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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020

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 $ 14,293,015

F Name and address of principal officer:
LOUISE COHEN
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)

H(c) Group exemption number ▶

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

J Website: ▶ WWW.PCDC.ORG

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.

Activities & Governance

2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	21
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	21
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	65
6	Total number of volunteers (estimate if necessary)	6	21
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 39	7b	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	3,196,866	4,354,066
9	Program service revenue (Part VIII, line 2g)	10,423,887	9,524,126
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	337,528	334,810
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-6,045	7,490
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,952,236	14,220,492

Revenue

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	290,000
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)	7,061,664	6,963,719
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶97,177		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	4,511,947	6,676,304
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	11,573,611	13,930,023
19	Revenue less expenses. Subtract line 18 from line 12	2,378,625	290,469

Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	93,930,403	100,477,628
21	Total liabilities (Part X, line 26)	51,153,798	57,222,063
22	Net assets or fund balances. Subtract line 21 from line 20	42,776,605	43,255,565

Net Assets or Fund Balances

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

****** 2021-03-04
Signature of officer Date

LOUISE COHEN CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2021-03-04		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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

QUALITY PRIMARY CARE IS TRANSFORMATIONAL AND A CORNERSTONE OF HEALTHY, THRIVING COMMUNITIES. THE PRIMARY CARE DEVELOPMENT CORPORATION (PCDC) CATALYZES EXCELLENCE IN PRIMARY CARE THROUGH STRATEGIC COMMUNITY INVESTMENT, SEE SCH O CONTINUATION

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: See Additional Data)	(Expenses $	5,775,632	including grants of $	) (Revenue $	5,811,510)
4b	(Code: See Additional Data)	(Expenses $	4,553,934	including grants of $	290,000) (Revenue $	3,712,616)
4c	(Code: See Additional Data)	(Expenses $	1,783,236	including grants of $	) (Revenue $	)
4d	Other program services (Describe in Schedule O.) (Expenses $			including grants of $	) (Revenue $	)
4e	**Total program service expenses ▶**		12,112,802			

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)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		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? *If "Yes," complete Schedule C, Part II*	4	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? *If "Yes," complete Schedule C, Part III*	5		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? *If "Yes," complete Schedule D,* Part I	6		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? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	8		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? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V*	10		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? *If "Yes," complete Schedule D,* Part VI.	11a	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? *If "Yes," complete Schedule D, Part VII*	11b		No
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? *If "Yes," complete Schedule D, Part VIII*	11c		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? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	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)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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? *If "Yes," complete Schedule F, Parts I and IV*	14b		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? *If "Yes," complete Schedule F, Parts II and IV*	15		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? *If "Yes," complete Schedule F, Parts III and IV*	16		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? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	41		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return **2a** 65				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	**2b**	Yes		
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	**3a**		No	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	**3b**			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	**4a**		No	
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**		No	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**		No	
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	**6a**		No	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**	Yes		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**	Yes		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**		No	
d	If "Yes," indicate the number of Forms 8282 filed during the year **7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**		No	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**		No	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?	**9a**			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	**9b**			
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . . **10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities **10b**				
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders **11a**				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) **11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. **12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . . **Note.** See the instructions for additional information the organization must report on Schedule O.	**13a**			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans **13b**				
c	Enter the amount of reserves on hand **13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**		No	
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	**14b**			
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see instructions and file Form 4720, Schedule N.	**15**		No	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . If "Yes," complete Form 4720, Schedule O.	**16**		No	

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	21		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	21		
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?			**2** 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?			**3**	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			**4**	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			**5**	No
6	Did the organization have members or stockholders?			**6**	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?			**7a**	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			**7b**	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?			**8a** Yes	
b	Each committee with authority to act on behalf of the governing body?			**8b** 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*			**9**	No

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
▶MICHAEL ROSEN CFO 45 BROADWAY SUITE 530 NEW YORK, NY 10006 (212) 437-3946

Part VII **Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII . . . . . ☐

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(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			
See Additional Data Table										

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(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			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								2,314,085	0	311,949

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 23

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
RR HEALTH STRATEGIC LLC 102 MOTOR PARKWAY SUITE 520 HAUPPAUGE, NY 11788	PCMH CONSULTANT	269,669
HCLS CONSULTING LLC 300 EAST 59TH STREET SUITE 501 NEW YORK, NY 10022	PCMH CONSULTANT	211,500

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

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	337,715			
	d Related organizations	1d				
	e Government grants (contributions)	1e	2,677,551			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,338,800			
	g Noncash contributions included in lines 1a - 1f: $	1g				
	h **Total.** Add lines 1a-1f		4,354,066			
Program Service Revenue		Business Code				
	2a PROGRAM FEES	900099	6,248,754	6,248,754		
	b INTEREST ON LOANS	900099	3,275,372	3,275,372		
	c					
	d					
	e					
	f All other program service revenue.					
	g **Total.** Add lines 2a–2f		9,524,126			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		335,439			335,439
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					

		(i) Real	(ii) Personal				
6a Gross rents	6a						
b Less: rental expenses	6b						
c Rental income or (loss)	6c						
d Net rental income or (loss)							

		(i) Securities	(ii) Other				
7a Gross amount from sales of assets other than inventory	7a	25,644	700				
b Less: cost or other basis and sales expenses	7b	25,244	1,729				
c Gain or (loss)	7c	400	-1,029				
d Net gain or (loss)				-629			-629

8a Gross income from fundraising events (not including $ 337,715 of contributions reported on line 1c). See Part IV, line 18	8a	53,040				
b Less: direct expenses	8b	45,550				
c Net income or (loss) from fundraising events			7,490			7,490
9a Gross income from gaming activities. See Part IV, line 19	9a					
b Less: direct expenses	9b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	10a					
b Less: cost of goods sold	10b					
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		14,220,492	9,524,126	0	342,300

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	290,000	290,000		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,403,200	858,334	521,909	22,957
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	4,505,233	3,870,590	605,178	29,465
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	151,509	127,938	22,966	605
9 Other employee benefits	498,664	409,456	85,278	3,930
10 Payroll taxes	405,113	334,670	68,198	2,245
11 Fees for services (non-employees):				
a Management				
b Legal	381,470	381,470		
c Accounting	59,465		59,465	
d Lobbying	62,288	62,288		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,035,455	999,316	25,638	10,501
12 Advertising and promotion	9,147	8,158		989
13 Office expenses	181,275	115,299	49,122	16,854
14 Information technology	258,915	185,547	71,888	1,480
15 Royalties				
16 Occupancy	605,255	496,638	102,567	6,050
17 Travel	169,523	157,893	10,169	1,461
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	57,092	52,833	4,259	
20 Interest	982,623	980,553	2,070	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	62,320	50,353	11,342	625
23 Insurance	50,602	500	50,102	
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	2,119,964	2,119,964		
b BAD DEBT EXPENSE	450,000	450,000		
c DUES & SUBSCRIPTIONS	54,620	48,260	6,345	15
d				
e All other expenses	136,290	112,742	23,548	
25 **Total functional expenses.** Add lines 1 through 24e	13,930,023	12,112,802	1,720,044	97,177
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 ▶ ☐ 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	31,861,384	2	39,014,935
	3	Pledges and grants receivable, net	718,146	3	870,855
	4	Accounts receivable, net	1,249,624	4	299,867
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net	49,730,103	7	49,662,470
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	223,577	9	160,147
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 723,495			
	b	Less: accumulated depreciation — 10b: 421,686	241,221	10c	301,809
	11	Investments—publicly traded securities	4,430,350	11	5,203,685
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11	20,748	13	20,745
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	5,455,250	15	4,943,115
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	93,930,403	16	100,477,628
Liabilities	17	Accounts payable and accrued expenses	1,334,998	17	1,517,910
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties	4,553,140	23	4,013,590
	24	Unsecured notes and loans payable to unrelated third parties	20,363,640	24	27,128,052
	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	24,902,020	25	24,562,511
	26	**Total liabilities.** Add lines 17 through 25	51,153,798	26	57,222,063
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	24,971,353	27	25,175,562
	28	Net assets with donor restrictions	17,805,252	28	18,080,003
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	42,776,605	32	43,255,565
	33	Total liabilities and net assets/fund balances	93,930,403	33	100,477,628

