Form	9	9	0
Departm	nent o	f the	Treasury

# **Return of Organization Exempt From Income Tax**

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

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Inter	nal Reve	enue Serv	ice		Information	about Form	n 990 and	d its	instruction	ns is i	at www	v.irs.go	v/for	m990.		Inspe	ection	
A F	or th	e 202	1 cale	endar year, or ta	ax year begi	nning				a	nd en	ding						
-			C Nan	ne of organization									D	Employer ic	lentifi	ication number		
Вс	heck if ap	oplicable:	NE	W COMMUNITY	HEALTH	CARE, II	NC.											
	Addre		Doir	ng Business As										22-248	408	2		
	-	change	Nun	nber and street (or F	P.O. box if mail is	not delivered	to street a	ddres	s)	Roo	om/suit	е	Е	Telephone r	numbe	ər		
	+	return	23	3 WEST MARK	CET STREE	т								(973)6	24-	2020		
-	Termi			or town, state or pr			eign postal	code	•	_				(27370		2020		
	Amen	ided	NF	WARK, NJ 07	7103								G	Gross receip	ots \$	9,85	56 4	.23
-	return Applio	cation		ne and address of pr			ABETH	MD	λκννν				_	a) Is this a gro				
	_ pendi	ng			•									subordinate	s?			No
-	Tax av	a mant at		WEST MARKE			-	U7.						Are all subor If "No " otto		st. (see instructions		
		empt sta		X 501(c)(3)	501(c) (	) ┥ (in	nsert no.)		4947(a)(1)	) or		527	-				5)	
		te: 🕨		.NEWCOMMUNI		a		-						Croup exen		, ,		
-		of organ			Trust	Association	Oth	er 🕨	•		L Yea	r of forma	ation:	1983 M	State	e of legal domic	ile:	NJ
P	art I		nmar	•														
	1			ribe the organizati		-									_CA	<u>RE FOR T</u>	HE	
ЭC				,_A_MEDICAL	DAY_CAR	E_PROGRA	AM, PH	YS1	ICAL TH	ERA	<u> PY,</u>	AND I	PER	SONAL				
naı		CARE	<u>E_TO</u>	RESIDENTS.														
Governance	2				organization of		•		•						ts.	1		
ő	3	Numb	er of v	oting members of	the governing	g body (Part \	VI, line 1a	ı) <u> </u>							3			11
ې دې	4			ndependent voting											4			9
Activities &	5	Total r	numbe	er of individuals en	mployed in cal	endar year 2	021 (Part	V, li	ne 2a)						5			113
÷	6	Total r	numbe	er of volunteers (es	stimate if neces	sary)									6			9
Ă	7a	Total u	unrela	ted business rever	nue from Part \	/III, column (	C), line 1	2							7a			
				d business taxabl											7b			
													P	rior Year		Current	Year	
¢,	8	Contri	bution	s and grants (Part	VIII, line 1h)							¬ 🗌	1	L,080,2	93.	1,21	.8,5	41.
nue	9	Progra	am ser	vice revenue (Part	VIII, line 2g)			•••	COP		-		ç	9,040,4	62.	8,21		
Revenue	10	Invest	ment i	ncome (Part VIII,	column (A). lin	es 3. 4. and	7d)	• •	PUBLIC I	INSP	ECTIO	N			94.		1,5	
Ř	11			ue (Part VIII, colu								-		343,8		4:	23,2	
	12			ie - add lines 8 thi									1(	),465,3		9,85		
	13			similar amounts pa											ONE			JONE
	14			d to or for member											ONE			JONE
	15			ner compensation,									Ģ	5,467,8		6,09		-
Expenses				I fundraising fees (											ONE			JONE
pen														IN	ONE		1	10115
Ĕ				ising expenses (Pa										1 207 /	60	2.64		0.4
				ses (Part IX, colur							• • •	•		1,387,4 ),855,3		3,66		
				ses. Add lines 13-							• • •	-	1(			9,76		
- s	19	Reven	iue ies	s expenses. Subtr	ract line 18 from	m line 12		• •					nnin	-390,0 g of Current		End of Y	94,3 Voor	,29.
Net Assets or Fund Balances														-				
Sse Bala	20	l otal a	assets	(Part X, line 16)				• •				•		2,691,0		1,81		
et A	21			es (Part X, line 26)								-		7,837,1		6,86		
				or fund balances.	Subtract line 2	1 from line 2	0		<u></u>				- 5	5,146,0	59.	-5,05	51,7	30.
	rt II			re Block														
Un	der per e, corre	nalties o ect, and	of perju comple	ry, I declare that I hat te. Declaration of pre	ave examined th eparer (other tha	nis return, incl n officer) is ba	luding acc ased on all	ompa infori	anying sched mation of wh	dules nich p	and sta preparer	tements, has any l	and know	to the best c ledge.	of my	knowledge and	belief	i, it is
	,			· · ·		,												
Sig	n																	
He			Signati	ure of officer										Date				
ne	E																	
			Туре о	r print name and title														
D-'	- -	Print/	Туре р	reparer's name		Preparer's s	signature				Date			Check	if	PTIN		
Paic		MICH	HAEL	PINTABONE		MICHAEI	L_PIN	ITAI	BONE		11/0	01/20	22	self-emplog	yed	P0127515	6	
	parer Only	Firm's	name	► WITHUMSN	MITH+BROW	IN, PC							Fir	m's EIN 🕨	2	2-202709	2	
			addres		IER CENTER BL									one no.		32-828-1	614	
Мау	the I	RS dise	cuss t	his return with the	preparer show	vn above? (se	ee instruc	tions	5)									No
_				tion Act Notice, s												Form 9	<b>90</b> (2	

NEW	COMMUNITY	HEALTH	CARE,	INC.

For	m 990 (2021)	-	Page <b>2</b>
Pa	art III Statement of Program Service Accomplish		
1	Check if Schedule O contains a response o Briefly describe the organization's mission:	r note to any line in this Part III	X
1	THE ORGANIZATION WAS INCORPORATED T	O OVERSEE THE OPERATIONS	OF A 180
	BED EXTENDED HEALTH CARE FACILITY L		
2	Did the organization undertake any significant progr		
	prior Form 990 or 990-EZ?		Yes X No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make	significant changes in how it c	onducts any program
3	services?		
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accom		
	expenses. Section $501(c)(3)$ and $501(c)(4)$ organizative total expenses, and revenue, if any, for each program		mount of grants and allocations to others,
4a	(Code: ) (Expenses \$ 8,440,212. inc	cluding grants of \$	) (Revenue \$ 8 , 636 , 327 )
	HEALTH CARE (SEE SCHEDULE O FOR FUR		
	· · · · ·	·	
<u>4</u> h	(Code: ) (Expenses \$ inc	cluding grants of \$	
40			_) (Revenue \$)
4.	(Onder ) (Einensee C in a	ludian manta at f	
40	(Code:) (Expenses \$inc	cluding grants of \$	_) (Revenue \$)
<u> </u>	Other preserves consists (Describe to Other Lie Other		
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$	) (Revenue \$	)
4e	Total program service expenses ► 8,440,	· · ·	/
JSA			Form <b>990</b> (2021)
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Form 990 (2021)

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A.	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2		37
4	candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		X
4	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		v
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4		X
3	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
U	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I.	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<b>–</b>		
•	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	<u> </u>		
•	complete Schedule D, Part III	8		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? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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? If "Yes," complete Schedule D, Part VIII	11c		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? If "Yes," complete Schedule D, Part IX	11d	X	ļ
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	ļ
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
4.0	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		X
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		X
b	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			- 21
10	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		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 foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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	17		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? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		x
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
JSA 1E1021	1.000	Form	990	(2021)

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Form 990 (2021)

Page **4** 

Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
_•	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J.	23	х	
24 0	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23	<u></u>	
24 a				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	0.4-		37
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	20		- 21
21	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	07		37
	persons? If "Yes," complete Schedule L, Part III	27		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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
34	or IV, and Part V, line 1.	34	Х	
25 0	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		A	v
		35a		X
α	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	251		
	controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		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? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
_	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
	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 1b NONE			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
JSA 1E1030		Form	990	(2021)

NEW COMMUNITY HEALTH CARE, INC.

