

Return of Organization Exempt From Income Tax

Form 990

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

2023

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning JUL 1, 2023 and ending JUN 30, 2024

Form sections B through M: B Check if applicable, C Name of organization (PRIMARY CARE DEVELOPMENT CORPORATION), D Employer identification number (13-3711803), E Telephone number (212-437-3940), F Name and address of principal officer (LOUISE COHEN), G Gross receipts (\$21,598,438), H(a) Is this a group return, H(b) Are all subordinates included?, I Tax-exempt status, J Website (WWW.PCDC.ORG), K Form of organization (Corporation), L Year of formation (1993), M State of legal domicile (NY)

Part I Summary

Table with 3 columns: Line number, Description, and Amount. Rows include: 1-7a Activities & Governance, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature block fields: Sign Here (LOUISE COHEN, CEO), Paid (LORI ROTHE YOKOBOSKY), Preparer Use Only (COHNREZNICK ADVISORY LLC)

May the IRS discuss this return with the preparer shown above? See instructions [X] 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 PARITY IN HEALTH CARE. PRIMARY CARE DEVELOPMENT CORPORATION (PCDC) SUPPORTS HEALTHY, THRIVING COMMUNITIES ACROSS THE COUNTRY THROUGH CAPITAL FINANCING, EXPERTISE,

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 \$ 5,242,494. including grants of \$) (Revenue \$ 6,678,109.) CAPITAL INVESTMENT: SUPPORTING PRIMARY CARE EXPANSION. PCDC PROVIDES CAPITAL FINANCING AND EXPERTISE TO INCREASE PRIMARY CARE CAPACITY AND ADVANCE PARITY IN HEALTH CARE. PCDC IS A KEY SOURCE OF CAPITAL FOR THE PRIMARY CARE SECTOR AND, TO DATE, HAS FINANCED OVER 250 PRIMARY CARE PROJECTS VALUED AT NEARLY \$1.7 BILLION. THIS INVESTMENT HAS CREATED THE CAPACITY TO PROVIDE 5.2 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 3.0 MILLION SQUARE FEET OF SPACE INTO FULLY FUNCTIONING PRIMARY CARE PRACTICES AND CREATED OR PRESERVED OVER 21,000 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

4b (Code:) (Expenses \$ 4,502,215. including grants of \$) (Revenue \$ 2,385,715.) CONSULTING & TRAINING: STRENGTHENING SERVICE DELIVERY. PCDC'S CONSULTING & TRAINING TEAM HAS PROVIDED CONSULTING, TRAINING, AND COACHING SERVICES TO MORE THAN 4,800 PRIMARY CARE ORGANIZATIONS ACROSS THE COUNTRY. OUR STAFF BRINGS EXTENSIVE EXPERTISE ACROSS CARE MODELS, OPERATIONS, AND FINANCIAL MANAGEMENT; 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 \$ 1,731,768. including grants of \$) (Revenue \$ 100,037.) POLICY, COMMUNICATIONS, AND RESEARCH & EVALUATION: HIGH-QUALITY AND ACCESSIBLE PRIMARY CARE SAVES LIVES AND IS ESSENTIAL TO ACHIEVING A STRONG HEALTH CARE SYSTEM, YET IT CONTINUES TO BE UNDERVALUED AND UNDERFUNDED. PCDC SUPPORTS POLICY INITIATIVES THAT PROMOTE HEALTH PARITY BY EXPANDING AND ENSURING ACCESS TO HIGH-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 CONDUCTS RESEARCH AND ANALYSIS ON THE CURRENT STATE OF PRIMARY CARE ACCESS AND HEALTH OUTCOMES, INFORMING STRONGER POLICIES AND PROGRAMS IN COMMUNITIES.

HIGHLIGHTS OF RECENT POLICY, COMMUNICATIONS, AND RESEARCH & EVALUATION

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

4e Total program service expenses 11,476,477.

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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	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)

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

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with 3 columns: Question, Yes, No. Rows include 2a (66 employees), 2b (X), 3a (X), 3b, 4a (X), 4b, 5a (X), 5b (X), 5c, 6a (X), 6b, 7 (Organizations that may receive deductible contributions under section 170(c)), 7a (X), 7b (X), 7c (X), 7d, 7e (X), 7f (X), 7g, 7h, 8 (Sponsoring organizations maintaining donor advised funds), 9 (Sponsoring organizations maintaining donor advised funds), 9a, 9b, 10 (Section 501(c)(7) organizations), 10a, 10b, 11 (Section 501(c)(12) organizations), 11a, 11b, 12a (Section 4947(a)(1) non-exempt charitable trusts), 12b, 13 (Section 501(c)(29) qualified nonprofit health insurance issuers), 13a, 13b, 13c, 14a (X), 14b, 15 (X), 16 (X), 17 (Section 501(c)(21) organizations).

