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Form **990**

Department of the Treasury Internal Revenue

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047 Inspection

Ser	vice							
A I	or the	2006 calendar y	ear, or tax year beginning 0	1-01-2006 and ending	12-31-200	6	B. F	1
В	Check if a	pplicable Please	C Name of organization HEALTHFIRST PHSP INC				D Employer ic	lentification number
Γ,	ddress ch	nange use IRS label or	- COTILALITIE INSTENCE				13-37837	
Γ	lame cha	nge print o	Number and street (or P O	box if mail is not delivered t	o street addre	ess) Room/suite	E Telephone r	iumber
Г	nıtıal retu		ee				(212) 801	
F	inal retur	Instructions.	 City or town, state or count NEW YORK, NY 10004 	ry, and ZIP + 4				thod Cash Accrual
	mended	return	·				Cother (spe	ecify) 🟲
_	pplication					<u>-</u>		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ion 501(c)(3) organizations a	nd 4947(a)(1) nonexempt	: charitable	H and I are n	ot applicable to s	section 527 organizations
			s must attach a completed Sc			H(a) Is this	a group return fo	r affiliates? Tyes V No
G '	Web sit	e: ► HEALTHFI	RSTNY COM			H(b) If "Yes"	' enter number o	
						1 ' '	affiliates included	· · · · · · · · · · · · · · · · · · ·
<u>J</u>	Organiza	ation type (check o	only one) 🕨 🔽 🥶 501(c) (3) 🖪	(insert no) 4947(a)(1) or $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$," attach a list S	·
			nization is not a 509(a)(3) support			1 ' '	a separate returr d by a group rulii	n filed by an organization ng? Yes V No
		not more than 25,0 o file a complete reti	00 A return is not required, but if urn	the organization chooses to	file a return,		Exemption N	
		<u> </u>				_ ├────	•	anization is not required to
			es 6b, 8b, 9b, and 10b to lin	<u> </u>		attach	Sch B (Form 99	0, 990-EZ, or 990-PF)
P	art I	Revenue, E	xpenses, and Change	s in Net Assets or	Fund Ba	lances <i>(See</i>	the instru	ctions.)
	1	Contributions,	gifts, grants, and similar am	ounts received				
	а	Contributions t	o donor advised funds .		1a			
	b	Direct public si	upport (not included on line	La)	1b			
	С	Indirect public	support (not included on line	e 1a)	1c			
	d	Government co	ntributions (grants) (not inc	luded on line 1a)	1d			
	e	Total (add lines	a 1a through 1d) (cash \$	noncash \$)	1e	
	2		e revenue including governr				. 2	819,207,818
	3	Membership du	es and assessments				. 3	
	4	Interest on sav	ings and temporary cash in	estments			4	6,479,400
	5	Dividends and	interest from securities .				. 5	
	6a	Gross rents .			6a			
	ь	Less rental ex	penses		6b			
	c	Net rental inco	me or (loss) subtract line 6 b	from line 6a			6c	
些	7	Other investme	ent income (describe 🕨) 🖫				7	
Revenue	8a	Gross amount f	rom sales of assets	(A) Securities		(B) Other		
ď		other than inve	ntory		8a			
	ь	Less cost or other	basis and sales expenses		8b			
	c	Gain or (loss) (attach schedule)		8c			
	d	Net gaın or (los	s) Combine line 8c, column	s (A) and (B)			. 8d	
	9	Special events	and activities (attach sched	lule) If any amount is f	rom gaming	, check here ►	\vdash	
	а	6	/	- 6			´	
			(not including \$ eported on line 1b)	of	9a			
	ь		penses other than fundraisir		9b			
	С	Net income or ((loss) from special events S	ubtract line 9b from line	9a		. 9c	
	10a	Gross sales of	inventory, less returns and a	allowances	10a			
	ь	Less cost of g	oods sold		10b			
	С	Gross profit or (los	s) from sales of inventory (attach	schedule) Subtract line 10b i	rom line 10a		10c	
	11	Other revenue	(from Part VII, line 103) .				. 11	
	12	Total revenue A	Add lines 1e, 2, 3, 4, 5, 6c, 1	7, 8d, 9c, 10c, and 11			. 12	825,687,218
	13		es (from line 44, column (B)				. 13	790,351,742
ý.	14	Management ar	nd general (from line 44, col	umn (C))			. 14	23,944,569
Expenses	15		om line 44, column (D))				. 15	·
H H	16		filiates (attach schedule)				16	
	17		Add lines 16 and 44, colum				17	814,296,311
	18		cıt) for the year Subtract lın				18	11,390,907
Net Assets	19		und balances at beginning o				19	65,118,034
م ت	20		ın net assets or fund balanc				 	12,484,251
ž	21	-	und balances at end of year					88,993,192
			· · · · · · · · · · · · · · · · · · ·					· · ·

