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

Interr	nal Reve	enue Servi	ice		Informa	ation	about Forr	n 990 a	nd its	instruction	ns is :	at www.	irs.gov/f	form9	90.		Insp	ectio	n
A F	or th	ne 2022	2 calenc	dar year, or t	tax year	begi	nning				a	nd endi	ing						
_			C Name	of organization										D Er	nployer i	dentifi	cation numbe	r	
Вс	heck if ap	pplicable:	NEV	W COMMUNI	TY HEA	LTH	CARE,	INC.											
	Addre		Doing E	Business As											22	2-24	84082		
	Name	e change	Numbe	er and street (or	P.O. box if	mail is	not delivered	to street	addres	is)	Roo	om/suite		E Te	lephone	numbe	er		
	Initial	l return	233	3 WEST MA	RKET S	TRE	ET								(9	973)	624-202	0	
	Termi	inated	City or	town, state or p	province, co	untry,	and ZIP or for	reign pos	tal code	9									
	Amen returr	n l		WARK, NJ										G Gr	oss recei	pts \$	9,573	,189	9.
	Applic pendi	cation ing	F Name	and address of p	principal offic	cer:	ELIZ	ABETH	I MB	AKAYA					s this a group subordinate		urn for 🔄 Y	′es 🗌	X No
			233	3 WEST MA	RKET S	TRE	ET, NEW	ARK,	NJ	07103					Are all subo		included?	′es 🔤	No
<u> </u>	Tax-ex	empt sta	atus: 🔉	X 501(c)(3)	501	(c) () ┥ (i	nsert no.)		4947(a)(1)) or	52	27		lf "No," atta	ach a lis	st. (see instructio	ns)	
J	Websi	ite: 🕨	WWW.1	NEWCOMMUN	ITY.OR	Ģ								H(c) (Group exer	nption r	number 🕨		
-		of organi	ization:	X Corporation	Trust		Association	0	ther 🕨	•		L Year	of formati	ion: <u>1</u>	983 M	State	e of legal domi	cile:	NJ
Pa	art I	Sun	nmary																
	1	Briefly	describe	e the organizat	tion's miss	sion o	or most signi	ificant ad	ctivitie	s: <u>THE</u>	ORG	ANIZA	TION	OVE	RSEES	TH	E OPERA	TION	JS
ce		OF A	<u>180-</u>	BED_EXTER	NDED_H	EAL	TH_CARE	FACI	LIT	Y LOCAT	ED	IN NE	EWARK	<u>, N</u> J					
nar				<u></u>															
Activities & Governance	2		this box		0		discontinue	•		•						ts.	1		
ğ	3	Numbe	er of voti	ing members o	of the gove	erning	g body (Part	VI, line	1a) _							3			11
ss S	4			ependent votin												4			10
/itie				of individuals e												5			90
çţj	6	Total n	number c	of volunteers (e	estimate if I	neces	sary)									6			10
◄				d business reve												7a			
	b	Net un	related b	business taxab	ole income	from	Form 990-1	r, line 34								7b			
	_														r Year		Curren		
ne	8									571,7				501.					
Revenue	9									PUBLIC I				8,	213,0		8,8		617.
Re	10			ome (Part VIII									J		1,5				864.
	11			(Part VIII, colu											423,2				207.
	12			- add lines 8 th		-								10,	209,6				189.
	13			nilar amounts p												IONE			NONE
	14			o or for membe										6		IONE			NONE
ses	15			compensatior										6,	094,7				<u>572.</u>
Expenses				undraising fees									·		N	IONE			NONE
ĔĂ				ng expenses (F										2		0.4	2 7	0.0	
				s (Part IX, colu Add lines 13									·		667,3 762 0				711.
	10			expenses. Sub							• • •		·		762,0 447,5		10,7 -1,1		
es	-	Reven	ue less e	expenses. Sub		0 1101									Current		End of		
Net Assets or Fund Balances	20	Total	accote (P	art X, line 16)									-	•	817,9				384.
Ass Bal	21			(Part X, line 26									·		516,5				987.
let	22			fund balances.											698,5		-5,8		
	rt II		inature		Oubtract	110 2							·	- /	00070	02.	570	277	<u></u>
Un	der per	nalties of	f perjury,	I declare that I	have exami	ned th	nis return, inc	luding a	ccomp	anying sched	dules	and state	ements, a	nd to t	he best o	of my	knowledge ar	ıd beli	ef, it is
true	e, corre	ect, and o	complete.	Declaration of p	reparer (oth	er tha	n officer) is b	ased on a	all infor	mation of wh	nich p	oreparer h	as any kn	owled	ge.				
Sig			Signature	of officer											Date				
He	re																		
		🕨 i	Type or pr	rint name and title	е														
		Print/1	Гуре ргер	arer's name			Preparer's	signature				Date		С	heck	if	PTIN		
Paic		MICH	IAEL	PINTABONI	E		MICHAE	L PI	INTA	BONE		10/1	0/202	3 s	elf-emplo	yed	P012751	56	
	parer	Firm's		WITHUMS		ROW									EIN 🕨		2-20270		
	Only	Firm's	address	ONE TO	WER CENTE	ER BL	VD 14TH FL							Phone	e no.	7	32-828-		4
Мау	the I	RS disc	cuss this	s return with th	e preparer	show	vn above? (s	ee instru	uction	s)		<u> </u>	<u> </u>	<u> </u>	<u></u>				No
				on Act Notice,														990	(2022)

NEW	COMMUNITY	HEALTH	CARE,	INC
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For	m 990 (202	2)			Page 2
Pa	art III	Statement of Program Service			
-	Driafly d		response or note to any line in this Pa	irt III	Х
1	-	escribe the organization's missior	1.		
2			ficant program services during the y		
					Yes X No
~		describe these new services on S		have it and take and an and	_
3			, or make significant changes in		
		describe these changes on Scheo			
4			rvice accomplishments for each of		
			(4) organizations are required to re	port the amount of grants and	allocations to others,
	the total	expenses, and revenue, if any, to	r each program service reported.		
40	(Codo:		344,997. including grants of \$) (Povonuo ^{\$}	
40		<u> </u>) (Revenue \$	9,398,823.
		TI CARE (SEE SCHEDOLE O	FOR FORTHER DETAILS/		
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4.	(Cada)) (European ¢	including grants of t		\ \
40	(Code: _) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other p	ogram services (Describe on Sch	edule O.)		
	(Expens			ie \$)	
		ogram service expenses	9,344,997.		
JSA 2E1	020 1.000				Form 990 (2022)
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Part	V Checklist of Required Schedules			
	In the energy instantion described in particular $\mathcal{D}(A/a)/2$ on $\mathcal{D}(A/a)/2$ (other there are instantion) 2. If $W/a=0$		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		37	
2	complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	1 2	X X	
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		A	
Ŭ	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
•	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? <i>If "Yes," complete Schedule D, Part IV</i>	9		v
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		X
10	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, VII, 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		Х
С	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		Х
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	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
t	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete</i>	11f	X	
IZa		12a	Х	
h	Schedule D, Parts XI and XII. Was the organization included in consolidated, independent audited financial statements for the tax year? If	120	A	
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
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?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
40	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	10		v
19	Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18		X
19	If "Yes," complete Schedule G, Part III	19		x
20 2	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
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		x
JSA 2E1021		Form	990	(2022)

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Form **990** (2022)

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-	90 (2022)		F	-age 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			
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	23	v	
24 -	employees? If "Yes," complete Schedule J. Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23	X	<u> </u>
24a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		<u> </u>
U	to defease any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
	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		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	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			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
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		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
• •	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
25 -	or IV, and Part V, line 1	34	X	37
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	350		
30	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	50		
51	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	- 57		
00	19? Note: All Form 990 filers are required to complete Schedule O.	38	х	
Part			*7	
	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			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
JSA 2E1030		Form	990	(2022)

NEW COMMUNITY HEALTH CARE, INC.

Form	990 (2022)		F	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 90							
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?							
3a	3a Did the organization have unrelated business gross income of \$1,000 or more during the year?							
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,							
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X				
b	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			X				
5a	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?							
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X				
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the							
	organization solicit any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		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 7b		X				
	b If "Yes," did the organization notify the donor of the value of the goods or services provided?							
С	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was							
	required to file Form 8282?	7c		X				
	d If "Yes," indicate the number of Forms 8282 filed during the year							
	 e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization during the year pay premiums directly or indirectly on a personal benefit contract? 							
t	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?							
-	g if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.							
8								
0	sponsoring organization have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.							
	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?							
10	Section 501(c)(7) organizations. Enter:							
	Initiation fees and capital contributions included on Part VIII, line 12							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1						
	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.)							
12 a	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	-						
	Enter the amount of reserves on hand			37				
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X				
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		v				
	excess parachute payment(s) during the year?	15		X				
4.0	If "Yes," see the instructions and file Form 4720, Schedule N.	16		v				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	10		X				
17	-							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person 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.							