Form 990 (2021)

Page 5

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 113			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
τu	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
h	If "Yes," enter the name of the foreign country			
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
<b>5</b> -		52		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the			
Ū	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
		9a		
	Did the sponsoring organization make any taxable distributions under section 4966?	9b		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	30		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
-	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
••	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
JSA		Form	000	(2021)

Form 9	990 (202	1) NEW COMMUNITY HEALTH CARE, INC. 22-24840	082	F	Page 6
Part	t 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. S	cee in	struc	
		Check if Schedule O contains a response or note to any line in this Part VI			X
Sect		Governing Body and Management			
				Yes	No
1a	Enter	the number of voting members of the governing body at the end of the tax year			
iu	If ther	e are material differences in voting rights among members of the governing body, or			
	if the	governing body delegated broad authority to an executive committee or similar			
h		ittee, explain on Schedule O. the number of voting members included on line 1a, above, who are independent			
2					
2		ny officer, director, trustee, or key employee have a family relationship or a business relationship with	2		Х
•	-	her officer, director, trustee, or key employee?	-		
3		e organization delegate control over management duties customarily performed by or under the direct	3		х
		vision of officers, directors, trustees, or key employees to a management company or other person?	4		X
4		e organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5		e organization become aware during the year of a significant diversion of the organization's assets?	6		
6		e organization have members or stockholders?	0		X
7a		e organization have members, stockholders, or other persons who had the power to elect or appoint	7-		37
		r more members of the governing body?	7a		X
b		any governance decisions of the organization reserved to (or subject to approval by) members,			
		nolders, or persons other than the governing body?	7b		X
8	Did th	e organization contemporaneously document the meetings held or written actions undertaken during			
	the ye	ar by the following:			
а		overning body?	8a	X	
b	Each	committee with authority to act on behalf of the governing body?	8b	Х	
9		re any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
		ganization's mailing address? If "Yes," provide the names and addresses on Schedule O.	9		Х
Secti	on B.	Policies (This Section B requests information about policies not required by the Internal Revenue C	Code	,	
		-		Yes	No
10a	Did th	e organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes	s," did the organization have written policies and procedures governing the activities of such chapters,			
			10b		
11a			11a	Х	
b		ibe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a			12a	Х	
		officers, directors, or trustees, and key employees required to disclose annually interests that could give			
			12b	Х	
С		ne organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
-			12c	Х	
13		e organization have a written whistleblower policy?	13	Х	
14		e organization have a written document retention and destruction policy?	14	Х	
15		e process for determining compensation of the following persons include a review and approval by			
15		endent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
•			15a		Х
а ь			15b		X
b		s" to line 15a or 15b, describe the process on Schedule O. See instructions.			
40-					
168		e organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16a		х
			Tou		
b		s," did the organization follow a written policy or procedure requiring the organization to evaluate its pation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
			16b		
Socti		Disclosure			
17		e states with which a copy of this Form 990 is required to be filed $\blacktriangleright_{ m NJ}$ ,			
18		on 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T	(sect	tion 5	01(c)
		nly) available for public inspection. Indicate how you made these available. Check all that apply.			
		Own website Another's website X Upon request Other (explain on Schedule O)			
19	Descr	ibe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	inter	est p	olicy,
		nancial statements available to the public during the tax year.			
20		the name, address, and telephone number of the person who possesses the organization's books and records			
		ABETH MBAKAYA 233 WEST MARKET STREET NEWARK, NJ 07103			
JSA	973-	624-2020	Form	990	(2021)
1E1042				_	
	0700	4L M998 11/01/2022 14:35:12 V21-7.5F 027315.0		8	

07004L	M998	11/01/2022	14:35:12	V21-7.5F	027315.
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Independent Co Check if Schedule		esponse or no	ote to any line	in this P	Part VII	 	
 Check if Schedule	O contains a i	esponse or no	ote to any line	in this P	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, 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	box,	not ch unles	Pos neck is pe	erson	e than c is both cor/trust	an	(D) Reportable compensation from the	(E) Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) RICHARD RORHMAN	1.00									
CEO	40.00			х				NONE	228,421.	223,409.
(2) ELIZABETH MBAKAYA	1.00									
CFO	40.00			Х				NONE	230,650.	NONE
(3) FRED HUNTER	40.00									
COO	1.00			Х				NONE	167,341.	4,800.
(4) VERONICA ONWUNAKA	40.00									
NURSING ADMINISTRATOR	NONE					x		130,000.	NONE	NONE
(5) DEBBIE (OGUNDELE) FOLUKE	40.00									
NURSING DIRECTOR	NONE					x		116,009.	NONE	NONE
(6) MADGE WILSON	1.00									
BOARD MEMBER	40.00	Х						NONE	55,000.	3,720.
(7) DIANE JOHNSON	1.00									
BOARD MEMBER	40.00	Х						NONE	40,700.	NONE
(8) EDGAR NEMORIN	1.00									
TREASURER	1.00	Х		Х				NONE	NONE	NONE
(9) NEWTON M. RICHARDS	1.00									
SECRETARY	1.00	Х		Х				NONE	NONE	NONE
(10) BARRY BAKER	1.00									
BOARD MEMBER	1.00	Х						NONE	NONE	NONE
(11) MIGDALIA MARTINEZ	1.00									
BOARD MEMBER	1.00	Х						NONE	NONE	NONE
(12) DR. ZACHARY YAMBA	1.00									
PRESIDENT	1.00	Х		Х				NONE	NONE	NONE
(13) FERDANDO COLON	1.00									
BOARD MEMBER	1.00	Х						NONE	NONE	NONE
(14) ANTHONY MARCHETTA	1.00									
BOARD MEMBER	1.00	Х						NONE	NONE	NONE

Form **990** (2021)

## NEW COMMUNITY HEALTH CARE, INC.

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo	bye	es,	and I	lig	hest Compensat	ed Employ	ees (c	continued)
(A)	(B)	1			C)			(D)	(E)		(F)
Name and title	Average hours per week (list any	box,	unle	Pos heck ss pe	sition more erson	e than o is both or/trust	an	Reportable compensation from	Reportable compensation from related	n from	Estimated amount of other
	hours for related organizations below dotted line)	Individ or dire	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizati (W-2/1099-		compensation from the organization and related organizations
15) JEROME ST JOHN	1.00										
BOARD MEMBER	1.00	X						NONE		NONE	NON
16) INGRID RASMUSSEN	1.00	-									
BOARD MEMBER	1.00	X						NONE		NONE	NON
		_									
	+	_									
		_									
	+	_									
1b Sub-total							►	246,009.	722,	112.	231,929
c Total from continuation sheets to Part VII, S	ection A						►	NONE		NONE	
d Total (add lines 1b and 1c)								246,009.		112.	231,929
2 Total number of individuals (including but not reportable compensation from the organizatio		hose	liste	ed a	bove	e) who 2	o re	ceived more than	\$100,000 c	of	
3 Did the organization list any former offic											Yes No
<ul><li>employee on line 1a? If "Yes," complete Sched</li><li>For any individual listed on line 1a, is the organization and related organizations gr</li></ul>	sum of rep	oortat	ole d	com	per	satior	n ai	nd other compens	sation from	the	3 X
<ul><li>5 Did any person listed on line 1a receive or</li></ul>			• •	• •	• •						<b>4</b> X
for services rendered to the organization? If "Y Section B. Independent Contractors											5 X
<ol> <li>Complete this table for your five highest com compensation from the organization. Report of year.</li> </ol>											
(A) SEE SCHEDULE O Name and business add	dress							<b>(B)</b> Description of se	rvices	C	<b>(C)</b> Compensation
							+				
			_	_	_	_					

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization  $\blacktriangleright$ 3

JSA 1E1055 2.000

гai	t VII						
		Check if Schedule O contains a respon	nse or note to an				<u> </u>
				(A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c f g h	Federated campaigns1aMembership dues1bFundraising events1cRelated organizations1dGovernment grants (contributions)1eAll other contributions, gifts, grants, and similar amounts not included above1fNoncash contributions included in lines 1a-1f1gTotal. Add lines 1a-1f1		1,218,541.			
e	2a	PATIENT REVENUE	623000	8,213,066.	8,213,066.		
Program Service Revenue	b c d e f	All other program service revenue					
	g	Total. Add lines 2a-2f	▶	8,213,066.			
	3 4 5	Investment income (including dividends, other similar amounts) Income from investment of tax-exempt bond Royalties	► proceeds	1,555. NONE NONE			1,555.
	6a b c	Gross rents     6a       Less: rental expenses     6b       Rental income or (loss)     6c	(ii) Personal				
	d 7a	Net rental income or (loss)       (i) Securities         Gross amount from sales of assets other than inventory       7a	(ii) Other	NONE			
Revenue	b c	Less: cost or other basis and sales expenses		NONE			
Other Re	d 8a	Net gain or (loss)         Gross income from fundraising events (not including \$	NONE	NONE			
	b	Less: direct expenses	NONE				
	с 9а	Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19	NONE	NONE			
	b c	Less: direct expenses	NONE	NONE			
	10a	Gross sales of inventory, less returns and allowances	NONE				
	b c	Less: cost of goods sold <u>10b</u> Net income or (loss) from sales of inventory	NONE	NONE			
aneou: snue	11a b	OTHER INCOME	900099	423,261.	423,261.		
Miscellaneous Revenue	c d	All other revenue					
		Total. Add lines 11a-11d		423,261.			
JSA	12	Total revenue. See instructions	•••••	9,856,423.	8,636,327.		1,555. Form <b>990</b> (2021)

NEW COMMUNITY HEALTH CARE, INC.