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 Enter the number of voting members of the governing body at the end of the tax year (22); 1b Enter the number of voting members included on line 1a, above, who are independent (22); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (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 Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

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
CAROLINA PRADO - 212-437-3961
39 BROADWAY, FLOOR 31, 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			413,051.	0.	20,295.	
(2) WILLIAM O'BRIEN CHIEF LENDING OFFICER	40.00				X		269,602.	0.	52,272.	
(3) ISAAC KASTENBAUM VP CQP	40.00				X		242,877.	0.	66,223.	
(4) DANIEL LEHMAN OUTGOING EXE VP/CFO	40.00			X			259,013.	0.	32,256.	
(5) CYNTHIA SUMMERS MANAGING DIR SPA	40.00				X		252,932.	0.	18,895.	
(6) NANCY LAGER SR DIR, CAPITAL INVESTMENT	40.00					X	217,786.	0.	29,418.	
(7) SHUK HAN LEUNG SR, DIR OF FINANCE	40.00					X	191,448.	0.	44,236.	
(8) CHRISTINA LINDSTROM DIR OF ADMINISTRATION	40.00					X	205,427.	0.	25,463.	
(9) JULIE SCHILZ SENIOR DIRECTOR	40.00					X	206,024.	0.	11,693.	
(10) DEBORAH JOHNSON INGRAM SR DIR CQP	40.00					X	180,828.	0.	16,918.	
(11) ASSUNTA ROSA INTERIM CFO	40.00			X			44,038.	0.	2,614.	
(12) ALAN BRANSON BOARD MEMBER	1.00	X					0.	0.	0.	
(13) CAROL RAPHAEL VICE CHAIR	1.00	X		X			0.	0.	0.	
(14) CHRISTOPHER KOLLER BOARD MEMBER	1.00	X					0.	0.	0.	
(15) CYRUS BATHEJA BOARD MEMBER	1.00	X					0.	0.	0.	
(16) DAVID A. GOULD CHAIR	1.00	X		X			0.	0.	0.	
(17) DIANA MASON BOARD MEMBER	1.00	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) DUDLEY BENOIT BOARD MEMBER	1.00	X						0.	0.	0.
(19) GERREDA DAVIS BOARD MEMBER	1.00	X						0.	0.	0.
(20) HELEN ARTEAGA LANDAVERDE BOARD MEMBER	1.00	X						0.	0.	0.
(21) HENRY CHUNG OUTGOING BOARD MEMBER	1.00	X						0.	0.	0.
(22) JOHN HOLDSCLAW BOARD MEMBER	1.00	X						0.	0.	0.
(23) JOHN RUGGE SECRETARY	1.00	X		X				0.	0.	0.
(24) JONATHAN CHAMPMAN BOARD MEMBER	1.00	X						0.	0.	0.
(25) JORGE R. PETIT BOARD MEMBER	1.00	X						0.	0.	0.
(26) LORI SCOTT BOARD MEMBER	1.00	X						0.	0.	0.
1b Subtotal								2,483,026.	0.	320,283.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								2,483,026.	0.	320,283.

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 37

	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	523,710.
LEVERAGE LAW GROUP, LLC, 4501 COLLEGE BOULEVARD STE 280, LEAWOOD, KS 66211	LEGAL SERVICES	108,476.
COHNREZNICK LLP 1212 AVENUE OF AMERICAS, NEW YORK, NY 10036	ACCOUNTING SERVICES	102,909.