Part XI Reconcilliation 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	14,220,492
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,930,023
3	Revenue less expenses. Subtract line 2 from line 1	3	290,469
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	42,776,605
5	Net unrealized gains (losses) on investments	5	188,491
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	43,255,565

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	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: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	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: ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
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?	3a	Yes	
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.	3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 13-3711803

Name: PRIMARY CARE DEVELOPMENT CORPORATION

Form 990 (2019)

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 148 PRIMARY CARE PROJECTS VALUED AT MORE THAN $1.2 BILLION. THIS INVESTMENT HAS CREATED THE CAPACITY TO PROVIDE 4.1 MILLION MEDICAL VISITS ANNUALLY TO MEET THE PRIMARY CARE NEEDS OF MORE THAN 1.2 MILLION PATIENTS THROUGHOUT THE UNITED STATES. PCDC'S INVESTMENT HAS TRANSFORMED 2.1 MILLION SQUARE FEET OF SPACE INTO FULLY FUNCTIONING PRIMARY CARE PRACTICES AND CREATED OR PRESERVED OVER 16,400 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: WRIGHT CENTER FOR COMMUNITY HEALTH: THE NORTHEAST PENNSYLVANIA COMMUNITY THAT THIS HEALTH CENTER SERVES WILL SOON SEE EXPANDED PRIMARY CARE ACCESS AND MEDICAL EDUCATION AS A RESULT OF PCDC'S $9.5 MILLION IN NEW MARKETS TAX CREDIT FUNDING AND $2.5 MILLION IN DEBT FINANCING. THE WRIGHT CENTER AND ITS AFFILIATED ENTITY, THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION, WILL EXPAND TO A NEW 41,900-SQUARE-FOOT FACILITY IN SCRANTON. THIS EXPANSION WILL ACCOMMODATE 7,000 NEW PATIENTS AND CREATE 40 NEW FULL-TIME JOBS, AS WELL AS PROVIDE TEACHING SPACE FOR ACCREDITED RESIDENCY AND FELLOWSHIP PROGRAMS. ONE COMPLETED, PATIENT WILL HAVE ACCESS TO INTEGRATED PRIMARY CARE, NUTRITION COUNSELING, HIV SERVICES, DENTAL, ADDICTION COUNSELING, AND WOMEN'S HEALTH CARE UNDER ONE ROOF. COMPASS HEALTH: WITH $1.5 MILLION PRE-DEVELOPMENT FINANCING FROM PCDC, COMPASS HEALTH'S EVERETT LOCATION WILL EXPAND TO INCLUDE AN 82,800-SQUARE-FOOT BEHAVIORAL HEALTH, SUBSTANCE USE TREATMENT, AND SUPPORTIVE HOUSING FACILITY, SERVING A COUNTY IN WASHINGTON STATE WHERE HEROIN OVERDOSE MORTALITY RATES ARE MORE THAN DOUBLE THE NATIONAL AVERAGE. IN ADDITION TO AN ON-SITE PHARMACY AND 40 ADDITIONAL SUBSTANCE USE TREATMENT STAFF, THE NEW CENTER WILL INCLUDE THREE 16-BED CARE UNITS FOR PATIENTS IN CRISIS REFERRED BY LAW ENFORCEMENT, PATIENTS WHO CANNOT BE ACCOMMODATED AT THE OVERCROWDED STATE PSYCHIATRIC HOSPITAL, AND PATIENTS WITH CO-OCCURRING MENTAL HEALTH AND SUBSTANCE USE DISORDERS. ELICA HEALTH CENTERS: THROUGH A $5.8 MILLION CONSTRUCTION LOAN, PCDC ALLOWED THIS NORTHERN SACRAMENTO HEALTH CENTER TO RENOVATE AND EXPAND ITS FACILITIES TO IMPROVE ACCESS TO BEHAVIORAL HEALTH AND PRIMARY CARE. THE 20,000-SQUARE-FOOT RELOCATION AND EXPANSION OF THE SITE WILL HOUSE 24 MEDICAL EXAMINATION ROOMS, 18 DENTAL OPERATORIES AND SIX BEHAVIORAL HEALTH EXAM ROOMS IN ADDITION TO A NEW BEHAVIORAL HEALTH MEETING ROOM TO BE USED FOR GROUP THERAPY SESSIONS. THE SPACE WILL INCLUDE A LABORATORY AND AN ON-SITE PHARMACY. ELICA'S PATIENTS ARE DISPROPORTIONATELY LOWER INCOME COMPARED TO RESIDENTS OF OTHER PARTS OF SACRAMENTO AND THE STATE OF CALIFORNIA. A RECENT HEALTH NEEDS ASSESSMENT FOUND THAT THE NUMBER ONE PRIORITY FOR SACRAMENTO COUNTY IS INCREASING ACCESS TO PRIMARY CARE. THIS PCDC-FUNDED PROJECT WILL AID IN MEETING THAT NEED FOR SOME OF THE COUNTY'S MOST VULNERABLE RESIDENTS. APICHA JACKSON HEIGHTS HEALTH CENTER: A $2.75 MILLION PROJECT USING THE NEW YORK STATE REVOLVING CAPITAL FUND WILL ALLOW FOR THE DEVELOPMENT OF A NEW 14,400-SQUARE-FOOT FACILITY IN QUEENS THAT CAN ENCOMPASS A BROADER SCOPE OF SERVICES AND POSITION THE ORGANIZATION TO SERVE A MORE GENERAL POPULATION THAN ITS CURRENT MANHATTAN CENTER, TO FULLY MEET ITS OBLIGATIONS AS AN FQHC. IN ADDITION TO ADULT PRIMARY CARE, THE CENTER WILL OFFER PEDIATRICS, WOMEN'S HEALTH, BEHAVIORAL HEALTH, AND DENTAL CARE, AS WELL AS NUTRITION, HEALTH EDUCATION, ELIGIBILITY ASSISTANCE, AND OUTREACH SERVICES. THIS EXPANSION WILL IMPROVE ACCESS TO ESSENTIAL SERVICES IN AN AREA SERVING MAJORITY ASIAN AND HISPANIC/LATINO RESIDENTS.

