

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2020**  
Open to Public Inspection

**A For the 2020 calendar year, or tax year beginning 07-01-2020, and ending 06-30-2021**

**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) 437-3940

**G** Gross receipts \$ 25,601,234

**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.

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets.

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	3	21
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	4	21
<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	56
<b>6</b> Total number of volunteers (estimate if necessary)	6	21
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
<b>b</b> Net unrelated business taxable income from Form 990-T, line 39	7b	0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	4,354,066	15,261,916
<b>9</b> Program service revenue (Part VIII, line 2g)	9,524,126	7,804,042
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	334,810	188,926
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,490	450,017
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,220,492	23,704,901

<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	290,000	0
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	6,963,719	7,590,081
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶69,937		
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	6,676,304	4,077,212
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	13,930,023	11,667,293
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	290,469	12,037,608

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	100,477,628	129,317,637
<b>21</b> Total liabilities (Part X, line 26)	57,222,063	74,204,461
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	43,255,565	55,113,176

## Part II Signature Block

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

**Sign Here**  
\*\*\*\*\*  
Signature of officer  
Date 2022-05-11  
LOUISE COHEN CEO  
Type or print name and title

**Paid Preparer Use Only**  
Print/Type preparer's name Preparer's signature Date 2022-05-11 Check  if self-employed PTIN P00535099  
Firm's name ▶ CBIZ MARKS PANETH LLC Firm's EIN ▶ 87-3707167  
Firm's address ▶ 685 THIRD AVENUE Phone no. (212) 503-8800  
NEW YORK, NY 10017

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: ) (Expenses \$ 4,639,728 including grants of \$ ) (Revenue \$ 6,684,664 )  
See Additional Data

**4b** (Code: ) (Expenses \$ 3,485,438 including grants of \$ ) (Revenue \$ 1,120,832 )  
See Additional Data

**4c** (Code: ) (Expenses \$ 1,412,196 including grants of \$ ) (Revenue \$ 450,017 )  
See Additional Data

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

**4e Total program service expenses** ▶ 9,537,362

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, with sub-questions a-f for items 11 and 12. Questions cover topics like political activities, lobbying, donor funds, conservation easements, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance. Check if Schedule O contains a response or note to any line in this Part V.

Table with 3 main columns: Question, Yes, No. Rows 1a, 1b, 1c regarding Form 1096, Forms W-2G, and backup withholding rules.



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

Table with columns for line number, description, and Yes/No responses. Includes lines 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

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

Table with columns for line number, description, and Yes/No responses. Includes lines 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

Table with columns for line number, description, and Yes/No responses. Includes lines 17, 18, 19, 20.



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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows for Section A: 1b Sub-Total, 1c Total from continuation sheets to Part VII, Section A, 1d Total (add lines 1b and 1c) with values 2,366,949, 0, and 334,512.

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 21

Table with 3 columns: Question (3, 4, 5), Yes, No. Questions about former officers, compensation > \$150,000, and compensation from unrelated organizations.

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.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Includes entries for HADEN GROUP LLC, MCCARTER & ENGLISH LLP, and WORLDWIDE PLAZA.

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

Table with columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include: Contributions, Gifts, Grants and Other Similar Amounts (1a-1g), Program Service Revenue (2a-2f), Other Revenue (3-12), and Total revenue (12).

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	1,707,929	1,127,540	564,873	15,516
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	4,677,818	3,896,675	764,233	16,910
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	165,759	150,059	15,424	276
<b>9</b> Other employee benefits . . . . .	552,512	443,921	106,019	2,572
<b>10</b> Payroll taxes . . . . .	486,063	394,940	89,001	2,122
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	584,597	565,879	18,718	
<b>c</b> Accounting . . . . .	58,311		58,311	
<b>d</b> Lobbying . . . . .	51,102	51,102		
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	444,430	410,696	23,469	10,265
<b>12</b> Advertising and promotion . . . . .				
<b>13</b> Office expenses . . . . .	162,917	108,366	46,563	7,988
<b>14</b> Information technology . . . . .	288,654	212,204	73,530	2,920
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	571,266	452,223	115,288	3,755
<b>17</b> Travel . . . . .	567	113	454	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	39,726	38,541	1,185	
<b>20</b> Interest . . . . .	1,149,058	1,140,221	8,837	
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	65,926	51,990	13,519	417
<b>23</b> Insurance . . . . .	61,715	500	61,215	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> PROVISION FOR LOAN LOSS	170,783	170,783		
<b>b</b> DUES & SUBSCRIPTIONS	77,429	67,965	9,464	
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses	350,731	253,644	89,891	7,196
<b>25</b> Total functional expenses. Add lines 1 through 24e	11,667,293	9,537,362	2,059,994	69,937
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .		<b>1</b>	
	<b>2</b> Savings and temporary cash investments . . . . .	39,014,935	<b>2</b>	60,550,252
	<b>3</b> Pledges and grants receivable, net . . . . .	870,855	<b>3</b>	1,271,389
	<b>4</b> Accounts receivable, net . . . . .	299,867	<b>4</b>	718,165
	<b>5</b> 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 . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .	49,662,470	<b>7</b>	52,867,878
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	160,147	<b>9</b>	150,814
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 675,858		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 419,012	301,809	<b>10c</b> 256,846
	<b>11</b> Investments—publicly traded securities . . . . .	5,203,685	<b>11</b>	8,627,702
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	20,745	<b>13</b>	24,260
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	4,943,115	<b>15</b>	4,850,331
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	100,477,628	<b>16</b>	129,317,637	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	1,517,910	<b>17</b>	1,842,105
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to 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 . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	4,013,590	<b>23</b>	1,655,341
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	27,128,052	<b>24</b>	46,213,640
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	24,562,511	<b>25</b>	24,493,375
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	57,222,063	<b>26</b>	74,204,461
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	25,175,562	<b>27</b>	28,372,673
	<b>28</b> Net assets with donor restrictions . . . . .	18,080,003	<b>28</b>	26,740,503
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
<b>32</b> Total net assets or fund balances . . . . .	43,255,565	<b>32</b>	55,113,176	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	100,477,628	<b>33</b>	129,317,637	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	23,704,901
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	11,667,293
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	12,037,608
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	43,255,565
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-179,997
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	55,113,176

