VII C/O PCDC 45 BROADWAY NEW YORK, NY 10006 47-1150721	NEW MARKET TAX CREDIT	NY		RELATED	5	700		No		Yes		0 010 %
PCDC HEALTH OPP FUND VIII C/O PCDC 45 BROADWAY NEW YORK, NY 10006 47-1160866	NEW MARKET TAX CREDIT	NY		RELATED	1	400		No		Yes		0 010 %
PCDC HEALTH OPP FUND IX C/O PCDC 45 BROADWAY NEW YORK, NY 10006 47-1174154	NEW MARKET TAX CREDIT	NY		RELATED		500		No		Yes		0 010 %
PCDC HEALTH OPP FUND X C/O PCDC 45 BROADWAY NEW YORK, NY 10006 47-1186012	NEW MARKET TAX CREDIT	NY		RELATED		1,200		No		Yes		0 010 %
PCDC HEALTH OPP FUND XI C/O PCDC 45 BROADWAY NEW YORK, NY 10006 47-1197703	NEW MARKET TAX CREDIT	NY		RELATED		1,250		No		Yes		0 010 %
PCDC HEALTH OPP FUND XII C/O PCDC 45 BROADWAY NEW YORK, NY 10006 47-1150721	NEW MARKET TAX CREDIT	NY		RELATED		900		No		Yes		0 010 %
PCDC HEALTH OPP FUND XIII C/O PCDC 45 BROADWAY NEW YORK, NY 10006 47-4416943	NEW MARKET TAX CREDIT	NY		RELATED				No		Yes		100 000 %
PCDC HEALTH OPP FUND XIV C/O PCDC 45 BROADWAY NEW YORK, NY 10006 47-4439649	NEW MARKET TAX CREDIT	NY		RELATED				No		Yes		100 000 %
PCDC HEALTH OPP FUND XV C/O PCDC 45 BROADWAY NEW YORK, NY 10006 47-4452002	NEW MARKET TAX CREDIT	NY		RELATED				No		Yes		100 000 %

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 Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
PCDC HEALTH OPP FUND XVI C/O PCDC 45 BROADWAY NEW YORK, NY 10006 47-4464362	NEW MARKET TAX CREDIT	NY		RELATED				No		Yes		100 000 %
PCDC HEALTH OPP FUND XVII C/O PCDC 45 BROADWAY NEW YORK, NY 10006 47-4476378	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 %

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1) PCDC EMPIRE STATE HEALTH OPP FUND I	L	72,823	COST
(1) PCDC EMPIRE STATE HEALTH OPP FUND III	L	99,948	COST
(2) PCDC EMPIRE STATE HEALTH OPP FUND IX	L	163,125	COST
(3) PCDC EMPIRE STATE HEALTH OPP FUND X	L	376,500	COST
(4) PCDC EMPIRE STATE HEALTH OPP FUND XI	L	379,688	COST
(5) PCDC EMPIRE STATE HEALTH OPP FUND XII	L	272,750	COST