Form 990 (2021)

22-2484082

Page **9** 

Part IX Statement of Functional Expenses

Check if Schedule O contains a respo				
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21	NONE			
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22	NONE			
3 Grants and other assistance to foreign				
organizations, foreign governments, and				
foreign individuals. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors,				
trustees, and key employees	NONE			
6 Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	4,559,999.	4,105,284.	454,715.	
8 Pension plan accruals and contributions (include	74,172.	66,776.	7,396.	
section 401(k) and 403(b) employer contributions)	, _ , _ ,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	1,063,878.	957,790.	106,088.	
9 Other employee benefits	396,661.	357,107.	39,554.	
10 Payroll taxes	390,001.	557,107.	59,554.	
11 Fees for services (nonemployees):	150.000		150.000	
a Management	150,000.		150,000.	
b Legal	13,510.		13,510.	
c Accounting	36,159.		36,159.	
d Lobbying	NONE			
e Professional fundraising services. See Part IV, line 17.	NONE			
f Investment management fees	NONE			
g Other. (If line 11g amount exceeds 10% of line 25, column				
(A), amount, list line 11g expenses on Schedule O.)	96,050.		96,050.	
12 Advertising and promotion	NONE			
13 Office expenses	127,355.	4,531.	122,824.	
14 Information technology	95,026.		95,026.	
15 Royalties	NONE			
16 Occupancy	1,664,635.	1,498,171.	166,464.	
17 Travel	NONE			
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	NONE			
<b>19</b> Conferences, conventions, and meetings	NONE			
20 Interest	173.		173.	
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	62,948.	56,653.	6,295.	
23 Insurance	276,283.	248,655.	27,628.	NON
24 Other expenses. Itemize expenses not covered	27072001	210,0001	2170201	1101
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.)				
		752 420		
a MEDICAL SUPPLIES	753,439.	753,439.		
b PATIENT MEALS AND TRAVEL	391,806.	391,806.		
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	9,762,094.	8,440,212.	1,321,882.	NON
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs				
from a combined educational campaign and fundraising solicitation. Check here $\blacktriangleright$ if				

Form **990** (2021)

following SOP 98-2 (ASC 958-720)

Form 990 (2021)

Page	1	1
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	(A)		(B)
	Beginning of year		End of year
Cash - non-interest-bearing	1,229,282.	1	390,212
Savings and temporary cash investments.	NONE	2	NON
Pledges and grants receivable, net	NONE	3	NON
Accounts receivable, net	818,409.	4	891,708
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	NONE	5	NOI
Loans and other receivables from other disqualified persons (as defined			
under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	NONE	6	NOI
Notes and loans receivable, net	NONE	7	NOI
Inventories for sale or use	NONE	8	NOI
Prepaid expenses and deferred charges SEE SCHEDULE .O	52,346.	9	72,769
basis. Complete Part VI of Schedule D			
Less: accumulated depreciation	144,023.	10c	98,010
Investments - publicly traded securities	NONE	11	NOI
Investments - other securities. See Part IV, line 11	NONE	12	NOI
Investments - program-related. See Part IV, line 11	NONE	13	NOI
	NONE	14	NO
-	447,027.	15	365,298
	2,691,087.	16	1,817,997
	1,024,825.	17	1,794,930
	NONE	18	NOI
	NONE	19	NOI
	NONE	20	NOI
Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NOI
Loans and other payables to any current or former officer, director,			
	NONE	22	NO
	NONE	23	NOI
Unsecured notes and loans payable to unrelated third parties	1,156,063.	24	NOI
Other liabilities (including federal income tax, payables to related third			
parties, and other liabilities not included on lines 17-24). Complete Part X			
of Schedule D	5,656,258.	25	5,074,797
Total liabilities. Add lines 17 through 25	7,837,146.	26	6,869,727
Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
Net assets without donor restrictions	-5,146,059.	27	-5,051,730
Net assets with donor restrictions.	NONE	28	NOI
Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.			
Capital stock or trust principal, or current funds		29	
	-5,146.059		-5,051,730
			1,817,997
	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 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . Notes and loans receivable, net	Loans and other receivables from any current or former officer, director,       Investor         trustee, key employee, creator or founder, substantial contributor, or 35%,       NONE         Loans and other receivables from other disqualified persons (as defined       NONE         Notes and loans receivables from other disqualified persons (as defined       NONE         Notes and loans receivable, net       NONE         Prepaid expenses and deferred charges       SEE         Scatt       SEE         Dasis. Complete Part VI of Schedule D       10a         1, 727, 848.       NONE         Less: accumulated depreciation       10b       1, 629, 838         Investments - publicly traded securities.       NONE         Investments - publicly traded securities.       NONE         Investments - program-related. See Part IV, line 11.       NONE         Investments - publicly traded securities.       NONE         Other assets. Add lines 1 through 15 (must equal line 33)       2, 691, 087.         Accounts payable and accrued expenses.       1, 024, 825.         Grants payable.       NONE         Escrow or custodial account liability. Complete Part V of Schedule D       NONE         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	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% NONE 5         Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). Notes and loans receivable, net.       NONE 6         Inventories for sale or use       NONE 52, 346. 9       NONE 7         Land, buildings, and equipment: cost or other basis. Complete Part V of Schedule D       10a       1, 727, 848.       144, 023. 10c         Investments - other securities. See Part IV, line 11       NONE 11       NONE 12         Investments - other securities. See Part IV, line 11       NONE 13       NONE 14         Other assets. See Part IV, line 11       NONE 14       NONE 14         Other assets. See Part IV, line 11       NONE 14       NONE 14         Other assets. See Part IV, line 11       NONE 14       NONE 14         Other assets. Add lines 1 through 15 (must equal line 33)       2, 691, 087. 16       NONE 19         Tax-exempt bond liabilities       NONE 14       NONE 12       NONE 12         Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%       NONE 12         Loans and other labilities (including federal incema tax, payables to unrelated third parties.       NONE 20         Secured mortgag

JSA

NEW COMMUNITY HEALTH CARE, INC.

Form 99	90 (2021)				Pa	ge <b>12</b>
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	9	9,8	56,	<u>423</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	0	9,7	62,	<u>094</u> .
3	Revenue less expenses. Subtract line 2 from line 1	3			94,	<u>329</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	_ 5	5,1	46,	059
5	Net unrealized gains (losses) on investments	5				
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				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	<u>32,</u> column (B))	10	- 5	5,0	51,	730
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain o	n			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled o	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?		L	2b	Χ	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi					
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis X Both consolidated and separate basis					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	rsight o	of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	-		2c	Χ	
	If the organization changed either its oversight process or selection process during the tax year, es	plain o	n			
	Schedule O.	-				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in th	e			
	Single Audit Act and OMB Circular A-133?		L	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo th	ne			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	dits .		3b		

Form **990** (2021)

SCHE	DU	LE	Α
(Form	990	)	

# **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. atest information.

OMB No. 1545-0047 G Open to Public

Inspection

► Go t	o www.irs.gov/Form990 for	instructions	and the	e la
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Department of the Treasury Internal Revenue Service