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 3

SEE PART VII, SECTION A CONTINUATION SHEETS

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 (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) MARLENE ZURACK BOARD MEMBER	1.00	X						0.	0.	0.
(28) MATT SIEGLER BOARD MEMBER	1.00	X						0.	0.	0.
(29) PABLO BRAVO BOARD MEMBER	1.00	X						0.	0.	0.
(30) SCOTT MORGAN TREASURER	1.00	X		X				0.	0.	0.
(31) TERRIE STERLING BOARD MEMBER	1.00	X						0.	0.	0.
(32) UDAI TAMBAR BOARD MEMBER	1.00	X						0.	0.	0.
(33) WHITNEY PHELPS BOARD MEMBER	1.00	X						0.	0.	0.
(34) YVETTE P. TEOFAN VICE CHAIR	1.00	X		X				0.	0.	0.
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	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	371,242.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	1,972,295.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	333,000.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			2,676,537.			
Program Service Revenue	2 a PROGRAM FEES	Business Code					
		900099	5,086,451.	5,086,451.			
	b INTEREST ON LOANS	900099	4,077,373.	4,077,373.			
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f			9,163,824.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,437,736.			1437736.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
				8,280,484.			
	b Less: cost or other basis and sales expenses	7b	8,362,114.				
	c Gain or (loss)	7c	-81,630.				
	d Net gain or (loss)			-81,630.		-81,630.	
8 a Gross income from fundraising events (not including \$ 371,242. of contributions reported on line 1c). See Part IV, line 18	8a		39,820.				
			55,350.				
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events			-15,530.		-15,530.		
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a _____	Business Code					
	b _____						
	c _____						
	d All other revenue	900099	37.	37.			
	e Total. Add lines 11a-11d			37.			
12 Total revenue. See instructions			13,180,974.	9,163,861.	0.	1340576.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,583,937.	888,431.	676,966.	18,540.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	5,896,031.	4,902,235.	985,028.	8,768.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	312,791.	240,314.	72,067.	410.
9 Other employee benefits	824,827.	687,841.	135,001.	1,985.
10 Payroll taxes	610,047.	485,589.	121,932.	2,526.
11 Fees for services (nonemployees):				
a Management				
b Legal	565,736.	477,694.	88,042.	
c Accounting	87,700.		87,700.	
d Lobbying	60,025.	60,025.		
e Professional fundraising services. See Part IV, line 17	49,500.			49,500.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	945,818.	592,096.	329,136.	24,586.
12 Advertising and promotion				
13 Office expenses	93,018.	75,066.	16,600.	1,352.
14 Information technology	337,744.	227,241.	109,702.	801.
15 Royalties				
16 Occupancy	573,715.	456,502.	114,961.	2,252.
17 Travel	262,403.	196,394.	65,462.	547.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	99,650.	81,641.	18,009.	
20 Interest	1,454,525.	1,454,525.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	95,669.	76,291.	19,005.	373.
23 Insurance	160,167.		160,167.	
24 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.)				
a PROVISION FOR LOAN LOSS	455,848.	455,848.		
b BANK & MISCELLANEOUS	109,182.	28,476.	72,079.	8,627.
c DUES & SUBSCRIPTION	69,919.	61,490.	8,429.	
d PROVISION FOR DOUBTFUL	69,628.	28,778.	40,850.	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	14,717,880.	11,476,477.	3,121,136.	120,267.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	37,072,733.	2	23,240,103.
	3 Pledges and grants receivable, net	949,124.	3	1,071,114.
	4 Accounts receivable, net	1,254,977.	4	919,082.
	5 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	75,795,959.	7	101,508,326.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	106,128.	9	155,452.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 798,382.		
	b Less: accumulated depreciation	10b 661,176.		
	11 Investments - publicly traded securities	23,355,863.	11	18,599,132.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11	25,266.	13	21,989.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	4,273,507.	15	2,567,805.
16 Total assets. Add lines 1 through 15 (must equal line 33)	142,976,892.	16	148,220,209.	
Liabilities	17 Accounts payable and accrued expenses	1,122,722.	17	1,020,258.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	5,655,116.	23	14,441,396.
	24 Unsecured notes and loans payable to unrelated third parties	51,063,640.	24	50,692,211.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	24,701,047.	25	22,847,529.
	26 Total liabilities. Add lines 17 through 25	82,542,525.	26	89,001,394.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	40,625,115.	27	58,893,815.
	28 Net assets with donor restrictions	19,809,252.	28	325,000.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	60,434,367.	32	59,218,815.
	33 Total liabilities and net assets/fund balances	142,976,892.	33	148,220,209.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,180,974.
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,717,880.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,536,906.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	60,434,367.
5	Net unrealized gains (losses) on investments	5	321,354.
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	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	59,218,815.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____
If the organization changed either its oversight process or selection process during the tax year, explain 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? _____
- 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 _____

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form 990 (2023)

**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 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

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

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 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		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4354066.	15261916.	6487397.	4376571.	2676537.	33156487.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	4354066.	15261916.	6487397.	4376571.	2676537.	33156487.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						743,966.
6 Public support. Subtract line 5 from line 4.						32412521.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	4354066.	15261916.	6487397.	4376571.	2676537.	33156487.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	335,439.	260,218.	295,416.	1080511.	1437736.	3409320.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	7,490.			1,845.		9,335.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		450,017.	565.	81.	37.	450,700.
11 Total support. Add lines 7 through 10						37025842.
12 Gross receipts from related activities, etc. (see instructions)					12	45,757,389.
13 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	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	87.54 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	89.94 %
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 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

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. 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 - 2022. 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
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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>		
8 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>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined 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>		
c 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>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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	Minimum Asset Amount (add line 7 to line 6)	8	

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	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	Total annual distributions. 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 2023 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-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2024. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

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.

2023 AMOUNT: \$ 37.

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2023

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 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-.

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 70%;">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.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2023

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		119,529.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			119,529.
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

Part IV Supplemental Information

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

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, ENCOURAGE THEM TO ENACT LEGISLATION SUPPORTING A PRIMARY-CARE CENTRIC HEALTH SYSTEM THAT PROVIDES QUALITY CARE TO ALL WHO NEED IT AND URGING

Part IV Supplemental Information *(continued)*

NEW YORK STATE ELECTED OFFICIALS TO APPROPRIATE FUNDING FOR PCDC-LED INITIATIVES THAT EXPAND ACCESS TO AND STRENGTHEN PRIMARY CARE.

Multiple horizontal lines for supplemental information.

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

2023

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.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023

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 in Part XIII

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c 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.	367,100.	17,668.
d Equipment		120,737.	110,896.	9,841.
e Other		292,877.	183,180.	109,697.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				137,206.

Part VII Investments - Other Securities

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

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	19,880,649.
(3) DUE TO NEW YORK CITY	128,231.
(4) RESERVES AND DEPOSITS PAYABLE	2,347,500.
(5) OPERATING LEASE LIABILITY	235,487.
(6) OTHER LIABILITY	255,662.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	22,847,529.

