

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
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07-01-2017, and ending 06-30-2018

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 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 SUITE 530

City or town, state or province, country, and ZIP or foreign postal code
NEW YORK, NY 10006

D Employer identification number
13-3711803

E Telephone number
(212) 437-3910

G Gross receipts \$ 14,735,973

F Name and address of principal officer:
MICHAEL ROSEN
45 BROADWAY SUITE 530
NEW YORK, NY 10006

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.PCDC.ORG

H(c) Group exemption number ▶

K Form of organization: Corporation Trust Association 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. 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) | 23 |
| 4 Number of independent voting members of the governing body (Part VI, line 1b) | 23 |
| 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) | 71 |
| 6 Total number of volunteers (estimate if necessary) | 23 |
| 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 0 |
| 7b Net unrelated business taxable income from Form 990-T, line 34 | 0 |

| | Prior Year | Current Year |
|--|------------|--------------|
| 8 Contributions and grants (Part VIII, line 1h) | 4,580,693 | 3,853,234 |
| 9 Program service revenue (Part VIII, line 2g) | 8,492,597 | 9,606,869 |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 10,011 | -210,664 |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 9,002 | -4,341 |
| 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 13,092,303 | 13,245,098 |

| | | |
|---|------------|------------|
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 30,000 | 0 |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0 | 0 |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 6,179,922 | 6,916,905 |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | 40,700 | 45,850 |
| b Total fundraising expenses (Part IX, column (D), line 25) ▶ 536,619 | | |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 3,951,359 | 4,280,464 |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 10,201,981 | 11,243,219 |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 2,890,322 | 2,001,879 |

| | Beginning of Current Year | End of Year |
|--|---------------------------|-------------|
| 20 Total assets (Part X, line 16) | 67,310,916 | 87,991,929 |
| 21 Total liabilities (Part X, line 26) | 28,919,352 | 47,775,994 |
| 22 Net assets or fund balances. Subtract line 21 from line 20 | 38,391,564 | 40,215,935 |

Part II Signature Block

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

Sign Here
Signature of officer: _____ Date: 2020-06-12
MICHAEL ROSEN CFO/COO
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: MAGDALENA M CZERNIAWSKI
Preparer's signature: MAGDALENA M CZERNIAWSKI
Date: 2020-06-12
Check if self-employed
PTIN: P00535099
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

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 ESSENTIAL QUALITY PRIMARY CARE IT REQUIRES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 4,180,619 including grants of \$) (Revenue \$ 6,342,679)
See Additional Data

4b (Code:) (Expenses \$ 3,603,381 including grants of \$) (Revenue \$ 3,264,190)
See Additional Data

4c (Code:) (Expenses \$ 1,254,881 including grants of \$) (Revenue \$)
See Additional Data

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

4e Total program service expenses ▶ 9,038,881

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) | Yes | |
| 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 |

Part IV Checklist of Required Schedules (continued)

| | | Yes | 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? | | |
| 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> | | No |
| 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> | | 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> | 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> | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a | 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> | | 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> | | 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> | | 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> | | 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> | | 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> | | 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> | | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | | 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> | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | 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> | | 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> | | 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> | Yes | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | Yes | |
| 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> | Yes | |
| 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> | | 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> | | 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. | 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 ID, question text, and Yes/No response boxes. Rows include questions 1a-1b, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, and 13a-13c.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (23); 1b Enter the number of voting members included in line 1a, above, who are independent (23); 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.)

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

Section C. Disclosure

Table with 2 columns: Question, Answer. Row 17: List the States with which a copy of this Form 990 is required to be filed (NY, AL, AK, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MS, NH, NJ, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI, MN, MO, NM). Row 18: Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O). Row 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. Row 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 | 854,005 | | | |
| | d Related organizations | 1d | | | | |
| | e Government grants (contributions) | 1e | 2,755,616 | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 243,613 | | | |
| | g Noncash contributions included in lines 1a-1f: \$ _____ | | | | | |
| | h Total. Add lines 1a-1f | | 3,853,234 | | | |
| Program Service Revenue | | Business Code | | | | |
| | 2a PROGRAM FEES | 900099 | 6,667,485 | 6,667,485 | | |
| | b INTEREST ON LOANS | 900099 | 2,939,384 | 2,939,384 | | |
| | c _____ | | | | | |
| | d _____ | | | | | |
| | e _____ | | | | | |
| | f All other program service revenue | | | | | |
| g Total. Add lines 2a-2f | | 9,606,869 | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 317,035 | | 317,035 | |
| | 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 | 756,000 | | | |
| | | (ii) Other | | 11,850 | | |
| | | b Less: cost or other basis and sales expenses | 1,269,278 | 26,271 | | |
| | | c Gain or (loss) | -513,278 | -14,421 | | |
| | d Net gain or (loss) | | -527,699 | | -527,699 | |
| | 8a Gross income from fundraising events (not including \$ 854,005 of contributions reported on line 1c). See Part IV, line 18 | a | | 190,985 | | |
| | | b Less: direct expenses | | 195,326 | | |
| c Net income or (loss) from fundraising events | | | -4,341 | | -4,341 | |
| 9a Gross income from gaming activities. See Part IV, line 19 | a | | | | | |
| | b Less: direct expenses | | | | | |
| | c Net income or (loss) from gaming activities | | | | | |
| 10a Gross sales of inventory, less returns and allowances | a | | | | | |
| | b Less: cost of goods sold | | | | | |
| | c Net income or (loss) from sales of inventory | | | | | |
| Miscellaneous Revenue | Business Code | | | | | |
| 11a _____ | | | | | | |
| b _____ | | | | | | |
| c _____ | | | | | | |
| d All other revenue | | | | | | |
| e Total. Add lines 11a-11d | | | | | | |
| 12 Total revenue. See Instructions | | 13,245,098 | 9,606,869 | 0 | -215,005 | |

