

Department of the
Treasury~~Internal Revenue Service~~

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

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

~~Go to www.irs.gov/Form990EZ for instructions and the latest information.~~
~~for tax year beginning 07-01-2021, and ending 06-30-2022~~

B Check if applicable:

☐ Address change

☐ Name change☐ Initial return

Initial return

Final return/terminated

☐ Amended return

Application pending

C Name of organization
HEALTHCARE-NOW INC

Number and street (or P. O. box, if mail is not delivered to street address) 1534 TREMONT STREET	Room/suite
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City or town, state or province, country, and ZIP or foreign postal code
BOSTON, MA 02120

D Employer identification number

86-1086915

E Telephone number

(215) 732-2131

F Group Exemption
Number ▶

G Accounting Method: ☐ Cash ☒ Accrual Other (specify) ►

H Check ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ► WWW.HEALTHCARE-NOW.ORG

J Tax-exempt status (check only one) - ☐ 501(c)(3) ☒ 501(c)(4) ◀ (insert no. ☐ 4947(a)(1) or ☐ 527

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 131,217

Part I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
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Check if the organization used Schedule O to respond to any question in this Part I ☐

..... ☒

Revenue

1	Contributions, gifts, grants, and similar amounts received		1	92,177
2	Program service revenue including government fees and contracts		2	39,030
3	Membership dues and assessments		3	
4	Investment income		4	10
5a	Gross amount from sale of assets other than inventory	5a		
b	Less: cost or other basis and sales expenses	5b		
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
6	Gaming and fundraising events			
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a		
b	Gross income from fundraising events (not including \$_____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000). ..	6b		
c	Less: direct expenses from gaming and fundraising events	6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
8	Other revenue (describe in Schedule O)		8	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	131,211

Expenses	10	Grants and similar amounts paid (list in Schedule O).	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	114,523
	13	Professional fees and other payments to independent contractors	13	2,616
	14	Occupancy, rent, utilities, and maintenance.	14	1,803
	15	Printing, publications, postage, and shipping	15	7,461
	16	Other expenses (describe in Schedule O)	16	21,184
	17	Total expenses. Add lines 10 through 16	17	147,587
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-16,370
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return).	19	49,746
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	33,376

Part II

Balance Sheets

(see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

☒

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	42,783	22	37,037
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	9,179	24	1,984
25 Total assets	51,962	25	39,021
26 Total liabilities (describe in Schedule O).	2,216	26	5,645
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	49,746	27	33,376

Part III

Statement of Program Service Accomplishments

(see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

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What is the organization's primary exempt purpose?
UNIVERSAL HEALTHCARE ADVOCACY

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 UNIVERSAL HEALTHCARE ADVOCACY
(Grants \$ 0) If this amount includes foreign grants, check here ☐

29
(Grants \$) If this amount includes foreign grants, check here ☐

30
(Grants \$) If this amount includes foreign grants, check here ☐

31 Other program services (describe in Schedule O)
 If this amount includes foreign grants, check here ☐

32 Total program service expenses (add lines 28a through 31a)

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28a77,965

29a

30a

31a

3277,965

Part IV

List of Officers, Directors, Trustees, and Key Employees

(list each one even if not compensated ; see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

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(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
BARBARA DIPIETRO DIRECTOR	1.00	0	0	0
LAURA DOMINGUEZ DIRECTOR	1.00	0	0	0
JENNI CHANG DIRECTOR	1.00	0	0	0
MARK DUDZIC DIRECTOR	1.00	0	0	0
OLIVER FEIN MD DIRECTOR	1.00	0	0	0
GERALD FRIEDMAN DIRECTOR	1.00	0	0	0
FRANCES GILL DIRECTOR	1.00	0	0	0
LINDY HERN DIRECTOR	1.00	0	0	0
CONNIE HUYNH DIRECTOR	1.00	0	0	0
JUDITH LERMA DIRECTOR	1.00	0	0	0
VINAY KRISHNAN DIRECTOR	1.00	0	0	0
LISA PATRICK-MUDD DIRECTOR	1.00	0	0	0