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	13,557,678.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	321,354.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	321,354.	
3	Subtract line 2e from line 1		3	13,236,324.
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	-55,350.	
c	Add lines 4a and 4b	4c	-55,350.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	13,180,974.

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	14,773,230.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	55,350.	
e	Add lines 2a through 2d	2e	55,350.	
3	Subtract line 2e from line 1		3	14,717,880.
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	14,717,880.

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, 2024 AND 2023 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:

FUNDRASING EXPENSES -55,350.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRASING EXPENSES 55,350.

Part XIII Supplemental Information (continued)

Multiple horizontal lines for supplemental information.

**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.

2023

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 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.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

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			
POWERED BY PROFESSIONALS - 1460 BROADWAY, 4TH FLOOR, NEW	FUNDRAISIG OF PCDC'S ANNUAL GALA		X	411,062.	49,500.	361,562.
Total				411,062.	49,500.	361,562.

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GALA (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	411,062.		411,062.
	2	Less: Contributions	371,242.		371,242.
	3	Gross income (line 1 minus line 2)	39,820.		39,820.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	55,350.		55,350.
	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)				-15,530.

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))
		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.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: POWERED BY PROFESSIONALS

(I) ADDRESS OF FUNDRAISER: 1460 BROADWAY, 4TH FLOOR, NEW YORK, NY 10036

**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 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

PRIMARY CARE DEVELOPMENT CORPORATION

Employer identification number

13-3711803

Part I Questions Regarding Compensation

	Yes	No
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"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (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	1b	
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?	2	
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 checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	X
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X
c Participate in or receive payment from an equity-based compensation arrangement?	4c	X
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?	5a	X
b Any related organization?	5b	X
If "Yes" on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	X
b Any related organization?	6b	X
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	7	X
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	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2023

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) 391,064. (ii) 0.	(ii) 20,768. (iii) 0.	(iii) 1,219. (iii) 0.	(C) 16,500. (C) 0.	(D) 3,795. (D) 0.	(E) 433,346. (E) 0.	(F) 0. (F) 0.
(2) WILLIAM O'BRIEN CHIEF LENDING OFFICER	(i) 254,976. (ii) 0.	(ii) 13,438. (iii) 0.	(iii) 1,188. (iii) 0.	(C) 13,984. (C) 0.	(D) 38,288. (D) 0.	(E) 321,874. (E) 0.	(F) 0. (F) 0.
(3) ISAAC KASTENBAUM VP CQP	(i) 238,684. (ii) 0.	(ii) 4,031. (iii) 0.	(iii) 162. (iii) 0.	(C) 13,056. (C) 0.	(D) 53,167. (D) 0.	(E) 309,100. (E) 0.	(F) 0. (F) 0.
(4) DANIEL LEHMAN OUTGOING EXE VP/CFO	(i) 248,512. (ii) 0.	(ii) 10,156. (iii) 0.	(iii) 345. (iii) 0.	(C) 13,211. (C) 0.	(D) 19,045. (D) 0.	(E) 291,269. (E) 0.	(F) 0. (F) 0.
(5) CYNTHIA SUMMERS MANAGING DIR SPA	(i) 248,268. (ii) 0.	(ii) 4,250. (iii) 0.	(iii) 414. (iii) 0.	(C) 12,835. (C) 0.	(D) 6,060. (D) 0.	(E) 271,827. (E) 0.	(F) 0. (F) 0.
(6) NANCY LAGER SR DIR, CAPITAL INVESTMENT	(i) 204,996. (ii) 0.	(ii) 11,571. (iii) 0.	(iii) 1,219. (iii) 0.	(C) 11,135. (C) 0.	(D) 18,283. (D) 0.	(E) 247,204. (E) 0.	(F) 0. (F) 0.
(7) SHUK HAN LEUNG SR. DIR OF FINANCE	(i) 181,192. (ii) 0.	(ii) 9,482. (iii) 0.	(iii) 774. (iii) 0.	(C) 10,024. (C) 0.	(D) 34,212. (D) 0.	(E) 235,684. (E) 0.	(F) 0. (F) 0.
(8) CHRISTINA LINDSTROM DIR OF ADMINISTRATION	(i) 202,247. (ii) 0.	(ii) 3,000. (iii) 0.	(iii) 180. (iii) 0.	(C) 10,300. (C) 0.	(D) 15,163. (D) 0.	(E) 230,890. (E) 0.	(F) 0. (F) 0.
(9) JULIE SCHILZ SENIOR DIRECTOR	(i) 202,250. (ii) 0.	(ii) 3,000. (iii) 0.	(iii) 774. (iii) 0.	(C) 10,300. (C) 0.	(D) 1,393. (D) 0.	(E) 217,717. (E) 0.	(F) 0. (F) 0.
(10) DEBORAH JOHNSON INGRAM SR DIR CQP	(i) 177,414. (ii) 0.	(ii) 3,000. (iii) 0.	(iii) 414. (iii) 0.	(C) 9,308. (C) 0.	(D) 7,610. (D) 0.	(E) 197,746. (E) 0.	(F) 0. (F) 0.
(i)	(i)	(ii)	(iii)	(C)	(D)	(E)	(F)
(ii)	(i)	(ii)	(iii)	(C)	(D)	(E)	(F)
(i)	(i)	(ii)	(iii)	(C)	(D)	(E)	(F)
(ii)	(i)	(ii)	(iii)	(C)	(D)	(E)	(F)
(i)	(i)	(ii)	(iii)	(C)	(D)	(E)	(F)
(ii)	(i)	(ii)	(iii)	(C)	(D)	(E)	(F)
(i)	(i)	(ii)	(iii)	(C)	(D)	(E)	(F)
(ii)	(i)	(ii)	(iii)	(C)	(D)	(E)	(F)
(i)	(i)	(ii)	(iii)	(C)	(D)	(E)	(F)
(ii)	(i)	(ii)	(iii)	(C)	(D)	(E)	(F)
(i)	(i)	(ii)	(iii)	(C)	(D)	(E)	(F)
(ii)	(i)	(ii)	(iii)	(C)	(D)	(E)	(F)
(i)	(i)	(ii)	(iii)	(C)	(D)	(E)	(F)
(ii)	(i)	(ii)	(iii)	(C)	(D)	(E)	(F)