Form 990, Part III, Line 4b:

CLINICAL & QUALITY PARTNERS (FORMERLY PERFORMANCE IMPROVEMENT): STRENGTHENING SERVICE DELIVERY. PCDC'S CLINICAL & QUALITY PARTNERS TEAM HAS PROVIDED CONSULTING, TRAINING, AND COACHING SERVICES TO MORE THAN 4,400 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 CLINICAL & QUALITY PARTNERS ACCOMPLISHMENTS INCLUDE: ASSISTING NEARLY 900 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.LAUNCHING THE HIGH IMPACT PREVENTION WARMLINE: PCDC'S HIGH IMPACT PREVENTION (HIP) IN HEALTH CARE TEAM NOW PROVIDES A FREE CONSULTATION SERVICE TO ASSIST HEALTH DEPARTMENTS AND CARE PROVIDERS WORKING IN CDC-FUNDED HIV TREATMENT AND PREVENTION PROGRAMS IN THE NORTHEASTERN UNITED STATES, PUERTO RICO, AND US VIRGIN ISLANDS. PCDC STAFF ARE AVAILABLE TO RESPOND TO NON-URGENT QUESTIONS REGARDING HIV TESTING AND NEW TECHNOLOGIES, MEDICATION ADHERENCE, PREP AND PEP, AMONG MANY OTHER TOPICS. ISSUING RECOMMENDATIONS FOR INTEGRATING PRIMARY CARE AND BEHAVIORAL HEALTH IN NEW YORK STATE: THE REPORT ISSUED BY PCDC, CLOSING THE BEHAVIORAL HEALTH INTEGRATION GAP, USES NEW YORK STATE AS A CASE STUDY TO IDENTIFY FIVE RECOMMENDATIONS FOR INTEGRATING BEHAVIORAL HEALTH AND PRIMARY CARE INCLUDING SIMPLIFYING INTEGRATED FACILITY REQUIREMENTS, ESTABLISHING INTEGRATED SYSTEMS TO SHARE PATIENT INFORMATION, AND PROMOTING A COLLABORATIVE TEAM-BASED APPROACH TO CARE. THE CASE STUDY CAN BE USED BY PROVIDERS, POLICYMAKERS, AND OTHER STAKEHOLDERS TO REDUCE BARRIERS TO INTEGRATION.DEVELOPING ONLINE RESOURCES AND HOSTING WEBINARS TO AID PROVIDER UPTAKE OF TELEMEDICINE IN THE WAKE OF THE COVID-19 PANDEMIC: PCDC CREATED A ROBUST ONLINE RESOURCE CENTER FOR PRIMARY CARE PROVIDERS WHO SEEK EDUCATION AND TRAINING ON TELEHEALTH IMPLEMENTATION THAT INCLUDES REIMBURSEMENT, CODING, AND COMMUNICATIONS GUIDANCE. THE TEAM NOW ALSO PROVIDES TELEHEALTH TECHNICAL ASSISTANCE UPON REQUEST. IN ADDITION, PCDC STAFF HELD SEVERAL INFORMATIONAL WEBINARS FOCUSED ON TELEHEALTH IN THE PRIMARY CARE SECTOR AND A VIRTUAL TOWN HALL WHERE PROVIDERS EXCHANGED INFORMATION AND IDEAS FOR IMPROVING CARE DELIVERY DURING THE PANDEMIC.

Form 990, Part III, Line 4c:

POLICY, ADVOCACY, COMMUNICATIONS & EVALUATION: 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; EXPANDING ACCESS TO CAPITAL FOR PRIMARY CARE FACILITY EXPANSION; STRENGTHENING THE ROLE OF PRIMARY CARE IN HEALTH SYSTEM AND HEALTH PAYMENT REFORM; AND STRENGTHENING THE HEALTH CARE INFRASTRUCTURE THROUGH PRIMARY CARE TO PROMOTE HEALTHY COMMUNITIES. PCDC'S EVALUATION AGENDA INCLUDES GAUGING THE ORGANIZATION'S IMPACT, RESEARCHING POPULATION HEALTH OUTCOMES, AND LEADING EFFORTS TO ADOPT DATA-DRIVEN APPROACHES TO OUTCOMES MEASUREMENT AND ANALYSIS. IT ALSO INCLUDES OVERSEEING APPLIED RESEARCH EFFORTS THAT INFORM PCDC'S WORK AND ADVANCE KNOWLEDGE ON PRIMARY CARE ACCESS AT LOCAL, STATE, AND FEDERAL LEVELS. HIGHLIGHTS OF RECENT POLICY, ADVOCACY, COMMUNICATIONS & EVALUATION ACCOMPLISHMENTS INCLUDE: ADVOCATING FOR RACIAL HEALTH EQUITY AT THE STATE AND FEDERAL LEVELS: PCDC SUBMITTED WRITTEN TESTIMONY TO THE NEW YORK STATE LEGISLATURE PROVIDING POLICY RECOMMENDATIONS FOCUSED ON STRENGTHENING PRIMARY CARE TO ADDRESS THE PREVALENCE OF RACIAL DISPARITIES IN COVID-19 INFECTIONS AND DEATHS. THE RECOMMENDATIONS INCLUDING INCREASING INVESTMENT IN PRIMARY CARE, REJECTING BUDGETARY CUTS TO THE MEDICAID PROGRAM, AND SHIFTING PAYMENT FOR PRIMARY CARE FROM FEE-FOR-SERVICE TO A PROSPECTIVE STRUCTURE, AMONG OTHERS. ADDITIONALLY, PCDC SIGNED ON TO A LETTER TO HHS SECRETARY ALEX AZAR URGING THE DEPARTMENT TO USE MEDICAID 1115 WAIVERS TO ADDRESS SYSTEM RACISM IN THE HEALTH CARE SYSTEM. HOSTING EVENTS TO ELEVATE THE DISCUSSION OF PRIMARY CARE INVESTMENT: PCDC HOSTED A SMALL, INVITE-ONLY BREAKFAST DISCUSSION WITH KEY NEW YORK HEALTH CARE AND POLICY PLAYERS TO DISCUSS THE LAUNCH OF AN EFFORT SPONSORED BY PCDC TO INCREASE THE PROPORTION OF HEALTH CARE SPENDING GOING TO PRIMARY CARE IN NEW YORK STATE. THIS DISCUSSION AMONG KEY STAKEHOLDERS PROVIDED INSIGHTS INTO BARRIERS AND OPPORTUNITIES TO RE-BALANCE THE STATE'S HEALTH CARE SPENDING. PCDC'S PRIMARY CARE SUMMIT ALSO FOCUSED ON PRIMARY CARE INVESTED AND HOSTED SPEAKERS FROM TWO STATES PIONEERING THE EFFORT TO INCREASE INVESTMENT IN PRIMARY CARE ACROSS THE COUNTRY: OREGON AND DELAWARE. THE EVENT, OPEN TO THE PUBLIC AND ATTENDED BY OVER 400 AUDIENCE MEMBERS, PROVIDED AN ENGAGING CONVERSATION ON THE SUCCESSES AND CHALLENGES OTHER STATES HAVE FACED IN THEIR RESPECTIVE EFFORTS TO INCREASE SPENDING ON PRIMARY CARE.HOSTING A SERIES OF WEBINAR EVENTS TO HIGHLIGHT PRIMARY CARE NEEDS AND OPPORTUNITIES AMIDST COVID-19: IN A THREE-PART WEBINAR SERIES, PCDC AND SPECIAL GUESTS DISCUSSED COVID-19'S IMPACT ON THE PRIMARY CARE SECTOR AND WHAT PRIMARY CARE'S ROLE SHOULD BE IN COVID-19 RELIEF, RESPONSE, AND RESILIENCY. THE CONVERSATIONS HIGHLIGHTED CURRENT CHALLENGES IN PRIMARY CARE DELIVERY AND WHAT PRIMARY CARE NEEDS TO SUSTAIN ESSENTIAL SERVICES GOING FORWARD AND REOPEN EVEN STRONGER. TESTIFYING IN SUPPORT OF PRIMARY CARE: PCDC DIRECTOR OF EVALUATION AND ANALYTICS, MARY FORD, TESTIFIED BEFORE THE NEW YORK STATE LEGISLATURE'S JOINT LEGISLATIVE BUDGET HEARING ON HEALTH/MEDICAID, HIGHLIGHTING THE IMPORTANCE OF PRIMARY CARE, ITS IMPACT ON HEALTH OUTCOMES FOR NEW YORK STATE RESIDENTS, AND PCDC'S WORK ACROSS THE STATE.RELEASING REPORTS AND BRIEFS ON PRIMARY CARE ACCESS: PCDC ISSUED A REPORT IDENTIFYING MARKED DISPARITIES IN PRIMARY CARE ACCESS IN NEW YORK CITY, MEASURED ON A CITY COUNCIL DISTRICT LEVEL. BY EXAMINING ALL 51 DISTRICTS, THE PROFILE PROVIDES A MULTIDIMENSIONAL VIEW OF GAPS IN ACCESS, HELPS SUPPORT ADVOCACY FOR ADDITIONAL SERVICES, AND INFORMS SITING OF NEW PRIMARY CARE FACILITIES. PCDC'S IN-DEPTH MEASURES INCLUDE PRIMARY CARE ACCESS, HEALTH STATUS, AND SOCIOECONOMIC POSITION. ADDITIONALLY, PCDC PRODUCED TWO NEW BRIEFS WITHIN THE POINTS ON CARE SERIES: COVID-19 AND HEALTH INEQUITIES IN NYC, WHICH IDENTIFIES DEEPENING HEALTH DISPARITIES IN THE WAKE OF THE PANDEMIC AND CALLS FOR RAPID RESPONSE THROUGH THE PRIMARY CARE SYSTEM AND IS ACCOMPANIED BY AN INTERACTIVE DASHBOARD, AND CALIFORNIA PRIMARY CARE ACCESS, WHICH EXAMINES ASPECTS OF PRIMARY CARE ACCESS ACROSS THE STATE OF CALIFORNIA AND REVEALS DISPARITIES ALIGNED WITH SOCIOECONOMIC INDICATORS.PUBLISHING A REPORT IN THE JOURNAL OF PRIMARY CARE & COMMUNITY HEALTH: THE STUDY USED THE MEASURES OF PRIMARY CARE ACCESS, HEALTH STATUS, AND SOCIOECONOMIC POSITION AT THE NEW YORK CITY COUNCIL DISTRICT LEVEL TO DEMONSTRATE CORRELATIONS BETWEEN PRIMARY CARE ACCESS AND HEALTH STATUS AFTER ADJUSTING FOR SOCIOECONOMIC FACTORS. RESULTS SHOWED THAT AN INCREASE OF 1 PROVIDER PER 10,000 PEOPLE WAS ASSOCIATED WITH A 1% DECREASE IN DIABETES RATES AND A 5% DECREASE IN RATES OF ADULTS WITHOUT AN INFLUENZA IMMUNIZATION. THE FINDINGS HIGHLIGHT THE SIGNIFICANT CONTRIBUTION OF PRIMARY CARE ACCESS TO COMMUNITY HEALTH. ADVOCATING PUBLICLY AND FREQUENTLY FOR IMPROVED PRIMARY CARE ACCESS: THROUGH MULTIPLE PUBLIC COMMENTS, PCDC LENT ITS VOICE TO MULTIPLE POLICY CONCERNS INCLUDING PROPOSED REVISIONS TO THE COMMUNITY REINVESTMENT ACT, POTENTIAL CUTS AND CHANGES TO THE NEW YORK STATE MEDICAID PROGRAM, MEDICAID PHARMACY TRANSITIONS THAT WOULD IMPACT THE 340B DRUG DISCOUNT PROGRAM IN BOTH CALIFORNIA AND NEW YORK, FINANCIAL RELIEF FOR PRIMARY CARE IN THE WAKE OF THE COVID-19 CRISIS, THE EXTENSION OF THE NEW MARKETS TAX CREDIT PROGRAM AT THE FEDERAL LEVEL, AND DISPARITIES IN PRIMARY CARE ACCESS AMONG NEW YORK CITY COUNCIL DISTRICTS. THE PRIORITY THROUGHOUT WAS TO ADVANCE POLICIES THAT INCREASE ACCESS TO QUALITY PRIMARY CARE, ENABLING IT TO MORE SUCCESSFULLY IMPROVE HEALTH OUTCOMES, REDUCE COSTS, AND IMPROVE HEALTH EQUITY.

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 VICE CHAIR	1.00	X		X				0	0	0
CAROLYN TAIN BOARD MEMBER	1.00	X						0	0	0
CHRISTOPHER KOLLER BOARD MEMBER	1.00	X						0	0	0
DAVID A GOULD CHAIRMAN	1.00	X		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
EMILY FLYNN BOARD MEMBER	1.00	X						0	0	0
GARY JACOBS BOARD MEMBER	1.00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
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
LORI SCOTT BOARD MEMBER	1.00	X						0	0	0
MARK LEVINE BOARD MEMBER	1.00	X						0	0	0
OXIRIS BARBOT BOARD MEMBER	1.00	X						0	0	0
SARAH GELFAND BOARD MEMBER	1.00	X						0	0	0
SCOTT MORGAN TREASURER	1.00	X		X				0	0	0
SUZETTE GORDON BOARD MEMBER	1.00	X						0	0	0
YVETTE TEOFAN BOARD MEMBER	1.00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
UDAI TAMBAR BOARD MEMBER	1.00	X						0	0	0
LOUISE COHEN CHIEF EXECUTIVE OFFICER	40.00			X				369,006	0	22,810
MICHAEL ROSEN CFO/COO	40.00			X				278,569	0	33,486
ANNE DYJAK MANAGING DIR., CAPITAL INV	40.00				X			240,439	0	17,298
AVITAL HAVUSHA MANAGING DIR., PERF. (OUTGOING)	40.00				X			189,552	0	10,304
GITA RAO CHIEF CREDIT OFFICER	40.00				X			201,071	0	48,040
WILLIAM O'BRIEN CHIEF LENDING OFFICER	40.00				X			202,099	0	49,840
NANCY LAGER DIRECTOR, CAPITAL INVESTMENT	40.00					X		170,944	0	24,790
SHUK HAN LEUNG DIRECTOR OF FINANCE	40.00					X		168,390	0	36,306
ANDREW PHILIP SR. DIR. CLINICAL & POP. HEALTH	40.00					X		179,278	0	14,012