Form 9	990 (2022	2) NEW COMMUNITY HEALTH CARE, INC. 22	2-24840	82	F	Page 6
Part		Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7k				
		response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Sche				
		Check if Schedule O contains a response or note to any line in this Part VI	<u></u>			Х
Sect	ion A.	Governing Body and Management				
			T		Yes	No
1a	Enter	the number of voting members of the governing body at the end of the tax year 1a	11			
	if the	e are material differences in voting rights among members of the governing body, or governing body delegated broad authority to an executive committee or similar				
	comm	ittee, explain on Schedule O.	1.0			
b		the number of voting members included on line 1a, above, who are independent 1b	10			
2		ny officer, director, trustee, or key employee have a family relationship or a business relationship		•		37
		her officer, director, trustee, or key employee?		2		X
3		e organization delegate control over management duties customarily performed by or under the		2		37
-		vision of officers, directors, trustees, or key employees to a management company or other person?.		3		X
4		organization make any significant changes to its governing documents since the prior Form 990 was filed?		4 5		X X
5		e organization become aware during the year of a significant diversion of the organization's assets?.		6		X
6		e organization have members or stockholders?		0		
7a		e organization have members, stockholders, or other persons who had the power to elect or a		7a		х
		more members of the governing body?		74		- 21
b		ny governance decisions of the organization reserved to (or subject to approval by) mer		7b		x
0		nolders, or persons other than the governing body?		1.0		- 21
8			uuring			
•	-	ar by the following:		8a	Х	
a b	Fach (overning body?	⊢	8b	X	
9		e any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reac				
3	the or	ganization's mailing address? If "Yes," provide the names and addresses on Schedule O	neu ai	9		х
Secti		Policies (This Section B requests information about policies not required by the Internal Re		Code	.)	
					Yes	No
10a	Did the	e organization have local chapters, branches, or affiliates?	F	10a		Х
b		s," did the organization have written policies and procedures governing the activities of such cha				
-		es, and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
11a		e organization provided a complete copy of this Form 990 to all members of its governing body before filing the fo		11a	Х	
b		ibe on Schedule O the process, if any, used by the organization to review this Form 990.				
12a		e organization have a written conflict of interest policy? If "No," go to line 13	L	12a	Х	
		officers, directors, or trustees, and key employees required to disclose annually interests that coul				
		conflicts?		12b	Х	
С	Did th	e organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes,"			
		be on Schedule O how this was done		12c	Х	
13	Did the	e organization have a written whistleblower policy?	L	13	Х	
14		e organization have a written document retention and destruction policy?		14	Х	
15	Did th	e process for determining compensation of the following persons include a review and appro	val by			
	indepe	endent persons, comparability data, and contemporaneous substantiation of the deliberation and dec	cision?			
а	The or	ganization's CEO, Executive Director, or top management official	· · ·	15a		Х
b	Other	officers or key employees of the organization	· · ·	15b		Х
	lf "Yes	" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a	Did th	e organization invest in, contribute assets to, or participate in a joint venture or similar arrang				
		taxable entity during the year?		16a		X
b		s," did the organization follow a written policy or procedure requiring the organization to evalu				
	partici	pation in joint venture arrangements under applicable federal tax law, and take steps to safegua	rd the			
0		zation's exempt status with respect to such arrangements?	· · · '	16b		
Sect		Disclosure				
17		e states with which a copy of this Form 990 is required to be filed $_\mathrm{NJ}$,				
18		n 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	าd 990-T	(sect	ion 5	01(c)
		nly) available for public inspection. Indicate how you made these available. Check all that apply.				
		Dwn website Another's website X Upon request Other <i>(explain on Schedule C</i>	,			
19		ibe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict 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 an	d records			
		ABETH MBAKAYA 233 WEST MARKET STREET NEWARK, NJ 07103 624-2020		-	000	(0000)
JSA				⊢orm	390	(2022)
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	0,00	TT TT TT TO T			<i>,</i>	