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 for the latest information.

OMB No. 1545-0047

2023

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:

AND ADVOCACY. PCDC PARTNERS WITH PROVIDERS, PRACTICES 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 ACCESS TO HIGH-QUALITY PRIMARY CARE A
REALITY FOR COMMUNITIES ACROSS THE COUNTRY.

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

FOUR-STAR RATING (THE HIGHEST POSSIBLE RATING) IN IMPACT MANAGEMENT.

HIGHLIGHTS OF RECENT CAPITAL INVESTMENT ACCOMPLISHMENTS INCLUDE:

- CENTRAL CITY COMMUNITY HEALTH CENTER: CENTRAL CITY COMMUNITY HEALTH
CENTER, A FEDERALLY QUALIFIED HEALTH CENTER (FQHC) OPERATING MULTIPLE
SITES ACROSS LOS ANGELES COUNTY, RECEIVED \$10 MILLION THROUGH THREE
LOANS TO ENABLE THE ORGANIZATION TO I) ACQUIRE ITS GARDEN GROVE, CA
SITE; II) REFINANCE THE DEBT ASSOCIATED WITH ITS ANAHEIM, CA SITE; AND

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

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

III) REFUND ITS EQUITY INVESTMENT IN ITS BALDWIN PARK, CA SITE. THIS SUBSTANTIALLY IMPROVED THE ORGANIZATION'S FINANCIAL PROFILE BY REDUCING ITS INTEREST COSTS AND DEBT SERVICE PAYMENTS, THEREBY ENABLING IT TO EXPAND SERVICES AND ADD STAFF WITHOUT TAKING ADDITIONAL DEBT OR STRAINING ITS FINANCIAL POSITION.

- MARTINSVILLE HENRY COUNTY COALITION FOR HEALTH AND WELLNESS (MARTINSVILLE): MARTINSVILLE IS A FEDERALLY QUALIFIED HEALTH CENTER THAT PROVIDES PRIMARY CARE, BEHAVIORAL HEALTH, AND HEALTH PROMOTION AND CARE COORDINATION SERVICES TO RESIDENTS IN MARTINSVILLE CITY AND ACROSS HENRY COUNTY IN RURAL VIRGINIA. IN 2023, PCDC PROVIDED MARTINSVILLE WITH A \$1.3 MILLION LOAN TO HELP IT ACQUIRE A BUILDING IT LEASED, SO THAT IT COULD EXPAND ITS MEDICAL SERVICES THROUGH ADDITIONAL EXAM SPACE AND EDUCATION. THIS AREA OF CENTRAL APPALACHIA IS DESIGNATED MEDICALLY UNDERSERVED AREAS FOR PRIMARY CARE, MENTAL HEALTH, AND DENTAL HEALTH BY HEALTH RESOURCES SERVICES ADMINISTRATION, A DIVISION OF HHS. MARTINSVILLE ESTIMATES THAT THE EXPANSION WILL RESULT IN A 10% INCREASE IN PATIENTS AND 15% INCREASE IN VISITS, WHICH WILL ULTIMATELY IMPROVE THE HEALTH METRICS IN ITS UNDERSERVED AREA.

- BRIDGING ACCESS TO CARE: BRIDGING ACCESS TO CARE IS A NYS ARTICLE 31 AND FEDERAL SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES (SAMHSA) BEHAVIORAL HEALTH CLINIC OPERATING IN BROOKLYN, NY. AFTER APPROVING A \$400,000 LOAN IN 2022 TO HELP THE ORGANIZATION RELOCATE TO LARGER SPACE, BRIDGING ACCESS TO CARE'S FUTURE SITE BECAME UNAVAILABLE, AND ITS PLANS TO MOVE WERE SUSPENDED. PCDC HELD ITS COMMITMENT UNTIL THE PROVIDER FOUND NEW SPACE, AND IN 2024 THE FINANCING CLOSED WITH BRIDGING ACCESS TO CARE RELOCATING TO LARGER, MORE PRACTICAL SPACE.