Part II Statement of Functional Expenses

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach Schedule)			_		
	(cash $\0 noncash $\0) If this amount includes foreign grants, check here					
221-		22a				
22b	Other grants and allocations (attach schedule) (cash $\0 noncash $\0					
	(cash $\0 noncash $\0) If this amount includes foreign grants, check here	22b	0	0		
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25a	Compensation of current officers, directors, key employees etc Listed in Part V-A (attach schedule)	25a				
b	Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule)	25b				
c	Compensation and other distributions not icluded above to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ (attach schedule)	25c				
26	Salaries and wages of employees not included on lines 25a, b and c	26				
27	Pension plan contributions not included on lines 25a, b and c	27				
28	Employee benefits not included on lines 25a - 27	28				
29	Payroll taxes	29				
30	Professional fundraising fees	30				
31	Accounting fees	31				
32	Legal fees	32				
33	Supplies	33	146,601	146,601		
34	Telephone	34				
35	Postage and shipping	35	116,306	116,306		
36	Occupancy	36				
37	Equipment rental and maintenance	37				
38	Printing and publications	38	1,697,237	1,685,322	11,915	
39	Travel	39				
40	Conferences, conventions, and meetings	40				
41	Interest	41				
42	Depreciation, depletion, etc (attach schedule)	42				
43	Other expenses not covered above (itemize)					
а	See Additional Data Table	43a				
Ь		43b				
С		43c				
d		43d				
e		43e				
f 		43f				
g	Total functional evanance: Add lines 22a through 42a	43g				
44	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13–15)	44	814,296,311	790,351,742	23,944,569	0
	Costs. Check ► T if you are following SOP 98-2 ny joint costs from a combined educational campaign and fundraisi	na solu	ritation reported	in (B) Program	services?	┌ Yes ┌ N

If "Yes," enter (i) the aggregate amount of these joint costs \$\frac{0}{\ (iii)}\$ the amount allocated to Program services \$\frac{0}{\ (iii)}\$ the amount allocated to Management and general \$0 \qquad , and (iv) the amount allocated to Fundraising \$0

Part III Statement of Program Service Accomplishments (See the instructions.)

f Total of Program Service Expenses (should equal line 44, column (B), Program services) . . .

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

	refore, please make sure the return is complete omplishments	and	accurate and fully describes, in Part III, the organization's pr	ograms and
All c pub		nents asura	COMPREHENSIVE HEALTH SERVICES, AS DEFINED IN ARTICLE 44 OF THE PUBLIC HEALTH LAW OF NEW YORK STATE ON A PREPAID AND CAPITATED BASIS, TO AN ENROLLED POPULATION SUBSTANTIALLY COMPOSED OF MEDICAID AND CHILD HEALTH PLUS AND FAMILY HEALTH PLUS RECIPIENTS In a clear and concise manner State the number of clients served, able (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt	Program Service Expenses (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)
a	HEALTH PLUS AND HIV SPECIAL NEEDS PL STATE PUBLIC HEALTH LAW HEALTHCARE CAPITATED BASIS TO MEDICAID ENROLLE ORGANIZATION HAS FORMULATED VARIO MORE MEMBERS AS OF DECEMBER 31 2006 HOSPITALS ARE PARTICIPATING TO PROV EXPANDED THE SOCIAL WELFARE OF AFFO HEALTH PLUS FAMILY HEALTH PLUS FIDEL	COV AN I SER ES S US N ME IDE RDA IS A	PERAGE TO MEDICAID CHILD HEALTH PLUS, FAMILY RECIPIENTS, PURSUANT TO ARTICLE 44 OF NEW YORK VICES HAVE BEEN PROVIDED ON A PREPAID AND SINCE OCTOBER 1994 IN ADDITION THE MARKETING STRATEGIES AND PROCEDURES TO ADD DICAID RECIPIENTS ARE 268,005 AND 64 REGIONAL SERVICES HEALTHFIRST PHSP HAS FURTHER BLE AND QUALITY HEALTH CARE BY ADDING CHILD ND HIV SPECIAL NEEDS PLAN TO THE COMMUNITIES US ENROLLEES ARE 31,800, FAMILY HEALTH PLUS	
b	(Grants and allocations \$ 0)		If this amount includes foreign grants, check here ▶ ┌	790,351,742
c	(Grants and allocations \$)	If this amount includes foreign grants, check here 🕨 🦵	
d	(Grants and allocations \$)	If this amount includes foreign grants, check here 🕨 🦵	
	(Grants and allocations \$)	If this amount includes foreign grants, check here 🕨 🦵	
е	Other program services (attach schedule) (Grants and allocations \$)	If this amount includes foreign grants, check here 🕨 🦵	

790,351,742

Part IV	Balance	Sheets	(See th	e instructions.)	

