

Form 99 Department of the Internal Revenue A For the 20	O Treasury Service	Re Under secti	t urn of Org on 501(c), 527, or 4 Do not enter soci		ernal Revenue on this form structions and	From II Code (exc as it may b d the latest	ncome Tax ept private foundations) e made public.	OMB No. 1545-0047 2021 Open to Public Inspection
B Check if applicable:	C Name of	forganization					D Employer identification	on number
Address change Name change		thFirst usiness as	: Family Ca	are Center,	Inc.		02-0492976	
Initial return Final return/			r P.O. box if mail is no Street	t delivered to street ad	dress)	Room/suite	E Telephone number 603-934-01	
termin- ated Amended return		own, state or klin, 1		and ZIP or foreign po	ostal code		G Gross receipts \$ H(a) Is this a group return	8,554,549.
Applica- tion pending		nd address o as C at		ussell Keen	ne		for subordinates?	
		X 501(c)(3) healthf	501(c)(firstfamily) ◀ (insert no.) [7.0rg	4947(a)(1)	or 527	If "No," attach a list. H(c) Group exemption nu	
K Form of org					Other 🕨	L Year	of formation: 1996 M St	
1 Bri	efly describ						health care a their ability	
- El	eck this bo						than 25% of its net assets.	

ē	3	Number of voting members of the governing body (Part VI, line 1a)	3	13
Gove	4	Number of independent voting members of the governing body (Part VI, line 1b)		13
ళ	4			88
ctivities	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)		13
ivit	6	Total number of volunteers (estimate if necessary)		
\ct	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		0.
1	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		0.
			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	3,255,315.	2,545,307.
Revenue	9	Program service revenue (Part VIII, line 2g)	5,456,847.	6,005,312.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,823.	3,930.
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,720,985.	8,554,549.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,074,181.	5,594,672.
se	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
cpenses		Total fundraising expenses (Part IX, column (D), line 25)		
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,482,024.	2,604,572.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,556,205.	8,199,244.
	19	Revenue less expenses. Subtract line 18 from line 12	1,164,780.	355,305.
ъŝ			Beginning of Current Year	End of Year
lanc	20	Total assets (Part X, line 16)	6,590,905.	7,243,621.
Ass	21	Total liabilities (Part X, line 26)	2,503,710.	2,801,121.
Let I	22	Net assets or fund balances. Subtract line 21 from line 20	4,087,195.	4,442,500.

Part II Signature Block

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

Sign Here	Signature of officer Michael Stanley, Cha Type or print name and title	airman	Date 7	» / 2023
Paid	Print/Type preparer's name Melissa Magoon, CPA	Preparer's signature Melissa Magoon,		
Preparer	Firm's name Berry Dunn Mcl	Neil & Parker, LLC	Firm's EIN 🕨	01-0523282
Use Only	Firm's address 1000 Elm Stree Manchester, N		Phone no. (6	03)669-7337
May the I	RS discuss this return with the preparer show	n above? See instructions		X Yes No

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	990 (2021) HealthFirst Family Care Center, Inc. t III Statement of Program Service Accomplishments	02-0492976 Page 2
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	to all
	To provide health care & a wide range of social services	to all,
	regardless of their ability to pay.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as n	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	, the total expenses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 7,043,264. including grants of \$) (Revenue The Organization coordinates with other community health	e \$ 6,005,312.)
	The Organization coordinates with other community health	providers to
	assure the fullest possible range of health services and	
	people of the region. As well as treatment prevention and	l education
	services to the local community.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	
ти		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	e\$)
4d	Other program services (Describe on Schedule O.)	
_	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 7,043,264.	· · · · ·
		Form 990 (2021)
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Form 990 (2021)HealthFirst Family Care Center, Inc.02-0492976Part IVChecklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 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		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			37
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? 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			v
~	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?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
•	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a	х	
h	Part VI		- 23	
D		11b		x
c	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or 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 Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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	0000	X
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	<u>24a</u>		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
_	transaction with a disqualified person during the year? 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		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			- -
0 -	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			v
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
-	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	28a		x
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	20a 28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		- 23
C		28c		x
29	"Yes," complete Schedule L, Part IV 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	25		
00	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			
02	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, or IV, and			
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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 related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
132004	↓ 12-09-21	Form	990	(2021)

m 990 (2021) HealthFirst Family Care Center, Inc art V Statements Regarding Other IRS Filings and Tax Compliance (continu	• 02-049		10	age (
			Yes	No
a 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 8	8		
b If at least one is reported on line 2a, did the organization file all required federal employment tax r	returns?	2b	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instruct	ctions.			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schee	dule O	3b		
ta At any time during the calendar year, did the organization have an interest in, or a signature or ot	her authority over, a			
financial account in a foreign country (such as a bank account, securities account, or other financ	cial 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 Financi				37
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax yea				X X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter tra				
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		<u>5</u> c		
5a Does the organization have annual gross receipts that are normally greater than \$100,000, and di		6.		х
	ibutiona or aifta	<u>6a</u>		Δ
b If "Yes," did the organization include with every solicitation an express statement that such contr were not tax deductible?		6b		
		00		
 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods an 	d services provided to the payor?	, 7a		Х
		7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which		1.0		
to file Form 8282?	·	7c		х
d If "Yes," indicate the number of Forms 8282 filed during the year		10		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal bene		7e		х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit c		7f		Х
g If the organization received a contribution of qualified intellectual property, did the organization fil		7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the orga	anization file a Form 1098-C?	7h		
3 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund mainta	ained by the			
sponsoring organization have excess business holdings at any time during the year?	·	8		
9 Sponsoring organizations maintaining donor advised funds.				
a Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
D Section 501(c)(7) organizations. Enter:				
a Initiation fees and capital contributions included on Part VIII, line 12	10a	_		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	_		
1 Section 501(c)(12) organizations. Enter:				
a Gross income from members or shareholders	11 a	_		
b Gross income from other sources. (Do not net amounts due or paid to other sources against				
amounts due or received from them.)		_		
2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of F		12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	_		
3 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a 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		-		
c Enter the amount of reserves on hand		-		Х
				<u> </u>
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Sch</i>		14b		
5 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in rem		45		х
excess parachute payment(s) during the year?		15		Λ
If "Yes," see the instructions and file Form 4720, Schedule N.	mont incomo?	10		х
6 Is the organization an educational institution subject to the section 4968 excise tax on net investing if "Yos " complete Form 4720. Schedulo Q		16		Λ
If "Yes," complete Form 4720, Schedule O.	ie in anv			
/ Section 601(c)(21) organizations Und the truct any discussified person or mine ensures and a	je in any			
7 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage activities that would result in the imposition of an excise tax under section 4951, 4952 or 49532.		47		
Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engag activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.		17		

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HealthFirst Family Care Center, Inc.

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

Check if Schedule O contains a response or note to any line in this Part VI	 X
ection A. Governing Body and Management	

Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	13			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with a	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the					
	of officers, directors, trustees, or key employees to a management company or other person?			3		x
4	Did the organization make any significant changes to its governing documents since the prior Form S			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
	more members of the governing body?			7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s					
	persons other than the governing body?			7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
а	The governing body?		•	8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	napters	, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y befor	e filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to con	flicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "	Yes," d	escribe			
	on Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	al by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger					37
_	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ					
800	exempt status with respect to such arrangements?	<u></u>		16b		
	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ <u>NH</u>					
17 10		nd 000	T (agotion 501(a)/2)		ovoilol	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a for public inspection. Indicate how you made these available. Check all that apply.	nu 990	- 1 (Section 50 1(C)(3)S	s or ity)	avalidi	JIE
10	Own website Another's website X Upon request Other (explain Describe on Schedule O whether (and if so, how) the organization made its governing documents, compared to the organization made its governing documents.			finer		
19		n mict C	miniterest policy, and	i man	JIdl	
20	statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's boo	ake and	d records			
20	Russell Keene - 603-934-0177	JNJ dill				

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NH 03235 841 Franklin, Central Street,

132006 12-09-21

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Form **990** (2021)

Form 990 (2021) HealthFirst Family Care Center, Inc.	02-0492976	Page 7									
	Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated										
Employees, and Independent Contractors											
Check if Schedule O contains a response or note to any line in this Part VII											
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees											
1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending	with or within the organization's	s tax year.									
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), re 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 employees, if any. 	-	ation.									