**Part XII Financial Statements and Reporting**

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

- 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?  
 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?  
 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?  
 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?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>	Yes	
<b>3b</b>	Yes	

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 13-3711803

**Name:** PRIMARY CARE DEVELOPMENT CORPORATION

Form 990 (2020)

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### 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 191 PRIMARY CARE PROJECTS VALUED AT MORE THAN \$1.3 BILLION. THIS INVESTMENT HAS CREATED THE CAPACITY TO PROVIDE 4.2 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 221 MILLION SQUARE FEET OF SPACE INTO FULLY FUNCTIONING PRIMARY CARE PRACTICES AND CREATED OR PRESERVED OVER 17,000 JOBS IN LOW-INCOME COMMUNITIES. PCDC HAS EXPERIENCED NO LOAN LOSSES IN ITS PORTFOLIO TO DATE AND HAS RECEIVED AN AA+2 RATING FROM THE CDFI RATING AGENCY AERIS. HIGHLIGHTS OF RECENT CAPITAL INVESTMENT ACCOMPLISHMENTS INCLUDE: COMMUNIHEALTH SERVICES: AN UNDERSERVED COMMUNITY IN NORTH-CENTRAL LOUISIANA WILL SOON HAVE MORE ACCESS TO INTEGRATED PRIMARY CARE AND BEHAVIORAL SERVICES, THANKS TO FINANCING FROM PCDC. COMMUNIHEALTH SERVICES, ESTABLISHED AS MOREHOUSE COMMUNITY MEDICAL CENTERS INC. IN 2002, BROKE GROUND FOR ITS NEW STATE-OF-THE-ART 41,000 SQUARE-FOOT FACILITY IN BASTROP. THE \$14.3 MILLION PROJECT WAS FINANCED THROUGH A COMBINATION OF DEBT AND NEW MARKETS TAX CREDITS PROVIDED BY PCDC AND PARTNERS. RENEWAL HOUSE: RENEWAL HOUSE, THE ONLY RESIDENTIAL ADDICTION TREATMENT PROGRAM FOR PREGNANT WOMEN AND WOMEN AND THEIR CHILDREN IN MIDDLE TENNESSEE, RECEIVED A TOTAL OF \$9 MILLION IN NEW MARKETS TAX CREDITS TO CONSTRUCT A NEW ADDICTION TREATMENT AND MENTAL HEALTH FACILITY IN NASHVILLE. THIS 35,000 SQUARE FOOT INPATIENT AND OUTPATIENT FACILITY WILL ALLOW RENEWAL HOUSE TO DOUBLE THE NUMBER OF FAMILIES SERVED THROUGH ITS ADDICTION TREATMENT AND RECOVERY PROGRAMS. THE FACILITY WILL ALSO ADD 34 APARTMENT UNITS FOR INPATIENT AND RESIDENTIAL TREATMENT SERVICES. PROVIDENCE COMMUNITY HEALTH CENTERS: PROVIDENCE COMMUNITY HEALTH CENTERS, THE LARGEST FEDERALLY QUALIFIED HEALTH CENTER (FQHC) IN RHODE ISLAND, RECEIVED \$6 MILLION IN NEW MARKETS TAX CREDITS (NMTC) FROM PCDC FOR A NEW 26,000 SQUARE FOOT HEALTH FACILITY. THE NEW FACILITY, WHICH WILL BE LOCATED IN PROVIDENCE ON ATWOOD STREET, IS A MUCH-NEEDED EXPANSION TO ACCOMMODATE PATIENTS FROM PCHC'S OLNEYVILLE LOCATION, CURRENTLY OVERCAPACITY. THE ATWOOD STREET FACILITY WILL OFFER AN EXPRESS URGENT CARE CLINIC, LAB SERVICES, COMMUNITY OUTREACH, AND EDUCATION SERVICES AND IS EXPECTED TO SERVE OVER 14,000 NEW PATIENTS THROUGH 42,000 VISITS. PCDC'S NMTC INVESTMENT SUPPLEMENTS A \$6 MILLION CONSTRUCTION LOAN MADE TO PCHC IN NOVEMBER 2020.