Pa	rt IV	Balance Sheets (See the instru	ctions	:.)			
Not	e:	Where required, attached schedules and amo column should be for end-of-year amounts or		thin the description	(A) Beginning of year		(B) End of year
	45	Cash—non-interest-bearing				45	
	46	Savings and temporary cash investments			86,990,649	46	158,927,837
	472	Accounts receivable	47a	44,921,859			
		Less allowance for doubtful accounts	47b	12,220,600	46,734,370	47c	32,701,259
	"	Less allowance for doubtful accounts	476	12,220,000	40,704,070	4/0	52,701,255
	48a	Pledges receivable	48a				
	ь	Less allowance for doubtful accounts	48b			48c	
	49	Grants receivable				49	
	50a	Receivables from current and former office key employees (attach schedule)				50a	
	ь	Receivables from other disqualified person 4958(c)(3)(B) (attach schedule)	s (as de	efined under section		50b	
	51a	Other notes and loans receivable (attach schedule)	51a	ı			
9	h	Less allowance for doubtful accounts	51a			51c	
Assets	52	Inventories for sale or use				52	
ă	53	Prepaid expenses and deferred charges	·		0	53	0
	54a	Investments—publicly-traded securities		· 「Cost 「FMV	0	54a	0
		Investments—other securities (attach sch	edule)	► Cost FMV		54b	
	55a	Investments—land, buildings, and		, ,			
	 	equipment basis	55a				
		schedule)	55b			55c	
	56	Investments—other (attach schedule) .				56	
	57a	Land, buildings, and equipment basis	57a	595,383			
	Ь	Less accumulated depreciation (attach schedule)	57b	595,383		57c	
	58	Other assets, including program-related in					
		(describe F -)	10,765,808	58	5,258,466
	59	Total assets (must equal line 74) Add line			144,490,827	59	196,887,562
	60	Accounts payable and accrued expenses		-	62,986,212	60	86,283,987
	61	Grants payable		ŀ	162,248	61 62	220,975
.a	63	Loans from officers, directors, trustees, an		ļ-	,02,210		220,010
(A)		schedule)	•	` ' `		63	
ķ;	64a	Tax-exempt bond liabilities (attach schedi	ule) .			64a	
	ь	Mortgages and other notes payable (attacl	n sched	ule)		64b	
	65	Other liablilities (describe ►) [16,224,333	65	21,389,408
					70.070.700		407.004.070
	66	Total liabilities Add lines 60 through 65			79,372,793	66	107,894,370
	Orga	anizations that follow SFAS 117, check here 67 through 69 and lines 73 and 74	F ✓ a	na complete lines			
Š	67	Unrestricted			65,118,034	67	88,993,192
Balances	68	Temporarily restricted		[68	
<u> </u>	69	Permanently restricted		[69	
Fund	Orga	anizations that do not follow SFAS 117, che	ck here	► Tand			
	70	complete lines 70 through 74	- d			70	
jo S	70 71	Capital stock, trust principal, or current fu Paid-in or capital surplus, or land, building	-		70 71		
sets	72	Retained earnings, endowment, accumulat		· ·		72	
t.As	73	Total net assets or fund balances Add lin				, _	
ž	-	through 72 (Column (A) must equal line 19		_			
		line 21)			65,118,034	73	88,993,192
	74	Total liabilities and net assets / fund balance	s Add line	es 66 and 73	144,490,827	74	196,887,562

а	Total revenue, gains, and other :	support per audited financial sta	tements			а	825,687,218
b	A mounts included on line a but i	not on Part I, line 12					
1	Net unrealized gains on investm	ents	b1				
2	Donated services and use of fac	ılıtıes	b2				
3	Recoveries of prior year grants		b3				
4	Other (specify)		b4				
	Add lines b1 through b4		- ட	·		ь	
:	Subtract line ${f b}$ from line ${f a}$					с	825,687,218
l	A mounts included on Part I, line	12, but not on line a					
1	Investment expenses not includ	ed on Part I, line	d1				
2	6b Other (specify)		aı aı			1	
			d2				
	Add lines d1 and d2					d	
:	Total revenue (Part I, line 12)					e	825,687,218
art	d		ncial St	atements '	With Eyne		er Return
- G U	Total expenses and losses per a					a l	814,296,311
•	Amounts included on line a but i				•	- +	011,250,011
1	Donated services and use of fac	*	b1	1			
2	Prior year adjustments reported	on Part I, line				1	
3	20 Losses reported on Part I, line		b2			-	
_	20		b3			.	
4	Other (specify)		_ b4				
	Add lines b1 through b4					ь	
	Subtract line b from line a					С	814,296,31
	A mounts included on Part I, line						
1	Investment expenses not includ	ed on Part I, line	d1				
2	6b		aı aı			-	
_	Other (specify)		d2				
	Add lines d1 and d2					d	
!	Total expenses (Part I, line 17) d	•				e	814,296,311
art	V-A Current Officers, Dir	ectors, Trustees, and Ke					
	director, trustee, or ke instructions.)	y employee at any time dur	ing the y	ear even ıf	they were r	not com	pensated.) <i>(See the</i>
	msu ucuons.)				(D) Contrib	utions to	(F) Eunanaa
	(A) Name and address	(B) Title and average hours per week devoted to position		mpensation nid, enter -0)	employee ben deferred com		(E) Expense account and other allowances
	CTEIN DAIL		-		plan	S	allowarices
	STEIN PAUL ROADWAY 9TH FLOOR	PRESIDENT		0		C	
	YORK,NY 10004	1 0					
	DALL THOMAS	SVP/GEN COUNSEL		0			
	ROADWAY 9TH FLOOR YORK,NY 10004	1 0		U		C	
IO N I	GMICHAEL	DIRECTOR					
	ROADWAY 9TH FLOOR	1 0		0		C	0
	YORK,NY 10004 CHTMAN Jay						
25 BF	ROADWAY 9TH FLOOR	DIRECTOR 1 0		0		C)
	YORK,NY 10004	1 0					
	THE JAMES ROADWAY 9TH FLOOR	EXEC VP/COO		0		C	,
IEW	YORK,NY 10004	1 0					
	LIPS DAN	TREASURER				_	
	ROADWAY 9TH FLOOR YORK,NY 10004	1 0		0		C	
ELE	IN KELLY	SECRETARY					
	ROADWAY 9TH FLOOR	1 0		0		C)
ı ⊏ VV	YORK,NY 10004 RASHA		+				
0 D A		DIRECTOR	1		ĺ	-	. Ϊ .
5 BF	ROADWAY 9TH FLOOR			0		C	'
5 BF	ROADWAY 9TH FLOOR YORK,NY 10004	1 0		0			,
5 BF				0			0
5 BF				0			,