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 | | | | |
| 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, line 15 and 16. | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 1,337,800 | 868,312 | 284,696 | 184,792 |
| 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 | 4,536,013 | 3,572,487 | 848,439 | 115,087 |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | 75,576 | 54,312 | 20,672 | 592 |
| 9 Other employee benefits | 539,722 | 441,934 | 76,555 | 21,233 |
| 10 Payroll taxes | 427,794 | 334,127 | 74,079 | 19,588 |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | 471,125 | 470,991 | 134 | |
| c Accounting | | | | |
| d Lobbying | 4,283 | 4,283 | | |
| e Professional fundraising services. See Part IV, line 17 | 45,850 | | | 45,850 |
| 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) | 907,189 | 800,865 | 63,312 | 43,012 |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | 280,875 | 196,641 | 47,878 | 36,356 |
| 14 Information technology | 195,343 | 144,495 | 44,848 | 6,000 |
| 15 Royalties | | | | |
| 16 Occupancy | 581,554 | 451,240 | 98,646 | 31,668 |
| 17 Travel | 106,096 | 97,173 | 6,282 | 2,641 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 240,908 | 206,963 | 29,807 | 4,138 |
| 20 Interest | 1,106,010 | 1,106,010 | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 78,324 | 59,939 | 13,927 | 4,458 |
| 23 Insurance | 35,622 | | 35,622 | |
| 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 PROVISION FOR LOAN LOSS | 135,487 | 135,487 | | |
| b OTHER EXPENSES | 79,899 | 47,400 | 19,390 | 13,109 |
| c DONATION AND JOURNAL AD | 21,275 | 19,275 | | 2,000 |
| d PROGRAM SPACE & SUPPLIE | 18,832 | 12,222 | 1,110 | 5,500 |
| e All other expenses | 17,642 | 14,725 | 2,322 | 595 |
| 25 Total functional expenses. Add lines 1 through 24e | 11,243,219 | 9,038,881 | 1,667,719 | 536,619 |
| 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 IX

| | | (A) Beginning of year | | (B) End of year |
|---|---|--------------------------|------------|--------------------|
| Assets | 1 Cash—non-interest-bearing | | 1 | |
| | 2 Savings and temporary cash investments | 4,494,484 | 2 | 24,468,804 |
| | 3 Pledges and grants receivable, net | 1,852,922 | 3 | 814,126 |
| | 4 Accounts receivable, net | 849,224 | 4 | 788,401 |
| | 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 | 45,461,025 | 7 | 44,776,128 |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 299,323 | 9 | 243,111 |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 601,254 | | |
| | b Less: accumulated depreciation | 292,739 | | |
| | | 397,923 | 10c | 308,515 |
| | 11 Investments—publicly traded securities | 2,988,078 | 11 | 6,204,746 |
| | 12 Investments—other securities. See Part IV, line 11 | 5,054,044 | 12 | 5,152,182 |
| | 13 Investments—program-related. See Part IV, line 11 | 470,188 | 13 | 18,168 |
| | 14 Intangible assets | | 14 | |
| 15 Other assets. See Part IV, line 11 | 5,443,705 | 15 | 5,217,748 | |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 67,310,916 | 16 | 87,991,929 | |
| Liabilities | 17 Accounts payable and accrued expenses | 1,138,306 | 17 | 1,276,317 |
| | 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 | 6,069,366 | 23 | 3,240,530 |
| | 24 Unsecured notes and loans payable to unrelated third parties | 16,188,640 | 24 | 18,938,640 |
| | 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 | 5,523,040 | 25 | 24,320,507 |
| | 26 Total liabilities. Add lines 17 through 25 | 28,919,352 | 26 | 47,775,994 |
| Net Assets or Fund Balances | 27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets | 19,625,312 | 27 | 21,058,183 |
| | 28 Temporarily restricted net assets | 18,766,252 | 28 | 19,157,752 |
| | 29 Permanently restricted net assets | | 29 | |
| | 30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. 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 | 38,391,564 | 33 | 40,215,935 |
| | 34 Total liabilities and net assets/fund balances | 67,310,916 | 34 | 87,991,929 |

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 | 13,245,098 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 11,243,219 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 2,001,879 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 38,391,564 |
| 5 | Net unrealized gains (losses) on investments | 5 | -177,507 |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 0 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 40,215,935 |

Part XII Financial Statements and Reporting

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

| | | Yes | No |
|--|-----------|-----|----|
| <p>1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____</p> <p>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.</p> | | | |
| <p>2a Were the organization's financial statements compiled or reviewed by an independent accountant?</p> <p>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:</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p> | 2a | | No |
| <p>b Were the organization's financial statements audited by an independent accountant?</p> <p>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:</p> <p><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p> | 2b | Yes | |
| <p>c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</p> | 2c | Yes | |
| <p>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?</p> | 3a | Yes | |
| <p>b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.</p> | 3b | Yes | |

Additional Data

Software ID:

Software Version:

EIN: 13-3711803

Name: PRIMARY CARE DEVELOPMENT CORPORATION

Form 990 (2017)

Form 990, Part III, Line 4a:

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 136 PRIMARY CARE PROJECTS VALUED AT MORE THAN \$1 BILLION. THIS INVESTMENT HAS CREATED THE CAPACITY TO PROVIDE 3.55 MILLION MEDICAL VISITS ANNUALLY TO MEET THE PRIMARY CARE NEEDS OF MORE THAN 1 MILLION PATIENTS THROUGHOUT THE UNITED STATES. PCDC'S INVESTMENT HAS TRANSFORMED 1.85 MILLION SQUARE FEET OF SPACE INTO FULLY FUNCTIONING PRIMARY CARE PRACTICES AND CREATED OR PRESERVED OVER 9,900 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: -CRESCENTCARE: PCDC COMPLETED FINANCING FOR THE CONSTRUCTION OF CRESCENTCARE'S NEW 64,000-SQUARE-FOOT FACILITY IN NEW ORLEANS, BRINGING MUCH-NEEDED PRIMARY CARE AND PREVENTION SERVICES TO A COMMUNITY STILL REBUILDING AFTER HURRICANE KATRINA. THE \$21 MILLION PROJECT INCLUDED \$10 MILLION IN NEW MARKETS TAX CREDITS ALLOCATED BY PCDC.-COMMUNITY HEALTH CENTER, INC.: PCDC SUPPORTED CHC'S MULTIFACETED EXPANSION WITH \$11 MILLION IN NEW MARKETS TAX CREDIT (NMTC) ALLOCATION AND A \$5.5 MILLION CONSTRUCTION LOAN. THE FINANCING ENABLES COMMUNITY HEALTH CENTER, CONNECTICUT'S LARGEST FEDERALLY QUALIFIED HEALTH CENTER, TO INCREASE SERVICES BY 60 PERCENT, EXPANDING ITS REACH TO AN ADDITIONAL 11,000 PATIENTS IN ECONOMICALLY DISTRESSED AND MEDICALLY UNDERSERVED COMMUNITIES.-JOSEPH P. ADDABBO FAMILY HEALTH CENTER: PCDC FINANCING WILL TRANSFORM NEARLY EVERY ASPECT OF ADDABBO'S MAIN FACILITY IN AN UNDERSERVED NEW YORK CITY NEIGHBORHOOD, CREATING NEW SPACE, SERVICES, AND JOBS IN AN AREA AFFECTED BY HURRICANE SANDY. THE FINANCING INCLUDED A \$9 MILLION NMTC ALLOCATION AND AN ADDITIONAL \$10.6 MILLION OF DEBT TO SUPPORT THE PROJECT. -UNITYCARE NORTHWEST: PCDC COMPLETED ITS FIRST FINANCING IN WASHINGTON STATE: A \$15.2 MILLION PROJECT THAT ANSWERS AN URGENT NEED FOR DENTAL AND BEHAVIORAL HEALTH CARE. THE EXPANSIVE NEW FACILITY, WHICH WILL ENABLE UNITY CARE NORTHWEST TO ACCOMMODATE OVER 9,500 PATIENTS AMIDST A REGIONAL "DENTIST SHORTAGE," WAS MADE POSSIBLE IN PART THROUGH PCDC'S \$9 MILLION NMTC ALLOCATION. -CHRIS 180: THROUGH A \$13 MILLION-PROJECT PARTNERSHIP, PCDC COMPLETED ITS FIRST FINANCING IN GEORGIA, HELPING DRAMATICALLY EXPAND BEHAVIORAL HEALTH SERVICES AND INTEGRATED PRIMARY CARE FOR CHILDREN. CONSTRUCTION OF A NEW 20,000-SQUARE-FOOT BUILDING (AND RENOVATION OF THE EXISTING 800-SQUARE-FOOT SPACE) WILL ENABLE THE ATLANTA-BASED PROVIDER TO PROVIDE TRAUMA-INFORMED CARE, TRAINING, AND SUPPORT SERVICES. NEED IS ESPECIALLY GREAT IN GEORGIA, WHERE 88 PERCENT OF YOUTH WITH SEVERE DEPRESSION ARE UNABLE TO ACCESS CONSISTENT MENTAL HEALTH SERVICES.

Form 990, Part III, Line 4b:

PERFORMANCE IMPROVEMENT: STRENGTHENING SERVICE DELIVERY. PCDC'S PERFORMANCE IMPROVEMENT PRACTICE HAS PROVIDED CONSULTING, TRAINING, AND COACHING SERVICES TO MORE THAN 2,200 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: -ASSISTING 450 PRIMARY CARE SITES IN ACHIEVING PATIENT-CENTERED MEDICAL HOME (PCMH) RECOGNITION: THE MILESTONE REFLECTED THE SUCCESS OF PCDC'S CONTENT EXPERTS, WHOSE STRATEGIC LEADERSHIP, PRACTICE COACHING, AND TECHNICAL ASSISTANCE HAVE GUIDED COMMUNITY HEALTH CENTERS, HOSPITAL OUTPATIENT CENTERS, PRIVATE PRACTICES, AND SPECIAL NEEDS PROVIDERS NATIONWIDE. A GROWING BODY EVIDENCE SHOWS THE PCMH MODEL REDUCES HEALTH CARE COSTS AND UNNECESSARY USE OF SERVICES, SUCH AS EMERGENCY DEPARTMENT VISITS. -ANNOUNCING THE SCHOOL-BASED MEDICAL HOME (SBMH) RECOGNITION PROGRAM: THE FIRST AND ONLY NATIONWIDE RECOGNITION PROGRAM FOR SCHOOL-BASED HEALTH CENTERS A CONCEPT DEVELOPED AND PILOTTED IN PART BY PCDC WAS APPROVED BY THE NATIONAL COMMITTEE FOR QUALITY ASSURANCE (NCQA). MORE THAN 2,300 SCHOOL-BASED HEALTH CENTERS ACROSS 49 STATES PROVIDE PRIMARILY LOW-INCOME STUDENTS WITH MEDICAL, MENTAL HEALTH, VISION, AND DENTAL CARE THEY MIGHT OTHERWISE BE UNABLE TO ACCESS. BY OPERATING OUT OF A SAFE AND FAMILIAR LOCATION THE SCHOOL BUILDING THESE CENTERS ENSURE THAT STUDENTS CAN RECEIVE THE CARE THEY NEED TO THRIVE IN SCHOOL AND LIFE. -LEADING A FREE WEBINAR SERIES ON CULTURALLY RESPONSIVE CARE: THE SERIES, DESIGNED TO HELP HEALTH CARE STAFF INCORPORATE CULTURAL RESPONSIVENESS WHEN WORKING WITH LGBTQ COMMUNITIES, ATTRACTED HUNDREDS OF PARTICIPANTS FROM ACROSS THE COUNTRY. -IMPROVING HEALTH OUTCOMES FOR PEOPLE LIVING WITH HIV/AIDS (PLWH): PCDC RECEIVED A 3-YEAR AWARD OF \$900,000 THROUGH A HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) COOPERATIVE AGREEMENT TO HELP BUILD NEW BUSINESS MODELS FOR RYAN WHITE HIV/AIDS PROGRAM (RWHAP) COMMUNITY ORGANIZATIONS. THE THREE-YEAR "SUSTAINABLE STRATEGIES FOR RWHAP COMMUNITY ORGANIZATIONS" PROGRAM WILL CONNECT AIDS SERVICE ORGANIZATIONS AND COMMUNITY-BASED ORGANIZATIONS WITH TECHNICAL ASSISTANCE, TRAINING, AND INFORMATION AND BY EXTENSION, STRENGTHEN HIV CARE, TREATMENT, AND SUPPORTIVE SERVICES FOR PLWH. -HELPING TRAIN HEALTH PROFESSIONALS IN PCMH 2017 STANDARDS: AT A THREE-DAY TRAINING, PCDC'S COACHES PREPARED IN-DEPTH PRACTICE MATERIALS FOR BREAKOUT SESSIONS, PRESENTING MULTIPLE SCENARIOS BASED ON THE PCMH 2017 COMPETENCIES. THE TRAINING PROVIDED AN ESSENTIAL FIRST LOOK AT HOW HEALTH CENTERS SHOULD PREPARE FOR THE NEW STANDARDS AND SUBMISSION PROCESS.