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**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 4,800 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 OVER 1,000 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. PCDC PARTNERS WITH STELLAR HEALTH: PCDC PARTNERED WITH STELLAR HEALTH TO HELP PRIMARY CARE PROVIDERS THRIVE IN THE CURRENT VALUE-BASED CARE WORLD. STELLAR, A VALUE-BASED HEALTH CARE TECHNOLOGY COMPANY, EMPOWERS PRACTICING PHYSICIANS AND THEIR CARE TEAMS THROUGH A POINT-OF-CARE PLATFORM THAT PROVIDES REAL-TIME ACTIONABLE INSIGHTS AND MEANINGFUL FINANCIAL INCENTIVES TO DRIVE IMPROVED PATIENT OUTCOMES. PCDC, A NATIONAL NON-PROFIT, PROVIDES FINANCING, ON-THE-GROUND TRAINING, AND TECHNICAL ASSISTANCE, SPECIFICALLY DESIGNED TO SUPPORT THE SUSTAINABILITY AND PERFORMANCE IMPROVEMENT OF PRIMARY CARE PROVIDERS ACROSS THE COUNTRY. TOGETHER, STELLAR AND PCDC RECOGNIZE THE IMPORTANT ROLE THAT PRIMARY CARE PROVIDERS PLAY IN THE NATION'S SHIFT TO IMPROVE QUALITY, REDUCE COSTS, AND INCREASE ACCESS TO CARE. REBRANDING TO CLINICAL AND QUALITY PARTNERS: PCDC'S TECHNICAL ASSISTANCE AND TRAINING EFFORTS HAVE GROWN AND BECOME MORE TARGETED IN THEIR IMPACT. THE TEAM CONTINUES TO SUPPORT PRIMARY CARE INFRASTRUCTURE AND OPERATIONS BUT HAS GROWN IN ITS ABILITY TO OFFER NEW PROGRAMMING TO SUPPORT ADVANCES IN TELEHEALTH, UPDATED QUALITY REPORTING AND PERFORMANCE REQUIREMENTS, CHANGING PAYMENT MODELS, AND MORE. THIS NEW CHANGE MEANS SUPPORTING PRACTICES AND PROVIDERS THROUGH WORKSHOPS TO IMPROVE STAFF CAPACITY IN ESSENTIAL HEALTH CARE DELIVERY SKILLS, THROUGH DATA ANALYSIS TO UNDERSTAND PROVIDERS' OPPORTUNITIES, AND THROUGH DEEP-DIVE PROBLEM SOLVING TO ADDRESS ACCESS, OUTCOMES, FINANCIAL PERFORMANCE, AND ULTIMATELY, SUSTAINED COMMUNITY IMPACT. 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.