	330 (2000)						raye u
	t V-A Current Officers, Directors	<u> </u>	· · · · · · · · · · · · · · · · · · ·			Yes	No
75a	Enter the total number of officers, director	rs, and trustees permitted	l to vote on organization	n business at board			
	meetings						
b	Are any officers, directors, trustees, or ke	y employees listed in For	m 990, Part V-A, or hig	ghest compensated			
	employees listed in Schedule A , Part I , or	highest compensated pro	ofessional and other ind	ependent			
	contractors listed in Schedule A, Part II-	A or II-B, related to each	other through family or	business			
	relationships? If "Yes," attach a statemen	nt that identifies the indivi	duals and explains the	relationship(s) .	75b		No
c	Do any officers, directors, trustees, or key	y employees listed in Forr	n 990, Part V - A , or hig	hest compensated			
	employees listed in Schedule A, Part I, or						
	contractors listed in Schedule A, Part II-						
	tax exempt or taxable, that are related to				75c	Yes	
			· · · · · · ·		/50	103	
	If "Yes," attach a statement that includes		d in the instructions				
d	Does the organization have a written confi				75d	Yes	
	t V-B Former Officers, Director						 Other
	Benefits (If any former office	cer, director, trustee, o	or key employee red	eived compensation	or otl	ner be	nefits
	(described below) during the			amount of compens	sation	or oth	er
	benefits in the appropriate co	olumn. See the instruc	ctions.)	(D) Contributions to			
	(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans	(E) Exp	oense ac	count and
	(A) Name and address	(B) Loans and Advances	(If not paid enter -0-)	and deferred compensation plans	oth	ner allow	nces
				piaris			
	Other Information (Coothe	in atmostic na \					
	t VI Other Information (See the	<u> </u>	. 276 114 11 11 1		1	Yes	No
76	Did the organization make a change in its activities	,	nuescii tes, attach a				
					76		No
77	Were any changes made in the organizing	or governing documents l	but not reported to the 1	IRS?	77		Νo
	If "Yes," attach a conformed copy of the c	hanges					
78a	Did the organization have unrelated business gross	income of \$1,000 or more duri	ng the year covered by this	return?	78a		No
b	If "Yes," has it filed a tax return on Form 9	990-T for this year?			78b		
79	Was there a liquidation, dissolution, termination, or	substantial contraction during t	the year? If "Yes," attach				
	a statement				79		No
30a	Is the organization related (other than by association	on with a statewide or nationwi	de organization) through con	nmon membership.			
	governing bodies, trustees, officers, etc., to any oti			· · · · · · · · · · · · · · · · · · ·	90-	Vaa	
					80a	Yes	
b	If "Yes," enter the name of the organization	on 🕨 See Additional Data	Table				
		and check whether it	is Fexempt or Find	nexempt			
31a	Enter direct or indirect political expenditu	res (See line 81 instruct	ions) 81a	0			
b	Did the organization file Form 1120-POL fo	orthis vear?			81b		l _{No}

	Win Ohlow Tofowardian (continued)			rage z
	t VI Other Information (continued)		Yes	No
32a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		Νo
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)			
33a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Yes	
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	103	
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		Νο
	If "Yes," did the organization include with every solicitation an express statement that such contributions or	-		
_	gifts were not tax deductible?	84b		
5	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
	If "Yes," was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed the prior year			
c	Dues assessments, and similar amounts from members 85c			
d	Section 162(e) lobbying and political expenditures 85d	1		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e	1		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85fto its			
	reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax			
	year [?]	85h		
6	501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12 86a 0			
b	Gross receipts, included on line 12, for public use of club facilities 86b			
7	501(c)(12) orgs. Enter a Gross income from members or shareholders 87a 0			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
8a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Part IX	88a		Νο
b	At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)? If yes complete Part XI	88b		Νο
۵-2	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under	000		110
	section 4911 • 0 , section 4912 • 0 , section 4955 • 0			
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		Νο
c	Enter A mount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization • 0			
	All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter			
	transaction?	89e		Νo
f	All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract?	0,0		110
•	An organizations, but the organization dequire uncert of municipal interest in any applicable insurance contract.	89f		Νo
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting			
	organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time			
	during the year?			
		89g		
	List the states with which a copy of this return is filed F NY			
b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions)			
1a	The books are in care of DAVID FALK Telephone no (212)	801-6	000	
		0		
	25 BRO A DWA Y Located at NEW YORK, NY			
h	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		Yes	Νo
	account)?	91b		Νo
	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts			