Nam	e of t	he organization					Employer identifi	cation number
NE	WC	OMMUNITY HEALTH CAR	E, INC.				22-2	484082
Ра	rt I	Reason for Public Cha	rity Status. (All o	organizations must	complet	te this p	art.) See instructions	6.
The	org	anization is not a private fou	ndation because it	is: (For lines 1 throug	gh 12, ch	eck only	one box.)	
1		A church, convention of chu					70(b)(1)(A)(i).	
2		A school described in <b>secti</b>						
3		A hospital or a cooperative	-	-				
4		A medical research organiz	-	conjunction with a hos	spital de	scribed ir	n section 170(b)(1)(A)	(iii). Enter the
_		hospital's name, city, and st						
5		An organization operated t		a college or universit	y owned	a or ope	erated by a governme	intal unit described in
~		section 170(b)(1)(A)(iv). (C		ramantal unit dagariba	d in <b></b>	ion 170/	L\/4\/A\/.	
6 7		A federal, state, or local go An organization that norm	-			-		om the general nublic
'		described in section 170(b)	-	-	pport in	Jili a yu		on the general public
8		A community trust describe			Part II )			
9	-	An agricultural research or				nnerated	l in conjunction with a	land-grant college
Ŭ		or university or a non-land-	-			-		
		university:	g		,.		·······	
10	x	An organization that norma	Ilv receives (1) mo	ore than 331/3% of its	support	from cor	ntributions, membersh	ip fees, and gross
11		receipts from activities rela support from gross investm acquired by the organizatio An organization organized	ted to its exempt f nent income and u on after June 30, 1	unctions, subject to c nrelated business tax 975. See <b>section 509</b>	ertain ex able inco ( <b>a)(2).</b> (0	ceptions me (less Complete	s; and (2) no more thar s section 511 tax) from e Part III.)	331/3 % of its
12		An organization organized a						rv out the purposes of
		one or more publicly suppo		-	-			
		the box on lines 12a throug						
а		<b>Type I.</b> A supporting orga					-	-
		the supported organization	-	-	-			
		supporting organization.	., .	• • • • •				
b		<b>Type II.</b> A supporting org	anization supervise	ed or controlled in co	nnection	with its	supported organization	on(s), by having
		control or management of	of the supporting o	rganization vested in	the sam	e persor	ns that control or man	age the supported
	_	organization(s). <b>You must</b>	complete Part IV	, Sections A and C.				
С		Type III functionally integrationally integration	<b>grated.</b> A supporti	ng organization opera	ted in co	onnectio	n with, and functional	ly integrated with,
		its supported organization						
d		Type III non-functionally						• • • • •
		that is not functionally inte			-			d an attentiveness
		requirement (see instruct	,	•				
е		_ Check this box if the orga						I, Type III
f	En	functionally integrated, or iter the number of supported			porting c	organizat	lion.	
'n		ovide the following information	-					•••••
9		lame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
	()			(described on lines 1-10	listed in yo	ur governing	support (see	other support (see
				above (see instructions))	Yes	ment? No	instructions)	instructions)
(								
(A)								
(B)								
(C)								
(D)								
(E)								
Tot	al							
		much Deduction Act Mark 1	a la atau a tinan di E	000 000 57				
ror	rape	rwork Reduction Act Notice, see th	e instructions for Form	390 OF 990-EZ.			S	chedule A (Form 990) 2021

JSA 1E1210 1.000

Schedule A (Form 990) 2021

Page **2** 

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support		1		1	1	
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	
13	First 5 years. If the Form 990 is for organization, check this box and stop here	<u></u>					
Sec	tion C. Computation of Public Sup		•				
14	Public support percentage for 2021 (li		•		,	14	%
15	Public support percentage from 2020						%
16a	331/3% support test - 2021. If the org						
	box and <b>stop here.</b> The organization q			-			
b	331/3% support test - 2020. If the org						
170	this box and stop here. The organization 10%-facts-and-circumstances test - 2			-			
17a	10% or more, and if the organization		-				
	Part VI how the organization meets					-	-
	organization			-	-		
h	10%-facts-and-circumstances test - 2						and line
u	15 is 10% or more, and if the organiz		-				
	in Part VI how the organization meets					-	-
	organization			-			
18	<b>Private foundation.</b> If the organization						and see
10	instructions						
							•••

Schedule A (Form 990) 2021

Page 3

Schedule A (Form 990) 2021

# 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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees	SEE SUPP PAGE					
	received. (Do not include any "unusual grants.")	50.	NONE	NONE	1,080,293.	1,218,541.	2,298,884.
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	10,527,549.	10,857,371.	11,273,390.	9,040,462.	8,213,066.	49,911,838.
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						NONE
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						NONE
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						NONE
6	Total. Add lines 1 through 5	10,527,599.	10,857,371.	11,273,390.	10,120,755.	9,431,607.	52,210,722.
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						NONE
b	Amounts included on lines 2 and 3 received from other than disgualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						NONE
С	Add lines 7a and 7b.						NONE
8	Public support. (Subtract line 7c from						
	line 6.)						52,210,722.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	10,527,599.	10,857,371.	11,273,390.	10,120,755.	9,431,607.	52,210,722.
10 a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties, and income from similar						
	sources	397.	2,592.	647.	694.	1,555.	5,885.
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						NONE
С	Add lines 10a and 10b	397.	2,592.	647.	694.	1,555.	5,885.
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on.						NONE
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.) SEE SUPP PAGE	240,880.	292,465.	231,155.	343,878.	423,261.	1,531,639.
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	10,768,876.	11,152,428.	11,505,192.	10,465,327.	9,856,423.	53,748,246.
14	First 5 years. If the Form 990 is fo	0					
	organization, check this box and stop here						🕨 🔛
	tion C. Computation of Public Sup		•				
15	Public support percentage for 2021 (line 8	.,	-			15	97.14%
16	Public support percentage from 2020 Sch					16	97.53%
	tion D. Computation of Investmer						
17	Investment income percentage for 2021 (li					17	0.01%
18	Investment income percentage from 2020					18	0.01%
19 a	331/3% support tests - 2021. If the o						
	17 is not more than 331/3%, check this	-	-	•			
b	331/3% support tests - 2020. If the org						
	line 18 is not more than 331/3%, check			•			
20	Private foundation. If the organization	did not check a	a box on line 14	1, 19a, or 19b,	check this boy		
JSA 1E122	21 1.000					Schedule	A (Form 990) 2021
	07004L M998 11/01/2022 1	4:35:12 V2	L-7.5F 0273	15.0			17

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- **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? *If "Yes," provide detail in Part VI.*
- 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? *If "Yes," complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **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? *If "Yes," provide detail in Part VI.*
- 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? *If "Yes," provide detail in Part VI.*
- **10 a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Schedule A (Form 990) 2021

#### Schedule A (Form 990) 2021

				9
Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in <b>Part VI.</b>	11c		

# Section B. Type I Supporting Organizations

			res	N
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? If "No," describe in <b>Part VI</b> 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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			

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

## Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		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	2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).			
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</i>			
	supported organizations played in this regard.	3		

# Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).									
а	The organization satisfied the Activities Test. Complete line 2 below.									
b	The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.									
С	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).									
	Ye	s No								
2	Activities Test. Answer lines 2a and 2b below.									

а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify
	those supported organizations and explain how these activities directly furthered their exempt purposes,
	how the organization was responsive to those supported organizations, and how the organization determined
	that these activities constituted substantially all of its activities.

- 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? *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.*
- 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? *If "Yes" or "No," provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

2a

2b

3a

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Page 6

#### Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Part V Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See 1 instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 1 2 Recoveries of prior-year distributions 2 3 3 Other gross income (see instructions) 4 Add lines 1 through 3. 4 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of 6 property held for production of income (see instructions) 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 4 see instructions). 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 6 7 7 Recoveries of prior-year distributions 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 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to 6

emergency temporary reduction (see instructions).

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

1	le A (Form 990) 2021				Page 7
Part		Supporting Organizat	tions (continued)		
	on D - Distributions				Current Year
	Amounts paid to supported organizations to accomplish ex			1	
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	3	
	Amounts paid to acquire exempt-use assets			4	
	Qualified set-aside amounts (prior IRS approval required - p	rovide details in <b>Part VI</b> )		5	
	Other distributions ( <i>describe in Part VI</i> ). See instructions.			6	
	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in <b>Part VI</b> ). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	IS	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021				
	(reasonable cause required - <i>explain in <b>Part VI</b>).</i> See				
	instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
C	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from				
	Section D, line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2017				
b	Excess from 2018				
	Excess from 2019				
d	Excess from 2020				
e	Excess from 2021				

Schedule A (Form 990) 2021

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	Δ.	PART	ттт	_	OTHER	INCOME
DCHEDOLE	n,	E MICI	<b>T T T</b>		OTHER	TRCOME

DESCRIPTION	2017	2018	2019	2020	2021	TOTAL
OTHER INCOME	240,880.	292,465.	231,155.	343,878.	423,261.	1,531,639.
TOTALS	240,880.	292,465.	231,155.	343,878.	423,261.	1,531,639.

