

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Form **990**

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.

**2022**

Open to Public Inspection

**A** For the 2022 calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>PRIMARY CARE DEVELOPMENT CORPORATION</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>45 BROADWAY SUITE 530</b> City or town, state or province, country, and ZIP or foreign postal code <b>NEW YORK, NY 10006</b> <b>F</b> Name and address of principal officer: <b>LOUISE COHEN</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>13-3711803</b> <b>E</b> Telephone number <b>212-437-3940</b> <b>G</b> Gross receipts \$ <b>17,142,386.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: <b>WWW.PCDC.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: <b>1993</b>
<b>M</b> State of legal domicile: <b>NY</b>		

**Part I Summary**

	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>SINCE 1993, PRIMARY CARE DEVELOPMENT CORPORATION (PCDC) SUPPORTS HEALTHY, (SEE SCH O)</b>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>Activities &amp; Governance</b>	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>21</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>21</b>
	<b>5</b>	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	<b>69</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>23</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>
	<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>
<b>9</b>		Program service revenue (Part VIII, line 2g)	<b>6,487,397.</b>	<b>4,376,571.</b>
<b>10</b>		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>10,426,466.</b>	<b>8,799,111.</b>
<b>11</b>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>273,568.</b>	<b>980,986.</b>
<b>12</b>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>-19,505.</b>	<b>1,926.</b>
<b>12</b>		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>17,167,926.</b>	<b>14,158,594.</b>
<b>Expenses</b>		<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>0.</b>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>8,309,221.</b>	<b>9,362,988.</b>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) <b>122,876.</b>		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>4,444,100.</b>	<b>5,839,537.</b>
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>12,753,321.</b>	<b>15,202,525.</b>
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>4,414,605.</b>	<b>-1,043,931.</b>
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b>	Total liabilities (Part X, line 26)	<b>131,968,263.</b>	<b>142,976,892.</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>73,259,375.</b>	<b>82,542,525.</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>58,708,888.</b>	<b>60,434,367.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>LOUISE COHEN, CEO</b> Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>LORI ROTHE YOKOBOSKY, CPA</b>	Preparer's signature <b>LORI ROTHE YOKOBOSKY</b>
	Firm's name <b>COHNREZNICK LLP</b>	Date <b>02/06/24</b>
	Firm's address <b>14 SYLVAN WAY PARSIPPANY, NJ 07054-3801</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P01273422</b>
		Firm's EIN <b>22-1478099</b> Phone no. <b>973-228-3500</b>

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 [X]

1 Briefly describe the organization's mission: HIGH-QUALITY PRIMARY CARE SAVES LIVES, IS THE FOUNDATION OF STRONG COMMUNITIES, AND IS ESSENTIAL TO ACHIEVING HEALTH EQUITY. PRIMARY CARE DEVELOPMENT CORPORATION (PCDC) SUPPORTS HEALTHY, THRIVING COMMUNITIES ACROSS THE

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 [X] 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 [X] 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 \$ 5,745,788. including grants of \$ ) (Revenue \$ 7,160,456. ) PCDC PROVIDES CAPITAL FINANCING AND EXPERTISE TO INCREASE PRIMARY CARE CAPACITY AND ADVANCE HEALTH EQUITY. PCDC IS A KEY SOURCE OF CAPITAL FOR THE PRIMARY CARE SECTOR AND, TO DATE, HAS FINANCED OVER 250 PRIMARY CARE PROJECTS VALUED AT MORE THAN \$1.7 BILLION. THIS INVESTMENT HAS CREATED THE CAPACITY TO PROVIDE 4.8 MILLION MEDICAL VISITS ANNUALLY TO MEET THE PRIMARY CARE NEEDS OF MORE THAN 1.4 MILLION PATIENTS THROUGHOUT THE UNITED STATES. PCDC'S INVESTMENTS HAVE TRANSFORMED 2.8 MILLION SQUARE FEET OF SPACE INTO FULLY FUNCTIONING PRIMARY CARE PRACTICES AND CREATED OR PRESERVED OVER 20,000 JOBS IN LOW-INCOME COMMUNITIES. PCDC HAS EXPERIENCED NO LOAN LOSSES IN ITS PORTFOLIO TO DATE AND HAS RECEIVED AN AERIS RATING OF AA+ IN FINANCIAL STRENGTH AND PERFORMANCE AND A FOUR-STAR RATING (THE HIGHEST POSSIBLE RATING) IN

4b (Code: ) (Expenses \$ 4,744,540. including grants of \$ ) (Revenue \$ 1,538,655. ) PCDC'S CONSULTING & TRAINING TEAM PROVIDED CONSULTING, TRAINING, AND COACHING SERVICES TO MORE THAN 4,800 PRIMARY CARE ORGANIZATIONS ACROSS THE COUNTRY. OUR STAFF BRINGS EXTENSIVE EXPERTISE ACROSS OPERATIONS, FINANCIAL MANAGEMENT, AND TEAM-BASED AND INTEGRATED CARE MODELS; MOST HOLD GRADUATE DEGREES AND AVERAGE BETWEEN 10 TO 15 YEARS OF EXPERIENCE WORKING DIRECTLY WITH PRIORITY POPULATIONS. THIS "REAL-WORLD" EXPERIENCE ENABLES PCDC TO BETTER UNDERSTAND THE NEEDS OF OUR CLIENTS AND TO CRAFT CAPACITY-BUILDING SOLUTIONS THAT WILL BE HIGHLY SUSTAINABLE AND IMPACTFUL.

HIGHLIGHTS OF RECENT CONSULTING & TRAINING ACCOMPLISHMENTS INCLUDE:

4c (Code: ) (Expenses \$ 1,709,932. including grants of \$ ) (Revenue \$ 100,081. ) HIGH-QUALITY AND ACCESSIBLE PRIMARY CARE SAVES LIVES AND IS ESSENTIAL TO ACHIEVING A STRONG AND EQUITABLE HEALTH CARE SYSTEM, YET IT CONTINUES TO BE UNDERVALUED AND UNDERFUNDED. THE HARMFUL EFFECTS OF LIMITED PRIMARY CARE ACCESS AND RESOURCES ARE STARKEST IN COMMUNITIES OF COLOR AND OTHER HISTORICALLY DISINVESTED COMMUNITIES. PCDC SUPPORTS POLICY INITIATIVES THAT PROMOTE HEALTH EQUITY BY EXPANDING AND ENSURING ACCESS TO QUALITY PRIMARY CARE. WE ADVOCATE FOR POLICIES THAT INCREASE INVESTMENT IN PRIMARY CARE, IMPROVE PRIMARY CARE ACCESS, AND SUPPORT AND EXPAND THE PRIMARY CARE WORKFORCE IN COMMUNITIES THAT NEED IT MOST. PCDC ALSO ANALYZES DATA TO UNDERSTAND THE CURRENT STATE OF PRIMARY CARE ACCESS AND HEALTH INEQUITIES INFORMING STRONGER POLICY AND INTERVENTIONS IN COMMUNITIES.

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

4e Total program service expenses 12,200,260.

**Part IV Checklist of Required Schedules**

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various organizational requirements.