Form 99	90 (2006)										Page 8
Part \	VI Other Information (con	ntinued)								Yes	No
c A	t any time during the calendar yea	ır, dıd the organızat	ıon maıntaın	an office outside	e of the United	l States	?	9:	lc		Νo
Ιf	"Yes," enter the name of the forei	gn country ►									
92 S	ection 4947(a)(1) nonexempt charita	ble trusts filing Fori	m 990 ın lıeu	of Form 1041— 0	Check here .					•	-
а	nd enter the amount of tax-exemp	t interest received (or accrued d	uring the tax yea	ar	. 🕨	92				
Part \	Analysis of Income-Property	roducing Activi	ties <i>(See</i>	the instruction	ons.)						
Note: E	Enter gross amounts unless otherwi	se ındıcated.		business income	Excluded by s	ection 51	2, 513,	or 514		(E) Related	
			(A) Business	(B) Amount	(C) Exclusion	١,	(D) mount			empt fu	ınctıon
			code	Amount	code		unount			incom	ie
	Program service revenue										
a	PREMIUM REVENUE				_					243	,637,612
Ь -											
С _											
d _											
е_											
f	Medicare/Medicaid payments .									575	,570,206
g l	ees and contracts from governme	nt agencies									
	Membership dues and assessment										
95	Interest on savings and temporary cash in	vestments			14		6,47	79,400			
96	Dividends and interest from securi	ties									
	Net rental income or (loss) from re				_						
	debt-financed property				_						
	non debt-financed property				_						
	Net rental income or (loss) from personal				_						
	Other investment income										
	Gain or (loss) from sales of assets other the	•			-						
	Net income or (loss) from special (
	Gross profit or (loss) from sales of	•									
103 (Other revenue a										
-											
ط - د											
d -					-						
104 f	Subtatal (add aslumana (B) (B) an	٠					6.47	79,400		810	,207,818
	Subtotal (add columns (B), (D), an otal (add line 104, columns (B), (I						0,47	3,400			87,218
	ine 105 plus line 1e, Part I, should e		line 12 Part I						•	025,00	37,210
Part	<u> </u>	•	·		nnt Durnos	05 (50	an th	o inci	truc	tions	.)
	. Explain how each activity for wh					-					
₹	of the organization's exempt pu	rposes (other than b	y providing	funds for such p	urposes)						
	See Additional Data Table										
Part	IX Information Regardin	a Tavable Sub	sidiaries :	and Disregar	ded Entitio	s /Sa	o tha	inct	110+	ions	
rait	(A)	(B)	Julailes		ded Little	Set		IIISU	ucti	(E)	
	me, address, and EIN of corporation, partnership, or disregarded entity	Percentage of ownership interest		(C) Nature of activitie	es	Tot	(D) tal incor	ne		End-of- asse	•
	partiership, or disregarded entity	ownership interest	6							4330	
		0,	+								
		9,									
Part	X Information Regardin	<u> </u>		with Dersons	l Renefit C	ontra 4	rte /	See +1	he.		
rent	instructions.)	y IIulisicis As	Sociated	Willi Fei Sulla	ii bellelit C	Jiili al	(5	JCE II			
(a) D	d the organization, during the year, receiv	ve any funds, directly oi	r ındırectly, to p	ay premiums on a p	personal benefit o	ontract?			Г	Yes	✓ No
(b) D	id the organization, during the yea	r, pay premiums. di	rectly or ind	rectly, on a pers	sonal benefit c	ontract	? .		Γ	Yes	✓ No
	If "Yes" to (b), file Form 8870 an					_					
										000	

106	Did the reporting organ the Code? if "Yes," cor			,	ed in section 512	(b)(13) of	Yes	No
	(A) Name and addres controlled er		Employer Id	B) dentification nber	(C) Description of transfer		D) of transf	er
	Totals							
107	Did the reporting organ	uzation receive a	ny transfers from a	controlled entity as o	defined in section	512(b)(13) of	Yes	No
	the Code? if "Yes," cor				Jenneu III Jeerlon	1		
	(A) Name and addres controlled er		Employer Id	B) dentification nber	(C) Description of transfer	,	D) of transf	er
	Totals							
						_		
108	Did the organization ha	-		ct on August 17, 200	6 covering the in	terests, rents,	Yes	No
				rn, including accompanying (other than officer) is base				
	e	rect, and complete			2007-08-	-23		
Sign	****** Signature of officer David Falk Controlle Type or print name	er			2007-08- Date	-23		
Sign Here Paid	David Falk Controlle Type or print name Preparer's signature MAR	er		Date		Preparer's SSN or PTIN	(See Gen	Inst W)
Pleas Sign Here Paid Prepa Use Only	Signature of officer David Falk Controlle Type or print name Preparer's	er and title ETIN GREIF	Y INC	Date	Date Check if self-		(See Gen	Inst W)