Schedule A (Form 990 or 990-EZ) 2021

## Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# Schedule of Contributors

OMB No. 1545-0047

# Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

Employer identification number

NEW COMMUNITY HEALTH CARE, INC. 22-2484082				
Organization type (check one):				
Filers of:	Section:			
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization			
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private four	ndation		
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundat	ion		
	501(c)(3) taxable private foundation			

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

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

### **General Rule**

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

#### **Special Rules**

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

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

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

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

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	NEW COMMUNITY HEALTH CARE, INC.		22-2484082
Part I	Contributors (see instructions). Use duplicate copi	es of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	N/A	\$62,478.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	<u>N/A</u>	\$1,156,063.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

JSA 1E1253 2.000 Page 2

Schedule B	(Form 990	) (2021
Name of o	raanizatio	n

)

SCHEE	DULE	D
(Form	990)	

# 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.

20 2 **Open to Public** 

OMB No. 1545-0047

Depa	rtment of the Treasury		Attach to Form 990.			Open to Public
	nal Revenue Service	Go to www.irs.gov	/Form990 for instructions an	d the latest inform		Inspection
	e of the organization				Employer identifica	
		EALTH CARE, INC.			22-2484	082
Pa		tions Maintaining Donor Adv			r Accounts.	
	Complete	e if the organization answered			<b>4</b> \ <b>5</b> \ \	
			(a) Donor advised f	unds	(b) Funds and	d other accounts
1		nd of year				
2		of contributions to (during year)				
3		of grants from (during year)				
4		at end of year				
5	-	ion inform all donors and donor	-			
		anization's property, subject to the				Yes No
6		ion inform all grantees, donors, a				
		e purposes and not for the bene				
D		nissible private benefit?				Yes No
Pa		tion Easements.	"Voc" on Form 000 Por	t IV line 7		
1		e if the organization answered servation easements held by the				
•		in of land for public use (for example			of a historically im	portant land area
		of natural habitat	, recreation or education)		of a historically im of a certified histo	-
		in of open space		Fieseivation	or a certined histo	
2		a through 2d if the organization he	eld a qualified conservation	a contribution in	n the form of a con	servation
2	•	last day of the tax year.				End of the Tax Year
а		onservation easements			2a	
b		tricted by conservation easements			2b	
c	-	rvation easements on a certified			2c	
d		rvation easements included in (c				
-		listed in the National Register	<i>,</i> , , , , , , , , , , , , , , , , , ,		2d	
3		ervation easements modified, tra			· · ·	anization during the
	tax year 🕨		J	,		
4		where property subject to conse	rvation easement is located	▶		
5		ation have a written policy reg			tion, handling of	
		forcement of the conservation ea				Yes No
6		hours devoted to monitoring, insp				nents during the year
	▶					
7	Amount of expense	ses incurred in monitoring, inspec	ting, handling of violations,	and enforcing c	conservation easem	nents during the year
	▶\$					
8	Does each conser	vation easement reported on line 2	2(d) above satisfy the requir	ements of sect	ion 170(h)(4)(B)(i)	
		)(4)(B)(ii)?				Ves No
9		ibe how the organization reports				
		id include, if applicable, the text of		nization's financ	cial statements that	describes the
D		counting for conservation easeme				
Pa		tions Maintaining Collections e if the organization answered			er Similar Assets	
	•		· · · · · · · · · · · · · · · · · · ·			
1a	of art, historical	n elected, as permitted under FA treasures, or other similar asse Part XIII the text of the footnote	ts held for public exhibiti	on, education,	or research in fu	calance sheet works artherance of public
b	art, historical trea	n elected, as permitted under F sures, or other similar assets he ring amounts relating to these iter	ld for public exhibition, ec			
	•	ded on Form 990, Part VIII, line 1			▶ \$	
		ed in Form 990, Part X				
2		on received or held works of a				
_	•	s required to be reported under F				
а	Revenue included	l on Form 990, Part VIII, line 1			▶ \$	;
b	Assets included in	Form 990, Part X	<u></u>	<u></u>	►\$	

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

JSA

Schedule D (Form 990) 2021

Schee	dule D (Form 990) 2021 NEW	COMMUNITY HE	EALTH CAP	RE, INC				22-2-	484082	Page <b>2</b>
Ра	rt III Organizations Maintaini	ng Collections of	f Art, Histo	rical Tre	easures, o	or Other	Similar A	ssets (c	ontinued	1)
3	Using the organization's acquisitio	n, accession, and	other reco	ds, chec	k any of t	he follov	ving that m	nake sign	ificant us	e of its
	collection items (check all that appl	ly):								
а	Public exhibition		d	Loan	or exchang	ge progra	m			
b	Scholarly research		e	Other		, , ,				
с	Preservation for future gener	rations								
4	Provide a description of the organ		ns and expl	ain how t	thev furthe	er the or	danization'	s exempt	purpose	in Part
	XIII.						0		• •	
5	During the year, did the organization	on solicit or receive	donations of	of art, hist	orical trea	sures, or	other simila	ar		
	assets to be sold to raise funds rath								Yes	No
Ра	rt IV Escrow and Custodial A		·							
	Complete if the organiza	-	es" on For	m 990, F	Part IV, lin	e 9, or r	eported a	n amoun	t on For	m
	990, Part X, line 21.			,	,	,	•			
1a	Is the organization an agent, trust	tee, custodian or	other intern	nediary fo	or contribu	utions or	other ass	ets not		
	included on Form 990, Part X?			-				[	Yes	No
b	If "Yes," explain the arrangement in	n Part XIII and com	plete the fo	llowing tal	ble:					
			•					Amount		
с	Beginning balance				10	c .				
d	Additions during the year									
е	Distributions during the year									
f	Ending balance									
2a	Did the organization include an am						account lia	bilitv?	Yes	No
	If "Yes," explain the arrangement in									
	rt V Endowment Funds.									
	Complete if the organiza	tion answered "Y	es" on For	m 990, F	Part IV, lir	ie 10.				
		(a) Current year	(b) Pric		(c) Two ye		(d) Three y	ears back	(e) Four ye	ears back
1a	Beginning of year balance									
b	Contributions									
	Net investment earnings, gains,									
C	and losses									
Ь	Grants or scholarships									
	Other expenditures for facilities									
e	and programs									
f	Administrative expenses									
, ,	End of year balance									
g 2	Provide the estimated percentage	of the current year	ond halana	o (lino 1a		)) hold or				
2 a	Board designated or quasi-endowm		%	e (iiiie ig,	, column (a					
b	Permanent endowment	%								
c		%								
•	The percentages on lines 2a, 2b, a		100%							
3a	Are there endowment funds not in			ation that	are held a	nd admi	nistered for	the		
ou	organization by:		and organize						Y	es No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
h	If "Yes" on line 3a(ii), are the relate								3b	
4	Describe in Part XIII the intended u	•								
_	rt VI Land, Buildings, and Equ	lipment.								
1 a	Complete if the organization	ation answered "	res" on Fo	rm 990,	Part IV, lii	ne 11a.	See Form			
	Description of property		or other basis estment)		or other basis other)		cumulated reciation	(d)	Book valu	е
1a	Land		istinoitty	, (C		uep				
b	Buildings									
c	Leasehold improvements				470,860	Δ	70,860.			NONE
d	Equipment.				170,000 256,988.		58,978.		QQ	,010.
e	Other			±,2		<u> </u>			20	,
	I. Add lines 1a through 1e. (Column	(d) must equal For	rm 990. Part	X. colum	n (B). line	10c.)			9.8	,010.
		, , , , , , , , , , , , , , , , , , , ,	, . are	, : • • • • •	۰ <i>,</i> ,,	/			20	,

Schedule D (Form 990) 2021

#### **Investments - Other Securities.** Part VII 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 (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) **Investments - Program Related.** Part VIII Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1)DUE FROM AFFILIATES 333,691 (2) RESTRICTED CASH 31,607 (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ► 365,298 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 AFFILIATES		5,043,190.
(3)FUNDS HELD FOR PATIENT NEEDS		31,607.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.	(B) line 25.)	5,074,797.

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 .

JSA 1E1270 1.000

	INEW COMMUNITY HEALTH CARE, INC.	22-	-2484082 Page <b>4</b>
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	9,856,423.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.) 2d		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	9,856,423.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	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	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	9,856,423.
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu	ırn.	
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	urn.	
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	urn.	9,762,094.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		9,762,094.
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements		9,762,094.
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements		9,762,094.
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements		9,762,094.
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses		9,762,094.
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)		9,762,094.
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	1	9,762,094.
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	1 2e	
1 2 b c d e 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 2e	
1 2 b c d e 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	1 2e	
1 2 b c d e 3 4 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	1 2e 3	
1 2 b c d e 3 4 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	1 2e 3 4c	

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.