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 columns: Question ID, Question Text, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (21), 1b (21), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b (X).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NY, AL, AK, AR, CA, CO, CT, FL, GA, HI, IL, KS
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
DAN LEHMAN - 212-437-3927
45 BROADWAY SUITE 530, NEW YORK, NY 10006

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(1) LOUISE COHEN CEO	40.00			X			389,727.	0.	23,128.	
(2) DANIEL LEHMAN EXE VP/CFO	40.00			X			284,436.	0.	20,812.	
(3) WILLIAM O'BRIEN CHIEF LENDING OFFICER	40.00				X		241,871.	0.	55,445.	
(4) DANA REED MNG DIR, CAP INV	40.00				X		262,147.	0.	33,004.	
(5) ISAAC KASTENBAUM VP CQP	40.00				X		246,139.	0.	48,188.	
(6) CYNTHIA SUMMERS MANAGING DIR SPA	40.00				X		250,660.	0.	18,285.	
(7) SHUK HAN LEUNG SR. DIR OF FINANCE	40.00					X	188,133.	0.	40,032.	
(8) NANCY LAGER SR DIR, CAPITAL INVESTMENT	40.00					X	200,855.	0.	26,768.	
(9) AMY BARNETT DIR OF ADMINISTRATION	40.00					X	165,379.	0.	37,673.	
(10) DEBORAH JOHNSON SR DIR CQP	40.00					X	183,597.	0.	16,935.	
(11) HENRIETTA CROSWELL SENIOR DIRECTOR	40.00					X	171,992.	0.	12,768.	
(12) ALAN BRANSON BOARD MEMBER	1.00	X					0.	0.	0.	
(13) CAROL RAPHAEL VICE CHAIR	1.00	X		X			0.	0.	0.	
(14) CAROLYN TAIN BOARD MEMBER	1.00	X					0.	0.	0.	
(15) CHRISTOPHER KOLLER BOARD MEMBER	1.00	X					0.	0.	0.	
(16) CYRUS BATHEJA BOARD MEMBER (INCOMING 7/22)	1.00	X					0.	0.	0.	
(17) DAVID A. GOULD CHAIR	1.00	X		X			0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(18) DAVID A. MANKO BOARD MEMBER	1.00	X						0.	0.	0.
(19) DIANA MASON BOARD MEMBER	1.00	X						0.	0.	0.
(20) DUDLEY BENOIT BOARD MEMBER	1.00	X						0.	0.	0.
(21) GARY M. JACOBS BOARD MEMBER	1.00	X						0.	0.	0.
(22) HELEN ARTEAGA LANDAVERDE BOARD MEMBER	1.00	X						0.	0.	0.
(23) HENRY CHUNG BOARD MEMBER	1.00	X						0.	0.	0.
(24) JOHN HOLDSCLAW BOARD MEMBER (INCOMING 7/22)	1.00	X						0.	0.	0.
(25) JOHN RUGGE SECRETARY	1.00	X		X				0.	0.	0.
(26) JORGE R. PETIT BOARD MEMBER	1.00	X						0.	0.	0.
<b>1b Subtotal</b>								2,584,936.	0.	333,038.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								2,584,936.	0.	333,038.

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 33

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
MCCARTER & ENGLISH LLP, FOUR GATEWAY CENTER 100 MULBERRY ST, NEWARK, NJ 07102	LEGAL SERVICES	370,267.
LEVERAGE LAW GROUP, LLC, 4501 COLLEGE BOULEVARD STE 280, LEAWOOD, KS 66211	LEGAL SERVICES	120,000.

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

SEE PART VII, SECTION A CONTINUATION SHEETS



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 (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes entries for Lori Scott, Marlene Zurack, Matt Sieglar, Pablo Bravo, Scott Morgan, Suzette E. Gordon, Uday Tambar, and Yvette P. Tefan.

Total to Part VII, Section A, line 1c

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	385,385.				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	2,771,047.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	1,220,139.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f			4,376,571.			
Program Service Revenue	<b>2 a</b> PROGRAM FEES	Business Code					
		900099	5,581,016.	5,581,016.			
	<b>b</b> INTEREST ON LOANS	900099	3,218,095.	3,218,095.			
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f			8,799,111.				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		1,080,511.			1080511.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	2,833,017.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	2,932,542.				
	<b>c</b> Gain or (loss)	<b>7c</b>	-99,525.				
	<b>d</b> Net gain or (loss)			-99,525.		-99,525.	
<b>8 a</b> Gross income from fundraising events (not including \$ 385,385. of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>		53,095.				
			51,250.				
<b>b</b> Less: direct expenses	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events			1,845.		1,845.		
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
Miscellaneous Revenue	<b>11 a</b>	Business Code					
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue	900099	81.	81.			
	<b>e Total.</b> Add lines 11a-11d			81.			
<b>12 Total revenue.</b> See instructions			14,158,594.	8,799,192.	0.	982,831.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<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	1,720,930.	1,031,194.	655,052.	34,684.
<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	6,073,935.	4,986,415.	1,044,525.	42,995.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	301,146.	248,726.	50,454.	1,966.
<b>9</b> Other employee benefits	684,601.	559,167.	120,173.	5,261.
<b>10</b> Payroll taxes	582,376.	456,543.	119,868.	5,965.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	891,534.	886,144.	5,390.	
<b>c</b> Accounting	89,189.		89,189.	
<b>d</b> Lobbying	61,250.	61,250.		
<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 Sch O.)	756,079.	689,312.	53,917.	12,850.
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	101,351.	77,580.	16,258.	7,513.
<b>14</b> Information technology	258,704.	171,673.	85,797.	1,234.
<b>15</b> Royalties				
<b>16</b> Occupancy	576,151.	455,415.	115,393.	5,343.
<b>17</b> Travel	274,731.	206,931.	67,608.	192.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	114,098.	84,519.	29,579.	
<b>20</b> Interest	1,299,904.	1,299,904.		
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	72,071.	56,944.	14,394.	733.
<b>23</b> Insurance	171,216.	500.	170,716.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on 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	798,258.	798,258.		
<b>b</b> BANK & MISCELLANEOUS	89,142.	28,299.	58,630.	2,213.
<b>c</b> DUES & SUBSCRIPTION	71,395.	54,192.	17,203.	
<b>d</b> PROVISION FOR DOUBTFUL	10,575.	10,575.		
<b>e</b> All other expenses	203,889.	36,719.	165,243.	1,927.
<b>25</b> Total functional expenses. Add lines 1 through 24e	15,202,525.	12,200,260.	2,879,389.	122,876.
<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 X

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....	65,548,829.	<b>2</b>	37,072,733.
	<b>3</b> Pledges and grants receivable, net .....	1,219,385.	<b>3</b>	949,124.
	<b>4</b> Accounts receivable, net .....	967,623.	<b>4</b>	1,254,977.
	<b>5</b> Loans and other receivables from 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 .....	52,768,908.	<b>7</b>	75,795,959.
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	103,130.	<b>9</b>	106,128.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 708,843.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 565,508.		
	<b>11</b> Investments - publicly traded securities .....	185,807.	<b>10c</b>	143,335.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	6,967,366.	<b>11</b>	23,355,863.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	26,844.	<b>12</b>	
	<b>14</b> Intangible assets .....		<b>13</b>	25,266.
	<b>15</b> Other assets. See Part IV, line 11 .....	4,180,371.	<b>14</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	131,968,263.	<b>15</b>	4,273,507.	
		<b>16</b>	142,976,892.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	1,669,572.	<b>17</b>	1,122,722.
	<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 .....	1,596,941.	<b>23</b>	5,655,116.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	46,213,640.	<b>24</b>	51,063,640.
	<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 .....	23,779,222.	<b>25</b>	24,701,047.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	73,259,375.	<b>26</b>	82,542,525.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	35,089,185.	<b>27</b>	40,625,115.
	<b>28</b> Net assets with donor restrictions .....	23,619,703.	<b>28</b>	19,809,252.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>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 .....	58,708,888.	<b>32</b>	60,434,367.
	<b>33</b> Total liabilities and net assets/fund balances .....	131,968,263.	<b>33</b>	142,976,892.