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

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

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

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	Position to not check more than one		ne	Reportable	Reportable	Estimated		
	hours per	box	, unles	s per	rson i	s both	n an	compensation	compensation	amount of
	week		cer an	uau	recio	n/trus	lee)	from	from related	other
	(list any	ndividual trustee or director						the	organizations	compensation from the
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	organization
	organizations	ruste	ll trus		/ee	mpen		1099-NEC)	1099-NEC)	and related
	below	dual t	nstitutional trustee	5	mplo	st co	Ŀ	,		organizations
	line)	Indivi	Instit	Officer	Key employee	Highest compensated employee	Former			0
(1) Champa Abeysinghe	40.00									
MD		1				x		225,133.	Ο.	25,863.
(2) Russell Keene	40.00									
CEO		1		х				207,118.	Ο.	27,774.
(3) Eleanore Janeway	40.00									
MD		1				x		202,073.	Ο.	28,685.
(4) Ted Bolognani	40.00									
CFO		1		х				150,048.	Ο.	10,447.
(5) Lynne Dugan	40.00									
APRN		1				X		108,347.	Ο.	27,441.
(6) Sara Morin	40.00									
Past APRN		1				x		102,953.	Ο.	634.
(7) James Wells	1.00									
Chair		Х		Х				0.	Ο.	0.
(8) Michael Stanely	1.00									
Vice Chair		Х		Х				0.	Ο.	0.
(9) William Purslow	1.00									
Secretary/Treasurer		Х		Х				0.	0.	0.
(10) Scott Burns	1.00									
Director		Х						0.	0.	0.
(11) Kevin Donovan	1.00									
Director		Х						0.	0.	0.
(12) Myla Everett	1.00									
Director		Х						0.	0.	0.
(13) Robert St. Jacques, Sr.	1.00									
Director		Х						0.	0.	0.
(14) Michelle Lennon	1.00									
Director		Х						0.	0.	0.
(15) Susan Lunt	1.00									
Director		Х						0.	0.	0.
(16) Christine Merriman	1.00									
Director		Х						0.	0.	0.
(17) Dawn Sanchez	1.00									
Director		Х						0.	0.	0.
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Form 990 (2021)

Form 990 (2021) HealthFin									02-04	929	976	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,			ghes	st C	ompensated Employee	s (continued)			
(A)	(B)				C)			(D)	(E)		(F)
Name and title	Average	(do		Pos heck		ן than d	one	Reportable	Reportable		Estir	nated
	hours per	box	, unles	ss pei	rson i	is both pr/trus	n an	compensation	compensation	ו ו		unt of
	week				reciu		lee)	- from	from related			her
	(list any hours for	irecto						the	organizations			ensation
	related	e or d	fee			sated		organization (W-2/1099-MISC/	(W-2/1099-MIS) 1099-NEC)	u		n the
	organizations	ruste	l trus		ee	npen		1099-NEC)	1099-1120)		•	ization elated
	below	dual t	utiona		nploy	st cor	2					zations
	line)	Individual trustee or director	Institutional trustee	Officer	ƙey employee	Highest compensated employee	Former					
(18) Kandyce Tucker	1.00											
Director		x						0.		0.		0.
(19) Susan Wnuk	1.00									-		
Director		х						0.		0.		0.
(20) Laure Spagnolo	1.00											
Past Director		х						0.		0.		0.
		1										
		1										
		1										
		1										
		1										
		1										
1b Subtotal	•							995,672.		0.	120	,844.
c Total from continuation sheets to Part VI								0.		0.		0.
d Total (add lines 1b and 1c)								995,672.		0.	120	,844.
2 Total number of individuals (including but n							o re		000 of reportable			
compensation from the organization						,		· · · · · · · · · · · · · · · · · · ·				6
											Y	es No
3 Did the organization list any former officer,	director. truste	ee. k	kev e	empl	ove	e. or	hia	hest compensated emp	ovee on	ſ		
line 1a? If "Yes," complete Schedule J for s	-			•	-		Ŭ				3	x
4 For any individual listed on line 1a, is the su										I		
and related organizations greater than \$150	-								-		4	x
5 Did any person listed on line 1a receive or a										····		
rendered to the organization? If "Yes." com											5	x
Section B. Independent Contractors		<u> </u>	<u>or s</u> t	ICIT ļ	Jers	011 .					0	
1 Complete this table for your five highest co	mpensated ind	lene	nder	nt co	ontra	acto	rs th	nat received more than \$	100 000 of comp	ensat	ion from	
the organization. Report compensation for										Shibat		
(A)	ine calendar ye		- Tun	ig w		<u> </u>		(B)			(C)	
Name and business	address	NC	ONE	5				Description of s	ervices	С	ompens	ation
2 Total number of independent contractors (ii	ncluding but no	ot lin	nitec	d to	thos	se lis	ted	above) who received mo	ore than			
\$100,000 of compensation from the organized	zation 🕨				(J						20

Form **990** (2021)

132008 12-09-21

Forn	1 99(0 (2	2021) HealthFirst F	amily Ca	re Center,	Inc.	02-0492	976 Page 9
Pa	rt V	/	Statement of Revenue					
			Check if Schedule O contains a response	or note to any lir				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1	а	Federated campaigns 1a	10,000.				
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b					
A C A		с	Fundraising events 1c		_			
ar ,		d	Related organizations 1d		_			
js, ini				,124,369.	_			
er S		f	All other contributions, gifts, grants, and	410 020				
Gib.			similar amounts not included above 1f	410,938.	-			
ont		-	Noncash contributions included in lines 1a-1f	>	2,545,307.			
00		n	Total. Add lines 1a-1f	Business Code	2,545,507.			
•	2	2	Patient Revenue		5,985,581.	5 985 581.		
vice	2		Other Operating Rev.	621110	19,731.			
Ser		č						
		d						
Program Service Revenue		е						
Ţ		f	All other program service revenue					
		g	Total. Add lines 2a-2f		6,005,312.			
	3		Investment income (including dividends, inter-					
			other similar amounts)		3,930.			3,930.
	4		Income from investment of tax-exempt bond p					
	5		Royalties(i) Real	(ii) Personal				
	6	~			-			
	0		Gross rents 6a Less: rental expenses 6b		-			
			Rental income or (loss) 6c		-			
			Net rental income or (loss)	►				
	7		Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
		b	Less: cost or other basis					
venue			and sales expenses 7b		-			
			Gain or (loss)					
r B	-		Net gain or (loss)	····· 🕨				
Other Re	8	а	Gross income from fundraising events (not including \$ of					
0			including \$ of contributions reported on line 1c). See					
			Part IV, line 18	4				
		b	Less: direct expenses 88		-			
			Net income or (loss) from fundraising events	· ►				
	9		Gross income from gaming activities. See					
			Part IV, line 19 9a					
			Less: direct expenses9t	b				
				>				
	10	а	Gross sales of inventory, less returns					
			and allowances 10		-			
			Less: cost of goods sold 10					
		С	Net income or (loss) from sales of inventory _	Business Code				
sn	11	а		Ducineos Gode				
neg		b						
ella sver		č						
Miscellaneous Revenue		d	All other revenue					
2			Total. Add lines 11a-11d	►				
	12		Total revenue. See instructions	►	8,554,549.	6,005,312.	0.	3,930.
13200	9 12-	-09-	21					Form 990 (2021)