Part V

Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V. ☒

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions.	34	No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶	37a	0
b	Did the organization file Form 1120-POL for this year?	37b	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	No
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		0
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶		0
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41	List the states with which a copy of this return is filed. ▶		
42a	The organization's books are in care of ▶ BENJAMIN DAY Telephone no. ▶		
	Located at ▶ 1534 TREMONT STREET BOSTON , MA ZIP + 4 ▶ 02120		
		Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	No
	If "Yes," enter the name of the foreign country: ▶		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
c	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	No
	If "Yes," enter the name of the foreign country: ▶		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ and enter the amount of tax-exempt interest received or accrued during the tax year ▶	43	
		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.		No

Part VI

Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47- 49b and 52, and complete the tables for lines 50 and 51.

	Check if the organization used Schedule O to respond to any question in this Part VI	Yes	No
47	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		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000. ▶

52 Did the organization complete Schedule A? **NOTE.** All section 501(c)(3) organizations must attach a completed Schedule A ▶ ☐ Yes ☐ No

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

Sign Here	Signature of officer		2023-04-10				
	BENJAMIN DAY EXECUTIVE DIRECTOR		Date				
Paid Preparer Use Only	Print/Type preparer's name SANDRA M BROWN CPA		Preparer's signature		Date 2023-04-07	Check ☐ if self-employed	PTIN P01614103
	Firm's name ▶ SMITH SULLIVAN & BROWN PC					Firm's EIN ▶ 43-1985162	
	Firm's address ▶ 80 FLANDERS ROAD - SUITE 200 WESTBOROUGH, MA 01581					Phone no. (508) 871-7178	

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☒ Yes ☐ No

Additional Data

[Return to Form](#)

Software ID:

Software Version:

Form 990-EZ, Special Condition Description:

Special Condition Description

2021**Open to Public
Inspection****SCHEDULE O**
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.**▶ **Attach to Form 990 or 990-EZ.**▶ **Go to www.irs.gov/Form990 for the latest information.**Name of the organization
HEALTHCARE-NOW INC**Employer identification number**

86-1086915

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME	DESCRIPTION: INTEREST INCOME. AMOUNT: 10.
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION: OFFICE SUPPLIES. AMOUNT: 283. DESCRIPTION: INFORMATION TECHNOLOGY. AMOUNT: 4,789. DESCRIPTION: MEETINGS AND CONFERENCES. AMOUNT: 8,129. DESCRIPTION: DUES, FEES, LICENSES. AMOUNT: 5,419. DESCRIPTION: PROGRAM EXPENSE. AMOUNT: 526. DESCRIPTION: MISCELLANEOUS. AMOUNT: 310. DESCRIPTION: INSURANCE. AMOUNT: 1,728. TOTAL TO FORM 990-EZ, LINE 16: 21,184.
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION: ACCOUNTS RECEIVABLE. BEG. OF YEAR AMOUNT: 1,984. END OF YEAR AMOUNT: 1,984. DESCRIPTION: GRANT RECEIVABLE FROM HEALTHCARE EDUCATION FUND. BEG. OF YEAR AMOUNT: 7,195. END OF YEAR AMOUNT: 0.
FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES	DESCRIPTION: ACCOUNTS PAYABLE. BEG. OF YEAR AMOUNT: 474. END OF YEAR AMOUNT: 4,397. DESCRIPTION: ACCRUED PAYROLL TAXES. BEG. OF YEAR AMOUNT: 1,742. END OF YEAR AMOUNT: 1,248.

Additional Data

[Return to Form](#)

Software ID:

Software Version:

TY 2021 IRS 990 e-File Render

Name: HEALTHCARE-NOW INC

EIN: 86-1086915

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.