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,158,594.
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,202,525.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,043,931.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	58,708,888.
5	Net unrealized gains (losses) on investments	5	-51,207.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	2,820,617.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	60,434,367.

**Part XII Financial Statements and Reporting**

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	X	
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 on Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2022)

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2022**

Open to Public Inspection

<b>Name of the organization</b> <b>PRIMARY CARE DEVELOPMENT CORPORATION</b>	<b>Employer identification number</b> <b>13-3711803</b>
--	--

**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).)
- 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 **section 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 on 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 fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	3196866.	4354066.	15261916.	6487397.	4376571.	33676816.
<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 .....	3196866.	4354066.	15261916.	6487397.	4376571.	33676816.
<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) .....						887,616.
<b>6 Public support.</b> Subtract line 5 from line 4.						32789200.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 .....	3196866.	4354066.	15261916.	6487397.	4376571.	33676816.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	347,997.	335,439.	260,218.	295,416.	1080511.	2319581.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....		7,490.			1,845.	9,335.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....			450,017.	565.	81.	450,663.
<b>11 Total support.</b> Add lines 7 through 10						36456395.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	46,977,632.
<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 2022 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	89.94 %
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 .....	<b>15</b>	92.66 %
<b>16a 33 1/3% support test - 2022.</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 - 2021.</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 - 2022.</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 - 2021.</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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 on 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 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 2022 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2021 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2022.** 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 - 2021.** 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, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 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 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 (as 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).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described on 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

Schedule A (Form 990) 2022

**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.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISC. INCOME

2020 AMOUNT: \$ 450,017.

2021 AMOUNT: \$ 565.

2022 AMOUNT: \$ 81.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990 or Form 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Name of the organization

**PRIMARY CARE DEVELOPMENT CORPORATION**

Employer identification number

**13-3711803**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization  <b>PRIMARY CARE DEVELOPMENT CORPORATION</b>	Employer identification number  <b>13-3711803</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>150,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>350,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ <u>400,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ <u>93,750.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ <u>450,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>PRIMARY CARE DEVELOPMENT CORPORATION</b>	Employer identification number  <b>13-3711803</b>
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	_____ _____ _____	\$ <u>200,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____ _____ _____	\$ <u>1,347,297.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	_____ _____ _____	\$ <u>880,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  <b>PRIMARY CARE DEVELOPMENT CORPORATION</b>	Employer identification number  <b>13-3711803</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization  <b>PRIMARY CARE DEVELOPMENT CORPORATION</b>	Employer identification number  <b>13-3711803</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**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.**

**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 organization <b>PRIMARY CARE DEVELOPMENT CORPORATION</b>	Employer identification number <b>13-3711803</b>
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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.
- 2 Political campaign activity expenditures ..... \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

**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-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990) 2022

LHA

232041 11-08-22

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

- A Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B Check  if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

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? .....		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....	X		
<b>c</b> Media advertisements? .....		X	
<b>d</b> Mailings to members, legislators, or the public? .....		X	
<b>e</b> Publications, or published or broadcast statements? .....		X	
<b>f</b> Grants to other organizations for lobbying purposes? .....		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....	X		120,450.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		X	
<b>i</b> Other activities? .....		X	
<b>j</b> Total. Add lines 1c through 1i .....			120,450.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		X	
<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? .....	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	2	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? .....	3	

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

<b>1</b> Dues, assessments and similar amounts from members .....	1	
<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 .....	2a	
<b>b</b> Carryover from last year .....	2b	
<b>c</b> Total .....	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	3	
<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 expenditures next year? .....	4	
<b>5</b> Taxable amount of lobbying and political expenditures. See instructions .....	5	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

**PART II-B, LINE 1, LOBBYING ACTIVITIES:**

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

IN NEW YORK CITY AND NEW YORK STATE TO OBTAIN FUNDING FOR PCDC-LED

INITIATIVES THAT EXPAND ACCESS TO STRENGTHEN PRIMARY CARE.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, number of easements on historic structures, and monitoring expenses.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures, and amounts for revenue and assets.

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**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 make 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 program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_%
  - b Permanent endowment \_\_\_\_\_%
  - c 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:
- |  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations  | 3a(i)  |    |
| (ii) Related organizations   | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		384,768.	324,692.	60,076.
d Equipment		120,737.	95,076.	25,661.
e Other		203,338.	145,740.	57,598.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				143,335.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (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)		
<b>Total.</b> (Col. (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)	
<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) DUE TO THIRD PARTY	19,696,998.
(3) DUE TO NEW YORK CITY	304,991.
(4) RESERVES AND DEPOSITS PAYABLE	3,163,868.
(5) OPERATING LEASE LIABILITY	777,279.
(6) OTHER LIABILITY	757,911.
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...



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

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

1	Total revenue, gains, and other support per audited financial statements		1	14,169,953.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-51,207.	
b	Donated services and use of facilities	2b	11,316.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	-39,891.	
3	Subtract line 2e from line 1		3	14,209,844.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	-51,250.	
c	Add lines 4a and 4b	4c	-51,250.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	14,158,594.

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

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

1	Total expenses and losses per audited financial statements		1	15,265,091.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	11,316.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	51,250.	
e	Add lines 2a through 2d	2e	62,566.	
3	Subtract line 2e from line 1		3	15,202,525.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	0.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	15,202,525.

**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.

**PART X, LINE 2:**

THE ORGANIZATION BELIEVES IT HAS NO UNCERTAIN TAX POSITIONS AS OF JUNE 30, 2023 AND 2022 IN ACCORDANCE WITH FASB ASC TOPIC 740, WHICH PROVIDES STANDARDS FOR ESTABLISHING AND CLASSIFYING ANY TAX PROVISIONS FOR UNCERTAIN TAX POSITIONS.

**PART XI, LINE 4B - OTHER ADJUSTMENTS:**

FUNDRAISING EXPENSES -51,250.

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

FUNDRAISING EXPENSES 51,250.