SEE SUPPLEMENTAL PAGE

FORM 990, SCHEDULE D, PART X, LINE 2

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES AS AN ORGANIZATION DESCRIBED UNDER SECTION 501(C)(3) OF THE U.S. INTERNAL REVENUE CODE. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN RECORDED IN THESE FINANCIAL STATEMENTS. THE ORGANIZATION HAD NO UNRECOGNIZED TAX BENEFITS AT DECEMBER 31, 2021 AND 2020 AND HAS INCURRED NO INTEREST OR PENALTIES RELATED TO INCOME TAXES FOR THE PERIODS PRESENTED IN THE FINANCIAL STATEMENTS.

SCH	EDULE J	Compen	เรล	tion Information	1	OMB No.	1545-0	047
(Forr	n 990)	•		s, Trustees, Key Employees, and Highest		തെ	<b>1</b>	
				nsated Employees	22	20	ΖΙ	
Departe	nent of the Treasury			swered "Yes" on Form 990, Part IV, line to Form 990.	23.	Open t	o Puk	olic
Internal	Revenue Service	<b>.</b>	990 fo	or instructions and the latest information			ectio	n
Name	of the organization				Employer identificat	ion numbe	r	
		HEALTH CARE, INC.			22-24840	82		
Part	Question	ns Regarding Compensation						
10	Chook the en	proprieto boy(oo) if the organization pro	wide	d any of the following to or for a new	on listed on For	~	Yes	No
Id		propriate box(es) if the organization pro Section A, line 1a. Complete Part III to						
		iss or charter travel		Housing allowance or residence for				
		or companions		Payments for business use of perso	•			
		emnification and gross-up payments	$\left  \right $	Health or social club dues or initiati				
		onary spending account		Personal services (such as maid, ch				
				•				
b	If any of the	boxes on line 1a are checked, did the exement or provision of all of the ex		rganization follow a written policy re	egarding payme	nt		
	explain	ment of provision of all of the ex	cpens	ses described above? If No, con	ipiete Part III t	0 1b		
2		anization require substantiation prior						
	directors, trus	stees, and officers, including the CEC	D/Exe	ecutive Director, regarding the items	s checked on lin	e		
	1a?					2		
3	Indicate which	h, if any, of the following the organization	on us	sed to establish the compensation of	the			
		S CEO/Executive Director. Check all the						
		ization to establish compensation of th		•	art III.			
		nsation committee		Written employment contract				
	· ·	ident compensation consultant		Compensation survey or study				
		90 of other organizations		Approval by the board or compensation				
4		ar, did any person listed on Form 990, or a related organization:	Part	t VII, Section A, line 1a, with respect t	o the filing			
а	•	verance payment or change-of-control pa	avme	ent?		4a		x
b		or receive payment from a supplemen	-				X	
с		or receive payment from an equity-bas						Х
	If "Yes" to an	y of lines 4a-c, list the persons and pr	rovid	le the applicable amounts for each i	tem in Part III.			
	-	501(c)(3), 501(c)(4), and 501(c)(29) or	-					
5		listed on Form 990, Part VII, Secti	ion /	A, line 1a, did the organization pa	ay or accrue ar	iy 🔤		
	•	n contingent on the revenues of:				_		
		ion?						X
Ø	-	rganization? e 5a or 5b, describe in Part III.	• • •			5b		X
6		listed on Form 990, Part VII, Secti	ion /	A line 12 did the organization of	av or accrue ar			
5	-	n contingent on the net earnings of:		a, inte ra, dia the organization pe	ay of accide al	· y		
а		ion?				6a		x
b	•	rganization?						Х
	-	e 6a or 6b, describe in Part III.	-					
7	For persons	listed on Form 990, Part VII, Sectio	n A.	, line 1a, did the organization prov	vide anv nonfixe	d		
		t described on lines 5 and 6? If "Yes," d						Х
8	•	ounts reported on Form 990, Part VII,		•	•			
		I contract exception described in I	-					
_								X
9		line 8, did the organization also foll						
	Regulations s	ection 53.4958-6(c)?		<u></u>		9		

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

Schedule J (Form 990) 2021

	· · ·		
Schedule J (Form 990) 2021	NEW COMMUNITY HEALTH CARE, INC.	22-2484082	Page <b>2</b>

## 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 a	nd/or 1099-MISC and/or	1099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	<b>(iii)</b> Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
ELIZABETH MBAKAYA	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
1 CFO	(ii)	230,650.	NONE	NONE	NONE	NONE	230,650.	NONE
RICHARD RORHMAN	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
<b>2</b> CEO	(ii)	196,598.	NONE	31,823.	223,409.	NONE	451,830.	31,823.
FRED HUNTER	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
3 COO	(ii)	167,341.	NONE	NONE	NONE	4,800.	172,141.	NONE
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
••	(i)							
15	(ii)							
••	(i)							
16	(ii)							

Schedule J (Form 990) 2021

Schedule J (Form 990) 2021

#### Part ||| 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.

FORM 990, SCHEDULE J, PART I, LINE 4B

NEW COMMUNITY CORPORATION, A RELATED ORGANIZATION, MAINTAINS A

SUPPLEMENTAL NON QUALIFIED RETIREMENT PLAN FOR THE BENEFIT OF RICHARD

ROHRMAN, CEO. DURING 2021, \$223,409 WAS RATABLY ACCRUED, THE ENTIRE

LIABILITY OF \$763,756 VESTED, AND PAYMENTS OF \$31,823 WERE MADE. AS OF

DECEMBER 31, 2021, THE AMOUNT ACCRUED WAS \$731,936.

Page 3

## Supplemental Information to Form 990 or 990-EZ

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

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.



Department of the Treasury Internal Revenue Service

NEW COMMUNITY HEALTH CARE, INC.

Employer identification number

#### FORM 990, PART III, LINE 4A

THE NEW COMMUNITY EXTENDED CARE CENTER IS A 180-BED SKILLED NURSING FACILITY PROVIDING EXCELLENT, PATIENT-CENTERED MEDICAL AND REHABILITATIVE CARE. WE BELIEVE IN PROMOTING A HEALTHY AND STIMULATING ENVIRONMENT FOR OUR RESIDENTS ON A DAILY BASIS. NCC PROVIDES A 24-HOUR NURSING CARE BY HIGHLY-QUALIFIED, PHYSICIANS, RNS, LPNS AND CERTIFIED NURSING ASSISTANTS IN A CARING, PATIENT-FOCUSED, CLINICAL ENVIRONMENT. NCC PROVIDES SOCIAL SERVICES WHICH INCLUDE MAKING ARRANGEMENTS FOR ADAPTIVE EQUIPMENT, AS WELL AS CLOTHING AND PERSONAL ITEMS. THE STAFF ALSO FACILITATES DISCHARGING PLANNING, MAKING REFERRALS AND OBTAINING SOCIAL SERVICES FOR PATIENTS FROM OUTSIDE ENTITIES. NCC OFFERS ACTIVITIES DESIGNED TO ENCOURAGE AND PROMOTE PHYSICAL AND MENTAL STIMULATION, AS WELL AS SOCIALIZATION. OUR STAFF IS COMMITTED TO MEETING THE SPIRITUAL, EMOTIONAL, OCCUPATIONAL AND SOCIAL NEEDS OF OUR RESIDENTS. NCC STAFF WORKS CLOSELY WITH THEIR CERTIFIED DIETARY EXPERTS AND PHYSICIANS TO ENSURE THAT RESIDENTS ARE SERVED HEARTY, DELICIOUS MEALS THAT ALSO ADHERE TO ANY INDIVIDUAL DIETARY RESTRICTIONS. NCC'S PROVIDES A ALZHEIMERS/DEMENTIA SUPPORT GROUP MEETS MONTHLY IN A RELAXED ENVIRONMENT.

#### FORM 990, PART VI, SECTION B, LINE 11B

THE BOARD APPOINTED THE TREASURER OF THE BOARD TO REVIEW THE DRAFT OF THE 990. THE TREASURER REVIEWS THE RETURN BEFORE FILING.

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

DURING THE HIRING PROCESS, THE HUMAN RESOURCE DEPARTMENT CHECKS THE CANDIDATES' REFERENCES. IN ADDITION, THE CANDIDATES MUST SIGN A CONFLICT OF INTEREST STATEMENT. THE CANDIDATES ARE REQUIRED TO INFORM HR OF ANY

# SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

2 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

CONFLICTS THAT MAY ARISE IN THE FUTURE.

#### FORM 990, PART VI, SECTION C, LINE 19

THESE DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON THEIR REQUEST.