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Page 7

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

Name and titleAverage hours per week (ist any hours for related organizations below dotted line)(do not check more than one box, unless person is both an of the campensation from the organization (W-2/ 1099-MISC/ 1099-MISC/ 1099-MISC/ 1099-NEC)Reportable compensation from the organizations (W-2/ 1099-MISC/ 1099-NEC)Estimated amount of ther compensation from the organizations (W-2/ 1099-MISC/ 1099-NEC)Estimated amount of ther compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)Estimated amount of ther compensation from the organizations (W-2/ 1099-NEC)Estimated amount of ther compensation from the organizations (W-2/ 1099-NEC)Estimated amount of ther compensation from the organizations (W-2/ 1099-NEC)Estimated amount of ther compensation from the organizations (W-2/ 1099-NEC)Estimated amount of ther compensation from the organization adr related organizations(1) ELIZABETH MBAKAYA1.00VVVNONENONE(2) FRED HUNTER1.00VXNONENONENONE(3) WINTON TOLLES1.00XVNONENONENONE(4) RICHARD RORHMAN1.00XVNONENONENONE(5) VERONICA ONWUNAKA40.00VX137,900.NONENONE(6) DEBBIE (OGUNDELE) FOLUKE40.00VX116,690.NONENONE						C)				-	-
Interview	(A)	(B)	(do r	not c			than o	ne	(D)	(E)	(F)
per week (list any hours for related organizations (W-2) hours for related organizations (W-2) hours for hours for related organizations (W-2) 1099-NEC)from the organizations (W-2) 1099-NEC)from related organizations (W-2) 1099-NEC)compensation from the organizations (W-2) 1099-NEC)from related organizations (W-2) 1099-NEC)compensation organizations (W-2) 1099-NEC)compensation organization (W-2) 1099-NEC)compensation organization (W-2) 1099-NEC)compensation organization (W-2) 1099-NEC)compensation organization (W-2) 1099-NEC)compensation organization organization (W-2)(1) ELIZABETH MBAKAYA1.00<	Name and title	u u									
hours for related organizations $\overline{1000}$ related organizations $\overline{1000}$ related organizations $\overline{1000}$ related organizations $\overline{1000}$ related organizations $\overline{1000}$ related organizations $\overline{1000}$ related organizations $\overline{1000}$ related organizations $\overline{1000}$ related organizations $\overline{1000}$ related organizations $\overline{1000}$ related organizations(1) ELIZABETH MBAKAYA1.00 CFO/INTERIM CEO1.00 40.00xNONE253,731.NONE(2) FRED HUNTER1.00 COO40.00xNONE172,242.NONE(3) WINTON TOLLES1.00 DIRECTOR OF R/E DEVELOPMENT40.00 40.00xNONE170,000.NONE(4) RICHARD RORHMAN1.00 CEO - FORMER40.00 40.00xNONE143,907.NONE(5) VERONICA ONWUNAKA40.00 NURSING ADMINISTRATORNONEx137,900.NONENONENURSING DIRECTORNONEx116,690.NONENONENONE			office	er and	d a d	lirect	or/trust	ee)			
organizations below dotted line)organizations of generations below dotted line)organizations of generations below dotted line)organizations of generations generationsorganizations of<			or In	Ing	Q	<u>ک</u> و	en Hig	Fo	, ,	•	
organizations below dotted line)organizations below dotted line)organizations dotted line)organi			dire	stitut	ficer	y en	ghes	me			•
(1) ELIZABETH MBAKAYA 1.00 CFO/INTERIM CEO 40.00 (2) FRED HUNTER 1.00 COO 40.00 (3) WINTON TOLLES 1.00 DIRECTOR OF R/E DEVELOPMENT 40.00 (4) RICHARD RORHMAN 1.00 CEO - FORMER 40.00 (5) VERONICA ONWUNAKA 40.00 NURSING ADMINISTRATOR NONE NURSING DIRECTOR Ya 100 X X 137,900. NONE NONE X 116,690. NONE X			ual t ctor	iona		loldt	ree o	,			rolatoù organizatorio
(1) ELIZABETH MBAKAYA 1.00 CFO/INTERIM CEO 40.00 (2) FRED HUNTER 1.00 COO 40.00 (3) WINTON TOLLES 1.00 DIRECTOR OF R/E DEVELOPMENT 40.00 (4) RICHARD RORHMAN 1.00 CEO - FORMER 40.00 (5) VERONICA ONWUNAKA 40.00 NURSING ADMINISTRATOR NONE NURSING DIRECTOR Ya 100 X X 137,900. NONE NONE X 116,690. NONE X			ruste	tru		/ee	npe				
(1) ELIZABETH MBAKAYA 1.00 CFO/INTERIM CEO 40.00 (2) FRED HUNTER 1.00 COO 40.00 (3) WINTON TOLLES 1.00 DIRECTOR OF R/E DEVELOPMENT 40.00 (4) RICHARD RORHMAN 1.00 CEO - FORMER 40.00 (5) VERONICA ONWUNAKA 40.00 NURSING ADMINISTRATOR NONE NURSING DIRECTOR NONE X 137,900. NONE NONE X 116,690. NONE X		dotted line)	e	stee			nsate				
CFO/INTERIM CEO40.00XNONE253,731.NONE(2) FRED HUNTER1.00XNONE253,731.NONECOO40.00XNONE172,242.NONE(3) WINTON TOLLES1.00XNONE170,000.NONEDIRECTOR OF R/E DEVELOPMENT40.00XNONE170,000.NONE(4) RICHARD RORHMAN1.00XNONE143,907.NONE(5) VERONICA ONWUNAKA40.00X137,900.NONENONE(6) DEBBIE (OGUNDELE) FOLUKE40.00X116,690.NONENONE							ă				
(2) FRED HUNTER1.00 40.00XNONE172,242.NONECOO40.00XNONE170,000.NONE(3) WINTON TOLLES1.00XNONE170,000.NONEDIRECTOR OF R/E DEVELOPMENT40.00XNONE170,000.NONE(4) RICHARD RORHMAN1.00XNONE143,907.NONE(5) VERONICA ONWUNAKA40.00X137,900.NONENONENURSING ADMINISTRATORNONEX137,900.NONENONE(6) DEBBIE (OGUNDELE) FOLUKE40.00X116,690.NONENONE	(1) ELIZABETH MBAKAYA	1.00									
COO40.00XNONE172,242.NONE(3) WINTON TOLLES1.00XNONE170,000.NONEDIRECTOR OF R/E DEVELOPMENT40.00XNONE170,000.NONE(4) RICHARD RORHMAN1.00XNONE143,907.NONE(5) VERONICA ONWUNAKA40.00X137,900.NONENONE(6) DEBBIE (OGUNDELE) FOLUKE40.00X116,690.NONENONE	CFO/INTERIM CEO	40.00			Х				NONE	253,731.	NONE
(3) WINTON TOLLES1.00XNONE170,000.NONEDIRECTOR OF R/E DEVELOPMENT40.00XNONE170,000.NONE(4) RICHARD RORHMAN1.00XNONE143,907.NONECEO - FORMER40.00XNONE143,907.NONE(5) VERONICA ONWUNAKA40.00X137,900.NONENONENURSING ADMINISTRATORNONEX137,900.NONENONE(6) DEBBIE (OGUNDELE) FOLUKE40.00X116,690.NONENONE	(2) FRED HUNTER	1.00									
DIRECTOR OF R/E DEVELOPMENT40.00XNONE170,000.NONE(4) RICHARD RORHMAN1.00XNONE143,907.NONECEO - FORMER40.00XNONE143,907.NONE(5) VERONICA ONWUNAKA40.00X137,900.NONENONENURSING ADMINISTRATORNONEX137,900.NONENONE(6) DEBBIE (OGUNDELE) FOLUKE40.00X116,690.NONENONE	C00	40.00			Х				NONE	172,242.	NONE
(4) RICHARD RORHMAN1.00XNONE143,907.CEO - FORMER40.00XNONE143,907.NONE(5) VERONICA ONWUNAKA40.00X137,900.NONENONENURSING ADMINISTRATORNONEX137,900.NONENONE(6) DEBBIE (OGUNDELE) FOLUKE40.00X116,690.NONENONE	(3) WINTON TOLLES	1.00									
CEO - FORMER40.00XNONE143,907.NONE(5) VERONICA ONWUNAKA40.00X137,900.NONENONENURSING ADMINISTRATORNONEX137,900.NONENONE(6) DEBBIE (OGUNDELE) FOLUKE40.00X116,690.NONENONE	DIRECTOR OF R/E DEVELOPMENT	40.00			Х				NONE	170,000.	NONE
(5) VERONICA ONWUNAKA40.00NURSING ADMINISTRATORNONE(6) DEBBIE (OGUNDELE) FOLUKE40.00NURSING DIRECTORNONEX116,690.NONEX	(4) RICHARD RORHMAN	1.00									
NURSING ADMINISTRATORNONEX137,900.NONENONE(6) DEBBIE (OGUNDELE) FOLUKE40.00X116,690.NONENONENURSING DIRECTORNONEX116,690.NONENONE	CEO – FORMER	40.00						Х	NONE	143,907.	NONE
(6) DEBBIE (OGUNDELE) FOLUKE40.00NURSING DIRECTORNONEX116,690.NONE	(5) VERONICA ONWUNAKA	40.00									
NURSING DIRECTOR NONE X 116,690. NONE NONE	NURSING ADMINISTRATOR	NONE					Х		137,900.	NONE	NONE
	(6) DEBBIE (OGUNDELE) FOLUKE	40.00									
(7) MADGE WILSON 1.00	NURSING DIRECTOR	NONE					Х		116,690.	NONE	NONE
	(7) MADGE WILSON	1.00									
BOARD MEMBER 40.00 X NONE 55,000. 3,720.	BOARD MEMBER	40.00	Х						NONE	55,000.	3,720.
(8) SIMONE GAGNERONE 1.00	(8) SIMONE GAGNERONE	1.00									
CEO (FROM 12/01/2022) 40.00 X NONE 11,759. NONE	CEO (FROM 12/01/2022)	40.00			Х				NONE	11,759.	NONE
(9) DIANE JOHNSON 1.00	(9) DIANE JOHNSON	1.00									
		1.00	X						NONE	9,600.	NONE
(10) EDGAR NEMORIN 1.00	(10) EDGAR NEMORIN	1.00									
TREASURER 1.00 X X NONE NONE	TREASURER	1.00	Х		Х				NONE	NONE	NONE
(11) NEWTON M. RICHARDS 1.00	(11) NEWTON M. RICHARDS	1.00									
SECRETARY 1.00 X X NONE NONE	SECRETARY	1.00	Х		Х				NONE	NONE	NONE
(12) BARRY BAKER 1.00	(12) BARRY BAKER	1.00									
BOARD MEMBER 1.00 X NONE NONE NONE	BOARD MEMBER	1.00	X						NONE	NONE	NONE
(13) MIGDALIA MARTINEZ 1.00	(13) MIGDALIA MARTINEZ	1.00									
BOARD MEMBER 1.00 X NONE NONE NONE	BOARD MEMBER	1.00	X						NONE	NONE	NONE
(14) DR. ZACHARY YAMBA 1.00	(14) DR. ZACHARY YAMBA										
	PRESIDENT	1.00	Х		Х				NONE	NONE	NONE

Form **990** (2022)

NEW COMMUNITY HEALTH CARE, INC.

Form	000	(2022)
Form	990	(ZUZZ)

(A)	(B)			(0	C)			(D)	(E)		(F)	
Name and title	Average				sition			Reportable	Reportable	E	stimated	
	hours per					than o		compensation	compensation fror	n a	mount o	f
	week (list any					is both : or/truste		from	related		other	
	hours for related	-		1				the	organizations		npensati rom the	on
	organizations	divi dir	stitu	Officer	ey e	ghe	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	/	ganizatio	n
	below dotted	dua	tior	Ť	mp	st c yee	Ψ			ar	nd relate	b
	line)	Individual trustee or director	al t		Key employee	omp				org	anizatio	าร
		stee	Institutional trustee			ens						
			e			Highest compensated employee						
5) FERDANDO COLON	1.00											
BOARD MEMBER	1.00	Х						NONE	NON	Е		NC
6) ANTHONY MARCHETTA	1.00											
SOARD MEMBER	1.00	X						NONE	NON	Е		NC
.7) JEROME ST JOHN	1.00											
SOARD MEMBER	1.00	X						NONE	NON	E		NC
8) INGRID RASMUSSEN	1.00											
OARD MEMBER	1.00	X						NONE	NON	Ľ		NC
	+											
		-										
		-										
		-										
		-										
b Sub-total							►	254,590.	816,239		3,	
c Total from continuation sheets to Part VII, S	-		• •	• •	• •			NONE	NON			NC
d Total (add lines 1b and 1c)								254,590.	816,239	•	3,	72
 Total number of individuals (including but not reportable compensation from the organizatio 		nose	liste	a ai	DOVe	e) who	o re	ceived more than	\$100,000 of			
						2					Yes	N
Did the organization list any former offic	cer, directo	or, or	tru	uste	e, I	key e	mp	loyee, or highest	compensated			
employee on line 1a? If "Yes," complete Scheo	lule J for su	ch ind	lividi	ual						3	X	
For any individual listed on line 1a, is the	sum of rep	ortab	ole c	com	pen	satior	n ar	nd other compens	sation from the			
organization and related organizations gr												
individual										4	X	
Did any person listed on line 1a receive or										_		
for services rendered to the organization? If "Y section B. Independent Contractors	es, comple	ie Sch	ieal	iie J	i ior	sucn	per	SON	<u> </u>	5		
Complete this table for your five highest com compensation from the organization. Report of												
year.	•		_				_					
(A) SEE SCHEDULE O Name and business ad	dress							(B) Description of se	rvices	(C Comper		