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

THE LOAN, FINANCED THROUGH PCDC'S DASNY-FUNDED NYS REVOLVING CREDIT FUND, WILL ENABLE BRIDGING ACCESS TO CARE TO EXPAND ITS MENTAL HEALTH AND SUBSTANCE USE DISORDER TREATMENTS TO THE LOW-INCOME POPULATIONS IN WILLIAMSBURG, BROOKLYN AND BEYOND.

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

- ASSISTING OVER 1,300 PRIMARY CARE SITES IN ACHIEVING PATIENT-CENTERED MEDICAL HOME (PCMH) RECOGNITION: THE MILESTONE REFLECTED THE SUCCESS OF PCDC'S CONTENT EXPERTS, WHOSE STRATEGIC LEADERSHIP, PRACTICE COACHING, AND TECHNICAL ASSISTANCE HAVE GUIDED COMMUNITY HEALTH CENTERS, HOSPITAL OUTPATIENT CENTERS, PRIVATE PRACTICES, AND SPECIAL NEEDS PROVIDERS NATIONWIDE. 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.

- EXPANSION OF CALIFORNIA-BASED CONSULTING SERVICES: PCDC IS INCREASINGLY ACTIVE IN CALIFORNIA IN SUPPORTING HEALTH DEPARTMENTS AND HEALTH CENTERS TO FULLY PARTICIPATE IN THE STATE'S PAYMENT REFORM

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

PROGRAMMING. PCDC'S WORK IS SUPPORTED BY A STATE-FUNDED TA POOL,
ALLOWING THE PROVIDERS TO FOCUS THEIR RESOURCES ON EXPANDING
PROGRAMMING IN THEIR COMMUNITIES.

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

- 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. IN LATE 2023, PCDC WAS
INSTRUMENTAL IN ADVOCATING FOR THE INTRODUCTION OF LEGISLATION TO
REQUIRE INSURERS IN THE STATE TO MEASURE THEIR SPENDING ON PRIMARY
CARE, REPORT IT OUT, AND ULTIMATELY INCREASE IT TO AT LEAST 12% OF
THEIR OVERALL HEALTH CARE SPENDING. BY THE END OF DECEMBER, SENATOR
GUSTAVO RIVERA HAD INTRODUCED SENATE BILL 1197, INCLUDING ALL OF THOSE
ELEMENTS. PCDC POLICY STAFF WORKED WITH ASSEMBLYMEMBER AMY PAULIN TO
INTRODUCE A SAME-AS BILL IN THE ASSEMBLY, A8592, AND THEN ADVOCATED
WITH LAWMAKERS THROUGHOUT THE SESSION TO MOVE THE BILL FORWARD. THE
BILL PASSED THE SENATE HEALTH COMMITTEE BEFORE THE END OF SESSION.
PCDC ALSO ADVOCATED WITH THE GOVERNOR'S OFFICE AND THE DEPARTMENT OF
HEALTH TO ENSURE THAT ALL POLICY RELATING TO HEALTH CARE, INCLUDING A
DECISION TO PURSUE A NEW FEDERAL MODEL CALLED AHEAD AND A DECISION TO
PURSUE ADDITIONAL TAX REVENUE, PRIORITIZED FUNDING FOR PRIMARY CARE
SERVICES. FURTHER, PCDC ADVOCATED WITH THE LEGISLATURE TO ENSURE THAT
ALL HEALTH CARE POLICY IN THE NEW YORK STATE BUDGET REFLECTS THE NEED
TO INCREASE ACCESS TO HIGH-QUALITY, AFFORDABLE PRIMARY CARE FOR ALL NEW
YORKERS.

Name of the organization PRIMARY CARE DEVELOPMENT CORPORATION	Employer identification number 13-3711803
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- 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 WORKFORCE. PCDC RELEASED AN UPDATE REPORT ON THOSE STATE TRENDS IN DECEMBER 2023.

- RELEASING REPORT AND PRESENTING FINDINGS ON PRIMARY CARE ACCESS: PCDC'S RESEARCH & EVALUATION TEAM RELEASED THE FIRST NEW YORK STATE PRIMARY CARE SCORECARD. A FIRST-OF-ITS-KIND RESOURCE, THE SCORECARD AIMS TO SUPPORT POLICY, PROGRAMMATIC AND BUDGETARY DECISION-MAKING BY PRESENTING THE CURRENT STATE OF PRIMARY CARE IN NEW YORK STATE. THE SCORECARD IS A SYNTHESIS OF AVAILABLE DATA (PUBLICLY AVAILABLE AND PROPRIETARY), BRINGING TOGETHER A NEW ANALYSIS. THE DATA REPORTED ARE FROM THE MOST RECENT YEAR AVAILABLE AND ARE ORGANIZED INTO FOUR DOMAINS: WORKFORCE, ACCESS, PERFORMANCE AND HEALTH OUTCOMES.