Form 990, Part III, Line 4c:

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."-SUCCESSFULLY ADVOCATING FOR THE PCMH INCENTIVE PROGRAM: PCDC WAS AMONG SEVERAL LEADING ORGANIZATIONS TO PERSUADE ELECTED OFFICIALS NOT TO SUPPORT A \$20 MILLION REDUCTION TO PATIENT-CENTERED MEDICAL HOME INCENTIVE PAYMENTS. THE PROPOSED CUTS IN THE 2018-19 BUDGET WOULD HAVE POSED FAR-REACHING CONSEQUENCES FOR PRIMARY CARE PROVIDERS, INCLUDING FINANCIALLY HARMING PROVIDERS AND IMPACTING PATIENTS' ACCESS TO CARE.-TESTIFYING IN SUPPORT OF PRIMARY CARE: PCDC CEO LOUISE COHEN TESTIFIED BEFORE THE NEW YORK CITY COUNCIL COMMITTEE ON HOSPITALS IN FEBRUARY 2018, VOICING SUPPORT FOR STRENGTHENING THE CITY'S PRIMARY CARE INFRASTRUCTURE IN PARTNERSHIP WITH NYC HEALTH + HOSPITALS. THAT SAME MONTH, PCDC ALSO APPEARED AT THE NEW YORK STATE LEGISLATURE'S JOINT BUDGET HEARING ABOUT THE NEED FOR PRIMARY CARE. -PUBLISHING AN OP-ED IN THE HILL: IN A WIDELY READ ADVOCACY PIECE, COHEN DESCRIBED THE BROAD REPERCUSSIONS OF THE "FISCAL CLIFF," FROM AN ECONOMIC BACKSLIDE TO INCREASED ILLNESS, AND OFFERED SPECIFIC RECOMMENDATIONS FOR PROTECTING FQHCS. "NO ONE WANTS TO GET SICK," COHEN WROTE. "BUT WHEN WE DO, POLITICS IS THE LAST DISTRACTION WE NEED ESPECIALLY WHEN IT THREATENS LIVES AND LIVELIHOODS." -PARTNERING FOR CONGRESSIONAL ADVOCACY: CHAIRED BY PCDC'S MANAGING DIRECTOR ANNE DYJAK, THE LENDERS COALITION FOR COMMUNITY HEALTH CENTERS A NATIONAL COALITION OF 25 U.S. TREASURY-CERTIFIED COMMUNITY CDFIS DEDICATED TO FINANCING FQHCS WROTE TO CONGRESSIONAL LEADERSHIP LAST FALL URGING CONTINUED FEDERAL FUNDING FOR HEALTH PROGRAMS. SEPARATELY, PCDC JOINED UNITED WAY WORLDWIDE, THE AMERICAN PSYCHOLOGICAL ASSOCIATION, AND OTHER LEADING ORGANIZATIONS TO PRESS FOR IMMEDIATE ACTION IN SAFEGUARDING THE PRIMARY CARE INFRASTRUCTURE AND HEALTH CARE SAFETY NET. -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: -PRIMARY CARE: WHAT REALLY MATTERS IN HEALTH CARE REFORM (FEBRUARY 2018). MODERATED BY PCDC CEO LOUISE COHEN, DISCUSSION FOCUSED ON PLACING PATIENTS RATHER THAN MONEY AND POLITICS AT THE CENTER OF THE HEALTH CARE REFORM DEBATE. THE EVENT, WHICH DREW MORE THAN 250 HEALTH CARE PROFESSIONALS, FEATURED ELISABETH ROSENTHAL, MD, EDITOR-IN-CHIEF OF THE NONPROFIT KAISER HEALTH NEWS AND AUTHOR OF AN AMERICAN SICKNESS; AND MITCHELL KATZ, MD, PRESIDENT AND CEO OF NYC HEALTH + HOSPITALS.