Schedule O (Form 990 or 990-EZ) 2021		Page 2
Name of the organization	Employ	ver identification number
NEW COMMUNITY HEALTH CARE, INC.	22-	2484082
FORM 990, PART VII-COMPENSATION OF THE 5 HIGHE	ST PAID IND. CONTRACTORS	
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
PHARMSCRIPT LLC 150 PIERCE STREET SOMERSET, NJ 08873	PHARMACY SERVICES	168,157.
ACTIVA REHABILATION SERVICES LLC 331 CENTRAL AVENUE, FIRST FLOOR ORANGE, NJ 07050	HEALTHCARE SERVICES	457,359.
MEDLINE INDUSTRIES P.O. BOX 382075 PITTSBURGH, PA 15251-8075	HEALTHCARE PRODUCTS	144,104.

Schedule O (Form 990 or 990-EZ) 2021		Page
Name of the organization		Employer identification number
NEW COMMUNITY HEALTH CARE, INC.		22-2484082
FORM 990, PART X - PREPAID EXPENSES AND DE	FERRED CHARGS	
	BEGINNING	ENDING
DESCRIPTION	BOOK VALUE	BOOK VALUE
PREPAID EXPENSES	52,346.	72,769.

TOTALS		
	52,346.	72,769.
	=================	=============

#### SCHEDULE R (Form 990)

# **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service Name of the organization

NEW COMMUNITY HEALTH CARE, INC.

## 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>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	(e) End-of-year assets	<b>(f)</b> Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

# 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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	cont	<b>3)</b> 512(b)(13) rolled ity?
SEE SUPPLEMENTAL PAGE						Yes	No
(1)	-						
(2)	_						
(3)	_						
(4)	_						
(5)	_						
(6)	_						
(7)	-						

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

OMB No. 1545-0047

Open to Public

Inspection

2

Employer identification number

22-2484082

JSA

Schedule R (Form 990) 2021

NEW COMMUNITY HEALTH CARE, INC.

22-2484082

Page 2

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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	<b>(g)</b> Share of end-of- year assets	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	<b>j)</b> eral or aging tner?	<b>(k)</b> Percentage ownership
							Yes	No		Yes	No	
(1)												
SEE SUPPLEMENTAL PAGE	1											
(2)												
	1											
(3)												
(4)												
(5)												
(6)												
	]											
(7)												
	1											

# 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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes No
(1) SEE SUPPLEMENTAL PAGE								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

Schedule R (Form 990) 2021

Schedule	P	(Form	000)	2021
Scheuule	n		330)	2021

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.	1a		х
b	Gift, grant, or capital contribution to related organization(s)	1b		Х
C	Gift, grant, or capital contribution from related organization(s)	1c		Х
	Loans or loan guarantees to or for related organization(s)	1d	Х	
	Loans or loan guarantees by related organization(s)	1e	Х	
Ū				
f	Dividends from related organization(s)	1f		Х
-	Sale of assets to related organization(s)	1g		Х
	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s).	1i		Х
i	Lease of facilities, equipment, or other assets to related organization(s).	1j	х	
,				
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	x	
i	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
-	Performance of services or membership or fundraising solicitations by related organization(s).	1m	х	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		x
	Sharing of paid employees with related organization(s)	10	х	
Ŭ				
p	Reimbursement paid to related organization(s) for expenses.	1p	x	
р q	Reimbursement paid by related organization(s) for expenses	1q		x
ч				
r	Other transfer of cash or property to related organization(s)	1r		Х
	Other transfer of cash or property from related organization(s)	1s		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 three	-	s. '	
	(a) (b) (c)	(d)		
	Name of related organization     Transaction     Amount involved     Method       type (a-s)     amount	of dete Int invo		ıg
			nveu	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
JSA	Schedule R (I	Form	990)	2021

39

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

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

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	organiz	ations?	(f) Share of total income	<b>(g)</b> Share of end-of-year assets	Disprop	h) ortionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	man	j) eral or aging ner?	(k) Percentage ownership
			sections 512 - 514)	Yes	No			Yes	No	(* 6111 * 666)	Yes	No	]
(1)	_												
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
10)													
11)													
12)													
13)													
14)													
15)													
16)													

Schedule R (Form 990) 2021

Schedule R (Form 990) 2021 NEW COMMUNITY HEALTH CARE, INC.

Part VII Supplemental Information

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

SUPPLEMENTAL INFORMATION

CERTAIN AFFILIATES OF NEW COMMUNITY CORPORATION ("THE ORGANIZATION")TRANSFER ALL COLLECTIONS OF REVENUE TO A COMMON PAYMASTER CONTROLLED BY THE ORGANIZATION. DISBURSEMENTS FOR OPERATING THE AFFILIATES ARE PAID BY THE ORGANIZATION. THESE TRANSACTIONS AS WELL AS THE TRANSACTIONS LISTED IN SCHEDULE R ARE CHARGED THROUGH THE INTERCOMPANY ACCOUNT AND RESULT IN A NET AMOUNT DUE TO OR FROM AFFILIATES.

Part VII Supplemental Information

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

PART II - IDENITFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS

	(B) ACTIVITY (C) LI	EGAL DOMICILE		(E) CHARITY STATUS	(F) DIRECT CONTROLLING	(G) SEC 512 YES NO
NEW COMMUNITY CORPORATION (I	NCC) 22-1911104					
233 WEST MARKET STREET	NEWARK, NJ 07103					
	VARIOUS	NJ	501(C)(3)	8	N/A	Х
NEW COMMUNITY EMPLOYMENT SEI	RVICES 22-2546365					
233 WEST MARKET STREET	NEWARK, NJ 07103					
	VARIOUS	NJ	501(C)(3)	7	NCC	Х
NEW COMMUNITY ROSEVILLE TOWN	ERS CORP 22-2240774					
233 WEST MARKET STREET	NEWARK, NJ 07103					
	RENTAL	NJ	501(C)(3)	10	NCC	Х
NEW COMMUNITY DOUGLAS HOMES	CORPORATION 22-2222905					
233 WEST MARKET STREET	NEWARK, NJ 07103					
	HOUSING	NJ	501(C)(3)	10	NCC	Х
NEW COMMUNITY GARDENS HOUSI	NG CORP 22-2271305					
233 WEST MARKET STREET	NEWARK, NJ 07103					
	HOUSING	NJ	501(C)(3)	10	NCC	Х
NEW COMMUNITY ROSEVILE CORPO	ORATION 22-2168454					
233 WEST MARKET STREET	NEWARK, NJ 07103					
	HOUSING	NJ	501(C)(3)	10	NCC	Х
NEW COMMUNITY SUSSEX HOUSING	G CORPORATION 22-2877022					
233 WEST MARKET STREET	NEWARK, NJ 07103					
	HOUSING	NJ	501(C)(3)	7	NCC	Х
NEW COMMUNITY MANOR HOUSING	CORPORATION 22-2327615					
233 WEST MARKET STREET	NEWARK, NJ 07103					
	HOUSING	NJ	501(C)(3)	10	NCC	Х
NEW COMMUNITY SENIOR CITIZE	N HOUSING CO 22-2136003					
233 WEST MARKET STREET	NEWARK, NJ 07103					
	HOUSING	NJ	501(C)(3)	10	NCC	Х
NCC TOWNHOUSE DEVELOPMENT CO	DRPORATION 22-2703451					
233 WEST MARKET STREET	NEWARK, NJ 07103					
	HOUSING	NJ	501(C)(3)	7	NCC	Х

Part VII Supplemental Information

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

(A) NAME\ADDRESS\EIN	(B) ACTIVITY (C) Li	EGAL DOMICILE	(D) EXEMPT CODE	(E) CHARITY STATUS	(F) DIRECT CONTROLLING	(G) SEC 512 YES NO
NEW COMMUNITY HOMES CORPORAT	ION 23-7368384					
233 WEST MARKET STREET	NEWARK, NJ 07103					
	HOUSING	NJ	501(C)(3)	7	NCC	Х
NEW COMMUNITY OCEAN BAYVIEW	HOUSING CORP 22-3175164					
233 WEST MARKET STREET	NEWARK, NJ 07103					
	HOUSING	NJ	501(C)(3)	7	NCC	Х
NEW COMMUNITY ORANGE SENIOR 1	HOUSING CORP 22-3657446					
233 WEST MARKET STREET	NEWARK, NJ 07103					
	HOUSING	NJ	501(C)(3)	10	NCC	Х
NEW COMMUNITY COMMONS HOUSING	G CORP 22-2221249					
233 WEST MARKET STREET	NEWARK, NJ 07103					
	HOUSING	NJ	501(C)(3)	10	NCC	Х
FAMILY SERVICE BUREAU	22-1487182					
233 WEST MARKET STREET	NEWARK, NJ 07103					
	HEALTHCARE	NJ	501(C)(3)	7	NCC	Х
ESSEX VALLEY VISITING NURSE :	SERVICE 22-1821135					
233 WEST MARKET STREET	NEWARK, NJ 07103					
	HEALTHCARE	NJ	501(C)(3)	3	NCC	Х
NEW COMMUNITY HUDSON SENIOR 1	HOUSING CORP 22-3393227					
233 WEST MARKET STREET	NEWARK, NJ 07103					
	HOUSING	NJ	501(C)(3)	10	NCC	Х
COMMUNITY HILLS EARLY LEARNI	NG CENTER 22-3826476					
233 WEST MARKET STREET	NEWARK, NJ 07103					
	EDUCATION	NJ	501(C)(3)	2	NCC	Х
186 MANAGEMENT, INC	20-4652226					
233 WEST MARKET STREET	NEWARK, NJ 07103					
	HOUSING	NJ	501(C)(3)	7	NCC	Х
NEW COMMUNITY FOUNDATION	23-7029777					
233 WEST MARKET STREET	NEWARK, NJ 07103					
	HOUSING	NJ	501(C)(3)	7	NCC	Х