	Check if Schedule O contains a respon		this Part IX	(0)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	395,387.		395,387.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	4,258,570.	3,914,418.	344,152.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	142,913.	136,011.	6,902. 57,625.	
9	Other employee benefits	495,105.	437,480.		
10	Payroll taxes	302,697.	256,705.	45,992.	
11	Fees for services (nonemployees):				
а	Management				
b	Legal	43,216.		43,216.	
С	Accounting	47,880.		47,880.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,		-aaaac		
	column (A), amount, list line 11g expenses on Sch 0.)	823,480.	782,396.	41,084.	
12	Advertising and promotion	50,574.	42,890.	7,684.	
13	Office expenses	175,380.	148,733.	26,647.	
14	Information technology	385,304.	326,761.	58,543.	
15	Royalties	145 605	100 400		
16	Occupancy	145,625.	123,499.	22,126.	
17	Travel	5,552.	4,708.	844.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	06.040	F2 C 1 2	10.105	
19	Conferences, conventions, and meetings	86,843.	73,648.	13,195.	
20	Interest	55,870.	47,381.	8,489.	
21	Payments to affiliates	67 000	EC 000	10 010	
22	Depreciation, depletion, and amortization	67,208.	56,996.	10,212.	
23		27,447.	23,277.	4,170.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	Program Supplies	546,508.	546,508.		
b	Miscellaneous Expenses	127,823.	108,401.	19,422.	
с	Equipment Rental and Re	15,862.	13,452.	2,410.	
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	8,199,244.	7,043,264.	1,155,980.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					Earm 990 (2021)

Form 990 (2021)

HealthFirst Family Care Center, Inc. Part IX Statement of Functional Expenses

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

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

132010 12-09-21

Form 990 (2021)

X

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HealthFirst	Family	Care	Center,	Inc.
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02-0492976 Page 11