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## 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: DRAFTING AND LEADING CAMPAIGNS FOR TWO PIECES OF LEGISLATION TO ADVANCE PRIMARY CARE IN NEW YORK STATE: PCDC WORKED CLOSELY WITH LAWMAKERS AND WITH A LOBBYING FIRM, TO DRAFT TWO PIECES OF LEGISLATION THAT WOULD EXPAND AND ENHANCE PRIMARY CARE IN NEW YORK STATE. THE FIRST, S5139/A4593, WOULD AMEND THE LEGISLATION THAT CREATED THE NEW YORK STATE COMMUNITY HEALTH CARE REVOLVING CAPITAL LOAN FUND, WHICH IS ADMINISTERED BY PCDC. THE BILL WOULD EXPAND THE LIST OF ELIGIBLE USES OF THE FUND TO ALLOW FOR WORKING CAPITAL AND OPERATIONAL EXPENSES. THE SECOND, S6534A/A7230, SEEKS TO DEFINE, MEASURE, AND REPORT ON CURRENT PRIMARY CARE SPENDING, AND INCREASE THE PROPORTION OF THE HEALTH CARE DOLLAR THAT GOES TO PRIMARY CARE SERVICES ACROSS ALL PAYERS. PCDC POLICY STAFF WORKED TO CREATE MESSAGING AND COLLATERALS IN SUPPORT OF THESE BILLS, SECURE MEDIA ANNOUNCEMENTS, ENGAGE STAKEHOLDERS ACROSS THE STATE TO GAIN THEIR SUPPORT, AND MEET WITH SEVERAL LAWMAKERS TO ADVOCATE FOR THEIR PASSAGE. BOTH BILLS WERE MET WITH A POSITIVE RESPONSE AND SAW SWIFT INITIAL MOVEMENT IN THE LEGISLATURE, BEING PASSED OUT OF BOTH THE ASSEMBLY AND SENATE HEALTH COMMITTEES. S6534A WAS ALSO SUBSEQUENTLY PASSED OUT OF THE ASSEMBLY CODES COMMITTEE. BOTH BILLS WILL BE CARRIED OVER TO NEXT YEAR'S LEGISLATIVE SESSION. HOSTING A LEGISLATIVE BRIEFING ON THE NEED TO INCREASE SUPPORT FOR PRIMARY CARE IN LIGHT OF COVID-19 CHALLENGES: MODERATED BY PCDC CEO, LOUISE COHEN, THE EVENT FEATURED A CONVERSATION BETWEEN THREE PRIMARY CARE PROVIDERS FROM ACROSS NEW YORK STATE IN WHICH THEY EACH SHARED THEIR EXPERIENCES PROVIDING CARE THROUGHOUT THE COVID-19 PANDEMIC AND THOUGHTS ON HOW TO IMPROVE PRIMARY CARE GOING FORWARD. THE EVENT OPENED WITH INTRODUCTORY REMARKS FROM THE CHAIRS OF THE ASSEMBLY AND SENATE HEALTH COMMITTEES, ASSEMBLYMEMBER RICHARD GOTTFRIED AND SENATOR GUSTAVO RIVERA. OVER THIRTY LEGISLATIVE OFFICES HAD STAFF IN ATTENDANCE AT THE EVENT. TESTIFYING IN SUPPORT OF PRIMARY CARE: PCDC CEO, LOUISE COHEN, 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'S EVALUATION AND ANALYTICS UNIT ISSUED TWO NEW BRIEFS WITHIN THE POINTS ON CARE SERIES: TODAY'S HEALTH INEQUITIES IN NEW YORK CITY DRIVEN BY HISTORIC REDLINING PRACTICES, WHICH EXAMINES HOW DISCRIMINATORY LENDING AND HOUSING PRACTICES RESULTED IN THE CREATION OF HEALTH DISPARITIES ACROSS NEW YORK CITY, AND RISING NEED FOR BEHAVIORAL HEALTH INTEGRATION, WHICH REVIEWS THE MOST RECENT INFORMATION ON PRIMARY AND BEHAVIORAL HEALTH CARE INTEGRATION AS WELL AS EMERGING DATA ON RISING BEHAVIORAL HEALTH NEEDS AMID THE COVID-19 PANDEMIC. PCDC ALSO RELEASED A NEW REPORT: PRIMARY CARE ACCESS IN LOS ANGELES COUNTY SUPERVISORIAL DISTRICTS. THIS REPORT PROVIDES NEW INFORMATION ON PRIMARY CARE ACCESS AND HEALTH STATUS FOR RESIDENTS OF LOS ANGELES COUNTY'S FIVE SUPERVISORIAL DISTRICTS, DEMONSTRATING HOW THESE MEASURES VARY WITHIN AND ACROSS DISTRICTS. BY PRESENTING THIS DATA AT THE SUPERVISORIAL DISTRICT LEVEL, PCDC HOPES TO EMPOWER POLICYMAKERS AND PRIMARY CARE ADVOCATES TO ADDRESS EXISTING INEQUITIES IN ACCESS TO QUALITY PRIMARY CARE ACROSS LOS ANGELES. ADVOCATING PUBLICLY AND FREQUENTLY FOR IMPROVED PRIMARY CARE ACCESS: THROUGH MULTIPLE PUBLIC COMMENTS AND SIGNING ON TO LETTERS FROM OTHER ORGANIZATIONS, PCDC LENT ITS VOICE TO MULTIPLE POLICY CONCERNS INCLUDING DISPARITIES IN PRIMARY CARE ACCESS AMONG NEW YORK CITY COUNCIL DISTRICTS AND ACROSS NEW YORK STATE; THE NEED TO INTEGRATE PRIMARY AND BEHAVIORAL HEALTH CARE; AND PRIORITIZING PRIMARY CARE IN COVID-19 RECOVERY, INCLUDING THROUGH STIMULUS FUNDING, AND, IN PARTICULAR, POLICIES THAT WOULD THREATEN THE STABILITY AND EFFECTIVENESS OF THE FEDERAL 340B DRUG PRICING PROGRAM AT THE FEDERAL AND STATE LEVELS IN BOTH CALIFORNIA AND NEW YORK. PCDC WAS ESPECIALLY ACTIVE IN ADVOCACY TO PROTECT THE 340B PROGRAM IN NEW YORK STATE, THROUGH JOINING A STATEWIDE COALITION TO PROTECT SAFETY NET PROVIDERS AND MEETING WITH LAWMAKERS TO PROVIDE PCDC'S UNIQUE PERSPECTIVE ON THE MATTER AS A FINANCING INSTITUTION. THE GOAL THROUGHOUT THESE ACTIVITIES 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 (OUTGOING)	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 (OUTGOING)	1.00 .....	X		X				0	0	0
DUDLEY BENOIT ..... BOARD MEMBER	1.00 .....	X						0	0	0
EMILY FLYNN ..... BOARD MEMBER (OUTGOING)	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			
GARY JACOBS ..... BOARD MEMBER	1.00 .....	X						0	0	0
HELEN ARTEAGA LANDAVERDE ..... BOARD MEMBER	1.00 .....	X						0	0	0
HENRY CHUNG ..... BOARD MEMBER	1.00 .....	X						0	0	0
JAMES F CRYSTAL ..... BOARD MEMBER (OUTGOING)	1.00 .....	X						0	0	0
JOHN RUGGE ..... SECRETARY	1.00 .....	X		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
MATT SIEGLER ..... BOARD MEMBER	1.00 .....	X						0	0	0
OXIRIS BARBOT ..... BOARD MEMBER (OUTGOING)	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			
PABLO BRAVO ..... 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
UDAI TAMBAR ..... BOARD MEMBER	1.00 .....	X						0	0	0
YVETTE TEOFAN ..... BOARD MEMBER	1.00 .....	X						0	0	0
LOUISE COHEN ..... CHIEF EXECUTIVE OFFICER	40.00 .....			X				345,278	0	22,875
MICHAEL ROSEN ..... CFO/COO (OUTGOING)	40.00 .....			X				270,100	0	31,247
ANNE DYJAK ..... MANAGING DIR., CAPITAL INV	40.00 .....				X			247,582	0	15,147
GITA RAO ..... CHIEF CREDIT OFFICER	40.00 .....				X			191,825	0	51,668