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 **>** 3 JSA 2E1055 1.000

Form 990 (2022)
Part VIII	

NEW COMMUNITY HEALTH CARE, INC. Statement of Revenue

		Check if Schedule O contains a res	ponse or note to ar	y line in this Part V	/		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1a b c d e f	Federated campaigns 1 Membership dues 1 Fundraising events 1 Related organizations 1 Government grants (contributions) 1 All other contributions, gifts, grants, and similar amounts not included above 1	2				
Contribut and Othe	g	Noncash contributions included in lines 1a-1f	9 \$	173,501.			
<u> </u>	h	Total. Add lines 1a-1f		1/3,501.			
ë	0.	PATIENT REVENUE	Business Code	8,832,617.	8,832,617.		
Program Service Revenue	2a b				-,,		
anu Senu	c						
ran Rev	d						
60 80	е						
5	f	All other program service revenue	-				
	g	Total. Add lines 2a-2f		8,832,617.			
	3	Investment income (including dividend	ls, interest, and				
		other similar amounts)		864.			864.
	4	Income from investment of tax-exempt be	ond proceeds .	NONE			
	5	Royalties		NONE			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	C		IONE NONE				
	d	Net rental income or (loss)		NONE			
	7a	Gross amount from (i) Securities	s (ii) Other				
		sales of assets					
		other than inventory 7a					
evenue	b	Less: cost or other basis					
svel		and sales expenses 7b					
Ř	с 6	Gain or (loss)		NONE			
Other	u		<u></u>	NONE			
ō	8a	Gross income from fundraising events (not including \$ of contributions reported on line					
		-	Ba NONE				
	b		Bb NONE				
	c	Net income or (loss) from fundraising eve	nts	NONE			
	9a	Gross income from gaming					
			a NONE				
	b	Less: direct expenses	b NONE				
	c	Net income or (loss) from gaming activiti	es	NONE			
	10a	Gross sales of inventory, less					
		returns and allowances	0a NONE				
	b		0b NONE				
	c	Net income or (loss) from sales of inventor		NONE			
ns			Business Code				
Miscellaneous Revenue	11a	OTHER INCOME	900099	566,207.	566,207.		
llan 'en	b		_				
Sev	c		_				
Mis	d	All other revenue					
	e	Total. Add lines 11a-11d		566,207.			
	12	Total revenue. See instructions		9,573,189.	9,398,824.		864.

(A) Total expenses			<u> </u>
(A)	(5)		
l otal expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
			i i i i i i i i i i i i i i i i i i i
NONE			
NONE			
NONE			
NONE			
NONE			
NONE			
5,507,366.	5,031,510.	475,856.	
85,797.	78,384.	7,413.	
982,897.	897,971.	84,926.	
336,512.	307,436.	29,076.	
150,000.		150,000.	
10,098.		10,098.	
45,324.		45,324.	
NONE			
NONE			
NONE			
111,645.		111,645.	
NONE			
147,901.	7,446.	140,455.	
97,379.		97,379.	
NONE			
1,674,569.	1,507,113.	167,456.	
NONE			
NONE			
NONE			
455.		455.	
NONE			
52,511.	47,260.	5,251.	
319,518.	287,566.	31,952.	
769,932.	769,932.		
410,379.	410,379.		
.,			
10,702,283	9,344.997	1,357.286.	NO
,,	-,,///	_,	
	NONE NONE NONE NONE NONE NONE S,507,366. 85,797. 982,897. 336,512. 150,000. 10,098. 45,324. NONE 10,098. 10,000. 10,098. 10,000. 10,098. 10,000. 10,098. 10,000. 10,098. 10,000. 10,000. 10,098. 10,000. 10,000. 10,008. 10,000. 10,008. 10,00	NONE NONE NONE NONE NONE NONE NONE NONE NONE Storn and the second se	NONE NONE NONE 1 S5,507,366. 5,031,510. 475,856. 85,797. 78,384. 7,413. 982,897. 897,971. 84,926. 336,512. 307,436. 29,076. 150,000. 150,000. 150,000. 10,098. 10,098. 10,098. 45,324. 45,324. 45,324. NONE 1 10,098. NONE 111,645. 111,645. NONE 111,645. 111,645. NONE 1 147,901. 7,446. 147,901. 7,446. 140,455. 97,379. 97,379. 1 NONE 1 1 167,456. NONE 1 1 1 NONE 1 1 1 NON

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following SOP 98-2 (ASC 958-720)

Form 990 (2022)

Page	1	1	
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	Check if Schedule O contains a response or note to any line in this Pa	(A) Beginning of year		<u>X</u> (B) End of year
	Cook non interest bearing	390,212.	4	
1	Cash - non-interest-bearing		1	239,039. NON
2	Savings and temporary cash investments.			NON
3	Pledges and grants receivable, net	NONE	-	
4	Accounts receivable, net	891,708.	4	935,365
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%	NONE	-	NON
	controlled entity or family member of any of these persons	NONE	5	NON
6	Loans and other receivables from other disqualified persons (as defined		•	
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE		NON
7 ets	Notes and loans receivable, net	NONE		NON
Assets 0 8 2	Inventories for sale or use	NONE	-	NON
9	Prepaid expenses and deferred charges	72,769.	9	66,909
10 a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 1,814,187.			
	Less: accumulated depreciation 1,665,146.	98,010.		149,041
11	Investments - publicly traded securities.	NONE		NON
12	Investments - other securities. See Part IV, line 11	NONE	12	NON
13	Investments - program-related. See Part IV, line 11	NONE	13	NON
14	Intangible assets	NONE		NON
15	Other assets. See Part IV, line 11	365,298.	15	1,637,030
16	Total assets. Add lines 1 through 15 (must equal line 33)	1,817,997.	16	3,027,384
17	Accounts payable and accrued expenses	1,441,709.	17	1,879,745
18	Grants payable	NONE	18	NON
19	Deferred revenue	NONE	19	NON
20	Tax-exempt bond liabilities	NONE	20	NON
21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NON
ຜູ 22	Loans and other payables to any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
ab	controlled entity or family member of any of these persons	NONE	22	NON
- 23	Secured mortgages and notes payable to unrelated third parties	NONE	23	NON
24	Unsecured notes and loans payable to unrelated third parties	NONE	24	NON
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	5,074,797.	25	6,975,242
26	Total liabilities. Add lines 17 through 25	6,516,506.	26	8,854,987
Jces	Organizations that follow FASB ASC 958, check here X and complete lines 27, 28, 32, and 33.			
	Net assets without donor restrictions	-4,698,509.	27	-5,827,603
m 28	Net assets with donor restrictions	NONE	28	NON
Assets or Fund Balances 2 2 8 2 2 1 0 6 6 8 2 2 2 9 6 9 8 2 2	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
ວັ 29	Capital stock or trust principal, or current funds		29	
30 ets	Paid-in or capital surplus, or land, building, or equipment fund		30	
	Retained earnings, endowment, accumulated income, or other funds		31	
32 N N	Total net assets or fund balances	-4,698,509.	32	-5,827,603
ž 33	Total liabilities and net assets/fund balances	1,817,997.		3,027,384
		-, -, , , , , , , , , , , , , , , , , ,		Form 990 (2022)

JSA

NEW COMMUNITY HEALTH CARE, INC.

Form 9	90 (2022)				Pa	ge 12
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		9,5	73,	<u>189</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	0,7	02,	283
3	Revenue less expenses. Subtract line 2 from line 1	3	_	1,1	.29,	094
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-	4,6	98,	509
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					
	32, column (B))	10	-	5,8	27,	603
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	on			
	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	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed or	а			
	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	of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	nt?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	•				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	idits .		3b		

Form **990** (2022)

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.

OMB No. 1545-0047 G

					Inspection			
Nam	e of the organization						Employer identif	ication number
NEV	V COMMUNITY H	EALTH CAR	E, INC.				22-2	484082
Pa	rt I Reason fo	or Public Ch	arity Status. (All	organizations must	comple	ete this p	part.) See instruction	าร.
The	organization is not	a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	neck only	one box.)	
1				tion of churches desc			70(b)(1)(A)(i).	
2				. (Attach Schedule E	-			
3		-		rganization described				
4		-	-	conjunction with a ho	spital de	scribed in	n section 170(b)(1)(A))(iii). Enter the
	hospital's nam							
5				a college or universi	ty owne	d or ope	erated by a governme	ental unit described in
			complete Part II.)					
6		-	-	rnmental unit describe				
7			-		ipport fr	om a go	vernmental unit or fr	om the general public
•			(1)(A)(vi). (Compl					
8				b)(1)(A)(vi). (Complete			Line and the state of the state	land and the lines
9			-			-	l in conjunction with a	
		or a non-land-	grant college of ac	griculture (see instruc	uons). E	nter the	name, city, and state o	i the college of
10 11	receipts from support from acquired by th	activities rela gross investme ne organizatio	ted to its exempt f itent income and u n after June 30, 1	unctions, subject to c	ertain e: able inco (a)(2). (0	xceptions ome (les Complete		n 331/3 % of its
12	An organizatio	on organized a	and operated exclu	sively for the benefit of	of, to per	form the	functions of, or to car	rry out the purposes of
	one or more p	ublicly suppo	rted organizations	described in section !	509(a)(1) or sect	ion 509(a)(2). See se	ction 509(a)(3). Check
	the box on line	es 12a throug	h 12d that describ	es the type of suppor	rting org	anization	and complete lines 1	2e, 12f, and 12g.
а	Type I. A su	pporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
	the supporte	ed organizatio	on(s) the power to	regularly appoint or e	lect a m	ajority of	f the directors or truste	ees of the
		-		e Part IV, Sections A				
b							supported organizati	
		-		-	the sam	e persor	ns that control or mar	hage the supported
			-	, Sections A and C.				
С	••			• •			n with, and functiona	lly integrated with,
		•	. , .	ns). You must comple				
d	••		• ·		•		ection with its suppor	• • • • •
		-		omplete Part IV, Sect	-		oution requirement and	u an allentiveness
~		-					hat it is a Type I, Type	
е		-		ionally integrated sup				п, туре п
f		•	••			•	ion.	
g			-	orted organization(s).				· · · · · · · · · · · · · · · · · · ·
	(i) Name of supported of	•	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10	-	ur governing	support (see	other support (see
				above (see instructions))	Yes	ment? No	instructions)	instructions)
(A)								
(B)								
(C)								
(D)								
(E)								
Tota	al							
For	Paperwork Reduction	n Act Notice, s	ee the Instructions	for Form 990 or 990-EZ.		1	S	 chedule A (Form 990) 2022
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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.) Section A. Public Support