2 Savings and temporary cash investments 1,714,812. 2 1,726,1 3 Piedges and grants receivable, net 113,256. 3 546,8 4 Accounts receivable, net 113,256. 3 546,8 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958()(3)(B) 6 6 7 Notes and loans receivable, net 7 7 8 Inventories for sale or use 8 9 9 Prepaid expenses and deferred charges 9 9 10a 2,603,496. 11 10c 1,653,51 11 Investments - buildy to the securities. 11 11 10c 1,653,51 11 Investments - program-related. See Part IV, line 11 13 13 11 11 11 Investments - program-related. See Part IV, line 11 13 11 11 11 12 Investments - program-related. See Part IV, line 11 13 13	Part	^	Dalance Sheet					
Beginning of year End of year 1 Cash - non-interest-bearing 2, 418, 604, 1 2, 713, 2 2 Savings and temporary cash investments 1, 714, 812, 2 1, 724, 1 2, 713, 2 3 Pledges and grant receivable, net 113, 256, 3 546, 8 736, 592, 4 603, 8 4 Accounts receivable, net 736, 592, 4 603, 8 603, 8 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(r)(8) 6 9 7 Notes and loans receivable, net 8 9 9 9 Prepaid expenses and delered charges 9 9 9 1, 606, 940, 10c 1, 653, 5 10 Investments - other securities. See Part IV, line 11 10 11 13 11 Investments - program-related. See Part IV, line 11 13 14 14 10 Other assets. See Part IV, line 11 13			Check if Schedule O contains a response or note	e to any	line in this Part X		<u></u>	X
2 Savings and temporary cash investments 1,714,812. 2 1,726,1 3 Pledges and grants receivable, net 113,256. 3 546,8 4 Accounts receivable, net 113,256. 3 546,8 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958()(1)), and persons described in section 4958(c)(3)(B) 6 6 7 Notes and loans receivable, net 7 7 7 8 Inventories for sale or use 8 9 9 9 10a 2,603,496. 0 1,653,5 11 Investments - publicly traded securities 11 11 11 11 11 12 Investments - program-related. See Part IV, line 11 10a 2,603,496. 16 16 1,653,5 11 Investments - program-related. See Part IV, line 11 11 11 11 11 11 11 11 11 11 11 11 11 11								
2 Savings and temporary cash investments 1,714,812. 2 1,726,1. 3 Pledges and grants receivable, net 113,256. 3 546,8 4 Accounts receivable, net 113,256. 3 546,8 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disqualified persons (as defined under section 49560(13), and persons described in section 4956(c)(3)(B) 6 6 7 Notes and loans receivable, net 7 6 6 10a 2,603,496. 7 8 9 9 Prepaid expenses and deferred charges 9 9 9 10a 2,603,496. 11 10 1,653,5 11 Investments - program-related. See Part IV, line 11 11 12 11 13 11 Investments - program-related. See Part IV, line 11 14 14 14 15 Ther assets. See Part IV, line 11 14 14 14 14 15 16 Total assets. Add lines 1		1	Cash - non-interest-bearing				1	2,713,220.
3 Pledges and grants receivable, net 113,255. 3 546,8 4 Accounts receivable, net 736,592. 4 603,8 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivable from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(8) 6 7 Notes and loans receivable, net 7 8 Investments - source and other disqualified persons (as defined under section 4958(c)(3)(8) 6 9 Prepaid expenses and deferred charges 9 10a 2,603,496. 8 9 Prepaid expenses and deferred charges 9 10a 2,603,496. 10 11 Investments - publicly traded securities 11 11 Investments - publicly traded securities 11 11 Investments - program-related. See Part IV, line 11 13 16 Total assets. Add lines 1 through 15 (must equal line 33) 6,590,905. 16 7,243,60 17 Accounts payable and accrued expenses 701,212. 17 795,1		2				1,714,812.	2	1,726,118.
4 Accounts receivable, net 736,592.4 603,8 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disqualified persons (as defined under section 4956(r)(3)(8) 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 2,603,496. b Less: accumulated depreciation 10b 949,937. 1,606,940. 10c 1,653,51 11 Investments - program-related. See Part IV, line 11 701. 12 11 11 14 Intragible assets 6 7,243,65 14 14 15 Other assets. See Part IV, line 11 13 14 14 14 16 Total assets. Add lines 1 through 16 (must equal line 33) 6,590,905. 16 7,243,65 21 Escorw or custodial account liability. Complete Part IV of Schedule D 21 <th>:</th> <th>3</th> <th></th> <th></th> <th></th> <th>113,256.</th> <th>3</th> <th>546,838.</th>	:	3				113,256.	3	546,838.
5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(n)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use 9 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 2, 603, 496. 11 Investments - publicly traded securities 11 701. 12 11 Investments - publicly traded securities 11 13 12 Investments - other securities. See Part IV, line 11 13 14 13 Investments - publicly traded securities 14 15 14 Intangible assets 6, 590, 9005. 16 7, 243, 6 15 Inta assets. See Part IV, line 11 18 14 15 16 Total assets. Add lines 1 through 15 (must equal line 33) 6, 590, 9005. 16 7, 243, 6 14 Intangible asand courne		4				736,592.	4	603,886.
ggg trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958()(1)), and persons described in section 4958()(3)(B) 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 2, 603, 496. 11 Investments - publicly traded securities 11 11 12 Investments - publicly traded securities 11 13 13 Interstments - other securities. See Part IV, line 11 13 14 14 15 Other sasets. See Part IV, line 11 13 16 Total assets. Add lines 1 through 15 (must equal line 33) 6, 590, 905. 16 7, 243, 6. 17 Accounts payable and accrued expenses 20 21 20 21 Escrow or custodial accrued itabilities 20 21 20 21 Escrow or custodial accrued rotheres payable to unrelated third parties 24		5						
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ggg under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 2,603,496. b Less: accumulated depreciation 10b 949,937. 1,606,940. 10c 1,653,5. 11 Investments - publicly traded securities 11 11 12 14 12 Investments - other securities. See Part IV, line 11 13 14 14 15 Other assets. Add lines 1 through 15 (must equal line 33) 6,590,905. 16 7,243,6. 17 Accounts payable and accrued expenses 701,212. 17 795,1. 18 Grants payable 18 20 20 21 21 Escrow or custodial account liabilities 20 21 22 20 21 22 Loans and other payable to unrelated third parties 1,437,829. 23 1,378,8 24 23 Secured m		6						
9 7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 2, 603, 496. b Less: accumulated depreciation 10a 2, 603, 496. 10b 11 Investments - publicly traded securities 11 11 12 Investments - sourcites. See Part IV, line 11 13 14 14 Intagible assets 14 15 15 Other assets. See Part IV, line 11 13 14 16 Total assets. See Part IV, line 11 15 16 16 Total assets. See Part IV, line 11 15 16 17 Accounts payable and accrued expenses 701, 212 · 17 795, 1 18 Grants payable 20 21 20 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 22 23 Secured mortgages and notes payable to unrelated third parties							6	
B Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 2,603,496. b Less: accumulated depreciation 10b 949,937. 1,606,940. 10c 1,653,5. 11 Investments - publicly traded securities 11 11 12 12 Investments - other securities. See Part IV, line 11 13 13 14 14 Intrangible assets 14 15 15 16 Total assets. Acd lines 1 through 15 (must equal line 33) 6,590,905. 16 7,243,6. 19 Deferred revenue 68,372. 19 69,8 20 12 Loans and other payable st any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties 24,537,710. 28 2,503,710. 28 2,801,1. 24	۱	7			7			
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 2,603,496. b Less: accumulated depreciation 10a 2,603,496. 10c 1,653,5. 11 Investments - publicly traded securities 11 11 11 12 Investments - other securities. See Part IV, line 11 11 13 11 13 Investments - program-related. See Part IV, line 11 13 14 14 15 Other assets. 14 15 15 16 Total assets. Add lines 1 through 15 (must equal line 33) 6,590,905. 16 7,243,6. 19 Deferred revenue 68,372. 19 69,8. 20 Tax-exempt bond liabilities 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 22 Loans and other payable to any of these persons 22 22 23 Secured mortages and notes payable to unrelated third parties 1,437,829. 23 1,378,8 24 Unsecured notes and loans payable to unrelated third parties 24 24 24 296,297. <th>set</th> <th>8</th> <th></th> <th></th> <th></th> <th></th> <th>8</th> <th></th>	set	8					8	
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18 Grants payable 18 19 Deferred revenue 68,372.19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 1,437,829.23 1,378,83 24 Unsecured notes and loans payable to unrelated third parties 24 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 296,297.25 557,21 26 Total liabilities. Add lines 17 through 25 2,503,710.26 2,801,11 Organizations that follow FASB ASC 958, check here ▶ X X 1 2	1	17				701,212.	17	795,120.
19 Deferred revenue 68,372.19 69,8 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 1,437,829.23 1,378,8 24 Unsecured notes and loans payable to unrelated third parties 24 24 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 296,297.25 557,24 26 Total liabilities. Add lines 17 through 25 2,503,710.26 2,801,11 Organizations that follow FASB ASC 958, check here ▶ X X 4	1	18			18			
20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 1,437,829.23 1,378,8 24 Unsecured notes and loans payable to unrelated third parties 24 24 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 296,297.25 557,24 26 Total liabilities. Add lines 17 through 25 2,503,710.26 2,801,11 Organizations that follow FASB ASC 958, check here X X	1	19				68,372.	19	69,854.
21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 1,437,829.23 1,378,89 24 Unsecured notes and loans payable to unrelated third parties 24 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 296,297.25 557,25 26 Total liabilities. Add lines 17 through 25 2,503,710.26 2,801,11 Organizations that follow FASB ASC 958, check here ▶ X	2	20					20	
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23 Secured mortgages and notes payable to unrelated third parties 1,437,029.23 1,370,05 24 Unsecured notes and loans payable to unrelated third parties 24 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 296,297.25 557,25 26 Total liabilities. Add lines 17 through 25 2,503,710.26 2,801,11 Organizations that follow FASB ASC 958, check here ▶ X	itie							
23 Secured mortgages and notes payable to unrelated third parties 1,437,029.23 1,370,05 24 Unsecured notes and loans payable to unrelated third parties 24 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 296,297.25 557,25 26 Total liabilities. Add lines 17 through 25 2,503,710.26 2,801,11 Organizations that follow FASB ASC 958, check here ▶ X	lide						22	
24 Unsecured notes and loans payable to unrelated third parties 24 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 296, 297. 25 557, 24 26 Total liabilities. Add lines 17 through 25 2, 503, 710. 26 2, 801, 13 Organizations that follow FASB ASC 958, check here ▶ X X 2	2	23			Γ	1,437,829.	23	1,378,858.
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 296,297.25 557,23 26 Total liabilities. Add lines 17 through 25 2,503,710.26 2,801,13 Organizations that follow FASB ASC 958, check here ▶ X	24	24						
parties, and other liabilities not included on lines 17-24). Complete Part X 296,297.25 557,25 of Schedule D 296,297.25 557,25 26 Total liabilities. Add lines 17 through 25 2,503,710.26 2,801,15 Organizations that follow FASB ASC 958, check here ► X	2	25						
of Schedule D 296,297.25 557,25 26 Total liabilities. Add lines 17 through 25 2,503,710.26 2,801,15 Organizations that follow FASB ASC 958, check here ► X								
Organizations that follow FASB ASC 958, check here X						296,297.	25	557,289.
Organizations that follow FASB ASC 958, check here 🕨 🔀	2	26	Total liabilities. Add lines 17 through 25			2,503,710.	26	2,801,121.
80 En and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions 4,087,195. 27 4,442,5								
E 27 Net assets without donor restrictions 4,087,195. 27 4,442,5	Ses		and complete lines 27, 28, 32, and 33.					
	ua 2	27	Net assets without donor restrictions			4,087,195.	27	4,442,500.
28 Net assets with donor restrictions 28		28	Net assets with donor restrictions				28	
Crganizations that do not follow FASB ASC 958, check here 🕨	pu							
and complete lines 29 through 33.	Ъ		and complete lines 29 through 33.					
b 29 Capital stock or trust principal, or current funds 29	<u>ک</u> 2	29				29		
30 Paid in or capital surplus, or land, building, or equipment fund	Set:	30					30	
8 31 Retained earnings, endowment, accumulated income, or other funds 31	¥ 3	81					31	
32 Total net assets or fund balances 4,087,195.32 4,442,5	ja ja	32				4,087,195.	32	4,442,500.
33 Total liabilities and net assets/fund balances 6, 590, 905. 33 7, 243, 61	_	33				6,590,905.	33	7,243,621.

Form **990** (2021)

Form 990 (2021)
Part X Balance Sheet

Form	1990 (2021) HealthFirst Family Care Center, Inc.	02-04	92976	Pa	_{ge} 12
Pa	rt 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	8,554		
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,199		
3	Revenue less expenses. Subtract line 2 from line 1	3			05.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,087	7,1	<u>95.</u>
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	4,442	2,5	00.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e 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 compiled or reviewed	l 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?		2 b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Audit			
	Act and OMB Circular A-133?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			X	

Form **990** (2021)