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93490318001387

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust Supplementary Information—(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

2006

Name of the organization HEALTHFIRST PHSP INC			Employer identification	ation number
c/o HEALTHFIRST INC			13-3783732	
	Highest Paid Employees			nd Trustees
(See page 2 of the instruction	ns. List each one. If there ar	e none, enter "Nor	1 '	ı
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None			compensation	
Notice	1			
	7			
Total number of other employees paid over \$50,000				
· ,	 Five Highest Paid Indepe	ndent Contractor	re for Drofession	al Services
	uctions. List each one (wheth			
"None.")	•		<u> </u>	,
(a) Name and address of each independent	contractor paid more than \$50,00	00 (b) Тур	e of service	(c) Compensation
None				
Total number of others receiving over \$50,00	00 for			
professional services				
	Five Highest Paid Indepe			
	o performed services other tl enter "None". See page 2 fo		ervices, whether in	dividuals or
(a) Name and address of each independent of			e of service	(c) Compensation
ASTORIA GRAPHICS	, , , , , , , , , , , , , , , , , , ,	(=) . , , ,		(c) compensus
225 VARICK STREET 4TH FLOOR		ADVERTISING S	SERVICES	346,575
NEW YORK, NY 10014				
NEWKIRK PRODUCTS INC				
PO BOX 15200		PRINTING SERV	/ICES	390,966
ALBANY,NY 122125200 RELIZON				
PO BOX 644039		PRINTING SERV	/ICES	755,303
PITTSBURGH, PA 152644039			1010	, 55,555
VISTA MEDIA				
PO BOX 51046		ADVERTISING		1,042,307
LOS ANGELES, CA 900515346				
WO RKFLO WO NE		DDINETING SEE	/I.C.F.C	40005=
PO BOX 644039 PITTSBURGH,PA 152644039		PRINTING SERV	/ICES	493,067
Total number of other central tors recovered				

15

\$50,000 for other services

Par	Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, include any attempt			
	to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred	ın		
	connection with the lobbying activities 🛰 (Must equal amounts on line 38, Part VI-A, or line			
	ı of Part VI-B)	1		Νo
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other			
	organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the			
	lobbying activities			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any			
	substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with			
	any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or	_		
	principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) $^{\circ}$	ا ا		
а	Sale, exchange, or leasing property?	2a		Νo
b	Lending of money or other extension of credit?	2b		Νo
c	Furnishing of goods, services, or facilities?	2c	Yes	
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	Yes	
e	Transfer of any part of its income or assets?	2e		Νo
3a	Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation			1
	of how the organization determines that recipients qualify to receive payments)	3a		Νo
ь	Did the organization have a section 403(b) annuity plan for its employees?	3b		Νo
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement	Зс		Νo
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		Νo
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete line 4f and 4g	4a		No
b	Did the organization make any taxable distributions under section 4966?	4b		Νo
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		Νo
d	Enter the total number of donor advised funds owned at the end of the tax year			
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year			
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts			
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year			