Sec	tion A. Public Support		-			-	
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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		•				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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.						
Sec	tion C. Computation of Public Sup						
14	Public support percentage for 2022 (lin	ne 6, column (f), divided by line	e 11, column (f))	14	%
15	Public support percentage from 2021						%
16a	331/3% support test - 2022. If the org	janization did n	not check the bo	ox on line 13, a	nd line 14 is 33	1/3 % or more, c	heck this
	box and stop here. The organization qu			-			
b	331/3% support test - 2021. If the org	anization did n	ot check a box	on line 13 or 16	6a, and line 15 i	s 331/3 % or mo	re, check
	this box and stop here. The organization	-		-			
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization					-	-
	Part VI how the organization meets t			•	•		
	organization						
b	10%-facts-and-circumstances test - 2						
	15 is 10% or more, and if the organiz					-	-
	in Part VI how the organization meets			-	-		
10	organization						
18	instructions						
		<u> </u>					••••

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

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

(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)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	NONE	NONE	1,080,293.	1,571,762.	173,501.	2,825,556.
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	10,857,371.	11,273,390.	9,040,462.	8,213,066.	8,832,616.	48,216,905.
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	10,857,371.	11,273,390.	10,120,755.	9,784,828.	9,006,117.	51,042,461.
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 disqualified 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.)						51,042,461.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6.	10,857,371.	11,273,390.	10,120,755.	9,784,828.	9,006,117.	51,042,461.
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,592.	647.	694.	1,555.	864.	6,352.
h	Unrelated business taxable income (less				2,000.		0,0021
	section 511 taxes) from businesses						
	acquired after June 30, 1975						NONE
c	Add lines 10a and 10b	2,592.	647.	694.	1,555.	864.	6,352.
11	Net income from unrelated business						
••	activities not included on line 10b, whether						
	or not the business is regularly carried on.						NONE
40							
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.) SEE SUPP PAGE	292,465.	231,155.	343,878.	423,261.	566,207.	1,856,966.
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	11,152,428.	11,505,192.	10,465,327.	10,209,644.	9,573,188.	52,905,779.
14	First 5 years. If the Form 990 is for	the organizatio				ar as a section	
	organization, check this box and stop here .	0					
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2022 (line 8,			nn (f))		15	96.48%
16	Public support percentage from 2021 Sche					16	97.16%
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2022 (lir			3, column (f))		17	0.01%
18	Investment income percentage from 2021					18	0.01%
19 a	331/3% support tests - 2022. If the or						
	17 is not more than 331/3%, check this						
b	331/3% support tests - 2021. If the orga	-	-	•			
	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization of			•			
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(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 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.)

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

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Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022

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		

c 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 **Part VI**.

Section B. Type I Supporting Organizations

- 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 **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 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 Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).
 1

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).			
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 ins	structio	ns).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	e instru	ctions	s).
•			Yes	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			

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.*

Yes No

11c

1

2

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2b

3a

3b

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) 2022

Cohort	NEW COMMUNITY HEALTH	CARE, INC.		22	-2404002 Dogo 7
Part	Ide A (Form 990) 2022 Type III Non-Functionally Integrated 509(a)(3) Statements	Supporting Organizat	ions (continued)		Page 7
	ton D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex			1	ourrent real
2	Amounts paid to perform activity that directly furthers exer		ed		
-	organizations, in excess of income from activity		64	2	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI		5	
6	Other distributions (<i>describe in Part VI</i>). See instructions.			6	
7	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 Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
			(ii)	10	(iii)
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistribution Pre-2022	าร	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022				
	(reasonable cause required - <i>explain in Part VI).</i> See				
	instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2018				
b	Excess from 2019				
	Excess from 2020				
d	Excess from 2021				
e	Excess from 2022				
				:	Schedule A (Form 990) 202

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
DCIEDOEE	n,	E MICI	T T T		OTHER	TRCOME

DESCRIPTION	2018	2019	2020	2021	2022	TOTAL
OTHER INCOME	292,465.	231,155.	343,878.	423,261.	566,207.	1,856,966.
TOTALS	292,465.	231,155.	343,878.	423,261.	566,207.	1,856,966.

Schedule A (Form 990 or 990-EZ) 2022

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 C	CARE, INC.	22-2484082					
Organization type (check one):	ganization type (check one):						
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not 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 foundation	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).

07004L M998 10/10/2023 19:29:47 V22-7.2F 027315.0

Name of c	NEW COMMUNITY HEALTH CARE, INC.		22-2484082
Part I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	<u>N/A</u>	\$173,501.	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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

JSA 2E1253 1.000

Schedule B (Form 990) (2022)

Page 2

nization NEW COMMUNITY HEALTH CARE, INC.	22-	lentification number - 2484082 eded.
oncash Property (see instructions). Use duplicate copies		
		eaea.
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	 \$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	 \$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	 \$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	 \$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	(b) Description of noncash property given	Description of noncash property given PMV (or estimate) (See instructions.) (b) \$

Schedule B (Form 990) (2022)

JSA 2E1254 1.000

Name of organization Employee indication number NEW CONSUMPTY HEALTH CARE, INC. 22-2484082 271 III Exclosively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year (Frent this information once. See instructions.) \$		(Form 990) (2022)			Page 4		
231 III Ecolos/edy religious, charitable, etc., contributions to organizations described in section 301(c)(7), (8), or (0) that total more than \$1,000 for the year (Fine this information none. See instructions.) \$	Name of or				Employer identification number		
(10) that total more than \$1,000 for the year from any one contributor. Complete counts (a) through (e) ar the following line entry. For organizations completing Part III. enter the total of exclusively religious, charatable, et contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) \$							
Part I	Part III	(10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for the	the year from any ons completing Par e year. (Enter this in	one contributor. (t III, enter the total formation once. S	Complete columns (a) through (e) and of <i>exclusively</i> religious, charitable, etc.,		
(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (f) No. (f) No. (g) No. (g) No. (for master of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (f) No. (for master of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (f) No. (g) No. (g) No. (g) No.	(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held		
Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (a) Transferee's name, address, and ZIP + 4 (d) Description of how gift is held (e) Transfer of gift (e) Transfer of gift (from Part) (b) Purpose of gift (c) Use of gift (from Part) (b) Purpose of gift (c) Use of gift (from Part) (b) Purpose of gift (c) Use of gift (g) No. (b) Purpose of gift (c) Use of gift (g) No. (b) Purpose of gift (c) Use of gift (g) No. (b) Purpose of gift (c) Use of gift (g) No. (h) Purpose of gift (c) Use of gift (g) No. (h) Purpose of gift (c) Use of gift (g) No. (h) Purpose of gift (c) Use of gift (h) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (g) No. (h) Purpose of gift (c) Use of gift (d) Description of how gift is held (g) No. (h) Purpose of gift (c) Use of gift (d) Description of how gift is	<u> </u>						
Part 1		Transferee's name, address, a		-	ship of transferor to transferee		
Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part 1 (e) Transfer of gift (e) Transfer of gift (d) Description of how gift is held (a) No. (e) Transfer of gift (e) Transfer of gift (f) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (e) Transfer of gift (d) Description of how gift is held	(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held		
Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part 1 (e) Transfer of gift (e) Transfer of gift (d) Description of how gift is held (a) No. (e) Transfer of gift (e) Transfer of gift (f) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (e) Transfer of gift (d) Description of how gift is held							
(a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part 1 (e) Transfer of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (a) No. (b) Purpose of gift (c) Use of gift (a) No. (b) Purpose of gift (c) Use of gift (c) Use of gift (c) Use of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift (e) Transfer of gift (f) Description of how gift is held							
Trom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held							
Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee	from	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held		
(a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held		Transferee's name, address, a	-	ship of transferor to transferee			
from Part I (b) Purpose of gift (c) Use of gift							
	from	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held		
		Transferee's name, address, a		-	ship of transferor to transferee		
					Schedule B (Form 990) (2022)		

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.