132012 12-09-21

SCHEE	OULE A		Dublic Cha	rity Status on			unnart		OMB No. 1545-0047	
(Form 99	0)			rity Status an					2021	
		Co		ization is a section 501 47(a)(1) nonexempt cha			or a section		ZUZ I	
	f the Treasury			Attach to Form 990 or F					Open to Public	
Internal Reve	nue Service		► Go to www.irs.gov	/Form990 for instruction	ons and th	ne latest ir	nformation.		Inspection	
Name of	the organizati								identification number	
		Heal	thFirst Fa	mily Care Ce	nter,	Inc.		0.	2-0492976	
Part I	Reason	for Public (Charity Status.	All organizations must c	omplete th	nis part.) S	ee instructior	IS.		
The organ	ization is not a	private found	ation because it is: (I	For lines 1 through 12, c	heck only	one box.)				
1	A church, cor	nvention of ch	urches, or associatio	n of churches described	l in sectio	on 170(b)(1	l)(A)(i).			
2	A school des	cribed in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	า 990).)					
3	A hospital or	a cooperative	hospital service orga	anization described in se	ection 170)(b)(1)(A)(ii	i).			
4	A medical res	earch organiz	ation operated in cor	njunction with a hospital	described	l in sectio	n 170(b)(1)(A)(iii). Enter t	he hospital's name,	
	city, and state	ə:								
5	An organizati	on operated fo	or the benefit of a col	lege or university owned	l or operat	ed by a go	vernmental u	nit describe	d in	
	section 170	(b)(1)(A)(iv). (C	Complete Part II.)							
6	A federal, sta	te, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).			
7 X	An organizati	on that norma	lly receives a substa	ntial part of its support fi	rom a gove	ernmental	unit or from th	ne general p	ublic described in	
	section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8	A community	trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)					
9	An agricultura	al research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant of	college	
	or university of	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or	
	university:									
10	An organizati	on that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	gross receipts from	
	activities relation	ted to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support fr	om gross investment	
	income and u	inrelated busir	ness taxable income	(less section 511 tax) fro	om busines	sses acqui	red by the org	ganization at	ter June 30, 1975.	
	See section	5 09(a)(2). (Co	mplete Part III.)							
11	An organizati	on organized a	and operated exclusi	vely to test for public sa	fety. See	section 50)9(a)(4).			
12	An organizati	on organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the p	ourposes of one or	
	more publicly	supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). C	heck the box on	
	lines 12a thro	ugh 12d that	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	l 12g.		
а	Type I. A s	upporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), t	ypically by g	iving	
	the suppor	ted organizatio	on(s) the power to reg	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	oporting	
	organizatio	n. You must c	complete Part IV, Se	ections A and B.						
b	Type II. A s	supporting org	anization supervised	or controlled in connect	tion with its	s supporte	d organizatio	n(s), by havi	ng	
	control or n	nanagement o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	orted	
	organizatio	n(s). You mus	t complete Part IV,	Sections A and C.						
c	Type III fur	nctionally inte	grated. A supporting	g organization operated	in connect	tion with, a	nd functional	lly integrated	d with,	
	_ its supporte	ed organizatio	n(s) (see instructions)). You must complete I	Part IV, Se	ections A,	D, and E.			
d	Type III no	n-functionally	integrated. A supp	orting organization oper	ated in co	nnection w	ith its suppo	rted organiz	ation(s)	
	that is not f	unctionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and	l an attentiv	eness	
	requiremen	t (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V .			
e	Check this	box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III		
	functionally	integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.				
	er the number	••	•							
			about the supporte		(iv) is the ora:	anization listed	(v) Amount o	6	(vi) Amount of other	
	 Name of support organization 		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ing document?	support (see in	,	(vi) Amount of other support (see instructions)	
	organization			above (see instructions))	Yes	No		lotraotionio,		

Total

Schedule A (Form 990) 2021HealthFirst Family Care Center, Inc.02-0492976Page 2Part IISupport 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.)

260												
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total					
1	Gifts, grants, contributions, and											
	membership fees received. (Do not											
	include any "unusual grants.")	2038647.	2162608.	2874045.	3255315.	2545307.	12875922.					
2	Tax revenues levied for the organ-											
	ization'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	0000645	01 60 60 0	00004045	2055215	0545005	100000					
	Total. Add lines 1 through 3	2038647.	2162608.	2874045.	3255315.	2545307.	12875922.					
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)						12075022					
	Public support. Subtract line 5 from line 4.						12875922.					
	••	(-) 0017	(1-) 0010	(-) 0010	(4) 0000	(-) 0001	(f) Tatal					
	ndar year (or fiscal year beginning in) > Amounts from line 4	(a) 2017 2038647.	(b)2018 2162608.	(c) 2019 2874045.	(d) 2020 3255315.	(e) 2021 2545307	(f) Total 12875922.					
	Gross income from interest,	2030047.	2102000.	2071013.	5255515.	23433076	120755221					
0	dividends, payments received on											
	securities loans, rents, royalties,											
	and income from similar sources	2,982.	10,719.	9,019.	8,823.	3,930.	35,473.					
٩	Net income from unrelated business	2,502.	10,719.	<u> </u>	0,023.	5,550.						
3	activities, whether or not the											
	business is regularly carried on											
10	Other income. Do not include gain											
10	or loss from the sale of capital											
	assets (Explain in Part VI.)											
11	Total support. Add lines 7 through 10						12911395.					
12		etc. (see instructio	ons)				,204,146.					
	First 5 years. If the Form 990 is for th	,	,			· · · ·						
	organization, check this box and stop	-										
Sec	ction C. Computation of Publi						·					
	Public support percentage for 2021 (I			olumn (f))		14	99.73 %					
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	99.73 %					
1 6a	33 1/3% support test - 2021. If the o	organization did no	t check the box or	n line 13, and line ⁻	14 is 33 1/3% or m	ore, check this bo	x and					
	stop here. The organization qualifies	as a publicly supp	orted organization				► X					
b	33 1/3% support test - 2020. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box					
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ation			▶∟					
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	nd line 14 is 10%	or more,					
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation					
	meets the facts-and-circumstances te	-		• • • •	-							
b	10% -facts-and-circumstances test	-					10% or					
	more, and if the organization meets the						. —					
	organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization											
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a							
						Schedule A	(Form 990) 2021					

132022 01-04-22

1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						ļ
	Total. Add lines 1 through 5						L
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
Ľ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
	endar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6		(1) = 0 + 0	(0) =0.10	(,	(0) = 0 = 1	
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	• Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organizatio	on,
	check this box and stop here						
Se	ction C. Computation of Publi	<u>c Support Per</u>	centage				
15	Public support percentage for 2021 (I	ine 8, column (f), d	ivided by line 13,	column (f))		15	%
	Public support percentage from 2020					16	%
	ction D. Computation of Inves					1 1	
17	Investment income percentage for 20			ine 13, column (f))		17	%
18	Investment income percentage from						<u>%</u>
19a	a 33 1/3% support tests - 2021. If the	-					/ is not
	more than 33 1/3%, check this box a						P
Ľ	33 1/3% support tests - 2020. If the line 18 is not more than 33 1/3%, che	•					
		SIL LING BOA CHIC 31		a measure quaimes	as a pasiety suppl	n cou organization	

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

(b) 2018

(a) 2017

(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.)

(c) 2019

(d) 2020

HealthFirst Family Care Center, Inc.

20290403 757052 140228

132023 01-04-22

Schedule A (Form 990) 2021

►

2021.05070 HEALTHFIRST FAMILY CARE C 140228_1

(f) Total

(e) 2021

Schedule A (Form 990) 2021

Section A. Public Support Calendar year (or fiscal year beginning in)

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? // "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?
- 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 disgualified 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.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? 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.)