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			
ADAM CARSON DEPUTY MANAGING DIR.	40.00					X		160,046	0	37,524
DEBORAH JOHNSON INGRAM SENIOR DIRECTOR	40.00					X		154,691	0	17,539

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
PRIMARY CARE DEVELOPMENT CORPORATION

Employer identification number
13-3711803

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 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 331/3% 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 331/3% 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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	2,819,834	4,580,693	3,853,234	3,164,161	4,354,066	18,771,988
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	2,819,834	4,580,693	3,853,234	3,164,161	4,354,066	18,771,988
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) . .						198,800
6 **Public support.** Subtract line 5 from line 4.						18,573,188

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. .	2,819,834	4,580,693	3,853,234	3,164,161	4,354,066	18,771,988
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .	298,592	290,678	317,035	347,997	335,439	1,589,741
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.). .	186,719	204,840	190,985	32,705	53,040	668,289
11 **Total support.** Add lines 7 through 10						21,030,018

12 Gross receipts from related activities, etc. (see instructions)	12	33,825,636

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 2019 (line 6, column (f) divided by line 11, column (f))	14	88.320 %
15 Public support percentage for 2018 Schedule A, Part II, line 14	15	88.580 %

16a **33 1/3% support test—2019.** 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—2018.** 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—2019.** 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—2018.** 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) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2019** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2018** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2019.** 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—2018.** 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? *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.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
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)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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.*	4b		
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)? *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.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *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).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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? *If "Yes," provide detail in* ***Part VI.***	6		
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? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
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))? *If "Yes," provide detail in* ***Part VI.***	9a		
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? *If "Yes," provide detail in* ***Part VI.***	9b		
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? *If "Yes," provide detail in* ***Part VI.***	9c		
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)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		

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?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in* ***Part VI****.*	11c		

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? *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.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*	2		

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)? *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).*	1		

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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**:

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer (a) and (b) below.**

			Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		

3 Parent of Supported Organizations. **Answer (a) and (b) below.**

a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard.*	3b		

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

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (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 ☐ 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 2019 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-2019**	**(iii) Distributable Amount for 2019**
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. 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 2020.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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 - FUNDRAISING INCOME - 2015 AMOUNT: $ 186,719. 2016 AMOUNT: $ 204,840 . 2017 AMOUNT: $ 190,985. 2018 AMOUNT: $ 32,705. 2019 AMOUNT: $ 53,040.

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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.**
▶**Go to *www.irs.gov/Form990* for instructions and the latest information.**

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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	Employer identification number
PRIMARY CARE DEVELOPMENT CORPORATION	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-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-.		
i Subtract line 1f from line 1c. If zero or less, enter -0-.		

If the amount on line 1e, column (a) or (b) is:	**The lobbying nontaxable amount is:**
Not over $500,000	20% of the amount on line 1e.
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
Over $17,000,000	$1,000,000.

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2016	**(b)** 2017	**(c)** 2018	**(d)** 2019	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) 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		62,288
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i			62,288
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:	LOBBYING ACTIVITIES INCLUDE OUTREACH TO LOCAL, STATE AND FEDERAL ELECTED AND APPOINTED OFFICIALS AS WELL AS THEIR RELEVANT AGENCY, DEPARTMENT, AND OFFICE STAFF TO EDUCATE THEM ON PRIMARY CARE ISSUES AND OBTAIN FUNDING FOR PCDC-LED INITIATIVES THAT EXPAND ACCESS TO AND STRENGTHEN PRIMARY CARE.

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ 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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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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 7/25/06, 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		428,256	209,165	219,091
d Equipment		177,887	164,002	13,885
e Other		117,352	48,519	68,833
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				301,809

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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶		

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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	

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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(1) RESERVES AND DEPOSITS PAYABLE	4,181,855
(2) DEFERRED RENT	251,578
(3) DUE TO NEW YORK CITY BOND PROGRAM	589,135
(4) DUE TO THIRD PARTY	19,539,943
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	24,562,511

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	14,454,533
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	188,491		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	188,491
3	Subtract line **2e** from line **1**			3	14,266,042
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	-45,550		
c	Add lines **4a** and **4b**			4c	-45,550
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	14,220,492

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	13,975,573
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	45,550		
e	Add lines **2a** through **2d**			2e	45,550
3	Subtract line **2e** from line **1**			3	13,930,023
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	13,930,023

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, 2020 AND 2019 IN ACCORDANCE WITH ACCOUNTING STANDARDS CODIFICATION ("ASC") TOPIC 740, WHICH PROVIDES STANDARDS FOR ESTABLISHING AND CLASSIFYING ANY TAX PROVISIONS FOR UNCERTAIN TAX POSITIONS.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	DIRECT FUNDRAISING EXPENSES -45,550.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	DIRECT FUNDRAISING EXPENSES 45,550.

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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.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2019

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 10 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? **Yes**	**No**	**(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
Total . . . . . ▶						

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

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

		(a) Event #1 GALA (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	390,755			390,755
	2 Less: Contributions	337,715			337,715
	3 Gross income (line 1 minus line 2)	53,040			53,040
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	45,550			45,550
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				45,550
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				7,490

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	☐ Yes ____% ☐ 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

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
PRIMARY CARE DEVELOPMENT CORPORATION

Employer identification number
13-3711803

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 13

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2:	THE CORONAVIRUS EMERGENCY SUPPORT GRANT WAS USED BY THE GRANTEES TO PURCHASE PERSONAL PROTECTIVE EQUIPMENT (PPE) DURING THE PANDEMIC. GRANTEES CONFIRMED ACCEPTANCE OF GRANT TERMS INCLUDING ELIGIBLE EXPENSES AND REPORTING REQUIREMENT BEFORE FUNDS WERE DISTRIBUTED. A FINAL EXPENSE REPORT FOR EACH GRANTEE WAS SUBMITTED BEFORE THE END OF THE GRANT PERIOD WITH AN ITEMIZED LIST OF EXPENDITURES. PCDC STAFF REVIEWED GRANTEES' REPORTS TO ENSURE COMPLIANCE WITH THE TERMS OF THE GRANT.