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 | | | |
| CAROL RAPHAEL BOARD MEMBER | 1.00 | X | | | | | | 0 | 0 | 0 |
| CAROLYN TAIN BOARD MEMBER | 1.00 | X | | | | | | 0 | 0 | 0 |
| CHRISTOPHER KOLLER BOARD MEMBER | 1.00 | X | | | | | | 0 | 0 | 0 |
| DANIEL NISSENBAUM BOARD MEMBER (FORMER) | 1.00 | X | | | | | | 0 | 0 | 0 |
| DANIEL T MCGOWAN CHAIRMAN | 1.50 | X | | X | | | | 0 | 0 | 0 |
| DAVID A GOULD BOARD MEMBER | 1.00 | X | | | | | | 0 | 0 | 0 |
| DAVID CHOKSHI BOARD MEMBER | 1.00 | X | | | | | | 0 | 0 | 0 |
| DAVID MANKO BOARD MEMBER | 1.00 | X | | | | | | 0 | 0 | 0 |
| DIANA MASON BOARD MEMBER | 1.00 | X | | | | | | 0 | 0 | 0 |
| DONALD L ASHKENASE SECRETARY | 1.50 | X | | 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 | | | |
| DUDLEY BENOIT BOARD MEMBER | 1.00 | X | | | | | | 0 | 0 | 0 |
| EMILY FLYNN BOARD MEMBER | 1.00 | X | | | | | | 0 | 0 | 0 |
| GARY JACOBS BOARD MEMBER | 1.00 | X | | | | | | 0 | 0 | 0 |
| HON COREY JOHNSON BOARD MEMBER | 1.00 | X | | | | | | 0 | 0 | 0 |
| JAMES F CRYSTAL BOARD MEMBER | 1.00 | X | | | | | | 0 | 0 | 0 |
| JOHN RUGGE BOARD MEMBER | 1.00 | X | | | | | | 0 | 0 | 0 |
| JORGE R PETIT BOARD MEMBER | 1.00 | X | | | | | | 0 | 0 | 0 |
| L NATHAN HARE BOARD MEMBER | 1.00 | X | | | | | | 0 | 0 | 0 |
| MARY BASSET BOARD MEMBER | 1.00 | X | | | | | | 0 | 0 | 0 |
| MAURA CLARK VICE-CHAIR | 1.50 | X | | 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 | | | |
| RUTH SALZMAN TREASURER | 1.50 | X | | X | | | | 0 | 0 | 0 |
| SUZETTE GORDON BOARD MEMBER | 1.00 | X | | | | | | 0 | 0 | 0 |
| WARRIA A ESMOND BOARD MEMBER | 1.00 | X | | | | | | 0 | 0 | 0 |
| YVETTE TEOFAN BOARD MEMBER | 1.00 | X | | | | | | 0 | 0 | 0 |
| LOUISE COHEN CHIEF EXECUTIVE OFFICER | 40.00 | | | X | | | | 335,675 | 0 | 8,090 |
| MICHAEL ROSEN CFO/COO | 40.00 | | | X | | | | 254,924 | 0 | 18,102 |
| ANNE DYJAK MANAGING DIR., CAPITAL INV | 40.00 | | | | X | | | 227,791 | 0 | 10,315 |
| LAURA LEALE CHIEF DEVELOPMENT OFFICER | 40.00 | | | | X | | | 182,986 | 0 | 32,327 |
| WILLIAM O'BRIEN CHIEF LENDING OFFICER | 40.00 | | | | X | | | 191,434 | 0 | 30,804 |
| GITA RAO CCO | 40.00 | | | | | X | | 183,502 | 0 | 30,787 |

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 | | | |
| LORI GLASS CAPITAL INVESTMENT DIRECTOR | 40.00 | | | | | X | | 145,431 | 0 | 10,607 |
| NANCY LAGER DIR. OF CAPITAL INV | 40.00 | | | | | X | | 157,675 | 0 | 15,402 |
| REEMA FAKIH DIR. OF CAPITAL INV | 40.00 | | | | | X | | 154,337 | 0 | 16,729 |
| SHUK HAN LEUNG DIR. OF FINANCE | 40.00 | | | | | X | | 150,113 | 0 | 24,493 |

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.

OMB No. 1545-0047
2017
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 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - 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).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 10 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|--|---|----|---|---|
| | | | Yes | No | | |
| | | | | | | |
| Total | | | | | | |

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|----------|---|-----------|-----------|-----------|-----------|-----------|------------|
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . . | 3,474,348 | 4,273,223 | 2,819,834 | 4,580,693 | 3,853,234 | 19,001,332 |
| 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 | 3,474,348 | 4,273,223 | 2,819,834 | 4,580,693 | 3,853,234 | 19,001,332 |
| 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) . . . | | | | | | |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 19,001,332 |

Section B. Total Support

| | Calendar year (or fiscal year beginning in) ▶ | (a)2013 | (b)2014 | (c)2015 | (d)2016 | (e)2017 | (f)Total |
|-----------|---|-----------|-----------|-----------|-----------|-----------|------------|
| 7 | Amounts from line 4. . . | 3,474,348 | 4,273,223 | 2,819,834 | 4,580,693 | 3,853,234 | 19,001,332 |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . . | 446,610 | 403,587 | 298,592 | 290,678 | 317,035 | 1,756,502 |
| 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.). . . | 158,672 | 137,730 | 186,719 | 204,840 | 190,985 | 878,946 |
| 11 | Total support. Add lines 7 through 10 | | | | | | 21,636,780 |
| 12 | Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 34,655,439 |

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 2017 (line 6, column (f) divided by line 11, column (f)) | 14 | 87.820 % |
| 15 | Public support percentage for 2016 Schedule A, Part II, line 14 | 15 | 87.030 % |

- 16a 33 1/3% support test—2017.** 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—2016.** 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—2017.** 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—2016.** 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 10 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) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (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) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (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 2017 (line 8, column (f) divided by line 13, column (f)) | 15 | |
| 16 | Public support percentage from 2016 Schedule A, Part III, line 15 | 16 | |

Section D. Computation of Investment Income Percentage

| | | | |
|-----------|--|-----------|--|
| 17 | Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) | 17 | |
| 18 | Investment income percentage from 2016 Schedule A, Part III, line 17 | 18 | |

19a 33 1/3% support tests—2017. 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—2016. 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 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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 12a or 12b 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</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 I of Schedule L (Form 990 or 990-EZ).</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 9a) 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 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b 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> | | |

Part IV Supporting Organizations (continued)

| | | Yes | No |
|-----------|---|-----|----|
| 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> | | |

Section B. Type I Supporting Organizations

| | | Yes | No |
|----------|--|-----|----|
| 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? <i>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.</i> | | |
| 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? <i>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.</i> | | |

Section C. Type II Supporting Organizations

| | | Yes | No |
|----------|---|-----|----|
| 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)? <i>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).</i> | | |

Section D. All Type III Supporting Organizations

| | | Yes | No |
|----------|--|-----|----|
| 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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> | | |
| 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i> | | |

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 | <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b | <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c | <input type="checkbox"/> 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? <i>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.</i> | | |
| 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? <i>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.</i> | | |
| 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? <i>Provide details in Part VI.</i> | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | |

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 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|---|--|----------------|--------------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3 | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 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) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | 1 | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | | |
| 2 | Acquisition indebtedness applicable to non-exempt use assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by .035 | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |
| Section C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 | Enter 85% of line 1 | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 | Enter greater of line 2 or line 3 | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) | | |

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 2017 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-2017 | (iii) Distributable Amount for 2017 |
|--|-------------------------------------|---|--|
| 1 Distributable amount for 2017 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2017: | | | |
| a | | | |
| b From 2013. | | | |
| c From 2014. | | | |
| d From 2015. | | | |
| e From 2016. | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2017 distributable amount | | | |
| i Carryover from 2012 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2017 from Section D, line 7: | | | |
| \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2017 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions. | | | |
| 6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. | | | |
| 7 Excess distributions carryover to 2018. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2013. | | | |
| b Excess from 2014. | | | |
| c Excess from 2015. | | | |
| d Excess from 2016. | | | |
| e Excess from 2017. | | | |

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 |
| |

990 Schedule A, Supplemental Information

| Return Reference | Explanation |
|--|--|
| SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME: | MISCELLANEOUS INCOME - 2013 AMOUNT: \$ 673. 2014 AMOUNT: \$ 398. FUNDRAISING INCOME - 2013 AMOUNT: \$ 157,999. 2014 AMOUNT: \$ 137,332. 2015 AMOUNT: \$ 186,719. 2016 AMOUNT: \$ 204,840. 2017 AMOUNT: \$ 190,985. |

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

2017
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 (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ \$ _____

3 Volunteer hours for political campaign activities (see instructions)

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-. |
|----------|-------------|---------|---|--|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |

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.

| | | (a) | | (b) |
|-----------|---|-----|----|--------|
| | | Yes | No | Amount |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | |
| a | Volunteers? | | No | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | Yes | | |
| c | Media advertisements? | | No | |
| d | Mailings to members, legislators, or the public? | | No | |
| e | Publications, or published or broadcast statements? | | No | |
| f | Grants to other organizations for lobbying purposes? | | No | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | Yes | | 14,800 |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | No | |
| i | Other activities? | | No | |
| j | Total. Add lines 1c through 1i | | | 14,800 |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | No | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

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

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

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

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

Part IV Supplemental Information

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 STAFF COMPENSATION AND RELATED OFFICE CHARGES, TRAVEL AND LEGAL EXPENSES. |

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2017
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.

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

Part II Conservation Easements. Complete if the organization answered "Yes" 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 | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d |

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, 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" on 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" on 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 | | 365,658 | 133,788 | 231,870 |
| d Equipment | | 188,245 | 124,203 | 64,042 |
| e Other | | 47,351 | 34,748 | 12,603 |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶ | | | | 308,515 |

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.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other _____ | | |
| (A) US GOVERNMENT SECURITIES | 1,807,040 | F |
| (B) CORPORATE OBLIGATIONS | 3,345,142 | F |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) | 5,152,182 | |

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.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|--|----------------|--|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) | | |

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

| (a) Description | (b) Book value |
|--|----------------|
| (1) RESTRICTED LEASE PAYMENTS (NET) | 583,442 |
| (2) RESTRICTED RESERVES | 4,455,587 |
| (3) SECURITY DEPOSITS | 178,719 |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) | 5,217,748 |

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.

| (a) Description of liability | (b) Book value |
|--|----------------|
| (1) Federal income taxes | |
| RESERVES AND DEPOSITS PAYABLE | 4,455,594 |
| DEFERRED RENT | 268,971 |
| DUE TO NEW YORK CITY BOND PROGRAM | 583,442 |
| DUE TO THIRD PARTY | 19,012,500 |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) | 24,320,507 |

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

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

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

| | | | |
|----------|--|-----------|------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 13,073,215 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains (losses) on investments | 2a | -177,507 |
| b | Donated services and use of facilities | 2b | 5,624 |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | |
| e | Add lines 2a through 2d | 2e | -171,883 |
| 3 | Subtract line 2e from line 1 | 3 | 13,245,098 |
| 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 | 13,245,098 |

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 | 11,248,844 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | 5,624 |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII.) | 2d | |
| e | Add lines 2a through 2d | 2e | 5,624 |
| 3 | Subtract line 2e from line 1 | 3 | 11,243,220 |
| 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 | 11,243,220 |

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 |
|---------------------------|-------------|
| See Additional Data Table | |
| | |
| | |
| | |
| | |
| | |

Part XIII Supplemental Information *(continued)*

| Return Reference | Explanation |
|------------------|-------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Additional Data

Software ID:

Software Version:

EIN: 13-3711803

Name: PRIMARY CARE DEVELOPMENT CORPORATION

Supplemental Information

| Return Reference | Explanation |
|------------------|--|
| PART X, LINE 2: | PCDC HAS NO UNCERTAIN TAX POSITIONS AS OF JUNE 30, 2018 AND 2017 IN ACCORDANCE WITH ACCOUNTING STANDARDS CODIFICATION ("ASC") TOPIC 740, WHICH PROVIDES STANDARDS FOR ESTABLISHING AND CLASSIFYING ANY TAX PROVISIONS FOR UNCERTAIN TAX POSITIONS. |

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

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.

OMB No. 1545-0047

2017

Open to Public Inspection

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 | | | |
| PROJECT PLUS INC 254 W 29TH STREET NEW YORK, NY 10001 | PROFESSIONAL FUNDRAISER FOR GALA | | No | 893,310 | 45,850 | 847,460 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total | | | | 893,310 | 45,850 | 847,460 |

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.