**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			
ISAAC KASTENBAUM ..... MANAGING DIR., PERF.	40.00 .....				X			223,688	0	13,752
WILLIAM O'BRIEN ..... CHIEF LENDING OFFICER	40.00 .....				X			204,525	0	49,872
ADAM CARSON ..... DEPUTY MANAGING DIR.	40.00 .....					X		176,440	0	27,237
ANDREW PHILIP ..... SR. DIR. CLINICAL & POP. H	40.00 .....					X		178,709	0	19,638
DAVID DESAI-RAMIREZ ..... SENIOR DIRECTOR	40.00 .....					X		174,149	0	40,037
NANCY LAGER ..... DIRECTOR, CAPITAL INVEST	40.00 .....					X		175,969	0	25,664
SHUK HAN LEUNG ..... DIRECTOR OF FINANCE	40.00 .....					X		178,684	0	37,375

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

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2020**  
**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
PRIMARY CARE DEVELOPMENT CORPORATION

**Employer identification number**  
13-3711803

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

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

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	4,580,693	3,853,234	3,164,161	4,354,066	15,261,916	31,214,070
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge..						
<b>4 Total.</b> Add lines 1 through 3	4,580,693	3,853,234	3,164,161	4,354,066	15,261,916	31,214,070
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . .						9,326,060
<b>6 Public support.</b> Subtract line 5 from line 4.						21,888,010

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4. . .	4,580,693	3,853,234	3,164,161	4,354,066	15,261,916	31,214,070
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .	290,678	317,035	347,997	335,439	260,218	1,551,367
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . .	204,840	190,985	32,705	53,040	450,017	931,587
<b>11 Total support.</b> Add lines 7 through 10						33,697,024
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	35,427,634
<b>13 First 5 years.</b> 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 <b>stop here</b> . . . . .					<input type="checkbox"/>	

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

<b>14</b> Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	64.960 %
<b>15</b> Public support percentage for 2019 Schedule A, Part II, line 14 . . . . .	<b>15</b>	88.320 %
<b>16a 33 1/3% support test—2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .	<input checked="" type="checkbox"/>	
<b>b 33 1/3% support test—2019.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>17a 10%-facts-and-circumstances test—2020.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>b 10%-facts-and-circumstances test—2019.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
<b>2</b>	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b>	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
<b>c</b>	Add lines 7a and 7b. . . . .						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b>	Amounts from line 6. . . . .						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b>	Add lines 10a and 10b.						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13</b>	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

**14 First 5 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**

<b>15</b>	Public support percentage for 2020 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b>	Public support percentage from 2019 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

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

<b>17</b>	Investment income percentage for <b>2020</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2019</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

**19a 33 1/3% support tests—2020.** 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—2019.** 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 box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

		Yes	No
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b>	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b>	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b>	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b>	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b>	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b>	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b>	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b>	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b>	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b>	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b>	A family member of a person described in 11a above?		
<b>c</b>	A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)		
<b>2</b>	Activities Test. <b>Answer lines 2a and 2b below.</b>		
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b>	Did the activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b>	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by 0.035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>	
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>	
<b>5</b> Qualified set-aside amounts ( <i>prior IRS approval required - provide details in Part VI</i> )	<b>5</b>	
<b>6</b> Other distributions ( <i>describe in Part VI</i> ). See instructions	<b>6</b>	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions	<b>8</b>	
<b>9</b> Distributable amount for 2020 from Section C, line 6	<b>9</b>	
<b>10</b> Line 8 amount divided by Line 9 amount	<b>10</b>	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2020</b>	<b>(iii) Distributable Amount for 2020</b>
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required-- <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020:			
<b>a</b> From 2015. . . . .			
<b>b</b> From 2016. . . . .			
<b>c</b> From 2017. . . . .			
<b>d</b> From 2018. . . . .			
<b>e</b> From 2019. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7:			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7 Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016. . . . .			
<b>b</b> Excess from 2017. . . . .			
<b>c</b> Excess from 2018. . . . .			
<b>d</b> Excess from 2019. . . . .			
<b>e</b> Excess from 2020. . . . .			

**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).

<b>Facts And Circumstances Test</b>
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**990 Schedule A, Supplemental Information**

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME:	MISCELLANEOUS INCOME - 2020 AMOUNT: \$ 17. FUNDRAISING INCOME - 2016 AMOUNT: \$ 204,840. 2017 AMOUNT: \$ 190,985. 2018 AMOUNT: \$ 32,705. 2019 AMOUNT: \$ 53,040. 2020 AMOUNT: \$ 0. RECOVERY OF UNCOLLECTIBLE ACCT - 2020 AMOUNT: \$ 450,000.