2022 Open to Public

Depa	rtment of the Treasury		Attach to Form 990.			Open to Public
	al Revenue Service	Go to www.irs.gov/l	Form990 for instructions an	d the latest inform		Inspection
	e of the organization				Employer identifi	
		EALTH CARE, INC.		<u> </u>	22-248	4082
Pa	-	tions Maintaining Donor Adv			or Accounts.	
	Complete	e if the organization answered		1	(h) Euroda a	
			(a) Donor advised	funds	(b) Funds a	nd other accounts
1		nd of year				
2		of contributions to (during year) .				
3		of grants from (during year)				
4		at end of year		4	1 ***	.1
5	•	ion inform all donors and donor	•			
6		anization's property, subject to the ion inform all grantees, donors, a				• · · · · · · · · ·
0		e purposes and not for the bene				
		nissible private benefit?				
Pa		ation Easements.				
		e if the organization answered	"Yes" on Form 990, Pa	art IV, line 7.		
1		servation easements held by the				
	Preservatio	n of land for public use (for example	, recreation or education)	Preservation	n of a historically i	mportant land area
	Protection of	of natural habitat		Preservatior	n of a certified his	toric structure
	Preservatio	n of open space				
2	Complete lines 2a	a through 2d if the organization h	eld a qualified conservation	on contribution i	in the form of a co	onservation
	easement on the	last day of the tax year.			Held at th	he End of the Tax Year
а	Total number of c	onservation easements			2a	
b	-	tricted by conservation easements			2b	
С		rvation easements on a certified			2c	
d		rvation easements included in (c)	•			
_		e listed in the National Register			2d	
3		ervation easements modified, tra	nsferred, released, exting	juished, or tern	ninated by the or	ganization during the
	tax year		wation accoment is least	d		
4 5		where property subject to conse tation have a written policy reg				
5	-	forcement of the conservation ea			-	
6		hours devoted to monitoring, insp				
U		nours devoted to monitoring, map	eeting, nanuning of violation			sments during the year
7	Amount of expens	ses incurred in monitoring, inspec	ting, handling of violations	, and enforcing	conservation ease	ments during the year
8		vation easement reported on line 2				
_)(4)(B)(ii)?				. 🗆 Yes 🗀 No
9		cribe how the organization re			•	
		nd include, if applicable, the text counting for conservation easeme		organization's r	inancial statemer	its that describes the
Pa		tions Maintaining Collections		sures or Oth	er Similar Asset	·s
1 0		e if the organization answered				
1a	If the organization	n elected, as permitted under FA	ASB ASC 958, not to rep	ort in its reven	ue statement and	balance sheet works
	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 exhibits to its financial statements	tion, education	, or research in these items.	furtherance of public
b	•	n elected, as permitted under F				alance sheet works of
		sures, or other similar assets he				
		ring amounts relating to these iter				
		ded on Form 990, Part VIII, line 1				
	.,	ed in Form 990, Part X				
2	-	on received or held works of a			assets for finance	cial gain, provide the
	following amounts	s required to be reported under F	ASB ASC 958 relating to	these items:		•
a h	Revenue included	l on Form 990, Part VIII, line 1 n Form 990, Part X				\$
b	Assets included If	II UIII JJU, FAILA				U U

For Paperwork Reduction Act Notice, see the Instructions for Form 990.								
JSA								
2E1268	1.000							
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Schedule D (Form 990) 2022

OMB No. 1545-0047

Schee	dule D (Form 990) 2022 NEW	COMMUNITY H	EALTH CAF	RE, INC	!.				22-2	484082	Page 2
Ра	rt III Organizations Maintaini	ng Collections o	f Art, Histo	rical Tre	asure	s, or	Other	Similar A	Assets (c	continue	d)
3	Using the organization's acquisition	on, accession, and	other recor	ds, checl	k any c	of the	follow	ing that m	nake sigr	nificant u	se of its
	collection items (check all that app	ly):									
а	Public exhibition		d	Loan	or exch	ange	progra	n			
b	Scholarly research		e	Other							
С	Preservation for future gene	rations									
4	Provide a description of the organ	nization's collection	ns and expla	ain how t	they fu	rther	the or	ganization'	s exempt	t purpose	e in Part
	XIII.										
5	During the year, did the organization	on solicit or receive	donations c	f art, hist	orical tr	easu	res, or	other simila	ar		
	assets to be sold to raise funds rath		tained as pa	rt of the	organiz	ation'	s colleo	ction?	[Yes	No
Ра	rt IV Escrow and Custodial A	-						_		_	
	Complete if the organiza	tion answered "א	'es" on For	m 990, F	Part IV,	line	9, or r	eported a	n amour	nt on For	m
	990, Part X, line 21.										
1a	Is the organization an agent, trus			-					ets not		
	included on Form 990, Part X?					• • •			L	Yes	No
b	If "Yes," explain the arrangement in	n Part XIII and con	nplete the fo	lowing tab	ole:						
									Amount		
c	Beginning balance					1c					
d	Additions during the year					1d					
e	Distributions during the year					1e					
T	Ending balance					1f			h 114 -0	Vee	
2a	Did the organization include an am									Yes	No
	If "Yes," explain the arrangement in rt V Endowment Funds.			xpianation	nas pe	en pr	ovided				•
Гd	rt V Endowment Funds. Complete if the organiza	ation answered "	/es" on For	m 990 F	Part IV	line	10				
		(a) Current year	(b) Pric			o years		(d) Three y	ears back	(e) Four y	ears back
4		(u) ourion you	()			,		(,		(0) ! 0	
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains,										
h	and losses										
	Grants or scholarships										
e	and programs										
f	Administrative expenses										
g	End of year balance.										
2	Provide the estimated percentage	of the current year	r end balanc	e (line 1a	columr	າ (a))	held as				
a	Board designated or quasi-endowr		%	o (iiilo ig,	oorann	(u))		•			
b	Permanent endowment	%									
С	Term endowment%										
	The percentages on lines 2a, 2b, a	and 2c should equa	l 100%.								
3a	Are there endowment funds not in	the possession of	the organiza	tion that	are hel	d and	d admir	nistered for	the	_	
	organization by:									Y	es No
	(i) Unrelated organizations									3a(i)	
	(ii) Related organizations									3a(ii)	
b	If "Yes" on line 3a(ii), are the relate	0	•							3b	
4	Describe in Part XIII the intended u		ation's endo	wment fu	nds.						
Pa	rt VI Land, Buildings, and Equ Complete if the organization	uipment. ation answered ""	Yes" on Foi	m 990	Part IV	line	11a 9	See Form	990 Pa	rt X line	10
	Description of property		or other basis	(b) Cost				cumulated) Book valu	
		(inve	estment)		ther)			eciation			
1a											
b	Buildings										
C L	Leasehold improvements				170,80			70,860.		7 4 4	NONE
d	Equipment			L,3	43,32	27.	⊥,⊥	94,286.		149	0,041.
e Tota	Other I. Add lines 1a through 1e. (Column	(d) must actual F-	rm 000	V 00/:	n (P) 1%	10 10	0)			7 4 4	0.41
rota	I. Aud lines ta unough te. (Column	(u) must equal Fo	nn 990, Part	\wedge , colum	ч (<i>D), III</i>					149	041.

Schedule D (Form 990) 2022

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. (c) Method of valuation: (a) Description of investment (b) Book value 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 AFFILIATE 333,691. 145,1<u>67.</u> (2) RESTRICTED CASH (3) RIGHT OF USE ASSET 1,158,172. (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) 1,637,030 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. (b) Pook value (a) Description of liability

1. (a) Description of liability	(b) BOOK Value
(1) Federal income taxes	
(2)DUE TO AFFILIATES	5,787,061.
(3)FUNDS HELD FOR PATIENT NEEDS	30,010.
(4)LEASE LIABILITY	1,158,171.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 25.)	6,975,242.

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 .