Pa	art I	V	Reason for Non-Private	Foundation Status	(See pages 4 th	rough 7 of the	instructions.)
I cert	ify th	at the	organization is not a private fou	ndation because it is (P	lease check only C	NE applicable bo	эх)	
5	Ė	A ch	urch, convention of churches, or	association of churches	Section 170(b)(1)(A)(ı)	•	
6	Г	Asc	hool Section 170(b)(1)(A)(ii) (Also complete Part V)		,		
7	Г	A ho	spital or a cooperative hospital :	service organization. Sec	tion 170(b)(1)(A)	(111)		
8	Γ	A fec	leral, state, or local government	or governmental unit Se	ction 170(b)(1)(A)(v)		
9	Γ	A me	dical research organization ope	rated in conjunction with	a hospital Section	n 170(b)(1)(A)(ıı	ı) Enter the ho	spital's name, city
		and s	state 🟲					
10	Γ	Ano	rganization operated for the ben	efit of a college or univer	sity owned or opera	ated by a govern	mental unit	
		Sect	on 170(b)(1)(A)(ıv) (Also com	olete the Support Schedu	le in Part IV-A)			
11a	Г	Ano	rganization that normally receive	es a substantial part of it	s support from a g	overnmental unit	or from the ge	neral public
		Sect	on 170(b)(1)(A)(vı) (Also com	olete the Support Schedu	le ın Part IV-A)			
11b	Γ	Асо	mmunity trust Section 170(b)(1	.)(A)(vı) (Also complete	the Support Sched	lule ın Part IV-A)	
12	굣	Ano	rganization that normally receive	es (1) more than 331/3	% of its support fro	om contributions,	, membership f	ees, and gross
		recei	pts from activities related to its	charitable, etc , function	s—subject to certa	aın exceptions, a	nd (2) no more	than 331/3% of
		ıts sı	apport from gross investment in	come and unrelated busi	ness taxable incon	ne (less section !	511 tax) from l	ousinesses
		acqu	ired by the organization after Jui	ne 30, 1975 See sectioi	n 509(a)(2) (Also	complete the Su	pport Schedule	ın Part IV-A)
13	Γ	Ano	rganızatıon that ıs not controlled	l by any disqualified pers	ons (other than for	undation manage	rs) and otherw	se meets the
		requi	rements of section 509(a)(3) C	heck the box that descri	bes the type of su	pporting organiza	ition	
					. –			
		ГΤ		e III - Functionally Inte		ype III - Other		
			Provide the following inform	ation about the supporte	, 	see page 7 of the	instructions.)	
					(c)	(d)		
				(b)	Type of organization	Is the sup	•	(0)
			(a)	Employer	(described in	organization li		(e) Amount of
1	lame((s) of :	supported organization(s)	ident if icat ion	lines 5 t hrough	supporting org governing do		support?
			number	12 above or	governing do	cuments:	_	
				IRC section)	Yes	No		
Total							<u> </u>	
	_	_						
14	ı	Ano	rganization organized and operat	ed to test for public safe	ty Section 509(a))(4) (See page 7	of the instruct	ions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting. Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2	2002	(e) Total
15	Gifts, grants, and contributions received (Do not		6,619	1,636			8,255
16	Include unusual grants See line 28) Membership fees received						
17	Gross receipts from admissions, merchandise						
	sold or services performed, or furnishing of	701,398,030	613,526,925	406 742 601	3/	14 110 216	1,965,787,962
	facilities in any activity that is related to the	701,398,030	613,326,923	406,743,691	24	4,119,316	1,903,767,902
	organization's charitable, etc , purpose						
18	Gross income from interest, dividends, amounts received from payments on securities loans						
	(section 512(a)(5)), rents, royalties, and	2 020 051	056.044	CE4 F00		005 404	F 24F 707
	unrelated business taxable income (less section	2,928,951	956,844	654,508		805,404	5,345,707
	511 taxes) from businesses acquired by the						
	organization after June 30, 1975 Net income from unrelated business activities						
19	not included in line 18						C
20	Tax revenues levied for the organization's benefit						
	and either paid to it or expended on its						C
	behalf						
21	The value of services or facilities furnished to						
	the organization by a governmental unit without charge. Do not include the value of services or						C
	facilities generally furnished to the public without						
	charge						
22	Other income Attach a schedule Do not include	1 677				0	1.677
	gain or (loss) from sale of capital assets 🏓	1,677	0	0		ď	1,677
23	Total of lines 15 through 22	704,328,658	614,490,388	407,399,835	24	4,924,720	1,971,143,601
24	Line 23 minus line 17	2,930,628	963,463	656,144		805,404	5,355,639
25	Enter 1% of line 23	7,043,287	6,144,904	4,073,998		2,449,247	, ,
26	Organizations described on lines 10 or 11: a	nter 2% of amount	: ın column (e). lın		26a	<u> </u>	
	Prepare a list for your records to show the name of						
•	than a governmental unit or publicly supported org						
	2005 exceeded the amount shown in line 26a Do	•	-	-			
	of all these excess amounts	not the this list w	itii your return. L	inter the total	26b		
		24 solumn (s)			26c	-	
	Total support for section 509(a)(1) test Enter line	e 24, column (e)	4.0	•	260	<u> </u>	
C	Add Amounts from column (e) for lines 18		_ 19				
	22 _				26d		
	Public support (line 26c minus line 26d total)				26e	<u> </u>	
f	Public support percentage (line 26e (numerator) d	-		<u> </u>	26f		
27	Organizations described on line 12: a For amou						
	prepare a list for your records to show the name of			h year from, each	ı "dısqua	lified pers	son "
	Do not file this list with your return. Enter the sur	n of such amounts	for each year				
	(2005) 0(2004)		(2003)		(2002)		0
Ŀ	For any amount included in line 17 that was received						
	records to show the name of, and amount received	· · ·					•
	or (2) \$5,000 (Include in the list organizations de	escribed in lines 5	through 11b, as	well as ındıvıdual	s) Do no	ot file this	s list with your
	return. After computing the difference between the	amount received	and the larger am	nount described ii	n (1) or ((2) , enter	the sum of
	these differences (the excess amounts) for each y	ear					
	(2005)0(2004)	0	(2003)	0	(2002)		0
•	Add Amounts from column (e) for lines 15	8,	.255 16	0			
	17 1,965,787,962 20		0 21	0	•	27c	1,965,796,217
c	Add Line 27a total 0	and line 27b tot	<u></u>	0	•	27d	(
	Public support (line 27c total minus line 27d total)			•	27e	1,965,796,217
f	Total support for section 509(a)(2) test Enter am		column (e) 🕨	27f 1,97	1,143,601		•
	Public support percentage (line 27e (numerator) d			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	27g	'	99 73 %
_	Investment income percentage (line 18, column (e			denominator)) 🕨	27h	<u> </u>	0 27 %
	Unusual Grants: For an organization described in li					na thrauc	
28	-			_	_	_	
	prepare a list for your records to show, for each ye	ar, the name of the	e continuator, the	uate and amount	or the g	ant, and i	ם שוופו