NY, AL, AK, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MO, MS, NH, NJ, NM, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

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.

| Revenue | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) |
|-----------------|--|-----------------------------|---|------------------|---|
| | | GALA (event type) | FOUNDERS RECEPTION (event type) | (total number) | Total events (add col. (a) through col. (c)) |
| 1 | Gross receipts | 893,310 | 151,680 | | 1,044,990 |
| 2 | Less: Contributions | 747,375 | 106,630 | | 854,005 |
| 3 | Gross income (line 1 minus line 2) | 145,935 | 45,050 | | 190,985 |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| | 6 Rent/facility costs | 137,376 | 53,800 | | 191,176 |
| | 7 Food and beverages | | | | |
| | 8 Entertainment | | | | |
| | 9 Other direct expenses | 4,150 | | | 4,150 |
| 10 | Direct expense summary. Add lines 4 through 9 in column (d) ▶ | | | | 195,326 |
| 11 | Net income summary. Subtract line 10 from line 3, column (d) ▶ | | | | -4,341 |

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.

| Revenue | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col.(a) through col.(c)) |
|-----------------|--|---------------------------|--|--|--|
| | | 1 | Gross revenue | | |
| Direct Expenses | 2 Cash prizes | | | | |
| | 3 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 | 13a | % |
| b An outside facility | 13b | % |

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

Name ▶

Address ▶

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

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

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

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

Part IV Supplemental Information. 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 provide any additional information (see instructions).

| Return Reference | Explanation |
|---|--|
| SCHEDULE G, PART I, LINE 2B, COLUMN (V) | BASE FEE OF \$40,000 PLUS 10% OF NEW REVENUES GENERATED. |

Schedule J
(Form 990)

Compensation Information

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.**

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
PRIMARY CARE DEVELOPMENT CORPORATION

Employer identification number
13-3711803

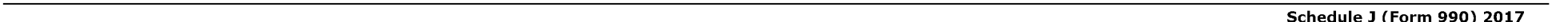
Part I Questions Regarding Compensation

| | | 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> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table> | <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | | |
| <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | | | |
| <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> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table> | <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee | | | |
| <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee | | | | |
| <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> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <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> | 4a | | No | | |
| | 4b | | No | | |
| | 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> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p> | 5a | | No | | |
| | 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> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p> | 6a | | No | | |
| | 6b | | No | | |
| <p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p> | 7 | Yes | | | |
| <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 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 |
|------------------|--|
| PART I, LINE 7 | THE FOLLOWING BONUSES WERE PAID: LOUISE COHEN \$36,300 MICHAEL ROSEN \$23,359 ANNE DYJAK \$13,774 LAURA LEALE \$11,246 WILLIAM O'BRIEN \$11,942 GITA RAO \$11,286 NANCY LAGER \$9,639 REEMA FAKIH \$9,619 SHUK HAN LEUNG \$6,236 |



SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

PRIMARY CARE DEVELOPMENT CORPORATION

Employer identification number

13-3711803

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--------------------------------------|--|
| FORM 990, PART VI, SECTION A, LINE 2 | JOHN RUGGE AND WARRIA ESMOND SERVE ON THE BOARD OF THE COMMUNITY HEALTH CARE ASSOCIATION OF NY STATE (CHCANYS) TOGETHER. CAROL RAPHAEL AND CHRISTOPHER KOLLER ARE BOARD MEMBERS OF THE COMMONWEALTH CARE ALLIANCE. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| FORM 990, PART VI, SECTION B, LINE 11B | 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. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| FORM 990, PART VI, SECTION B, LINE 12C | <p>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.</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------------------|---|
| FORM 990, PART VI, SECTION B, LINE 15 | <p>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 COMPENSATION SURVEY PREPARED BY AN INDEPENDENT CONSULTANT. THE SURVEY IS 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 AN 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 THE INDEPENDENT CONSULTANT. DECISIONS ARE PRESENTED TO THE GC FOR THEIR REVIEW.</p> |

990 Schedule O, Supplemental Information

| 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. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|------------------------------------|--|
| FORM 990, PART XII, LINE 2C: | THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------|--|
| FORM 990, BOX B; | FORM 990 IS BEING AMENDED DUE TO THE RETROACTIVE REPEAL OF CODE SECTION 512(A)(7). |

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2017

**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.

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

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

See Additional Data Table

| (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 | |
| | | | | | | | | | | | | |
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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 |
| | | | | | | | | | |
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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 | Yes | |

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.

See Additional Data Table

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
| | | | |
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Part VII Supplemental Information

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

| Return Reference | Explanation |
|------------------|--|
| PART III | <p>DURING FISCAL YEARS 2007, 2014, 2015, 2016 AND 2018 PCDC WAS AWARDED NEW MARKETS TAX CREDIT ("NMTC") ALLOCATION OF \$40 MILLION, \$43 MILLION, \$55 MILLION, \$50 MILLION AND \$60 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 29 SUCH ENTITIES: PCDC EMPIRE STATE HEALTH OPPORTUNITIES FUND LLC I-IV, LLC AND PCDC HEALTH OPPORTUNITIES FUND LLC V-XXIX, ALL OF WHICH ARE MULTI-MEMBER LIMITED LIABILITY COMPANIES. AS OF JUNE 30, 2018, PCDC HEALTH OPPORTUNITIES FUND LLC XXII THROUGH XXIX REMAIN INACTIVE. PURSUANT TO THE AMENDED OPERATING AGREEMENTS UNDER LLC I THROUGH XXI, 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 (QEI) 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 \$13.4 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. UNDER THE TERMS OF THE AMENDED OPERATING AGREEMENTS, PCDC MADE A PROPORTIONAL EQUITY CONTRIBUTION BASED ON EACH QEI AND PCDC'S .01% MEMBERSHIP INTEREST IN EACH LLC. 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, 2018, PCDC'S INVESTMENT IN HEALTHCO AMOUNTED TO \$500.</p> |