	INEW COMMUNITY HEALTH CARE, INC.	- 22-	-2484082 Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	9,573,189.
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.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	9,573,189.
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]	
с	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	9,573,189.
Part		ırn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	(
		-	10,702,283.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		10,702,283.
2 a	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities		10,702,283.
_		-	10,702,283.
a	Donated services and use of facilities 2a Prior year adjustments 2b		10,702,283.
a b	Donated services and use of facilities 2a Prior year adjustments 2b		10,702,283.
a b c	Donated services and use of facilities 2a Prior year adjustments 2b Other losses 2c	2e	10,702,283.
a b c d	Donated services and use of facilities 2a Prior year adjustments 2b Other losses 2c Other (Describe in Part XIII.) 2d Add lines 2a through 2d 2d	-	10,702,283.
a b c d e	Donated services and use of facilities2aPrior year adjustments2bOther losses2cOther (Describe in Part XIII.)2d	2e	
a b c d e 3	Donated services and use of facilities 2a Prior year adjustments 2b Other losses 2c Other (Describe in Part XIII.) 2d Add lines 2a through 2d 2d Subtract line 2e from line 1 2e	2e	
a b c d e 3 4	Donated services and use of facilities2aPrior year adjustments2bOther losses2cOther (Describe in Part XIII.)2dAdd lines 2a through 2d2dSubtract line 2e from line 14mounts included on Form 990, Part IX, line 25, but not on line 1:	2e	
a b c d e 3 4 a	Donated services and use of facilities 2a Prior year adjustments 2b Other losses 2c Other (Describe in Part XIII.) 2d Add lines 2a through 2d 2d Subtract line 2e from line 1 4a Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a	2e	
a b c d e 3 4 a b	Donated services and use of facilities 2a Prior year adjustments 2b Other losses 2c Other (Describe in Part XIII.) 2d Add lines 2a through 2d 2d Subtract line 2e from line 1 4a Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIII.) 4b	2e 3	

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. THE ORGANIZATION IS ALSO EXEMPT FROM STATE INCOME TAXES. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN RECORDED IN THESE FINANCIAL STATEMENTS. THE ORGANIZATION HAD NO UNRECOGNIZED TAX BENEFITS AT DECEMBER 31, 2022 AND 2021 AND HAS INCURRED NO INTEREST OR PENALTIES RELATED TO INCOME TAXES FOR THE PERIODS PRESENTED IN THE FINANCIAL STATEMENTS.

SCHEDULE J		Compen	ON	1B No. ⁻	1545-0	047	
(Forn	n 990)	For certain Officers, Dire		എത	n n)	
		Cor Complete if the organization					
Departm	nent of the Treasury	A	0	pen to			
	Revenue Service	Go to www.irs.gov/Form99	90 for instructions and the latest information.	Employer identification	Insp		n
	of the organization					r	
Part		HEALTH CARE, INC.		22-2484082	2		
Pari	Questio	ns Regarding Compensation				Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form					100	
			provide any relevant information regarding				
		ss or charter travel	Housing allowance or residence for	-			
		or companions	Payments for business use of perso	•			
		emnification and gross-up payments	Health or social club dues or initiation				
		onary spending account	Personal services (such as maid, ch	auffeur, chef)			
		have a literate and the set of the					
b	or reimburse	ment or provision of all of the ex	ne organization follow a written policy repenses described above? If "No," com	plete Part III to			
	explain			· · · · · · · · · · ·	1b		
2	•		to reimbursing or allowing expenses				
		-	D/Executive Director, regarding the items	checked on line			
	1a?				2		
3			on used to establish the compensation of				
			at apply. Do not check any boxes for metho e CEO/Executive Director, but explain in P				
	<u> </u>	•		an III.			
	·	nsation committee	Written employment contract				
		dent compensation consultant	Compensation survey or study	tion committee			
		00 of other organizations	Approval by the board or compensation				
4	During the year	ar, did any person listed on Form 990, or a related organization:	Part VII, Section A, line 1a, with respect to	o the filing			
а			ayment?		4a		х
b			tal nonqualified retirement plan?		4b	X	
			sed compensation arrangement?		4c		X
-							
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	Only section	501(c)(3), 501(c)(4), and 501(c)(29) or	rganizations must complete lines 5-9.				
5	For persons	listed on Form 990, Part VII, Secti	on A, line 1a, did the organization pa	ay or accrue any			
	compensatior	n contingent on the revenues of:					
					5a		Х
b	Any related of	rganization?			5b		X
		e 5a or 5b, describe in Part III.					
6	-		on A, line 1a, did the organization pa	ay or accrue any			
		n contingent on the net earnings of:			_		
a					6a		X
b					6b		X
_		e 6a or 6b, describe in Part III.					
7			n A, line 1a, did the organization prov escribe in Part III		7		х
8			paid or accrued pursuant to a contract the		–		
5			Regulations section 53.4958-4(a)(3)?				
					8		х
9			low the rebuttable presumption proced				
-					9		
For Pa		ction Act Notice, see the Instructions for Fo		Schedu	-	orm 990) 2022

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

Schedule J (Form 990) 2022

NEW COMMUNITY HEALTH CARE, INC.

INC.

22-2484082

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.

(v) Natile and The operation (v) Partice analysis (v) partice operation compensation compensation <thcompensatio< th=""><th colspan="2"></th><th colspan="3">(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation</th><th>(C) Retirement and</th><th>(D) Nontaxable</th><th>(E) Total of columns</th><th>(F) Compensation</th></thcompensatio<>			(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
1 CONTINUE NONE	(A) Name and Title				reportable		benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
RICHARD RORHMAN 0 NONE	ELIZABETH MBAKAYA	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
2 COD - PORMER 60 143,907. NONE NONE <td>1 CFO/INTERIM CEO</td> <td>(ii)</td> <td>253,731.</td> <td>NONE</td> <td>NONE</td> <td>NONE</td> <td>NONE</td> <td>253,731.</td> <td>NONE</td>	1 CFO/INTERIM CEO	(ii)	253,731.	NONE	NONE	NONE	NONE	253,731.	NONE
FRED HUNTER 0 NONE	RICHARD RORHMAN	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
3 000(i)172,242.NONE <t< td=""><td>2 CEO - FORMER</td><td>(ii)</td><td>143,907.</td><td>NONE</td><td>NONE</td><td>NONE</td><td>NONE</td><td>143,907.</td><td>76,353.</td></t<>	2 CEO - FORMER	(ii)	143,907.	NONE	NONE	NONE	NONE	143,907.	76,353.
WINTON TOLLES0NONE	FRED HUNTER	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
4 DIRECTOR OF R/E DEVELOPMENT(i)170,000.NONE	3 COO	(ii)	172,242.	NONE	NONE	NONE	NONE	172,242.	NONE
0 1 1 1 1 1 1 1 1 5 0 1 1 1 1 1 1 6 0 1 1 1 1 1 1 1 6 0 1 1 1 1 1 1 1 7 0 1 1 1 1 1 1 1 7 0 1 1 1 1 1 1 1 1 7 0 1 <	WINTON TOLLES	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
5(i)(ii)(iii)(iiii)(iiii)(iiii)(iiii)(iiii)(iiii)(iiii)(iiii)(iiii)(iiii)(iiii)(iiiiii)(iiiiii)(iiiiii)(iiiiii)(iiiiii)(iiiiii)(iiiiii)(iiiiii)(iiiiii)(iiiiiii)(iiiiiii)(iiiiiii)(iiiiiii)(iiiiiii)(iiiiiii)(iiiiiii)(iiiiiii)(iiiiiiii)(iiiiiiii)(iiiiiiii)(iiiiiii)(iiiiiiii)(iiiiiiii)(iiiiiiii)(iiiiiiii)(iiiiiiii)(iiiiiiiii)(iiiiiiiiii)(iiiiiiii)(iiiiiiii)(iiiiiiiiii)(iiiiiiiiiiii)(iiiiiiiiiiiiiii)(iiiiiiiiiiiiiiii)(iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	4 DIRECTOR OF R/E DEVELOPMENT	(ii)	170,000.	NONE	NONE	NONE	NONE	170,000.	NONE
0 1 1 1 1 1 1 1 6 0 1		(i)							
6(i)(ii)(iiii)(iiii)	5	(ii)							
$ \begin{array}{c c c c c c c c c c c c c c c c c c c $		(i)							
7(i)Image: sector	6	(ii)							
0		(i)							
8(i)Image: sector	7	(ii)							
8(i)Image: sector		(i)							
$ \begin{array}{c c c c c c c c c c c c c c c c c c c $	8								
9(i)Image: second		(i)							
$ \begin{array}{ c c c c c c } \hline \begin{tabular}{ c c c c } \hline \end{tabular} & \begin{tabular}{ c c c c } \hline \end{tabular} & \begin{tabular}{ c c c c c } \hline \end{tabular} & \begin{tabular}{ c c c c c } \hline \end{tabular} & \begin{tabular}{ c c c c } \hline \end{tabular} & \begin{tabular}{ c c c c c } \hline \end{tabular} & \begin{tabular}{ c c c c c } \hline \end{tabular} & \begin{tabular}{ c c c c c c c } \hline \end{tabular} & \begin{tabular}{ c c c c c c c c c c c c c c c c c c c$	9								
10(i)Image: second secon									
0Image: sector sect	10								
11(i)Image: second secon									
$ \begin{array}{c c c c c c c c c c c c c c c c c c c $	11								
(i)	12								
$ \begin{array}{c c c c c c c c c c c c c c c c c c c $									
(i) Image: Constraint of the system of the sys	13								
14 (i) Image: Constraint of the system Image: Constraint of the system Image: Constraint of the system (i) Image: Constraint of the system Image: Constraintower Image: Constraintower </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>									
(i) (ii) (iii) (ii) (ii) (ii)	14								
15 (ii) []									
	15								
		(i)							
16 (ii) (iii) (iii	16								

Schedule J (Form 990) 2022

Page **2**

Schedule J (Form 990) 2022

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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 2022, \$0 WAS RATABLY ACCRUED, AND PAYMENTS OF

\$76,353 WERE MADE. AS OF DECEMBER 31, 2022, THE AMOUNT ACCRUED WAS

\$655,583.