Х

 Part VII
 Supplemental Information

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

NEW COMMUNITY HEALTHCARE, INC	22-2484082				
266 SOUTH ORANGE AVE	NEWARK, NJ 07103				
	HEALTHCARE	NE	501(C)(3)	10	NCC

# NEW COMMUNITY HEALTH CARE, INC.

# 22-2484082

990 SCH R, PART III-IDENTIFICATION OF REL. ORG. TAXABLE AS PARTNERSHIP

(A) NAME/ADDRESS/EIN	B) PRIMARY ACTIVITY	(C)LEGAL DOMICILE	(D) DIRECT CONTROLLING	(E) PREDOMINANT INCOME	(F) SHARE OF TOT INCOME	(G) SHARE EOY	(H)DISPROPORTIONATE YES NO	(I) CODE V-UBI	(J) PARTNER (K) % YES NO OWNERSHIP
NEW COMMUNITY GARDENS ASSOCIAT									
233 WEST MARKET STREET NEWARK,	HOUSING	NJ	N/A				Х		Х
NEW COMMUNITY ROSEVILLE ASSOCI									
233 WEST MARKET STREET NEWARK,	HOUGTNO	NJ	N/A				Х		х
255 WEST MARKET SIREET NEWARK,	HOUSING	INU	N/A				Δ		Δ
NEW COMMUNITY MANOR ASSOCIATES									
233 WEST MARKET STREET NEWARK,	HOUSING	NJ	N/A				Х		Х
NEW COMMUNITY DOUGLAS HOMES AS									
233 WEST MARKET STREET NEWARK,	HOUSING	NJ	N/A				Х		Х
NEW COMMUNITY ASSOCIATES LIMIT									
233 WEST MARKET STREET NEWARK,	HOUSING	NJ	N/A				Х		Х
ST. JAMES - NC HOMES, LTD. 13-									
233 WEST MARKET STREET NEWARK,	HOUSING	NJ	N/A				Х		Х
NEW COMMUNITY SUSSEX L.P. 22-2									
233 WEST MARKET STREET NEWARK,	HOUSING	NJ	N/A				Х		Х
COMMUNITY COMMONS ASSOCIATES L									
233 WEST MARKET STREET NEWARK,	HOUSING	NJ	N/A				Х		Х
NEW COMMUNITY ESTATES URA, L.P									
233 WEST MARKET STREET NEWARK,	HOUSTNG	NJ	N/A				Х		х
Manual Singli Manuar,			,						**
172 SOA, L.P. 20-4652303									
233 WEST MARKET STREET NEWARK,	HOUSING	NJ	N/A				Х		Х

#### NEW COMMUNITY HEALTH CARE, INC. 22-2484082

#### 990 SCH R, PART III-IDENTIFICATION OF REL. ORG. TAXABLE AS PARTNERSHIP

(A) NAME/ADDRESS/EIN	B) PRIMARY ACTIVITY	(C)LEGAL DOMICILE		(E) PREDOMINANT INCOME	TOT INCOME	(G) SHARE EOY	(H)DISPROPORTIONATE YES NO	(I) CODE V-UBI	(J) PARTNER (K) % YES NO OWNERSH	
NEW COMMUNITY HOMES ASSOC., LT 233 WEST MARKET STREET NEWARK,	HOUSING	NJ	N/A				х		x	
NEW COMMUNITY OCEAN BAYVIEW HO 233 WEST MARKET STREET NEWARK,	HOUSING	NJ	N/A				х		x	
545 ORANGE STREET URBAN RENEWA 233 WEST MARKET STREET NEWARK,	HOUSING	NJ	N/A				х		x	
MANOR ADMINISTRATORS, LLC 46-5 233 WEST MARKET STREET NEWARK,	REAL ESTATE	ŊJ	N/A				x		x	
101 14TH AVENUE, LLC 45-560712 233 WEST MARKET STREET NEWARK,	HOUSING	NJ	N/A				х		x	
NC PORTFOLIO ADMINISTRATOR 201 233 WEST MARKET STREET NEWARK,	HOUSING	NJ	N/A				х		х	
NC COMMONS 2016 URBAN RENEWAL, 233 WEST MARKET STREET NEWARK,	HOUSING	NJ	N/A				x		x	
NC GARDENS 2016 URBAN RENEWAL 233 WEST MARKET STREET NEWARK,	HOUSING	NJ	N/A				x		x	
NC DOUGLAS HOMES 2016 URBAN RE 233 WEST MARKET STREET NEWARK,	HOUSING	NJ	N/A				х		х	
NC ROSEVILLE SENIOR 2016 URBAN 233 WEST MARKET STREET NEWARK,	HOUSING	NJ	N/A				х		x	

# NEW COMMUNITY HEALTH CARE, INC.

#### 990 SCH R, PART IV-IDENTIFICATION OF REL. ORG. TAXABLE AS CORP/TRUST

(A) NAME/ADDRESS/EIN		(B) PRIMARY ACTIVITY	(C)LEGAL DOMICILE	(D) DIRECT E CONTROLLING	(E) ENTITY TYPE	(F) SHARE OF TOT INCOME	(G) SHARE OF EOY	(H)% (I OWNERSHIP	) SEC 512(B)(13) YES NO
RECTORY ANNEX 233 WEST MARKET STREET NEWARK, NJ 07103	22-3686760	REAL ESTATE	NJ	N/A	с				
EMPLOYMENT & TRAINING URC 233 WEST MARKET STREET NEWARK, NJ 07103	22-3250482	REAL ESTATE	NJ	N/A	C				
HAYES HOMES URC 233 WEST MARKET STREET NEWARK, NJ 07103	22-3445562	REAL ESTATE	NJ	N/A	с				
NEW HORIZONS EDUCATIONAL ENTERPRISE 233 WEST MARKET STREET NEWARK, NJ 07103	22-3833288	REAL ESTATE	NJ	N/A	С				
HOME HEALTH SERVICE URC 233 WEST MARKET STREET NEWARK, NJ 07103	56-2370311	REAL ESTATE	NJ	N/A	С				
NEW COMMUNITY TMC CORPORATION 233 WEST MARKET STREET NEWARK, NJ 07103	22-2961204	VARIOUS	NJ	N/A	с				
NCC MANOR SUBSIDIARY CORPORATION 233 WEST MARKET STREET NEWARK, NJ 07103	47-1889268	HOLDING	NJ	N/A	С				
NEW COMMUNITY MANOR URBAN RENEWAL CORP 233 WEST MARKET STREET NEWARK, NJ 07103	22-2926521	REAL ESTATE	NJ	N/A	С				
NEW COMMUNITY SALEM-LAFEYETTE HOUSING IN 233 WEST MARKET STREET NEWARK, NJ 07103	22-3431352	REAL ESTATE	NJ	N/A	С				
ST. JOESPH'S PLAZA URBAN RENEWAL CORP 233 WEST MARKET STREET NEWARK, NJ 07103	22-2464507	REAL ESTATE	ŊJ	N/A	С				

22-2484082

#### NEW COMMUNITY HEALTH CARE, INC. 22-2484082

#### 990 SCH R, PART IV-IDENTIFICATION OF REL. ORG. TAXABLE AS CORP/TRUST

(A) NAME/ADDRESS/EIN	(B) PRIMARY	(C)LEGAL (D) DIRECT	(E) ENTITY	(F) SHARE OF	(G) SHARE OF EOY	(H)% (I) SEC 512(B)(13)
	ACTIVITY	DOMICILE CONTROLLING	TYPE	TOT INCOME		OWNERSHIP YES NO
NC BETTER LIFE, LLC	47-5323078					

233 WEST MARKET STREET NEWARK, NJ 07103 HOUSING NJ N/A C