- ADVOCATING PUBLICLY AND FREQUENTLY FOR IMPROVED PRIMARY CARE ACCESS: THROUGH MULTIPLE PUBLIC COMMENTS ON REGULATIONS, REQUESTS FOR INFORMATION, AND POLICY PROPOSALS, AND SIGNING ON TO LETTERS FROM OTHER ORGANIZATIONS, PCDC LENT ITS VOICE TO MULTIPLE POLICY CONCERNS INCLUDING INVESTING MORE IN PRIMARY CARE THROUGH FEDERAL REGULATIONS;

Name of the organization PRIMARY CARE DEVELOPMENT CORPORATION	Employer identification number 13-3711803
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NEW PAYMENT MODELS FOR PRIMARY CARE; DISPARITIES IN PRIMARY CARE ACCESS ACROSS NEW YORK STATE; POLICIES TO ENSURE THE 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 OVERALL HEALTH IN OUR COMMUNITIES.

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

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

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

Name of the organization

PRIMARY CARE DEVELOPMENT CORPORATION

Employer identification number

13-3711803

WEBSITES.

Multiple horizontal lines for listing website information.

**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.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

PRIMARY CARE DEVELOPMENT CORPORATION

Employer identification number
13-3711803

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

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.	74,740. 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) 2023

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 XI, LLC - 47-1197703,	HEALTH CARE											
C/O PCDC 45 BROADWAY, NEW	NMTC PROGRAM											
YORK, NY 10006	LOANS	NY	PCDC	RELATED	39.	0.			N/A		X	.01%
PCDC HEALTH OPPORTUNITIES												
FUND XII, LLC - 47-1208668,	HEALTH CARE											
C/O PCDC 45 BROADWAY, NEW	NMTC PROGRAM											
YORK, NY 10006	LOANS	NY	PCDC	RELATED	32.	0.			N/A		X	.01%
PCDC HEALTH OPPORTUNITIES												
FUND XIII, LLC - 47-4416943,	HEALTH CARE											
C/O PCDC 45 BROADWAY, NEW	NMTC PROGRAM											
YORK, NY 10006	LOANS	NY	PCDC	RELATED	45.	0.			N/A		X	.01%
PCDC HEALTH OPPORTUNITIES												
FUND XIV, LLC - 47-4439649,	HEALTH CARE											
C/O PCDC 45 BROADWAY, NEW	NMTC PROGRAM											
YORK, NY 10006	LOANS	NY	PCDC	RELATED	26.	0.			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) 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			
PCDC HEALTH OPPORTUNITIES											
FUND XV, LLC - 47-4452002,	HEALTH CARE										
C/O PCDC 45 BROADWAY, NEW	NMTC PROGRAM										
YORK, NY 10006	LOANS	NY	PCDC	RELATED	1.	631.	X		N/A	X	.01%
PCDC HEALTH OPPORTUNITIES											
FUND XVI, LLC - 47-4464362,	HEALTH CARE										
C/O PCDC 45 BROADWAY, NEW	NMTC PROGRAM										
YORK, NY 10006	LOANS	NY	PCDC	RELATED	3.	779.	X		N/A	X	.01%
PCDC HEALTH OPPORTUNITIES											
FUND XVII, LLC - 47-4476378,	HEALTH CARE										
C/O PCDC 45 BROADWAY, NEW	NMTC PROGRAM										
YORK, NY 10006	LOANS	NY	PCDC	RELATED	4.	1,072.	X		N/A	X	.01%
PCDC HEALTH OPPORTUNITIES											
FUND XVIII, LLC - 81-4830979,	HEALTH CARE										
C/O PCDC 45 BROADWAY, NEW	NMTC PROGRAM										
YORK, NY 10006	LOANS	NY	PCDC	RELATED	4.	970.	X		N/A	X	.01%
PCDC HEALTH OPPORTUNITIES											
FUND XIX, LLC - 81-4845795,	HEALTH CARE										
C/O PCDC 45 BROADWAY, NEW	NMTC PROGRAM										
YORK, NY 10006	LOANS	NY	PCDC	RELATED	14.	911.	X		N/A	X	.01%
PCDC HEALTH OPPORTUNITIES											
FUND XX, LLC - 81-4859546,	HEALTH CARE										
C/O PCDC 45 BROADWAY, NEW	NMTC PROGRAM										
YORK, NY 10006	LOANS	NY	PCDC	RELATED	1.	535.	X		N/A	X	.01%
PCDC HEALTH OPPORTUNITIES											
FUND XXII, LLC - 81-4914582,	HEALTH CARE										
C/O PCDC 45 BROADWAY, NEW	NMTC PROGRAM										
YORK, NY 10006	LOANS	NY	PCDC	RELATED	1.	879.	X		N/A	X	.01%
PCDC HEALTH OPPORTUNITIES											
FUND XXIII, LLC - 81-4932296,	HEALTH CARE										
C/O PCDC 45 BROADWAY, NEW	NMTC PROGRAM										
YORK, NY 10006	LOANS	NY	PCDC	RELATED	7.	978.	X		N/A	X	.01%
PCDC HEALTH OPPORTUNITIES											
FUND XXIV, LLC - 81-4835602,	HEALTH CARE										
C/O PCDC 45 BROADWAY, NEW	NMTC PROGRAM										