**Part XIII** Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information input.

**SCHEDULE G  
(Form 990)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

**2022**

Department of the Treasury  
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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 Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
 

<ul style="list-style-type: none"> <li>a <input type="checkbox"/> Mail solicitations</li> <li>b <input type="checkbox"/> Internet and email solicitations</li> <li>c <input type="checkbox"/> Phone solicitations</li> <li>d <input type="checkbox"/> In-person solicitations</li> </ul>	<ul style="list-style-type: none"> <li>e <input type="checkbox"/> Solicitation of non-government grants</li> <li>f <input type="checkbox"/> Solicitation of government grants</li> <li>g <input type="checkbox"/> Special fundraising events</li> </ul>
--	---
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b>						

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
- 
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- 
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- 
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**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GALA (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	438,480.		438,480.
	2	Less: Contributions	385,385.		385,385.
	3	Gross income (line 1 minus line 2)	53,095.		53,095.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	51,250.		51,250.
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				1,845.

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

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

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a	The organization's facility	13a		%
b	An outside facility	13b		%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name \_\_\_\_\_

Address \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name \_\_\_\_\_

Address \_\_\_\_\_

16 Gaming manager information:

Name \_\_\_\_\_

Gaming manager compensation \$ \_\_\_\_\_

Description of services provided \_\_\_\_\_

Director/officer     
  Employee     
  Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

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**Part IV** Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

**PRIMARY CARE DEVELOPMENT CORPORATION**

Employer identification number

**13-3711803**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification 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 (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input 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 |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>	<b>X</b>	
<b>8</b>		<b>X</b>
<b>9</b>		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC 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 CEO	(i)	345,106.	43,402.	1,219.	19,536.	3,592.	412,855.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DANIEL LEHMAN EXE VP/CFO	(i)	269,994.	14,028.	414.	14,404.	6,408.	305,248.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) WILLIAM O'BRIEN CHIEF LENDING OFFICER	(i)	218,945.	21,738.	1,188.	12,650.	42,795.	297,316.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DANA REED MNG DIR, CAP INV	(i)	248,216.	13,517.	414.	13,491.	19,513.	295,151.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ISAAC KASTENBAUM VP CQP	(i)	232,906.	13,071.	162.	12,694.	35,494.	294,327.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) CYNTHIA SUMMERS MANAGING DIR SPA	(i)	237,437.	12,953.	270.	12,705.	5,580.	268,945.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) SHUK HAN LEUNG SR. DIR OF FINANCE	(i)	176,261.	11,098.	774.	9,707.	30,325.	228,165.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) NANCY LAGER SR DIR, CAPITAL INVESTMENT	(i)	188,554.	11,082.	1,219.	10,223.	16,545.	227,623.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) AMY BARNETT DIR OF ADMINISTRATION	(i)	153,781.	10,379.	1,219.	8,593.	29,080.	203,052.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) DEBORAH JOHNSON SR DIR CQP	(i)	172,215.	10,968.	414.	9,440.	7,495.	200,532.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) HENRIETTA CROSWELL SENIOR DIRECTOR	(i)	161,459.	10,263.	270.	8,755.	4,013.	184,760.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**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.

PART I, LINE 7:

THE CEO AND CFO BONUSES WERE DETERMINED AND AWARDED BY THE BOARD OF  
 DIRECTORS FOLLOWING THE END OF THE FISCAL YEAR, BASED ON ORGANIZATIONAL  
 FINANCIAL RESULTS AND INDIVIDUAL PERFORMANCE AS EVALUATED DURING THE ANNUAL  
 REVIEW PROCESS. BONUSES FOR ALL OTHER STAFF, INCLUDING OTHER KEY EMPLOYEES,  
 WERE DETERMINED AND AWARDED BASED ON ORGANIZATIONAL FINANCIAL RESULTS AND  
 INDIVIDUAL PERFORMANCE AS WELL, IN ACCORDANCE WITH A BOARD-APPROVED BONUS  
 PLAN STRUCTURE.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

PRIMARY CARE DEVELOPMENT CORPORATION

Employer identification number

13-3711803

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THRIVING COMMUNITIES ACROSS THE COUNTRY THROUGH PRIMARY CARE  
INVESTMENT, EXPERTISE, AND ADVOCACY. WE IMPROVE AND EXPAND ACCESS TO  
PRIMARY CARE, DELIVERING EVIDENCE-BASED SOLUTIONS AND INCREASING ACCESS  
TO CARE FOR PEOPLE WHO NEED IT MOST.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

COUNTRY THROUGH CAPITAL FINANCING, EXPERTISE, AND ADVOCACY. PCDC  
PARTNERS WITH PROVIDERS AND PRACTICES PARTICULARLY THOSE IN LOW-INCOME  
COMMUNITIES AND COMMUNITIES OF COLOR AND INVESTORS TO IDENTIFY HEALTH  
CARE NEEDS, INCREASE PRIMARY CARE CAPACITY, AND CRAFT EFFECTIVE,  
EVIDENCE-BASED SOLUTIONS. TIMELY, AFFORDABLE, AND CONTINUOUS ACCESS TO  
PRIMARY CARE SAVES LIVES, IMPROVES INDIVIDUAL AND COMMUNITY HEALTH, AND  
REDUCES COSTS. BY SUPPORTING PRIMARY CARE PRACTICES AND PROVIDERS AND  
DRIVING SYSTEMS CHANGE THROUGH ADVOCACY AND ANALYSIS, OUR COMPREHENSIVE  
APPROACH HELPS MAKE EQUITABLE, HIGH-QUALITY PRIMARY CARE A REALITY FOR  
COMMUNITIES ACROSS THE COUNTRY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

IMPACT MANAGEMENT.

HIGHLIGHTS OF RECENT CAPITAL INVESTMENT ACCOMPLISHMENTS INCLUDE:

- SANTA CRUZ COMMUNITY HEALTH CENTER: SANTA CRUZ COMMUNITY HEALTH  
CENTER, A FEDERALLY QUALIFIED HEALTH CENTER AND A HRSA-DESIGNATED  
HEALTHCARE FOR THE HOMELESS PROVIDER, RECEIVED \$10 MILLION IN NEW

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2022

Name of the organization PRIMARY CARE DEVELOPMENT CORPORATION	Employer identification number 13-3711803
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MARKETS TAX CREDITS AND A \$2 MILLION LOAN FROM PCDC TO CONSTRUCT A NEW 20,000 SQUARE FOOT, TWO-STORY HEALTH CENTER. THIS NEW FACILITY WILL PROVIDE MEDICAL, BEHAVIORAL HEALTH AND SPECIALTY CARE, FOCUSING ON PEDIATRICS AND THOSE EXPERIENCING HOMELESSNESS.

- MOUNT VERNON NEIGHBORHOOD HEALTH CENTER: MOUNT VERNON NEIGHBORHOOD HEALTH CENTER, AN ARTICLE-28 DIAGNOSTIC AND TREATMENT CENTER AND FEDERALLY QUALIFIED HEALTH CENTER (FQHC), RECEIVED A \$4 MILLION LOAN FROM PCDC TO FUND THE RENOVATION OF THE HEALTH CENTER'S MOUNT VERNON FACILITY. THIS PROJECT SERVES A GREAT NEED AS THE CITY IS A HEALTH RESOURCES SERVICES ADMINISTRATION-DESIGNATED MEDICALLY UNDERSERVED AREA AND EXPERIENCES SIGNIFICANT HEALTH DISPARITIES COMPARED TO THE COUNTY AS A WHOLE.