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.



Department of the Treasury Internal Revenue Service

NEW COMMUNITY HEALTH CARE, INC.

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

Department of the Treasury Internal Revenue Service Name of the organization

NEW COMMUNITY HEALTH CARE, INC.

Employer identification number 22-2484082

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) 2022	Page
Name of the organization	Employer identification number
NEW COMMUNITY HEALTH CARE, INC.	22-2484082

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE ORGANIZATION WAS INCORPORATED TO OVERSEE THE OPERATIONS OF A 180 BED EXTENDED HEALTH CARE FACILITY LOCATED IN NEWARK, NEW JERSEY. NEW COMMUNITY HEALTH CARE, INC. (THE "ORGANIZATION") WAS INCORPORATED IN THE STATE OF NEW JERSEY IN 1983 TO OVERSEE THE OPERATIONS OF A 180-BED EXTENDED HEALTH CARE FACILITY LOCATED IN NEWARK, NEW JERSEY, AND BEGAN OPERATIONS IN JANUARY 1986.

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Schedule O (Form 990 or 990-EZ) 2022		Page 2
Name of the organization	Employer ide	ntification number
NEW COMMUNITY HEALTH CARE, INC.	22-248	4082
FORM 990, PART VII-COMPENSATION OF THE 5 HIGH	EST PAID IND. CONTRACTORS	
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
HUMANEDGE, INC.		
30 GLENN STREET SUITE 401		
WHITE PLAINS, NY 10603	HEALTHCARE SERVICES	739,197.
ACTIVA REHABILATION SERVICES LLC		
331 CENTRAL AVENUE, FIRST FLOOR		
ORANGE, NJ 07050	HEALTHCARE SERVICES	378,053.
MEDLINE INDUSTRIES		
P.O. BOX 382075		
PITTSBURGH, PA 15251-8075	HEALTHCARE PRODUCTS	166,814.

Schedule O (Form 990 or 990-EZ) 2022		Page 2
Name of the organization		Employer identification number
NEW COMMUNITY HEALTH CARE, II	NC.	22-2484082
FORM 990, PART X - PREPAID EXPENSES A		
	BEGINNING	ENDING
DESCRIPTION	BOOK VALUE	BOOK VALUE
PREPAID EXPENSES	72,769.	66,909.

72,769.	66,909.
=================	===============

TOTALS

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

Schedule R (Form 990) 2022



22-2484082

OMB No. 1545-0047

JSA 2E1307 1.000 Schedule R (Form 990) 2022

NEW COMMUNITY HEALTH CARE, INC.

22-2484082

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(h) Percentage ownership	
(1) SEE SUPPLEMENTAL PAGE							
(2)							
(3)							
(4)							
(5)							
(6)							

Schedule R (Form 990) 2022

Page **2**

Schedule	R	(Form	990)	2022
Schedule	1	(1 01111	330)	2022

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?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b		Х
	Gift, grant, or capital contribution from related organization(s).	1c		Х
	Loans or loan guarantees to or for related organization(s)	1d		
е	Loans or loan guarantees by related organization(s)	1e	X	
f	Dividends from related organization(s)	1f		Х
	Sale of assets to related organization(s)	1g		Х
h	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s).	<u>1i</u>		Х
j	Lease of facilities, equipment, or other assets to related organization(s).	1j	X	
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	X	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х
ο	Sharing of paid employees with related organization(s)	10	X	
р	Reimbursement paid to related organization(s) for expenses.	1р	X	
q	Reimbursement paid by related organization(s) for expenses	1q		X
	Other transfer of cash or property to related organization(s)	1r		Х
	Other transfer of cash or property from related organization(s).	1s		Х
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	sholc	ls.	
	(a)(b)(c)Name of related organizationTransactionAmount involvedMethod	(d)	ormini	20
		unt inv		ig
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
ISA	Schedule R (Form	990)	2022

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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			unrelated, excluded 501(c)(3)		(f) Share of total income	(g) (h) Share of end-of-year assets allocations?		ortionate			aging ner?	ownership	
			sections 512 - 514)	Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													1
(4)													
(5)													+
(6)													
(7)													
(8)													
(9)													
10)													
11)													
12)													
13)													
14)													+
15)													
16)													

Schedule R (Form 990) 2022

Schedule R (Form 990) 2022 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.

22-2484082

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Part VII Supplemental Information

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

PART II - IDENITFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS

(A) NAME\ADDRESS\EIN	(B) ACTIVITY (C) L			(E) CHARITY STATUS	(F) DIRECT CONTROLLING	(G) SEC 512 YES NO
NEW COMMUNITY CORPORATION (I	NCC) 22-1911104					
	NEWARK, NJ 07103					
	VARIOUS	NJ	501(C)(3)	8	N/A	Х
NEW COMMUNITY EMPLOYMENT SEA	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						
233 WEST MARKET STREET	NEWARK, NJ 07103					
	HOUSING	NJ	501(C)(3)	7	NCC	Х
NEW COMMUNITY MANOR HOUSING						
233 WEST MARKET STREET	NEWARK, NJ 07103					
	HOUSING	NJ	501(C)(3)	10	NCC	Х
NEW COMMUNITY SENIOR CITIZED						
233 WEST MARKET STREET	NEWARK, NJ 07103					
	HOUSING	NJ	501(C)(3)	10	NCC	Х
NCC TOWNHOUSE DEVELOPMENT CO						
233 WEST MARKET STREET	NEWARK, NJ 07103					
	HOUSING	NJ	501(C)(3)	7	NCC	X

22-2484082

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Part VII Supplemental Information

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

PART II - IDENITFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS

(A) NAME\ADDRESS\EIN	(B) ACTIVITY (C) LA	GAL DOMICILE	(D) EXEMPT CODE	(E) CHARITY STATUS	(F) DIRECT CONTROLLING	(G) SEC 512 YES NO
NEW COMMUNITY HOMES CORPORAT	TION 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	HOUSING CORP 22-3657446					
233 WEST MARKET STREET	NEWARK, NJ 07103					
	HOUSING	NJ	501(C)(3)	10	NCC	Х
NEW COMMUNITY COMMONS HOUSIN						
233 WEST MARKET STREET	NEWARK, NJ 07103		505 (5) (0)	10		
	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	HOUSING CORP 22-3393227					
233 WEST MARKET STREET	NEWARK, NJ 07103					
	HOUSING	NJ	501(C)(3)	10	NCC	Х
COMMUNITY HILLS EARLY LEARNI	ING 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	X

Schedule R (Form 990) 2022	NEW COMMUNITY	HEALTH CARE, INC.	22-	2484082		Page 5
	tal Information	n for responses to qu	lestions on Sched	dule R. See instructi	ons.	
PART II - IDENITFICATION	OF RELATED TAX-EXE	MPT ORGANIZATIONS				
(A) NAME\ADDRESS\EIN	(B) ACTIVITY	(C) LEGAL DOMICILE	(D) EXEMPT CODE	(E) CHARITY STATUS	(F) DIRECT CONTROLLING	(G) SEC 51 YES NC
NEW COMMUNITY HEALTHCARE, INC 266 SOUTH ORANGE AVE	22-2484 NEWARK, NJ 07103	4082				
	HEALTHCARE	NE	501(C)(3)	10	NCC	2

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,	HOUSING	NJ	N/A				X		Х
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				X		Х
NEW COMMUNITY ASSOCIATES LIMIT									
233 WEST MARKET STREET NEWARK,	HOUSING	NJ	N/A				X		X
ST. JAMES - NC HOMES, LTD. 13- 233 WEST MARKET STREET NEWARK,	HOUSTNO	NJ	N/A				Х		х
255 WEST MARKET STREET NEWARK,	1005110	ING	N/A				A		Λ
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				X		Х
NEW COMMUNITY ESTATES URA, L.P	HOHATNA		27.72				v		37
233 WEST MARKET STREET NEWARK,	HUUSING	NJ	N/A				Х		Х
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	<pre>B) PRIMARY ACTIVITY</pre>	(C)LEGAL DOMICILE	(D) DIRECT CONTROLLING	(E) PREDOMINANT INCOME	TOT INCOME	(G) SHARE EOY	(H)DISPROPORTIONATE YES NO	(I) CODE V-UBI	(J) PARTNER (K) % YES NO OWNERSHIP
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		Х
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	NJ	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, NC COMMONS 2016 URBAN RENEWAL,	HOUSING	NJ	N/A				Х		X
233 WEST MARKET STREET NEWARK,	HOUSING	NJ	N/A				Х		x
NC GARDENS 2016 URBAN RENEWAL 233 WEST MARKET STREET NEWARK,	HOUSING	NJ	N/A				х		x
NC DOUGLAS HOMES 2016 URBAN RE 233 WEST MARKET STREET NEWARK,	HOUSING	NJ	N/A				х		X
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)LEGAI DOMICIL	(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	ŊJ	N/A	С				
EMPLOYMENT & TRAINING URC 233 WEST MARKET STREET NEWARK, NJ 07103	22-3250482	REAL ESTATE	NJ	N/A	С				
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	ŊJ	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				

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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