Additional Data

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

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BEDFORD STUYVESANT FAMILY HEALTH CENTER INC 1456 FULTON ST BROOKLYN, NY 11216	11-2412205	501(C)(3)	30,000				CORONAVIRUS EMERGENCY SUPPORT GRANT
COMMUNITY HEALTH CENTER OF RICHMOND 439 PORT RICHMOND AVE STATEN ISLAND, NY 10302	51-0567466	501(C)(3)	30,000				CORONAVIRUS EMERGENCY SUPPORT GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DAMIAN FAMILY HEALTH CENTERS 8956 162ND ST FL3 JAMAICA, NY 11432	22-3433831	501(C)(3)	30,000				CORONAVIRUS EMERGENCY SUPPORT GRANT
JOSEPH P ADDABBO FAMILY HEALTH CENTER 6200 BEACH CHANNEL DR ARVERNE, NY 11692	06-1181226	501(C)(3)	30,000				CORONAVIRUS EMERGENCY SUPPORT GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
EAST HARLEM COUNCIL FOR HUMAN SERVICES INC 2265 3RD AVENUE NEW YORK, NY 10035	13-6213532	501(C)(3)	30,000				CORONAVIRUS EMERGENCY SUPPORT GRANT
APICHA COMMUNITY HEALTH CENTER 400 BROADWAY NEW YORK, NY 10013	13-3706365	501(C)(3)	30,000				CORONAVIRUS EMERGENCY SUPPORT GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SETTLEMENT HEALTH & MEDICAL SERVICES INC 212 E 106TH STREET NEW YORK, NY 10029	13-2957943	501(C)(3)	30,000				CORONAVIRUS EMERGENCY SUPPORT GRANT
HOUSING WORKS 57 WILLOUGHBY ST 2ND FLOOR BROOKLYN, NY 11201	13-3584089	501(C)(3)	10,000				CORONAVIRUS EMERGENCY SUPPORT GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COMMUNITY HEALTH PROJECT INC 356 W 18TH ST NEW YORK, NY 10011	13-3409680	501(C)(3)	30,000				CORONAVIRUS EMERGENCY SUPPORT GRANT
EHS INC 206 S ELMWOOD AVE BUFFALO, NY 14201	16-1202971	501(C)(3)	10,000				CORONAVIRUS EMERGENCY SUPPORT GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
INSTITUTE OF COMMUNITY LIVING INC 125 BROAD STREET 3RD FLOOR NEW YORK, NY 10004	13-3306195	501(C)(3)	10,000				CORONAVIRUS EMERGENCY SUPPORT GRANT
HARLEM UNITED COMMUNITY AIDS CENTER INC 306 LENOX AVE NEW YORK, NY 10027	13-3461695	501(C)(3)	10,000				CORONAVIRUS EMERGENCY SUPPORT GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
OPEN DOOR FAMILY MEDICAL CENTER INC 165 MAIN ST OSSINING, NY 10562	13-2813103	501(C)(3)	10,000				CORONAVIRUS EMERGENCY SUPPORT GRANT

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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.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2019

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
1a	Check the appropiate 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.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
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 on Line 1a?	**2**		
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.			
	☑ Compensation committee	☐ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
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:			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
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:			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III.			
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:			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III.			
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	**7**	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accured 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	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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

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

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

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

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 CEO AND CFO BONUSES WERE DETERMINED BY THE BOARD OF DIRECTORS AT THE BEGINNING OF THE FISCAL YEAR AND WERE AWARDED AT THE END OF THE FISCAL YEAR BASED ON VARIOUS FACTORS, INCLUDING ORGANIZATIONAL FINANCIAL PERFORMANCE ACHIEVED AND INDIVIDUAL PERFORMANCE AS EVALUATED BY THE BOARD AT THE END OF THE YEAR DURING THE ANNUAL REVIEW PROCESS. THE BONUS PLAN FOR ALL STAFF, INCLUDING KEY EMPLOYEES, WAS DETERMINED BY A FORMULA THAT WAS APPROVED BY THE BOARD AND WAS DEPENDENT ON VARIOUS FACTORS INCLUDING ORGANIZATIONAL FINANCIAL PERFORMANCE AND INDIVIDUAL PERFORMANCE.

Additional Data

Software ID:

Software Version:

EIN: 13-3711803

Name: PRIMARY CARE DEVELOPMENT CORPORATION

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1LOUISE COHEN CHIEF EXECUTIVE OFFICER	(i)	325,680	42,138	1,188	18,299	4,511	391,816	0
	(ii)	0	0	0	0	0	0	0
1MICHAEL ROSEN CFO/COO	(i)	251,628	25,753	1,188	14,152	19,334	312,055	0
	(ii)	0	0	0	0	0	0	0
2ANNE DYJAK MANAGING DIR., CAPITAL INV	(i)	228,017	11,648	774	12,035	5,263	257,737	0
	(ii)	0	0	0	0	0	0	0
3AVITAL HAVUSHA MANAGING DIR., PERF. (OUTGOING)	(i)	172,623	16,794	135	3,159	7,145	199,856	0
	(ii)	0	0	0	0	0	0	0
4GITA RAO CHIEF CREDIT OFFICER	(i)	183,712	17,179	180	10,394	37,646	249,111	0
	(ii)	0	0	0	0	0	0	0
5WILLIAM O'BRIEN CHIEF LENDING OFFICER	(i)	191,322	10,003	774	10,494	39,346	251,939	0
	(ii)	0	0	0	0	0	0	0
6NANCY LAGER DIRECTOR, CAPITAL INVESTMENT	(i)	161,682	8,074	1,188	8,638	16,152	195,734	0
	(ii)	0	0	0	0	0	0	0
7SHUK HAN LEUNG DIRECTOR OF FINANCE	(i)	155,074	12,902	414	8,345	27,961	204,696	0
	(ii)	0	0	0	0	0	0	0
8ANDREW PHILIP SR. DIR. CLINICAL & POP. HEALTH	(i)	169,109	10,030	139	0	14,012	193,290	0
	(ii)	0	0	0	0	0	0	0
9ADAM CARSON DEPUTY MANAGING DIR.	(i)	154,912	5,000	134	0	37,524	197,570	0
	(ii)	0	0	0	0	0	0	0
10 DEBORAH JOHNSON INGRAM SENIOR DIRECTOR	(i)	147,234	7,043	414	7,989	9,550	172,230	0
	(ii)	0	0	0	0	0	0	0

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ **Attach to Form 990 or 990-EZ.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
PRIMARY CARE DEVELOPMENT CORPORATION

Employer identification number
13-3711803

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III, LINE 1:	CAPACITY BUILDING, AND POLICY INITIATIVES TO ACHIEVE HEALTH EQUITY DESCRIBED BELOW. BY PRO VIDING AFFORDABLE CAPITAL FOR HEALTH FACILITY RENOVATION AND EXPANSION, CHANGING HOW CARE IS DELIVERED, AND ADVOCATING FOR GREATER PUBLIC INVESTMENT AND FAVORABLE POLICIES, PCDC ST RIVES TO ENSURE THAT EVERY FAMILY AND COMMUNITY HAS THE ESSENTIAL QUALITY PRIMARY CARE IT REQUIRES. AND WHILE NO ONE COULD HAVE PREDICTED THE SOCIETAL TRANSFORMATION THAT WOULD COM E IN THE FORM OF COVID-19, PCDC HAS WORKED DILIGENTLY TO REALIGN PRIORITIES AND WORKFLOWS TO ACCOMMODATE THE NEW NORMAL CREATED BY THE PANDEMIC. ALL UNITS OF PCDC BUSINESS CONTINUE TO WORK TO TRANSITION OUR WORK TO SUPPORT AND PROMOTE PRIMARY CARE IN NEW WAYS. PCDC FIRM LY BELIEVES A HEALTH SYSTEM ROOTED IN PRIMARY CARE, WITH HIGHLY FUNCTIONING HOSPITALS AND CLOSE COLLABORATIONS WITH PUBLIC HEALTH, WILL STRENGTHEN OUR COUNTRY'S ABILITY TO ADDRESS AND MANAGE FUTURE THREATS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	CAROL RAPHAEL, VICE CHAIR, AND CHRISTOPHER KOLLER, BOARD MEMBER HAVE A BUSINESS RELATIONSH IP AS BOTH BEING BOARD MEMBERS OF THE COMMONWEATH CARE ALLIANCE. THE DAUGHTER OF DAVID MAN KO, BOARD MEMBER, WAS EMPLOYED BY PCDC AS AN INTERN. THE INTERNSHIP ENDED IN DECEMBER OF 2 020.