- PREMIER COMMUNITY HEALTHCARE GROUP: PREMIER COMMUNITY HEALTHCARE GROUP, A FEDERALLY QUALIFIED HEALTH CENTER THAT SERVES PASCO AND HERNANDO COUNTIES IN FLORIDA, RECEIVED \$16.5 MILLION IN NEW MARKETS TAX CREDITS AND \$1.9 MILLION IN LOANS TO REPLACE TWO OUTDATED LOCATIONS WITH NEW FACILITIES THAT WILL FEATURE BEHAVIORAL AND DENTAL SERVICES, AS WELL AS ENHANCED WOMEN'S HEALTH AND ON-SITE LAB FACILITIES. THIS EXPANSION WILL ENABLE PREMIER TO NEARLY DOUBLE ITS PRIMARY CARE CAPACITY FROM 8,869 TO 12,682 PATIENTS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

- ASSISTING OVER 1,200 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

Name of the organization PRIMARY CARE DEVELOPMENT CORPORATION	Employer identification number 13-3711803
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NATIONWIDE. A GROWING BODY EVIDENCE SHOWS THE PCMH MODEL REDUCES HEALTH CARE COSTS AND UNNECESSARY USE OF SERVICES, SUCH AS EMERGENCY DEPARTMENT VISITS.

- LAUNCHING FINANCIAL MANAGEMENT AND LITERACY SERVICES: RESPONDING TO THE NEEDS OF PRIVATE PRACTICES AND SMALLER HEALTH CENTERS, PCDC LAUNCHED A NEW SUITE OF TRAINING AND COACHING SERVICES TO SUPPORT HEALTH CARE PROFESSIONALS TO BUILD THEIR KNOWLEDGE, CONFIDENCE, AND SKILLS RELATED TO THE FINANCIAL MANAGEMENT OF A PRIMARY CARE ORGANIZATION. THIS WORK RESPONDS TO A GROWING NEED FOR MORE THAN THE EXECUTIVES AND PHYSICIAN OWNER/OPERATORS TO BE STEWARDS OF THEIR ORGANIZATION'S FINANCIAL POSITION.

- COMPLETION OF 75 CUSTOM TECHNICAL ASSISTANCE PROJECTS WITH SMALL HEALTHCARE BUSINESSES: WITH THE SUPPORT OF THE WELLS FARGO FOUNDATION, PCDC SUPPORTED 75 SMALL HEALTHCARE BUSINESSES (PRIMARY CARE AND BEHAVIORAL HEALTH ORGANIZATIONS LOCATED IN HISTORICALLY MARGINALIZED COMMUNITIES) TO HELP IMPROVE THEIR BUSINESS STABILITY AS THEY EMERGE FROM THE COVID19 PANDEMIC. PRACTICES WERE PROVIDED WITH FINANCIAL MANAGEMENT SUPPORT, BUSINESS OPERATIONS IMPROVEMENT COACHING, AND TRAINING FOR THEIR WORKFORCE TO BE BETTER POSITIONED TO ENGAGE THEIR COMMUNITIES.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

HIGHLIGHTS OF RECENT POLICY, COMMUNICATIONS, AND RESEARCH & EVALUATION ACCOMPLISHMENTS INCLUDE:

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- DRAFTING AND LEADING CAMPAIGNS FOR LEGISLATION TO INCREASE ACCESS TO PRIMARY CARE IN NEW YORK STATE: PCDC WORKED CLOSELY WITH LAWMAKERS AND WITH A LOBBYING FIRM, TO ADVOCATE FOR LEGISLATION THAT WOULD EXPAND AND ENHANCE PRIMARY CARE IN NEW YORK STATE AND LATER FOR BUDGET LANGUAGE TO INCREASE NEW YORK STATE'S INVESTMENT IN THE NEW YORK STATE COMMUNITY HEALTH CARE REVOLVING CAPITAL LOAN FUND, WHICH IS ADMINISTERED BY PCDC. THE LEGISLATION, S5139/A4593, WHICH WOULD HAVE AMENDED THE HEALTH CARE REVOLVING LOAN FUND'S ENABLING LEGISLATION TO CREATE NEW USES FOR THE FUNDS, PASSED OUT OF COMMITTEE BUT DID NOT ADVANCE FURTHER. HOWEVER, THE BUDGET LANGUAGE WAS INCLUDED IN THE FINAL BUDGET, ADDING AN ADDITIONAL \$10 MILLION TO BE LOANED TO SAFETY NET PROVIDERS TO EXPAND ACCESS TO CARE. LATER IN 2023, PCDC WAS INSTRUMENTAL IN ADVOCATING FOR THE INTRODUCTION OF LEGISLATION TO REQUIRE PAYORS IN THE STATE TO MEASURE THEIR SPENDING ON PRIMARY CARE, REPORT IT OUT AND ULTIMATELY INCREASE IT TO 12% OF THEIR OVERALL HEALTH CARE SPENDING. BY THE END OF DECEMBER 2023, SENATOR GUSTAVO RIVERA HAD INTRODUCED SENATE BILL 1197, INCLUDING THOSE ELEMENTS. PCDC POLICY STAFF BEGAN TO CREATE MATERIALS TO SUPPORT THE LEGISLATION, WHICH WILL CONTINUE IN 2024.

- ANALYZING STATE PRIMARY CARE POLICY TRENDS ACROSS THE COUNTRY TO ENCOURAGE POLICYMAKERS TO CONSIDER NEW IDEAS: IN EARLY 2023, PCDC RELEASED A REPORT DOCUMENTING MAJOR TRENDS IN STATE POLICY ON PRIMARY CARE ACROSS THE COUNTRY, REVIEWING HUNDREDS OF PIECES OF LEGISLATION TO FIND THE PROPOSALS THAT HELD PROMISE FOR THE FUTURE OF PRIMARY CARE. OVER THE COURSE OF 2023, PCDC STAFF ANALYZED THAT YEAR'S LEGISLATIVE SESSION PROPOSALS TO FOLLOW UP ON THAT INITIAL REPORT, DOCUMENTING THE CONTINUING TRENDS IN SOME AREAS, SUCH AS PRIMARY CARE INVESTMENT, AS WELL AS NEW IDEAS EMERGING IN AREAS SUCH AS EXPANDING THE PRIMARY CARE

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

- RELEASING REPORT AND PRESENTING FINDINGS ON PRIMARY CARE ACCESS:

PCDC'S RESEARCH & EVALUATION TEAM ISSUED A NEW BRIEF WITHIN ITS POINTS ON CARE SERIES: REDLINING IN NEW YORK CITY: A LENS ON PRIMARY CARE AND MATERNAL HEALTH, WHICH HIGHLIGHTS THE LASTING IMPACTS OF SYSTEMIC RACISM AS SHOWN BY A NEIGHBORHOOD HISTORY OF REDLINING, AND DEMONSTRATES THAT HEALTH OUTCOMES FOR MOTHERS AND INFANTS REFLECT THE VAST AND DEEPLY INGRAINED INEQUITIES THAT CONTINUE TO BE FELT BY THESE COMMUNITIES TODAY. PCDC ALSO DID TWO PRESENTATIONS AT THE NATIONAL ASSOCIATION OF COMMUNITY HEALTH CENTERS (NACHC) ANNUAL CONFERENCE ONE ON THE IMPACT OF FQHC PENETRATION ON COVID-RELATED MORTALITY ACROSS FOUR U.S. CITIES, AND ONE ON A CASE STUDY OF HOW A LARGE FQHC IN NEW YORK CITY ADAPTED TO PROVIDE CONTINUOUS CARE TO ITS TYPE II DIABETES PATIENTS DURING THE COVID-19 PANDEMIC.