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10b Schedule A (Form 990) 2021

Sche	edule A (Form 990) 2021 HealthFirst Family Care Center, Inc. 02-0	49297	6 Ра	age 5
Pa	rt IV 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		
	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.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> "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, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	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.	2		
Sec	tion 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		
Sec	tion 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? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method	that the organization used	to satisfy the Integral Part	Test during the year	(see instructions)
•		linal line organization used	to satisfy the integral Fart	rest during the year	1300 1130 000

- a 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.*

c 🗌	The organization supported a governmental entity	Describe in Part VI how you supported a governmental entity (see instructions).	
-----	--	---	--

18

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.*

3b | | Schedule A (Form 990) 2021

2

3

2a

2b

3a

Yes No

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Sche	dule A (Form 990) 2021 HealthFirst Family Car			02-0492976 Page 6	
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations		
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on I	Nov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.	
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
_5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
a	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
C	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see				

Schedule A (Form 990) 2021

132026 01-04-22

instructions).

e Excess from 2021

Schedule A (Form 990) 2021 HealthFirst Family Care Center, Inc. (Continued) Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide 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	ne organization is responsive			
	(provide details in Part VI). See instructions.	-		8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		1	0	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021		(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
c	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years			_	
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years			_	
b	Applied to 2021 distributable amount			_	
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.			_	
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.			_	
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
d	Excess from 2020				

Schedule A (Form 990) 2021

Schodulo A	Form 990) 2021	Healt	hFirst	Family	Care	Center	Inc.	02-0492976	Page 8
Part VI	Supplemental Part IV, Section A, I	nformation. ines 1, 2, 3b, 3c, on D, lines 2 and	Provide the ex 4b, 4c, 5a, 6, 3; Part IV, Se	kplanations re 9a, 9b, 9c, 1 ⁻ ction E, lines	equired by F 1a, 11b, and 1c, 2a, 2b,	Part II, line 10; d 11c; Part IV, 3a, and 3b; Pa	Part II, line 17; Section B, line art V, line 1; Pa	a or 17b; Part III, line 12; es 1 and 2; Part IV, Sectio art V, Section B, line 1e; P	n C,
132028 01-04-22	2							Schedule A (Form	990) 2021

123451 11-11-21

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).

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

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **	
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Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

	HealthFirst Family Care Center, Inc.	02-0492976			
Organization type (che	eck 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 foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					

General Rule

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

Special Rules

X 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 for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions.

Schedule E

Schedule B (Form 990) (2021)

HealthFirst Family Care Center, Inc.

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	itional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$112,524.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$1,764,398.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>3</u>		\$247,447.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$97,183.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	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.)

Name of organization

Employer identification number

02-0492976

Schedule B (Form 990) (2021)

123452 11-11-21

20290403 757052 140228

(a) (b) FMV (or estimate) (See instructions.) (d) Part I Description of noncesh property given s	No. from Part I	(b) Description of noncash property given	(C) FMV (or estimate) (See instructions.)	(d) Date received
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			\$	Schedule B (Form 990) (2021)

HealthFirst Family Care Center, Inc.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Schedule B (Form 990) (2021) Name of organization

(a)

Page 3

Employer identification number

02-0492976

(c)

Schedule B (Form 990) (2021)

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2021.05070 HEALTHFIRST FAMILY CARE C 140228_1

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Schedule	B (Form 990) (2021)		Page				
Name of o	organization		Employer identification number				
Healt	hFirst Family Care Cente	er. Inc.	02-0492976				
Part III		ions to organizations described in se	section 501(c)(7), (8), or (10) that total more than \$1,000 for the year				
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or	r less for the year. (Enter this info. once.) > \$				
(a) No.	Use duplicate copies of Part III if additional	space is needed.					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gif					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gif	ft				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		().T					
	_	(e) Transfer of gif					
	Transferee's name, address, a	na ZIP + 4	Relationship of transferor to transferee				
123454 11-1	I 1-21		Schedule B (Form 990) (202				

SCHEDULE D)
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(Form 990))
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b

С

d

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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.



No

No

	Pattach to Form 990. Open to F ternal Revenue Service ►Go to www.irs.gov/Form990 for instructions and the latest information. Inspection								
Nam	e of the organizat	ion HealthFirst	Family (Care Center	, Inc.		-	oyer identificati 02-0492	976
Pa		ations Maintaining Do on answered "Yes" on Form 9			Similar Funds	or Ac	counts	S. Complete if	the
				(a) Donor advis	ed funds	(b) Funds	and other acco	ounts
1	Total number at e	end of year							
2		of contributions to (during yea							
3	Aggregate value of	of grants from (during year)							
4		at end of year							
5		ion inform all donors and don		riting that the assets h	eld in donor advis	ed fund	ls		
		on's property, subject to the						Yes	🗌 No
6		ion inform all grantees, donor							
	for charitable purp	poses and not for the benefit	of the donor or (donor advisor, or for a	ny other purpose	conferri	ng		
	impermissible priv	vate benefit?					-	🗌 Yes	🗌 No
Pa	rt II Conserv	vation Easements. Com	plete if the orga	nization answered "Ye	es" on Form 990,	Part IV,	line 7.		
1		servation easements held by							
	Preservation	n of land for public use (for ex	kample, recreation	on or education)	Preservation o	f a histo	rically in	portant land are	ea
	Protection of natural habitat								
	Preservation	n of open space							
2	Complete lines 2a	a through 2d if the organizatic	on held a qualifie	d conservation contril	oution in the form	of a cor	nservatio	n easement on	the last
	day of the tax yea	ar.	-				н	leld at the End of	the Tax Year
а	Total number of c	conservation easements					2a		

Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes

9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the
	organization's accounting for conservation easements.

Part III	Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works	of
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public services	/ice,
	provide the following amounts relating to these items:	

	(i) Revenue included on Form 990, Part VIII, line 1		• ⊅
	(ii) Assets included in Form 990, Part X		▶ \$
	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, pro	ovid	ide
	the following amounts required to be reported under FASB ASC 958 relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1		▶ \$
b	Assets included in Form 990, Part X		▶ \$