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 I S 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	EACH YEAR BOARD MEMBERS REVIEW PCDC'S WRITTEN POLICY AND ATTEST THAT THEY HAVE READ AND WI LL 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 HIS OR H ER INTEREST TO THE BOARD PRIOR TO ANY DISCUSSION OR VOTE REGARDING THE MATTER; AND THE INT ERESTED DIRECTOR ABSENTS HIM OR HERSELF FROM THE DISCUSSION AND/OR VOTES CONCERNING THE MA TTER. CONFLICTS ARE REPORTED IN THE BOARD MINUTES. A LIST OF BOARD MATTERS IS COMPILED ANN UALLY FOR BOARD MEMBERS TO REVIEW AND REAFFIRM THEIR DISCLOSURE (S) DURING THE YEAR. SIMIL ARILY, ALL EMPLOYEES OF PCDC ANNUALLY REVIEW PCDC'S CONFIDENTIALITY AND CONFLICT OF INTERE ST 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 CH IEF EXECUTIVE OFFICER.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION COMPARABLE DATA IS COMPILED BY AN INDEPENDENT CONSULTANT ON THE CHIEF EXECUTI VE OFFICER (CEO), CHIEF FINANCIAL OFFICER (CFO) AND KEY EMPLOYEES AND IS REVIEWED BY THE G OVERNANCE COMMITTEE (GC). THE SURVEY IS BASED ON MARKET ANALYSIS AND COMPARISON OF 990S FR OM OTHER ORGANIZATIONS WITH SIMILAR MISSIONS, PROGRAMS, BALANCE SHEETS, AND BUDGETS. RECOM MENDATION OF CEO'S AND CFO'S COMPENSATION IS MADE BY THE GC TO THE BOARD FOR ITS DISCUSSIO N AND APPROVAL. THE GC PROPOSES COMPENSATION AND DETERMINES THE REASONABLENESS OF COMPENSA TION IN A PROCESS THAT INCLUDES PERFORMANCE APPRAISALS AND THE REVIEW OF THE COMPENSATION DATA PREPARED BY THE INDEPENDENT CONSULTANT. THE BOARD MAKES THE FINAL DECISION IN AN EXEC UTIVE SESSION WITH NO STAFF PRESENT. KEY EMPLOYEE COMPENSATION IS DETERMINED BY THE CEO AN D CFO ANNUALLY BASED PRIMARILY ON PERFORMANCE APPRAISALS AND COMPARABLE SALARY SURVEY PREP ARED BY THE INDEPENDENT CONSULTANT AND IS REVIEWED BY THE GC.

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 RETU RNS 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 RETUR NS 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.

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
PRIMARY CARE DEVELOPMENT CORPORATION

Employer identification number
13-3711803

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

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

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

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

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

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) Disproprtionate allocations? Yes	(h) Disproprtionate allocations? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) General or managing partner? No	(k) Percentage ownership

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	(i) Section 512(b)(13) controlled entity? No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

		Yes	No
1 During the tax year, did the orgranization 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	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	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

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation
FORM 990, SCHEDULE R - PART III:	BETWEEN FISCAL YEARS 2007 AND 2017, PCDC WAS AWARDED $248 MILLION IN NEW MARKETS TAX CREDIT ("NMTC") ALLOCATION 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 30 SUCH ENTITIES: PCDC EMPIRE STATE HEALTH OPPORTUNITIES FUND LLC I-IV, LLC AND PCDC HEALTH OPPORTUNITIES FUND LLC V-XXX, ALL OF WHICH ARE MULTI-MEMBER LIMITED LIABILITY COMPANIES. AS OF JUNE 30, 2020, PCDC EMPIRE STATE HEALTH OPPORTUNITIES FUND LLC IV AND PCDC HEALTH OPPORTUNITIES FUND LLC V THROUGH XXVII ARE IN USE AND ACTIVE. PURSUANT TO THE AMENDED OPERATING AGREEMENTS FOR ACTIVE LLCS, 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 CODE. THE INDEMNIFICATION AMOUNTS VARY WITH EACH AGREEMENT. ABSENT GROSS OR WILLFUL MISCONDUCT, PCDC'S LIABILITY IS SUBJECT TO AN INDEMNIFICATION LIMIT IN EACH AGREEMENT WITH AN ESTIMATED AMOUNT TOTALING $15.2 MILLION. PCDC HAS SYSTEMATIC MONITORING PROCEDURES IN PLACE TO AVOID RECAPTURE EVENTS THROUGH TRACKING AND TESTING OF TRANSACTION PAYMENTS, REVIEW OF QUARTERLY FINANCIAL STATEMENTS, CONFIRMATION OF COMPLIANCE CERTIFICATES AND REGULAR MEETINGS OF THE PCDC NMTC ADVISORY BOARD. 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, 2020, PCDC'S INVESTMENT IN HEALTHCO AMOUNTED TO $500.