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
  
**2020**  
**Open to Public Inspection**

**If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

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

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

Name of the organization PRIMARY CARE DEVELOPMENT CORPORATION	Employer identification number 13-3711803
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

**1** Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

**2** Political campaign activity expenditures (see instructions) ..... ▶ \$ \_\_\_\_\_

**3** Volunteer hours for political campaign activities (see instructions) .....

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

**1** Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_

**2** Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_

**3** If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No

**4a** Was a correction made? .....  Yes  No

**b** If "Yes," describe in Part IV.

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

**1** Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_

**2** Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_

**3** Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... ▶ \$ \_\_\_\_\_

**4** Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No

**5** Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				



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

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

		(a)		(b)
		Yes	No	Amount
<b>1</b>	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b>	Volunteers? .....		No	
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....	Yes		
<b>c</b>	Media advertisements? .....		No	
<b>d</b>	Mailings to members, legislators, or the public? .....		No	
<b>e</b>	Publications, or published or broadcast statements? .....		No	
<b>f</b>	Grants to other organizations for lobbying purposes? .....		No	
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body? .....	Yes		63,769
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		No	
<b>i</b>	Other activities? .....		No	
<b>j</b>	Total. Add lines 1c through 1i .....			63,769
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		No	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

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

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

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

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

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, 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.

**SCHEDULE D**  
(Form 990)  
  
Department of the Treasury  
Internal Revenue Service

# Supplemental Financial Statements

OMB No. 1545-0047  
**2020**  
**Open to Public Inspection**

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**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
<b>1</b> Total number at end of year . . . . .		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> 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
<b>a</b> Total number of conservation easements . . . . .	<b>2a</b>
<b>b</b> Total acreage restricted by conservation easements . . . . .	<b>2b</b>
<b>c</b> Number of conservation easements on a certified historic structure included in (a) . . . . .	<b>2c</b>
<b>d</b> Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . .	<b>2d</b>

**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 FASB 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 FASB 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 FASB 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:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, 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.

Table with 5 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 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 Term 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:
(i) Unrelated organizations
(ii) Related organizations
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 4 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

**Part 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 _____		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (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)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

**Part IX Other Assets.**

Complete if the organization answered 'Yes' 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)	
(10)	
<b>Total.</b> (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	
(2) RESERVES AND DEPOSITS PAYABLE	4,134,880
(3) DEFERRED RENT	217,387
(4) DUE TO NEW YORK CITY BOND PROGRAM	583,387
(5) DUE TO THIRD PARTY	19,557,721
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	24,493,375

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	23,524,904
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	-179,997
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	-179,997
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	23,704,901
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	0
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .	<b>5</b>	23,704,901

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	11,667,293
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	0
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	11,667,293
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	0
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .	<b>5</b>	11,667,293

**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, 2021 AND 2020 IN ACCORDANCE WITH ACCOUNTING STANDARDS CODIFICATION ("ASC") TOPIC 740, WHICH PROVIDES STANDARDS FOR ESTABLISHING AND CLASSIFYING ANY TAX PROVISIONS FOR UNCERTAIN TAX POSITIONS.

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2020**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
PRIMARY CARE DEVELOPMENT CORPORATION

Employer identification number  
13-3711803

**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p><b>b</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</p>	<b>1b</b>									
<p><b>2</b> 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?</p>	<b>2</b>									
<p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p><b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p><b>a</b> Receive a severance payment or change-of-control payment?</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4a</b>	No								
	<b>4b</b>	No								
	<b>4c</b>	No								
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p> <p><b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	<b>5a</b>	No								
	<b>5b</b>	No								
<p><b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	<b>6a</b>	No								
	<b>6b</b>	No								
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	<b>7</b>	Yes								
<p><b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	<b>8</b>	No								
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	<b>9</b>									



**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	NO BONUS PAYMENT WAS APPROVED DURING CALENDAR YEAR 2020 (FISCAL YEAR 20) DUE TO COVID. THE ONLY BONUS LISTED IN SCHEDULE J REPRESENTS PAYMENT OF BONUS ACCRUED IN PRIOR FISCAL YEAR BUT DEFERRED TO BE PAID IN CALENDAR YEAR 2020.

# 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				
1 LOUISE COHEN CHIEF EXECUTIVE OFFICER	(i)	344,090	0	1,188	18,927	3,948	368,153	0
	(ii)	0	0	0	0	0	0	0
1 MICHAEL ROSEN CFO/COO (OUTGOING)	(i)	268,912	0	1,188	14,646	16,601	301,347	0
	(ii)	0	0	0	0	0	0	0
2 ANNE DYJAK MANAGING DIR., CAPITAL INV	(i)	246,808	0	774	12,170	2,977	262,729	0
	(ii)	0	0	0	0	0	0	0
3 WILLIAM O'BRIEN CHIEF LENDING OFFICER	(i)	203,751	0	774	10,874	38,998	254,397	0
	(ii)	0	0	0	0	0	0	0
4 GITA RAO CHIEF CREDIT OFFICER	(i)	191,645	0	180	10,380	41,288	243,493	0
	(ii)	0	0	0	0	0	0	0
5 ISAAC KASTENBAUM MANAGING DIR., PERF.	(i)	223,568	0	120	0	13,752	237,440	0
	(ii)	0	0	0	0	0	0	0
6 SHUK HAN LEUNG DIRECTOR OF FINANCE	(i)	163,933	14,337	414	8,684	28,691	216,059	0
	(ii)	0	0	0	0	0	0	0
7 DAVID DESAI-RAMIREZ SENIOR DIRECTOR	(i)	174,014	0	135	0	40,037	214,186	0
	(ii)	0	0	0	0	0	0	0
8 ADAM CARSON DEPUTY MANAGING DIR.	(i)	176,278	0	162	629	26,608	203,677	0
	(ii)	0	0	0	0	0	0	0
9 NANCY LAGER DIRECTOR, CAPITAL INVEST	(i)	174,781	0	1,188	8,918	16,746	201,633	0
	(ii)	0	0	0	0	0	0	0
10 ANDREW PHILIP SR. DIR. CLINICAL & POP. H	(i)	178,547	0	162	5,304	14,334	198,347	0
	(ii)	0	0	0	0	0	0	0