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 | PCDC | RELATED | | 729 | | No | | Yes | | 0.010 % |
| PCDC EMPIRE STATE HEALTH II C/O PCDC 45 BROADWAY NEW YORK, NY 10006 26-2054556 | NEW MARKET FUNDS | NY | PCDC | RELATED | 32 | 949 | | No | | Yes | | 0.010 % |
| PCDC EMPIRE STATE HEALTH III C/O PCDC 45 BROADWAY NEW YORK, NY 10006 26-2054665 | NEW MARKET FUNDS | NY | PCDC | RELATED | 8 | 1,945 | | No | | Yes | | 0.010 % |
| PCDC EMPIRE STATE HEALTH IV C/O PCDC 45 BROADWAY NEW YORK, NY 10006 26-2054736 | NEW MARKET FUNDS | NY | PCDC | RELATED | 7 | 940 | | 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 | PCDC | RELATED | 5 | 893 | | 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 | PCDC | RELATED | 5 | 705 | | 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 | PCDC | RELATED | 8 | 658 | | 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 | PCDC | RELATED | 4 | 364 | | 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 | PCDC | RELATED | 3 | 447 | | 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 | PCDC | RELATED | 7 | 1,072 | | 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 | PCDC | RELATED | 12 | 1,078 | | 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 | PCDC | RELATED | 20 | 776 | | 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 | PCDC | RELATED | 13 | 1,097 | | No | | Yes | | 0.010 % |
| PCDC HEALTH OPP FUND XIV C/O PCDC 45 BROADWAY NEW YORK, NY 10006 47-4439649 | NEW MARKET TAX CREDIT | NY | PCDC | RELATED | 6 | 718 | | No | | Yes | | 0.010 % |
| PCDC HEALTH OPP FUND XV C/O PCDC 45 BROADWAY NEW YORK, NY 10006 47-4452002 | NEW MARKET TAX CREDIT | NY | PCDC | RELATED | 5 | 549 | | No | | Yes | | 0.010 % |

| 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 | PCDC | RELATED | 5 | 675 | | No | | Yes | | 0.010 % |
| PCDC HEALTH OPP FUND XVII C/O PCDC 45 BROADWAY NEW YORK, NY 10006 47-4476378 | NEW MARKET TAX CREDIT | NY | PCDC | RELATED | 5 | 1,100 | | No | | Yes | | 100.000 % |
| HEALTHCO PARTICIPANT LLC C/O PCDC 45 BROADWAY NEW YORK, NY 10006 46-4147984 | FINANCING | DE | PCDC | RELATED | | 500 | | No | | Yes | | 33.330 % |
| PCDC HEALTH OPP FUND XVIII C/O PCDC 45 BROADWAY NEW YORK, NY 10006 81-4830979 | NEW MARKET TAX CREDIT | NY | PCDC | RELATED | 4 | 1,000 | | No | | Yes | | 0.010 % |
| PCDC HEALTH OPP FUND IXX C/O PCDC 45 BROADWAY NEW YORK, NY 10006 81-4845795 | NEW MARKET TAX CREDIT | NY | PCDC | RELATED | 4 | 900 | | No | | Yes | | 0.010 % |
| PCDC HEALTH OPP FUND XX C/O PCDC 45 BROADWAY NEW YORK, NY 10006 81-4859546 | NEW MARKET TAX CREDIT | NY | PCDC | RELATED | | 550 | | No | | Yes | | 0.010 % |
| PCDC HEALTH OPP FUND XXI C/O PCDC 45 BROADWAY NEW YORK, NY 10006 81-4878558 | NEW MARKET TAX CREDIT | NY | PCDC | RELATED | | 700 | | No | | Yes | | 0.010 % |
| PCDC HEALTH OPP FUND XXII C/O PCDC 45 BROADWAY NEW YORK, NY 10006 81-4914582 | NEW MARKET TAX CREDIT | NY | PCDC | RELATED | | | | No | | Yes | | 100.000 % |
| PCDC HEALTH OPP FUND XXIII C/O PCDC 45 BROADWAY NEW YORK, NY 10006 81-4932296 | NEW MARKET TAX CREDIT | NY | PCDC | RELATED | | | | No | | Yes | | 100.000 % |
| PCDC HEALTH OPP FUND XXIV C/O PCDC 45 BROADWAY NEW YORK, NY 10006 81-4835602 | NEW MARKET TAX CREDIT | NY | PCDC | RELATED | | | | No | | Yes | | 100.000 % |
| PCDC HEALTH OPP FUND XXV C/O PCDC 45 BROADWAY NEW YORK, NY 10006 81-4852986 | NEW MARKET TAX CREDIT | NY | PCDC | RELATED | | | | No | | Yes | | 100.000 % |
| PCDC HEALTH OPP FUND XXVI C/O PCDC 45 BROADWAY NEW YORK, NY 10006 81-4871292 | NEW MARKET TAX CREDIT | NY | PCDC | RELATED | | | | No | | Yes | | 100.000 % |
| PCDC HEALTH OPP FUND XXVII C/O PCDC 45 BROADWAY NEW YORK, NY 10006 81-4889085 | NEW MARKET TAX CREDIT | NY | PCDC | RELATED | | | | No | | Yes | | 100.000 % |
| PCDC HEALTH OPP FUND XXVIII C/O PCDC 45 BROADWAY NEW YORK, NY 10006 81-4907042 | NEW MARKET TAX CREDIT | NY | PCDC | RELATED | | | | No | | Yes | | 100.000 % |
| PCDC HEALTH OPP FUND XXIX C/O PCDC 45 BROADWAY NEW YORK, NY 10006 81-4923506 | NEW MARKET TAX CREDIT | NY | PCDC | RELATED | | | | No | | Yes | | 100.000 % |

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 |
|--|-------------------------------------|-------------------------------|---|
| PCDC EMPIRE STATE HEALTH OPP FUND XVII | L | 458,486 | COST |
| PCDC EMPIRE STATE HEALTH OPP FUND III | L | 99,948 | COST |
| PCDC EMPIRE STATE HEALTH OPP FUND XIII | L | 65,000 | COST |
| PCDC EMPIRE STATE HEALTH OPP FUND XI | L | 62,500 | COST |
| PCDC EMPIRE STATE HEALTH OPP FUND X | L | 60,000 | COST |
| PCDC EMPIRE STATE HEALTH OPP FUND I | L | 57,609 | COST |
| PCDC EMPIRE STATE HEALTH OPP FUND XVIII | L | 423,194 | COST |
| PCDC EMPIRE STATE HEALTH OPP FUND XIX | L | 359,000 | COST |
| PCDC EMPIRE STATE HEALTH OPP FUND XX | L | 212,361 | COST |
| PCDC EMPIRE STATE HEALTH OPP FUND XXI | L | 263,472 | COST |