- 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 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. 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.

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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.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH YEAR BOARD MEMBERS REVIEW PCDC'S WRITTEN POLICY AND ATTEST THAT THEY HAVE READ AND WILL ABIDE BY THE POLICY BY SIGNING AN ANNUAL AFFIRMATION OF POLICY ON INTERESTED DIRECTORS. WHEN A DIRECTOR OF PCDC HAS AN INTEREST IN A PCDC MATTER THAT DIRECTOR DISCLOSES THEIR INTEREST TO THE BOARD PRIOR TO ANY DISCUSSION OR VOTE REGARDING THE MATTER; AND THE INTERESTED DIRECTOR ABSENTS HIM OR HERSELF FROM THE DISCUSSION AND/OR VOTES CONCERNING THE MATTER. CONFLICTS ARE REPORTED IN THE BOARD MINUTES. A LIST OF BOARD MATTERS IS COMPILED ANNUALLY FOR BOARD MEMBERS TO REVIEW AND REAFFIRM THEIR DISCLOSURE (S) DURING THE YEAR.

SIMILARLY, ALL EMPLOYEES OF PCDC ANNUALLY REVIEW PCDC'S CONFIDENTIALITY AND CONFLICT OF INTEREST POLICIES AND SIGN A STATEMENT ACKNOWLEDGING THEY HAVE RECEIVED, READ AND WILL ABIDE BY THE POLICIES. ANY CONFLICT OF INTERESTS ARE REQUIRED TO BE IMMEDIATELY DISCLOSED TO THE CHIEF EXECUTIVE OFFICER. EMPLOYEES ALSO ANNUALLY REAFFIRM IN WRITING ANY CONFLICT(S), AND DISCLOSURE(S) THEREOF, DURING THE PRIOR YEAR.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION COMPARABLE DATA IS COMPILED, EITHER INTERNALLY OR BY AN INDEPENDENT CONSULTANT, ON THE CHIEF EXECUTIVE OFFICER (CEO), CHIEF

Name of the organization PRIMARY CARE DEVELOPMENT CORPORATION	Employer identification number 13-3711803
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FINANCIAL OFFICER (CFO) AND KEY EMPLOYEES AND IS REVIEWED BY THE GOVERNANCE COMMITTEE (GC). THE COMPARABLE COMPENSATION DATA 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 COMPARATIVE COMPENSATION DATA. THE BOARD MAKES THE FINAL DECISION IN AN EXECUTIVE SESSION WITH NO STAFF PRESENT. KEY EMPLOYEE COMPENSATION IS DETERMINED BY THE CEO ANNUALLY BASED PRIMARILY ON PERFORMANCE APPRAISALS AND COMPARABLE COMPENSATION DATA AND IS REVIEWED BY THE GC.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:  
 NY,AL,AK,AR,CA,CO,CT,FL,GA,HI,IL,KS,KY,LA,ME,MD,MA,MI,MS,NH,NJ,ND,OH,OK,OR  
 PA,RI,SC,TN,UT,VA,WV,WI,MN,MO,NM,NC

FORM 990, PART VI, SECTION C, LINE 19:  
 PCDC'S CONSOLIDATED AUDITED FINANCIAL STATEMENTS AND IRS FORM 990 ARE AVAILABLE TO THE PUBLIC ON ITS WEBSITE OR UPON REQUEST IN ADDITION TO POSTING IN NONPROFIT DATABASES SUCH AS GUIDESTAR OR NYS CHARITIES BUREAU WEBSITES.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:  
 CHANGE IN ACCOUNTING POLICY 2,820,617.



**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
Attach to Form 990.

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

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
PCDC NMTC HEALTH FUND LLC - 83-1213730 45 BROADWAY, SUITE 530 NEW YORK, NY 10006	HEALTH CARE NMTC PROGRAM LOANS	NEW YORK	0.	0.	PCDC
PCDC PFS01 LLC - 87-3437601 45 BROADWAY, SUITE 530 NEW YORK, NY 10006	FISCAL INTERMEDIARY	NEW YORK	0.	0.	PCDC

**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

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2022

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
PCDC HEALTH OPPORTUNITIES FUND XXXVII, LLC - 85-2560563, C/O PCDC 45 BROADWAY, NEW YORK, NY 10006	HEALTH CARE NMTC PROGRAM LOANS	NY	PCDC	RELATED	0.	0.		X	N/A	X		99.00%
PCDC HEALTH OPPORTUNITIES FUND XXXVI, LLC - 85-2709023, C/O PCDC 45 BROADWAY, NEW YORK, NY 10006	HEALTH CARE NMTC PROGRAM LOANS	NY	PCDC	RELATED	0.	0.		X	N/A	X		.01%
PCDC HEALTH OPPORTUNITIES FUND XXXV, LLC - 85-2701908, C/O PCDC 45 BROADWAY, NEW YORK, NY 10006	HEALTH CARE NMTC PROGRAM LOANS	NY	PCDC	RELATED	0.	1,000.		X	N/A	X		.01%
PCDC HEALTH OPPORTUNITIES FUND XXXIV, LLC - 85-2667723, C/O PCDC 45 BROADWAY, NEW YORK, NY 10006	HEALTH CARE NMTC PROGRAM LOANS	NY	PCDC	RELATED	0.	0.		X	N/A	X		.01%