**SCHEDULE O**  
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020****Open to Public Inspection**

Department of the Treasury

Name of the organization

PRIMARY CARE DEVELOPMENT CORPORATION

Employer identification number

13-3711803

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	CAROL RAPHAEL, VICE CHAIR, AND CHRISTOPHER KOLLER, BOARD MEMBER HAVE A BUSINESS RELATIONSHIP AS BOTH BEING BOARD MEMBERS OF THE COMMONWEALTH CARE ALLIANCE. THE DAUGHTER OF DAVID MAN KO, BOARD MEMBER, WAS EMPLOYED BY PCDC AS AN INTERN. THE INTERNSHIP ENDED IN DECEMBER OF 2020.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE 990 IS PREPARED BY PCDC AND REVIEWED BY PCDC'S INDEPENDENT ACCOUNTING FIRM. THE 990 IS THEN REVIEWED BY THE FINANCE COMMITTEE. UPON APPROVAL OF THE FINANCE COMMITTEE, THE 990 IS PRESENTED TO THE BOARD OF DIRECTORS. THE RETURN IS CIRCULATED TO THE BOARD OF DIRECTORS IN ADVANCE OF THE MEETING. AFTER APPROVAL THE RETURN IS FILED WITH THE IRS.

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION COMPARABLE DATA IS COMPILED BY AN INDEPENDENT CONSULTANT ON THE CHIEF EXECUTIVE OFFICER (CEO), CHIEF FINANCIAL OFFICER (CFO) AND KEY EMPLOYEES AND IS REVIEWED BY THE GOVERNANCE COMMITTEE (GC). THE SURVEY IS BASED ON MARKET ANALYSIS AND COMPARISON OF 990S FROM OTHER ORGANIZATIONS WITH SIMILAR MISSIONS, PROGRAMS, BALANCE SHEETS, AND BUDGETS. RECOMMENDATION OF CEO'S AND CFO'S COMPENSATION IS MADE BY THE GC TO THE BOARD FOR ITS DISCUSSION AND APPROVAL. THE GC PROPOSES COMPENSATION AND DETERMINES THE REASONABLENESS OF COMPENSATION 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 EXECUTIVE SESSION WITH NO STAFF PRESENT. KEY EMPLOYEE COMPENSATION IS DETERMINED BY THE CEO AND CFO ANNUALLY BASED PRIMARILY ON PERFORMANCE APPRAISALS AND COMPARABLE SALARY SURVEY PREPARED 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, CONFLICT OF INTEREST AND GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XII, LINE 2C:	THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
PRIMARY CARE DEVELOPMENT CORPORATION

**Employer identification number**

13-3711803

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

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

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

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

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

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

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

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

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

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .		No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	Yes	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .		No
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		No
<b>f</b> Dividends from related organization(s) . . . . .		No
<b>g</b> Sale of assets to related organization(s) . . . . .		No
<b>h</b> Purchase of assets from related organization(s) . . . . .		No
<b>i</b> Exchange of assets with related organization(s) . . . . .		No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		No
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	Yes	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		No
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	Yes	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	Yes	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .		No
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .		No
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .		No
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	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 VII Supplemental Information**

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

Return Reference	Explanation
FORM 990, SCHEDULE R - PART III:	<p>BETWEEN FISCAL YEARS 2007 AND 2021, PCDC WAS AWARDED \$313 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 37 SUCH ENTITIES, ALL OF WHICH ARE MULTI-MEMBER LIMITED LIABILITY COMPANIES. AS OF JUNE 30, 2021, 29 OF THESE ENTITIES ARE IN USE. 3 LLCS WERE UNWOUND AFTER THE END OF THEIR 7-YEAR COMPLIANCE PERIOD. 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 THE AFOREMENTIONED INDEMNIFICATION LIMIT IN EACH AGREEMENT WITH AN ESTIMATED AMOUNT TOTALING \$17.4 MILLION. PCDC HAS SYSTEMATIC MONITORING PROCEDURES IN PLACE TO AVOID RECAPTURE EVENTS THROUGH TRACKING AND TESTING OF TRANSACTION PAYMENTS, REVIEW OF QUARTERLY FINANCIAL STATEMENTS, CONFIRMATION OF COMPLIANCE CERTIFICATES AND REGULAR MEETINGS OF THE PCDC NMTC ADVISORY BOARD. UNDER THE TERMS OF THE AMENDED OPERATING AGREEMENTS, PCDC MADE A PROPORTIONAL EQUITY CONTRIBUTION BASED ON EACH QEI AND PCDC'S .01% MEMBERSHIP INTEREST IN EACH LLC. IN DECEMBER, 2013 PCDC ENTERED INTO AN AGREEMENT WITH TWO OTHER CDFI'S TO FORM HEALTHCO PARTICIPANT, LLC ("HEALTHCO") AS A FINANCING VEHICLE TO PROVIDE INDIRECT FACILITY FINANCING FOR FEDERALLY QUALIFIED HEALTHCARE CENTERS. PCDC IS ONE OF THREE EQUAL MEMBERS AT 33.33%. UNDER THE LIMITED LIABILITY COMPANY AGREEMENT, ANY INCOME OR EXPENSE OF HEALTHCO IS SHARED EQUALLY BY THE THREE MEMBERS. AT JUNE 30, 2021, PCDC'S INVESTMENT IN HEALTHCO AMOUNTED TO \$500.</p>