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990
132051	10-28-21

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Partial Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) 3 Using the organization accession, and other records, check any of the following that make significant use of its continued. a Proble schibtion d Loan or exchange program b Scholarly research 0 Other The proble schibtion d Loan or exchange program b Provide acception of hours generation's collections and explain how they further the organization's ocentry and the schibtion and explain how they further the organization's description of the organization's collection? Yes No Particle schibtion 0 Other Other Yes No Particle schibtion 0 Other The schibtion accession of the organization's collection? Yes No Particle schibtion 0 Other The schibtion accession and explain how they further the organization answered 'Yes' on Form 990, Part XII. Yes No b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Intermediation accession and explain the arrangement in Part XIII and complete the following table: Yes No b If 'Yes,' exclain the arrangement in Part XIII check hare the acplanation hasa been provided on Part XIII Parovide the organizat			irst Famil						02 - 04			age 2
collection isoms (check all that apply): d Loan or exchange program a Police exhibition d Loan or exchange program b Scholarly research e Other	Par									(contin	ued)	
a Public exhibition d l Lan or exchange program b Scholary research e low low level to the organization's collection's collection's collection or excive adjustion's exempt purpose in Part XII. During the year, did the organization scill correceive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Ves No Part IV Escrow and CutoScillal Arrangements. Complete if the organization answerd Yes' on Form 900, Part X, line 8, or reported an amount on Form 900, Part X, line 21. Is the organization anagent, trustee, custodial or other intermediary for contributions or other assets not included on Form 900, Part X, line 21. Is the organization anagent, trustee, custodial or other intermediary for contributions or other assets not included on Form 900, Part X, line 21. Is the organization anagent, trustee, custodial or other intermediary for contributions or other assets not included on Form 900, Part X, line 21. Is the organization include an amount on Form 900, Part X, line 21, for assrore or custodial account liability? Uses No b If Yes, "explain the arrangement in Part XIII and complete the following table: It is the organization include an amount on Form 900, Part X, line 21, for assrore or custodial account liability? During the year It is find and the organization answered Yes' on Form 900, Part X, line 21, for assrore or custodial account liability? During the year of the organization answered Yes' on Form 900, Part X, line 21, for assrore or custodial account liability? During the year of the organization answered Yes' on Form 900, Part X, line 21, for assrore or custodial account liability? During the year of the organization answered Yes' on Form 900, Part X, line 10. Deter the organization answered Yes' on Form 900, Part X, line 10. Deter the organization answered Yes' on Form 900, Part X, line 10. Deter the organization assets of the organization answered Yes' on Form 900, Part X, line 10. Deter the	3	Using the organization's acquisition, accessi	on, and other record	s, check any	of the follo	wing that	make sig	nificant u	ise of its			
b Scholary research e Other c Prevention for future generations Provide a description of the organization solic for receive donations of art, historical treasures, or other similar assets to be solid the organization solic for receive donations of art, historical treasures, or other similar assets to be solid the organization assets to be solid the organization assets to be solid the organization answered "Yes" on Form 980, Part X, line 9, or reported an amount on Form 980, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21. It is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21. It is be organization include an amount on Form 990, Part X, line 21. It is a didutions during the year It is a didution of the organization answered "Yes" on Form 980, Part X, line 21. It is a didution of the organization answered "Yes" on Form 980, Part X, line 21. It is a didution of the organization answered "Yes" on Form 980, Part X, line 21. It is a didution of the organization answered "Yes" on Form 980, Part X, line 21. It is a didution of the organization answered "Yes" on Form 980, Part X, line 21. It is a didution of the organization answered "Yes" on Form 980, Part X, line 21. It is a didution of the organization answered "Yes" on Form 980, Part X, line 21. It is a didution of the organization answered "Yes" on Form 980, Part X, line 10. It is a didutin organization answered "Yes" on Form 980, Par												
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they thrhan the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets 1 Description of the organization solicit or receive donations of art, historical treasures, or other similar assets 1 Description of the organization asserted 'Yes' on Form 990, Part K, line 9.1. 1 Is the organization and part, truste, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1 Is the organization and part, truste, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 2 Both organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes 2 Doting balance	а		c			• • •						
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be add to raise funds rather than to be maintained as part of the organization's collection? Part W Excrow and Custodial Arrangements. Complete if the organization answered "Ves" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X? Is a list the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X? Is a list the organization in the Part XIII and complete the following table: C Beginning balance C Beginning balance Distributions during the year Te tai Distributions Distribution	b	Scholarly research	e	• Oth	er							
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c Net investment earnings, gains, and losses												
d Grants or scholarships	c											
e Other expenditures for facilities and programs	d											
and programs												
f Administrative expenses												
g End of year balance	f											
2 Provide the estimated percentage of the current year end balance (line 1g, column (ai)) held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Term endowment ▶% d The percentages on lines 2a, 2b, and 2c should equal 100%. 3a A re there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations 3a(i) 3a(i) 3b 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) basis (investment) basis (other) 10.9, 217. 10.9, 217. basis (investment) 1, 999, 965. 714, 949. 1, 285, 0.166. c Leasehold improvements 152, 761. 82, 077. 70, 684. d Equipment 151, 568. 124, 706. <th></th>												
b Permanent endowment ▶ % c Term endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	-		ent year end balance	e (line 1g, co	olumn (a)) he	eld as:	•					
b Permanent endowment ▶ % c Term endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	а	Board designated or quasi-endowment		%	,							
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (ii) Related organizations (iii) Related organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iiii) Related organizations (iiii) Related organizations (iii) Related organizations (iiii) Related organizations (iiii) Related organizations (iii) Related organizations (iiii) Related organizations (iii) Related organization (iii) Related organization (iii) Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (i) 999, 9655. (i) 999, 9655. (i) 999, 9655.		-		_								
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No (i) Unrelated organizations 3a(i)	с	Term endowment	%									
by: Yes No (i) Unrelated organizations 3a(i) 3b 3c 3b 3c 3b 3c 3		The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
(i) Unrelated organizations 3a(i) (ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XII the intended uses of the organization's endowment funds. 3b Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land 109,217. 109,217. b Buildings 1,999,965. 714,949. 1,285,016. c Leasehold improvements 152,761. 82,077. 70,684. d Equipment 151,568. 124,706. 26,862. e Other 189,985. 28,205. 161,780.	3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are	e held and a	dministere	ed for the	organiza	ition	_		
(ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 109,217. 109,217. b Buildings 1,999,965. 714,949. 1,285,016. c Leasehold improvements 152,761. 82,077. 70,684. d Equipment 151,568. 124,706. 26,862. e Other 189,985. 28,205. 161,780.		by:									Yes	No
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 109,217. 109,217. b Buildings 1,999,965. 714,949. 1,285,016. c Leasehold improvements 152,761. 82,077. 70,684. d Equipment 151,568. 124,706. 26,862. e Other 189,985. 28,205. 161,780.		(i) Unrelated organizations								3a(i)		
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (c) Accumulated depreciation Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 109,217. 109,217. b Buildings 1,999,965. 714,949. 1,285,016. c Leasehold improvements 152,761. 82,077. 70,684. d Equipment 151,568. 124,706. 26,862. e Other 189,985. 28,205. 161,780.		(ii) Related organizations								3a(ii)		
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 109,217. 109,217. b Buildings 1,999,965. 714,949. 1,285,016. c Leasehold improvements 152,761. 82,077. 70,684. d Equipment 151,568. 124,706. 26,862. e Other 189,985. 28,205. 161,780.	b	If "Yes" on line 3a(ii), are the related organization	tions listed as requir	red on Scheo	dule R?					3b		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.Description of property(a) Cost or other basis (investment)(c) Accumulated depreciation(d) Book value1a Land109,217.109,217.b Buildings1,999,965.714,949.1,285,016.c Leasehold improvements152,761.82,077.70,684.d Equipment151,568.124,706.26,862.e Other189,985.28,205.161,780.	4			wment funds	S.							
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 109,217. 109,217. 109,217. b Buildings 1,999,965. 714,949. 1,285,016. c Leasehold improvements 152,761. 82,077. 70,684. d Equipment 151,568. 124,706. 26,862. e Other 189,985. 28,205. 161,780.	Par											
basis (investment) basis (other) depreciation 1a Land 109,217. 109,217. b Buildings 1,999,965. 714,949. 1,285,016. c Leasehold improvements 152,761. 82,077. 70,684. d Equipment 151,568. 124,706. 26,862. e Other 189,985. 28,205. 161,780.		Complete if the organization answere	d "Yes" on Form 990), Part IV, lin	e 11a. See I	Form 990,	Part X, li	ne 10.				
b Buildings 1,999,965. 714,949. 1,285,016. c Leasehold improvements 152,761. 82,077. 70,684. d Equipment 151,568. 124,706. 26,862. e Other 189,985. 28,205. 161,780.		Description of property			.,				d	(d) Bool	< value	e
b Buildings 1,999,965. 714,949. 1,285,016. c Leasehold improvements 152,761. 82,077. 70,684. d Equipment 151,568. 124,706. 26,862. e Other 189,985. 28,205. 161,780.	1a	Land			109,	217.				109	9,2	17.
c Leasehold improvements 152,761. 82,077. 70,684. d Equipment 151,568. 124,706. 26,862. e Other 189,985. 28,205. 161,780.							7	14,94	19.			
d Equipment 151,568. 124,706. 26,862. e Other 189,985. 28,205. 161,780.					152,	761.		82,07				
e Other							1	24,70)6.			
					189,	985.		28,20				
	Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X. column (E	3), line 10c.)					1,653	3,5	59.