**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 III** Continuation of 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) Disproportion- ate 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 XXXIII, LLC - 85-2647296, C/O PCDC 45 BROADWAY, NEW YORK, NY 10006	HEALTH CARE NMTc PROGRAM LOANS	NY	PCDC	RELATED	0.	21,558.		X	N/A	X		.01%
PCDC HEALTH OPPORTUNITIES FUND XXXII, LLC - 85-2615152, C/O PCDC 45 BROADWAY, NEW YORK, NY 10006	HEALTH CARE NMTc PROGRAM LOANS	NY	PCDC	RELATED	1.	13,999.		X	N/A	X		.01%
PCDC HEALTH OPPORTUNITIES FUND XXXI, LLC - 85-2568577, C/O PCDC 45 BROADWAY, NEW YORK, NY 10006	HEALTH CARE NMTc PROGRAM LOANS	NY	PCDC	RELATED	1.	9,122.		X	N/A	X		.01%
PCDC HEALTH OPPORTUNITIES FUND XXX, LLC - 85-2534624, C/O PCDC 45 BROADWAY, NEW YORK, NY 10006	HEALTH CARE NMTc PROGRAM LOANS	NY	PCDC	RELATED	1.	20,949.		X	N/A	X		.01%
PCDC HEALTH OPPORTUNITIES FUND XXVIII, LLC - 82-4907042, C/O PCDC 45 BROADWAY, NEW YORK, NY 10006	HEALTH CARE NMTc PROGRAM LOANS	NY	PCDC	RELATED	4.	9,546.		X	N/A	X		.01%
PCDC HEALTH OPPORTUNITIES FUND XXVI, LLC - 81-4871292, C/O PCDC 45 BROADWAY, NEW YORK, NY 10006	HEALTH CARE NMTc PROGRAM LOANS	NY	PCDC	RELATED	1.	13,706.		X	N/A	X		.01%
PCDC HEALTH OPPORTUNITIES FUND XXIX, LLC - 82-4923506, C/O PCDC 45 BROADWAY, NEW YORK, NY 10006	HEALTH CARE NMTc PROGRAM LOANS	NY	PCDC	RELATED	3.	13,947.		X	N/A	X		.01%
PCDC HEALTH OPPORTUNITIES FUND XXIV, LLC - 81-4835602, C/O PCDC 45 BROADWAY, NEW YORK, NY 10006	HEALTH CARE NMTc PROGRAM LOANS	NY	PCDC	RELATED	1.	9,313.		X	N/A	X		.01%
PCDC HEALTH OPPORTUNITIES FUND XXIII, LLC - 81-4932296, C/O PCDC 45 BROADWAY, NEW YORK, NY 10006	HEALTH CARE NMTc PROGRAM LOANS	NY	PCDC	RELATED	7.	9,487.		X	N/A	X		.01%

**Part III** Continuation of 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) Disproportion- ate 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 XXII, LLC - 81-4914582, C/O PCDC 45 BROADWAY, NEW YORK, NY 10006	HEALTH CARE NMTC PROGRAM LOANS	NY	PCDC	RELATED	1.	13,641.		X	N/A	X		.01%
PCDC HEALTH OPPORTUNITIES FUND XX, LLC - 81-4859546, C/O PCDC 45 BROADWAY, NEW YORK, NY 10006	HEALTH CARE NMTC PROGRAM LOANS	NY	PCDC	RELATED	1.	11,358.		X	N/A	X		.01%
PCDC HEALTH OPPORTUNITIES FUND XVIII, LLC - 81-4830979, C/O PCDC 45 BROADWAY, NEW YORK, NY 10006	HEALTH CARE NMTC PROGRAM LOANS	NY	PCDC	RELATED	0.	9,529.		X	N/A	X		.01%
PCDC HEALTH OPPORTUNITIES FUND XVII, LLC - 47-4476378, C/O PCDC 45 BROADWAY, NEW YORK, NY 10006	HEALTH CARE NMTC PROGRAM LOANS	NY	PCDC	RELATED	4.	23,381.		X	N/A	X		.01%
PCDC HEALTH OPPORTUNITIES FUND XVI, LLC - 47-4464362, C/O PCDC 45 BROADWAY, NEW YORK, NY 10006	HEALTH CARE NMTC PROGRAM LOANS	NY	PCDC	RELATED	1.	9,284.		X	N/A	X		.01%
PCDC HEALTH OPPORTUNITIES FUND XV, LLC - 47-4452002, C/O PCDC 45 BROADWAY, NEW YORK, NY 10006	HEALTH CARE NMTC PROGRAM LOANS	NY	PCDC	RELATED	1.	9,161.		X	N/A	X		.01%
PCDC HEALTH OPPORTUNITIES FUND XIX, LLC - 81-4845795, C/O PCDC 45 BROADWAY, NEW YORK, NY 10006	HEALTH CARE NMTC PROGRAM LOANS	NY	PCDC	RELATED	14.	53,461.		X	N/A	X		.01%
PCDC HEALTH OPPORTUNITIES FUND XIV, LLC - 47-4439649, C/O PCDC 45 BROADWAY, NEW YORK, NY 10006	HEALTH CARE NMTC PROGRAM LOANS	NY	PCDC	RELATED	2.	9,381.		X	N/A	X		.01%
PCDC HEALTH OPPORTUNITIES FUND XIII, LLC - 47-4416943, C/O PCDC 45 BROADWAY, NEW YORK, NY 10006	HEALTH CARE NMTC PROGRAM LOANS	NY	PCDC	RELATED	7.	15,238.		X	N/A	X		.01%

**Part III** Continuation of 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) Dispropor- tate 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 XII, LLC - 47-1208668, C/O PCDC 45 BROADWAY, NEW YORK, NY 10006	HEALTH CARE NMTC PROGRAM LOANS	NY	PCDC	RELATED	16.	9,429.		X	N/A	X		.01%
PCDC HEALTH OPPORTUNITIES FUND XI, LLC - 47-1197703, C/O PCDC 45 BROADWAY, NEW YORK, NY 10006	HEALTH CARE NMTC PROGRAM LOANS	NY	PCDC	RELATED	7.	14,980.		X	N/A	X		.01%
PCDC HEALTH OPPORTUNITIES FUND VIII, LLC - 47-1160866, C/O PCDC 45 BROADWAY, NEW YORK, NY 10006	HEALTH CARE NMTC PROGRAM LOANS	NY	PCDC	RELATED	2.	9,904.		X	N/A	X		.01%
PCDC HEALTH OPPORTUNITIES FUND VII, LLC - 47-1150721, C/O PCDC 45 BROADWAY, NEW YORK, NY 10006	HEALTH CARE NMTC PROGRAM LOANS	NY	PCDC	RELATED	28.	0.		X	N/A	X		.01%
PCDC HEALTH OPPORTUNITIES FUND VI, LLC - 47-1147896, C/O PCDC 45 BROADWAY, NEW YORK, NY 10006	HEALTH CARE NMTC PROGRAM LOANS	NY	PCDC	RELATED	27.	0.		X	N/A	X		.01%
PCDC HEALTH OPPORTUNITIES FUND V, LLC - 47-1122026, C/O PCDC 45 BROADWAY, NEW YORK, NY 10006	HEALTH CARE NMTC PROGRAM LOANS	NY	PCDC	RELATED	26.	0.		X	N/A	X		.01%
PCDC HEALTH OPPORTUNITIES FUND IX, LLC - 47-1174154, C/O PCDC 45 BROADWAY, NEW YORK, NY 10006	HEALTH CARE NMTC PROGRAM LOANS	NY	PCDC	RELATED	0.	9,009.		X	N/A	X		.01%
PCDC HEALTH OPPORTUNITIES FUND 48, LLC - 87-2649020, C/O PCDC 45 BROADWAY, NEW YORK, NY 10006	HEALTH CARE NMTC PROGRAM LOANS	NY	PCDC	RELATED	0.	0.		X	N/A	X		99.00%
PCDC HEALTH OPPORTUNITIES FUND 47, LLC - 87-2843644, C/O PCDC 45 BROADWAY, NEW YORK, NY 10006	HEALTH CARE NMTC PROGRAM LOANS	NY	PCDC	RELATED	0.	0.		X	N/A	X		99.00%