**Additional Data**

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
PCDC EMPIRE STATE HEALTH OPPORTUNITIES FUND IV LLC C/O PCDC 45 BROADWAY NEW YORK, NY 10006 26-2054736	HEALTH CARE NMTC PROGRAM LOANS	NY	PCDC	RELATED	3	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	1	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	1	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	5	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	2	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		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		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	7	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	16	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	7	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	2	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	1	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	1	800		No		Yes		0.010 %
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	4	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		1,000		No		Yes		0.010 %

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
PCDC HEALTH OPPORTUNITIES FUND XIX LLC  C/O PCDC 45 BROADWAY NEW YORK, NY 10006 81-4845795	HEALTH CARE NMTC PROGRAM LOANS	NY	PCDC	RELATED	14	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	1	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		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	1	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	7	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	1	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		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	1,000		No		Yes		0.010 %
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		0.010 %
PCDC HEALTH OPPORTUNITIES FUND XXVIII LLC  C/O PCDC 45 BROADWAY NEW YORK, NY 10006 82-4907042	HEALTH CARE NMTC PROGRAM LOANS	NY	PCDC	RELATED		1,000		No		Yes		0.010 %
PCDC HEALTH OPPORTUNITIES FUND XXIX LLC  C/O PCDC 45 BROADWAY NEW YORK, NY 10006 82-4923506	HEALTH CARE NMTC PROGRAM LOANS	NY	PCDC	RELATED		900		No		Yes		0.010 %
PCDC HEALTH OPPORTUNITIES FUND XXX LLC  C/O PCDC 45 BROADWAY NEW YORK, NY 10006 85-2534624	HEALTH CARE NMTC PROGRAM LOANS	NY	PCDC	RELATED		550		No		Yes		0.010 %
PCDC HEALTH OPPORTUNITIES FUND XXXI LLC  C/O PCDC 45 BROADWAY NEW YORK, NY 10006 85-2568577	HEALTH CARE NMTC PROGRAM LOANS	NY	PCDC	RELATED		625		No		Yes		0.010 %
PCDC HEALTH OPPORTUNITIES FUND XXXII LLC  C/O PCDC 45 BROADWAY NEW YORK, NY 10006 85-2615152	HEALTH CARE NMTC PROGRAM LOANS	NY	PCDC	RELATED				No		Yes		99.000 %
PCDC HEALTH OPPORTUNITIES FUND XXXIII LLC  C/O PCDC 45 BROADWAY NEW YORK, NY 10006 85-2647296	HEALTH CARE NMTC PROGRAM LOANS	NY	PCDC	RELATED		600		No		Yes		0.010 %

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
PCDC HEALTH OPPORTUNITIES FUND XXXIV LLC  C/O PCDC 45 BROADWAY NEW YORK, NY 10006 85-2667723	HEALTH CARE NMTC PROGRAM LOANS	NY	PCDC	RELATED				No		Yes		99.000 %
PCDC HEALTH OPPORTUNITIES FUND XXXV LLC  C/O PCDC 45 BROADWAY NEW YORK, NY 10006 85-2701908	HEALTH CARE NMTC PROGRAM LOANS	NY	PCDC	RELATED				No		Yes		99.000 %
PCDC HEALTH OPPORTUNITIES FUND XXXVI LLC  C/O PCDC 45 BROADWAY NEW YORK, NY 10006 85-2709023	HEALTH CARE NMTC PROGRAM LOANS	NY	PCDC	RELATED				No		Yes		99.000 %
PCDC HEALTH OPPORTUNITIES FUND XXXVII LLC  C/O PCDC 45 BROADWAY NEW YORK, NY 10006 85-2560563	HEALTH CARE NMTC PROGRAM LOANS	NY	PCDC	RELATED				No		Yes		99.000 %
HEALTHCO  C/O PCDC 45 BROADWAY NEW YORK, NY 10006 46-4147984	PCDC LOAN PROGRAMS	NY	PCDC	RELATED		500		No			No	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**

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type(a-s)	<b>(c)</b> Amount Involved	<b>(d)</b> Method of determining amount involved
PCDC HEALTH OPPORTUNITIES FUND LLC XXVIII	L	357,640	COST
PCDC HEALTH OPPORTUNITIES FUND LLC XXIX	L	313,250	COST
PCDC HEALTH OPPORTUNITIES FUND LLC XXX	L	191,431	COST
PCDC HEALTH OPPORTUNITIES FUND LLC XXXI	L	206,458	COST
PCDC HEALTH OPPORTUNITIES FUND LLC XXXIII	L	195,583	COST
PCDC HEALTH OPPORTUNITIES FUND LLC XIII	L	65,000	COST
PCDC HEALTH OPPORTUNITIES FUND LLC XI	L	62,500	COST
PCDC HEALTH OPPORTUNITIES FUND LLC X	L	60,000	COST
PCDC HEALTH OPPORTUNITIES FUND LLC XVII	L	55,000	COST