YORK, NY 10006	LOANS	NY	PCDC	RELATED	1.	780.	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) 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			
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.	980.		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.	989.		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.	890.		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.	546.		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.	617.		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	2.	993.		X	N/A	X	.01%
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	1.	596.		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	3.	696.		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	6.	993.		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) 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			
PCDC HEALTH OPPORTUNITIES											
FUND XXXVI, LLC - 85-2709023,	HEALTH CARE										
C/O PCDC 45 BROADWAY, NEW YORK, NY 10006	NMTC PROGRAM LOANS	NY	PCDC	RELATED	2.	993.		X	N/A	X	.01%
PCDC HEALTH OPPORTUNITIES											
FUND XXXVII, LLC -	HEALTH CARE										
85-2560563, C/O PCDC 45 BROADWAY, NEW YORK, NY 10006	NMTC PROGRAM LOANS	NY	PCDC	RELATED	0.	0.		X	N/A	X	99.00%
PCDC HEALTH OPPORTUNITIES											
FUND 38, LLC - 87-2630738,	HEALTH CARE										
C/O PCDC 45 BROADWAY, NEW YORK, NY 10006	NMTC PROGRAM LOANS	NY	PCDC	RELATED	3.	993.		X	N/A	X	.01%
PCDC HEALTH OPPORTUNITIES											
FUND 39, LLC - 87-2667336,	HEALTH CARE										
C/O PCDC 45 BROADWAY, NEW YORK, NY 10006	NMTC PROGRAM LOANS	NY	PCDC	RELATED	5.	1,641.		X	N/A	X	.01%
PCDC HEALTH OPPORTUNITIES											
FUND 40, LLC - 87-2693961,	HEALTH CARE										
C/O PCDC 45 BROADWAY, NEW YORK, NY 10006	NMTC PROGRAM LOANS	NY	PCDC	RELATED	3.	797.		X	N/A	X	.01%
PCDC HEALTH OPPORTUNITIES											
FUND 41, LLC - 87-2715321,	HEALTH CARE										
C/O PCDC 45 BROADWAY, NEW YORK, NY 10006	NMTC PROGRAM LOANS	NY	PCDC	RELATED	3.	1,221.		X	N/A	X	.01%
PCDC HEALTH OPPORTUNITIES											
FUND 42, LLC - 87-2733206,	HEALTH CARE										
C/O PCDC 45 BROADWAY, NEW YORK, NY 10006	NMTC PROGRAM LOANS	NY	PCDC	RELATED	1.	949.		X	N/A	X	.01%
PCDC HEALTH OPPORTUNITIES											
FUND 43, LLC - 87-2754385,	HEALTH CARE										
C/O PCDC 45 BROADWAY, NEW YORK, NY 10006	NMTC PROGRAM LOANS	NY	PCDC	RELATED	0.	0.		X	N/A	X	99.00%
PCDC HEALTH OPPORTUNITIES											
FUND 44, LLC - 87-2776563,	HEALTH CARE										
C/O PCDC 45 BROADWAY, NEW YORK, NY 10006	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) 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			
PCDC HEALTH OPPORTUNITIES											
FUND 45, LLC - 87-2797760,	HEALTH CARE										
C/O PCDC 45 BROADWAY, NEW	NMTC PROGRAM										
YORK, NY 10006	LOANS	NY	PCDC	RELATED	0.	0.	X		N/A	X	99.00%
PCDC HEALTH OPPORTUNITIES											
FUND 46, LLC - 87-2830898,	HEALTH CARE										
C/O PCDC 45 BROADWAY, NEW	NMTC PROGRAM										
YORK, NY 10006	LOANS	NY	PCDC	RELATED	0.	0.	X		N/A	X	99.00%
PCDC HEALTH OPPORTUNITIES											
FUND 47, LLC - 87-2843644,	HEALTH CARE										
C/O PCDC 45 BROADWAY, NEW	NMTC PROGRAM										
YORK, NY 10006	LOANS	NY	PCDC	RELATED	0.	0.	X		N/A	X	99.00%
PCDC HEALTH OPPORTUNITIES											
FUND 48, LLC - 87-2649020,	HEALTH CARE										
C/O PCDC 45 BROADWAY, NEW	NMTC PROGRAM										
YORK, NY 10006	LOANS	NY	PCDC	RELATED	0.	0.	X		N/A	X	99.00%

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
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s 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.

Table with 11 main columns: (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.? (Yes/No); (f) Share of total income; (g) Share of end-of-year assets; (h) Disproportionate allocations? (Yes/No); (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065); (j) General or managing partner? (Yes/No); (k) Percentage ownership.

Part VII Supplemental Information

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

Multiple horizontal lines for providing supplemental information.