Schedule D (Form 990) 2021

Schedule	D (Form 990) 2021		Family Care	Center,	Inc.	02-0492976 Page 3
Part V		Other Securities.				
		ganization answered "Yes"				
		GOTY (including name of security)	(b) Book value	(c) Meth	od of valuation: Cos	t or end-of-year market value
		;				
(3) Other	r					
(A)						
(B) (C)						
(D)						
(E)						
(F)						
(G)						
(H)						
Total. (Co	l. (b) must equal Form 990	0, Part X, col. (B) line 12.) 🕨				
Part V		Program Related. ganization answered "Yes"	on Form 000 Port IV line	110 Soo Form	n 000 . Dort V. lino 19	5
	(a) Description of	-	(b) Book value			o. it or end-of-year market value
(1)	((-,	(-,		·····
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Part IX		0, Part X, col. (B) line 13.) 🕨				
		ganization answered "Yes"	on Form 990 Part IV line	11d See Forr	n 990 Part X line 1	5
			Description			(b) Book value
(1)		()				(2) 2001 1000
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Co	olumn (b) must equal Fo	orm 990, Part X, col. (B) line	e 15.)			
Part X			on Form 000 Dort IV line	110 0* 116 0	a Farm 000 Dart V	line OF
		ganization answered "Yes" rescription of liability	on Form 990, Fart IV, line	1101111.36	e Form 990, Part A,	(b) Book value
<u>1.</u>	ederal income taxes					
		-Party Payer	9			483,055.
		ief Fund refu				
	dvance	<u>101 I dild 101 d</u>				74,234.
(5)						,
(6)						
(7)						
(8)						
(9)						
	olumn (b) must equal Fo	orm 990, Part X, col. (B) line	e 25.)			▶ 557,289.
		sitions. In Part XIII, provide				
orgar	nization's liability for un	certain tax positions under	FASB ASC 740. Check h	ere if the text of	of the footnote has b	peen provided in Part XIII X

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

Schedule D (Form 990) 2021

Sche	dule D (Form 990) 2021 HealthFirst Family Care	Center,	Inc.	02-	0492976	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial State	ments With	n Revenue per	Return.		G
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.				
1	Total revenue, gains, and other support per audited financial statements			. 1	8,554	,549.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d			. 2e		0.
3	Subtract line 2e from line 1				8,554	,549.
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		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	8,554	,549.
Pa	t XII Reconciliation of Expenses per Audited Financial State	ements Wit	th Expenses pe	r Returi	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line					
1	Total expenses and losses per audited financial statements			. 1	8,199	,244.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
С	Other losses	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			. 2e		0.
3	Subtract line 2e from line 1			. 3	8,199	,244.
4	Amounts included on Form 990, Part IX, line 25, 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		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.))		5	8,199	,244.
Pa	t XIII Supplemental Information.					

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part X, Line 2:

The Organization is a public charity under Section 501(c)(3) of the
Internal Revenue Code. As a public charity, the Organization is exempt
from state and federal income taxes on income earned in accordance with
its tax exempt purpose. Unrelated business income is subject to state and
federal income tax. Management has evaluated the Organization's tax
position and concluded that the Organization has uncertain tax positions
that require adjustment to the financial statements.

132054 10-28-21

SC	HEDULE J	I	OMB No. 1	545-004	47			
	SCHEDULE J (Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest			0004				
(Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.			2021				
			Open to Public					
	Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.				ction			
					on nui	mber		
		HealthFirst Family Care Center, Inc.	02-0)49297	6			
Pa	rt I Question	s Regarding Compensation						
					Yes	No		
1a	1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,							
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.							
	First-class or charter travel Housing allowance or residence for personal use							
	Travel for companions Payments for business use of personal residuence of the personal residuence of							
	Tax indemnification and gross-up payments Health or social club dues or initiation fees							
	Discretionary spending account Personal services (such as maid, chauffeur,							
b	b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or							
	reimbursement or p	provision of all of the expenses described above? If "No," complete Part III to explain		1b				
2	Did the organizatio	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2				
3	Indicate which, if a	ny, of the following the organization used to establish the compensation of the organization's	i -					
	CEO/Executive Dire	ector. Check all that apply. Do not check any boxes for methods used by a related organization	on to					
	establish compens	ation of the CEO/Executive Director, but explain in Part III.						
	X Compensation	n committee Written employment contract						
	Independent compensation consultant							
	Form 990 of o	ther organizations X Approval by the board or compensation c	ommittee					
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing							
	organization or a re							
а	Receive a severance		<u>4a</u>		X			
b	Participate in or rec		4b		X			
С	c Participate in or receive payment from an equity-based compensation arrangement?					X		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.							
5								
	contingent on the r		_		v			
	The organization?				X X			
b	Any related organization?							
~	If "Yes" on line 5a or 5b, describe in Part III.							
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation							
	contingent on the r			v				
	The organization?				X X			
b	Any related organiz		<u>6b</u>					
-	If "Yes" on line 6a							
1	For persons listed on	-	х					
~	not described on li	7	A					
8	Were any amounts				x			
•	initial contract exce		8					
9	If "Yes" on line 8, d							
	Regulations section				0004			
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sched	dule J (Forn	1 990)	2021		

132111 11-02-21

02-0492976

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

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

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

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) Champa Abeysinghe	(i)	223,133.	2,000.	0.	11,249.	14,614.	250,996.	0.
MD	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) Russell Keene	(i)	206,618.	500.	0.	10,386.	17,388.	234,892.	0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) Eleanore Janeway	(i)	200,073.	2,000.	0.	6,724.	21,961.	230,758.	0.
MD	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) Ted Bolognani	(i)	148,048.	2,000.	0.	7,080.	3,367.	160,495.	0.
CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021

Part III Supplemental Information

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

Part I, Line 7:

Annual bonuses paid were awarded for meeting various quality and financial

metrics as a reward for the extremely difficult working conditions brought

on due to the COVID-19 pandemic and approved at the discretion of the Board

of Directors.

Schedule J (Form 990) 2021

SCHEDULE O (Form 990)

Name of the organization



782,396.

41,084.

823,480.

0.

02-0492976

Form 990, Part VI, Section B, line 11b:

The Board Chair and Board Treasurer will review the 990 with the Board

HealthFirst Family Care Center, Inc.

Chair signing the form.

Form 990, Part VI, Section B, Line 12c:

Annual review and individual follow-up.

Form 990, Part VI, Section B, Line 15:

Annual review by the Board of Directors, NACHC compensation data, NH

Association of Non-Profits and Bi-State compensation data.

Form 990, Part VI, Section C, Line 19:

Upon request and on State of NH Attorney General's website.

Form 990, Part IX, Line 11g, Other Fees:

Other Professional Fees:

Program service expenses

Management and general expenses

Fundraising expenses

Total expenses

Total Other Fees on Form 990, Part IX, line 11g, Col A 823,480.

Form 990, Part X, Line 10: Land, Buildings, and Equipment

Section 1.263(a)-3(n) Election:

 HealthFirst Family Care Center, Inc.

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

 132211 11-11-21

33

Schedule O (Form 990) 2021	Page 2
Name of the organization HealthFirst Family Care Center, Inc.	Employer identification number 02-0492976
841 Central Street, Franklin, NH 03235	
EIN 02-0492976	
HealthFirst Family Care Center, Inc. is electing to c	anitalize renair
and maintenance costs under Regulation Section 1.263(a)-3(n).
132212 11-11-21 34	Schedule O (Form 990) 2021

(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instru	Taxpayer	expayer identification number (TIN) $02 - 0492976$						
print	HealthFirst Family Care Cer								
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, see instructions.								
instructions	e								
Enter th	e Return Code for the return that this application is for (fil	e a separa	te application for each return)			01			
Application			Application	Return					
Is For			Is For	Code					
Form 99	0 or Form 990-EZ	01	Form 1041-A	08					
Form 4720 (individual)			Form 4720 (other than individual)			09			
Form 990-PF			Form 5227	10					
Form 990-T (sec. 401(a) or 408(a) trust)			Form 6069	11					
Form 990-T (trust other than above)			Form 8870	12					
Form 99	0-T (corporation) Russell Keene	07							
 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If it is for part of the group, check this box I request an automatic 6-month extension of time until <u>August 15, 2023</u>, to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year or X tax year beginning <u>OCT 1, 2021</u>, and ending <u>SEP 30, 2022</u>. 									
	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.					0.			
	bIf this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.3b\$					0.			
c Balance due. Subtract line 3b from line 3a. Include your pay using EFTPS (Electronic Federal Tax Payment System). See			· · · ·	3c	\$	0.			
Caution instructi	: If you are going to make an electronic funds withdrawal ons.	(direct deb	bit) with this Form 8868, see Form 84	53-TE and	d Form 8879-	TE for payment			
LHA	For Privacy Act and Paperwork Reduction Act Notice.	see instru	ictions.		Form 8	868 (Rev. 1-2022)			

123841 01-12-22