**Part III** Continuation of 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) Disproportion- ate 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 46, LLC - 87-2830898, C/O PCDC 45 BROADWAY, NEW YORK, NY 10006	HEALTH CARE NMTC PROGRAM LOANS	NY	PCDC	RELATED	0.	0.		X	N/A	X		99.00%
PCDC HEALTH OPPORTUNITIES FUND 45, LLC - 87-2797760, C/O PCDC 45 BROADWAY, NEW YORK, NY 10006	HEALTH CARE NMTC PROGRAM LOANS	NY	PCDC	RELATED	0.	0.		X	N/A	X		99.00%
PCDC HEALTH OPPORTUNITIES FUND 44, LLC - 87-2776563, C/O PCDC 45 BROADWAY, NEW YORK, NY 10006	HEALTH CARE NMTC PROGRAM LOANS	NY	PCDC	RELATED	0.	0.		X	N/A	X		99.00%
PCDC HEALTH OPPORTUNITIES FUND 43, LLC - 87-2754385, C/O PCDC 45 BROADWAY, NEW YORK, NY 10006	HEALTH CARE NMTC PROGRAM LOANS	NY	PCDC	RELATED	0.	0.		X	N/A	X		99.00%
PCDC HEALTH OPPORTUNITIES FUND 42, LLC - 87-2733206, C/O PCDC 45 BROADWAY, NEW YORK, NY 10006	HEALTH CARE NMTC PROGRAM LOANS	NY	PCDC	RELATED	0.	0.		X	N/A	X		99.00%
PCDC HEALTH OPPORTUNITIES FUND 41, LLC - 87-2715321, C/O PCDC 45 BROADWAY, NEW YORK, NY 10006	HEALTH CARE NMTC PROGRAM LOANS	NY	PCDC	RELATED	0.	0.		X	N/A	X		99.00%
PCDC HEALTH OPPORTUNITIES FUND 40, LLC - 87-2693961, C/O PCDC 45 BROADWAY, NEW YORK, NY 10006	HEALTH CARE NMTC PROGRAM LOANS	NY	PCDC	RELATED	0.	0.		X	N/A	X		99.00%
PCDC HEALTH OPPORTUNITIES FUND 39, LLC - 87-2667336, C/O PCDC 45 BROADWAY, NEW YORK, NY 10006	HEALTH CARE NMTC PROGRAM LOANS	NY	PCDC	RELATED	0.	0.		X	N/A	X		.01%
PCDC HEALTH OPPORTUNITIES FUND 38, LLC - 87-2630738, C/O PCDC 45 BROADWAY, NEW YORK, NY 10006	HEALTH CARE NMTC PROGRAM LOANS	NY	PCDC	RELATED	0.	0.		X	N/A	X		.01%

**Part III** Continuation of 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) Disproportion- ate 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 - 26-2054736, C/O PCDC 45 BROADWAY, NEW YORK, NY 10006	HEALTH CARE NMTC PROGRAM LOANS	NY	PCDC	RELATED	35.	0.		X	N/A	X		.01%

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

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

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				



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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

**Part VII Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

FORM 990, SCHEDULER - PART III:

BETWEEN FISCAL YEARS 2007 AND 2022, THE ORGANIZATION WAS AWARDED \$378 MILLION IN NMTC ALLOCATION TO FINANCE THE CONSTRUCTION OF HEALTH CENTERS IN LOW-INCOME COMMUNITIES. THE PROGRAM, ADMINISTERED BY THE COMMUNITY DEVELOPMENT FINANCIAL INSTITUTIONS 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.

PURSUANT TO THE AMENDED OPERATING AGREEMENTS FOR ACTIVE NMTC LLCS, THE ORGANIZATION 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 THE ORGANIZATION REMAINS THE MANAGING MEMBER. IN THE INDEMNIFICATION AGREEMENTS WITH EACH INVESTOR THE ORGANIZATION AGREES TO INDEMNIFY INVESTORS IF THERE IS A LOSS OF NMTC 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, THE ORGANIZATION'S LIABILITY IS SUBJECT TO THE AFOREMENTIONED INDEMNIFICATION LIMIT IN EACH AGREEMENT WITH AN ESTIMATED AMOUNT TOTALING \$18.1 MILLION.

THE ORGANIZATION 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 ORGANIZATION NMTC ADVISORY BOARD.

**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

UNDER THE TERMS OF THE AMENDED OPERATING AGREEMENTS, THE ORGANIZATION MADE A PROPORTIONAL EQUITY CONTRIBUTION BASED ON EACH QEI AND THE ORGANIZATION'S .01% MEMBERSHIP INTEREST IN EACH NMTC LLC

IN DECEMBER 2013, THE ORGANIZATION ENTERED INTO AN AGREEMENT WITH TWO OTHER CDFI'S TO FORM HEALTHCO AS A FINANCING VEHICLE TO PROVIDE INDIRECT FACILITY FINANCING FOR FQHC'S. THE ORGANIZATION 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. IN JUNE 2022, ALL MEMBERS APPROVED TO THE VOLUNTARY DISSOLUTION OF THE LLC. THE UNWIND PROCESS WAS COMPLETE DURING FY 2023.

DURING THE YEAR 2022, PCDC PFS01 LLC WAS FORMED TO SERVE AS THE INTERMEDIARY ORGANIZATION FOR A PAY FOR SUCCESS ("PFS") INITIATIVE. UNDER THIS PFS MODEL, INVESTORS AND FUNDERS PROVIDE UPFRONT CAPITAL NECESSARY TO SUPPORT COMMUNITY-BASED INTERVENTIONS FOR MEDICAID BENEFICIARIES ENROLLED IN A MANAGED CARE HEALTH PLAN. THESE INTERVENTIONS ARE DESIGNED TO REDUCE UNNECESSARY HEALTHCARE UTILIZATION AND THEREFORE COSTS. THE MEDICAID MANAGED CARE HEALTH PLAN THEN REPAYS THE INVESTORS BASED ON SAVINGS REALIZED FROM IMPROVED OUTCOMES. PCDC PFS01, LLC IS THE BORROWING ENTITY THAT RECEIVES FUNDS FROM THE INVESTORS AND DISBURSES FUNDS TO SERVICE PROVIDERS IN ACCORDANCE WITH THE "PAY FOR SUCCESS" AGREEMENT. THE INVESTOR HAS NO RECOURSE TO PCDC PFS01, LLC EXCEPT FOR THE AMOUNTS IN THE PROJECT OPERATING ACCOUNT. RECEIPTS AND DISBURSEMENTS OF FUNDS ARE IN ACCORDANCE WITH THE APPROVED PROJECT PLAN. THESE FUNDS ARE RECOGNIZED AS AGENCY TRANSACTIONS. AS OF

**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

JUNE 30, 2023, CASH AND DUE TO SPONSOR OF \$74,740 ARE INCLUDED IN THE CONSOLIDATED STATEMENTS OF FINANCIAL POSITION.

SCHEDULE R, PART IV:

PCDC HAS A LESS THAN 50% OWNERSHIP IN SEVERAL LLC ENTITIES. AS THE OWNERSHIP IS LESS THAN 50%, PCDC IS NOT DEEMED TO HAVE CONTROL, AND THEREFORE ENTITIES ARE NOT LISTED ON SCHEDULE R, PART IV.