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) Disproprtionate 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 OPPORTUNITIES FUND 1 LLC C/O PCDC 45 BROADWAY NEW YORK, NY 10006 26-2054736	HEALTH CARE NMTC PROGRAM LOANS	NY	PCDC	RELATED				No		Yes		0.010 %
PCDC EMPIRE STATE HEALTH OPPORTUNITIES FUND II LLC C/O PCDC 45 BROADWAY NEW YORK, NY 10006 26-2054556	HEALTH CARE NMTC PROGRAM LOANS	NY	PCDC	RELATED				No		Yes		0.010 %
PCDC EMPIRE STATE HEALTH OPPORTUNITIES FUND IV LLC C/O PCDC 45 BROADWAY NEW YORK, NY 10006 26-2054736	HEALTH CARE NMTC PROGRAM LOANS	NY	PCDC	RELATED	41	1,000		No		Yes		0.010 %
PCDC HEALTH OPPORTUNITIES FUND V LLC C/O PCDC 45 BROADWAY NEW YORK, NY 10006 47-1122026	HEALTH CARE NMTC PROGRAM LOANS	NY	PCDC	RELATED	25	950		No		Yes		0.010 %
PCDC HEALTH OPPORTUNITIES FUND VI LLC C/O PCDC 45 BROADWAY NEW YORK, NY 10006 47-1147896	HEALTH CARE NMTC PROGRAM LOANS	NY	PCDC	RELATED	25	750		No		Yes		0.010 %
PCDC HEALTH OPPORTUNITIES FUND VII LLC C/O PCDC 45 BROADWAY NEW YORK, NY 10006 47-1150721	HEALTH CARE NMTC PROGRAM LOANS	NY	PCDC	RELATED	49	700		No		Yes		0.010 %
PCDC HEALTH OPPORTUNITIES FUND VIII LLC C/O PCDC 45 BROADWAY NEW YORK, NY 10006 47-1160866	HEALTH CARE NMTC PROGRAM LOANS	NY	PCDC	RELATED	19	400		No		Yes		0.010 %
PCDC HEALTH OPPORTUNITIES FUND IX LLC C/O PCDC 45 BROADWAY NEW YORK, NY 10006 47-1174154	HEALTH CARE NMTC PROGRAM LOANS	NY	PCDC	RELATED	12	500		No		Yes		0.010 %
PCDC HEALTH OPPORTUNITIES FUND X LLC C/O PCDC 45 BROADWAY NEW YORK, NY 10006 47-1186012	HEALTH CARE NMTC PROGRAM LOANS	NY	PCDC	RELATED	32	1,200		No		Yes		0.010 %
PCDC HEALTH OPPORTUNITIES FUND XI LLC C/O PCDC 45 BROADWAY NEW YORK, NY 10006 47-1197703	HEALTH CARE NMTC PROGRAM LOANS	NY	PCDC	RELATED	48	1,250		No		Yes		0.010 %
PCDC HEALTH OPPORTUNITIES FUND XII LLC C/O PCDC 45 BROADWAY NEW YORK, NY 10006 47-1208668	HEALTH CARE NMTC PROGRAM LOANS	NY	PCDC	RELATED	79	900		No		Yes		0.010 %
PCDC HEALTH OPPORTUNITIES FUND XIII LLC C/O PCDC 45 BROADWAY NEW YORK, NY 10006 47-4416943	HEALTH CARE NMTC PROGRAM LOANS	NY	PCDC	RELATED	47	1,300		No		Yes		0.010 %
PCDC HEALTH OPPORTUNITIES FUND XIV LLC C/O PCDC 45 BROADWAY NEW YORK, NY 10006 47-4439649	HEALTH CARE NMTC PROGRAM LOANS	NY	PCDC	RELATED	21	850		No		Yes		0.010 %
PCDC HEALTH OPPORTUNITIES FUND XV LLC C/O PCDC 45 BROADWAY NEW YORK, NY 10006 47-4452002	HEALTH CARE NMTC PROGRAM LOANS	NY	PCDC	RELATED	13	650		No		Yes		0.010 %
PCDC HEALTH OPPORTUNITIES FUND XVI LLC C/O PCDC 45 BROADWAY NEW YORK, NY 10006 47-4464362	HEALTH CARE NMTC PROGRAM LOANS	NY	PCDC	RELATED	14	800		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) Disproprtionate 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 OPPORTUNITIES FUND XVII LLC C/O PCDC 45 BROADWAY NEW YORK, NY 10006 47-4476378	HEALTH CARE NMTC PROGRAM LOANS	NY	PCDC	RELATED	27	1,100		No		Yes		0.010 %
PCDC HEALTH OPPORTUNITIES FUND XVIII LLC C/O PCDC 45 BROADWAY NEW YORK, NY 10006 81-4830979	HEALTH CARE NMTC PROGRAM LOANS	NY	PCDC	RELATED	14	1,000		No		Yes		0.010 %
PCDC HEALTH OPPORTUNITIES FUND IXX LLC C/O PCDC 45 BROADWAY NEW YORK, NY 10006 81-4845795	HEALTH CARE NMTC PROGRAM LOANS	NY	PCDC	RELATED	36	900		No		Yes		0.010 %
PCDC HEALTH OPPORTUNITIES FUND XX LLC C/O PCDC 45 BROADWAY NEW YORK, NY 10006 81-4859546	HEALTH CARE NMTC PROGRAM LOANS	NY	PCDC	RELATED	8	550		No		Yes		0.010 %
PCDC HEALTH OPPORTUNITIES FUND XXI LLC C/O PCDC 45 BROADWAY NEW YORK, NY 10006 81-4878558	HEALTH CARE NMTC PROGRAM LOANS	NY	PCDC	RELATED	2	700		No		Yes		0.010 %
PCDC HEALTH OPPORTUNITIES FUND XXII LLC C/O PCDC 45 BROADWAY NEW YORK, NY 10006 81-4914582	HEALTH CARE NMTC PROGRAM LOANS	NY	PCDC	RELATED	9	900		No		Yes		0.010 %
PCDC HEALTH OPPORTUNITIES FUND XXIII LLC C/O PCDC 45 BROADWAY NEW YORK, NY 10006 81-4932296	HEALTH CARE NMTC PROGRAM LOANS	NY	PCDC	RELATED	17	1,000		No		Yes		0.010 %
PCDC HEALTH OPPORTUNITIES FUND XXIV LLC C/O PCDC 45 BROADWAY NEW YORK, NY 10006 81-4835602	HEALTH CARE NMTC PROGRAM LOANS	NY	PCDC	RELATED	7	800		No		Yes		0.010 %
PCDC HEALTH OPPORTUNITIES FUND XXV LLC C/O PCDC 45 BROADWAY NEW YORK, NY 10006 81-4852986	HEALTH CARE NMTC PROGRAM LOANS	NY	PCDC	RELATED	3	650		No		Yes		0.010 %
PCDC HEALTH OPPORTUNITIES FUND XXVI LLC C/O PCDC 45 BROADWAY NEW YORK, NY 10006 81-4871292	HEALTH CARE NMTC PROGRAM LOANS	NY	PCDC	RELATED		1,000		No		Yes		100.000 %
PCDC HEALTH OPPORTUNITIES FUND XXVII LLC C/O PCDC 45 BROADWAY NEW YORK, NY 10006 81-4889085	HEALTH CARE NMTC PROGRAM LOANS	NY	PCDC	RELATED		950		No		Yes		100.000 %
PCDC HEALTH OPPORTUNITIES FUND XXVIII LLC C/O PCDC 45 BROADWAY NEW YORK, NY 10006 81-4907042	HEALTH CARE NMTC PROGRAM LOANS	NY	PCDC	RELATED				No		Yes		100.000 %
PCDC HEALTH OPPORTUNITIES FUND XXIX LLC C/O PCDC 45 BROADWAY NEW YORK, NY 10006 81-4923506	HEALTH CARE NMTC PROGRAM LOANS	NY	PCDC	RELATED				No		Yes		100.000 %
HEALTHCO C/O PCDC 45 BROADWAY NEW YORK, NY 10006 46-4147984	PCDC LOAN PROGRAMS	NY	PCDC	RELATED		500		No		Yes		33.330 %
PCDC NMTC HEALTH FUND LLC C/O PCDC 45 BROADWAY NEW YORK, NY 10006 83-1213730	HEALTH CARE NMTC PROGRAM LOANS	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 HEALTH OPPORTUNITIES FUND XXVI LLC	L	348,889	COST
PCDC HEALTH OPPORTUNITIES FUND XXVII LLC	L	429,201	COST
PCDC HEALTH OPPORTUNITIES FUND LLC	L	103,708	COST
PCDC HEALTH OPPORTUNITIES FUND XIII LLC	L	65,000	COST
PCDC HEALTH OPPORTUNITIES FUND XI LLC	L	62,500	COST
PCDC HEALTH OPPORTUNITIES FUND X LLC	L	60,000	COST
PCDC HEALTH OPPORTUNITIES FUND XVII LLC	L	55,000	COST