description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15

Part	Private School Questionnaire (See page 7 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)			
29 Do	oes the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		Yes	No
	ther governing instrument, or in a resolution of its governing body?	29		
30 D	oes the organization include a statement of its racially nondiscriminatory policy toward students in all its			
br	ochures, catalogues, and other written communications with the public dealing with student admissions,			
pr	rograms, and scholarships?	30		
31 Ha	as the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during			
	e period of solicitation for students, or during the registration period if it has no solicitation program, in a way			
th	iat makes the policy known to all parts of the general community it serves?	31		
	"Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)			
_				
32 D	oes the organization maintain the following	-		
	ecords indicating the racial composition of the student body, faculty, and administrative staff?	32a		
		32a		
_	ecords documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory asis?	32b		
c C	opies of all catalogues, brochures, announcements, and other written communications to the public dealing			
wı	th student admissions, programs, and scholarships?	32c	į į	
d Co	opies of all material used by the organization or on its behalf to solicit contributions?	32d		
If	you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
33 Do	oes the organization discriminate by race in any way with respect to			
a St	tudents' rights or privileges?	33a		
ьА	dmissions policies?	33b		
c Er	mployment of faculty or administrative staff?	33c		
d So	cholarships or other financial assistance?	33d		
e E	ducational policies?	33e		
f Us	se of facilities?	33f		
g At	thletic programs?	33g		
h Of	ther extracurricular activities?	33h		
If	you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
34a Do	oes the organization receive any financial aid or assistance from a governmental agency?	34a		
ь Ha	as the organization's right to such aid ever been revoked or suspended?	34b		
	you answered "Yes" to either 34a or b, please explain using an attached statement			
11	, sa and the state of the of the of the product explain ability an according Statement			
35 Do	oes the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05			
	Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35		
	Schedule A (Form 9		O. 57	2006

Schedule A (Form 990 or 990-EZ) 2006 Page 5 Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.) (To be completed **ONLY** by an eligible organization that filed Form 5768) Check - a ıf the organization belongs to an affiliated group Check ▶ **b** ✓ If you checked "a" and "limited control" provisions apply (b) **Limits on Lobbying Expenditures** (a) To be completed Affiliated group for all electing totals (The term "expenditures" means amounts paid or incurred) organizations 36 Total lobbying expenditures to influence public opinion (grassroots lobbying) 36 37 37 Total lobbying expenditures to influence a legislative body (direct lobbying) 38 38 Total lobbying expenditures (add lines 36 and 37) 39 39 Other exempt purpose expenditures 40 40 Total exempt purpose expenditures (add lines 38 and 39) 41 Lobbying nontaxable amount Enter the amount from the following table— If the amount on line 40 is-The lobbying nontaxable amount is— Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 41 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000 42 42 Grassroots nontaxable amount (enter 25% of line 41) 43 Subtract line 42 from line 36 Enter -0 - if line 42 is more than line 36 43 0 Subtract line 41 from line 38 Enter -0 - if line 41 is more than line 38 44 Caution: If there is an amount on either line 43 or line 44, you must file Form 4720. 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 13 of the instructions) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or (a) (b) (c) (d) (e) 2004 fiscal year beginning in) 2006 2005 2003 Total Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)) 46 Total lobbying expenditures 47 48 Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) 49

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- **a** Volunteers
- **b** Paid staff or management (Include compensation in expenses reported on lines **c** through **h.**)
- c Media advertisements
- **d** Mailings to members, legislators, or the public

Grassroots lobbying expenditures

- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h.)

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

		Νo	
viti	<u> </u>		-

A mount

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 13 of the instructions.)

51 Did th			tly engage in any of the following	g with any other organization de	scribed in	section	n
501(c	c) of the Code (other t	han section 501(c)(3) organizations) or in section 52	27, relating to political organiza	ations?		
a Trans	fers from the reporting	g organization to a no	ncharitable exempt organization	n of		Yes	No
(i)	Cash				51a(i)		Νo
(ii)	O ther assets				a(ii)		Νo
b Other	transactions						[
	-		harıtable exempt organızatıon		b(i)		Νo
	Purchases of assets				b(ii)		Νo
	Rental of facilities, e		sets		b(iii)		Νo
	Reimbursement arrai				b(iv)		No
	Loans or loan guaran				b(v)		No
			r fundraising solicitations		b(vi)	Yes	<u> </u>
			ner assets, or paid employees		_ <u>C</u>	<u> </u>	No
			lete the following schedule Colu				
			porting organization If the orgai imn (d) the value of the goods, o			ue in a	any
				(d			
(a) Line no	(b) A mount involved	Name of nonch	(c) arıtable exempt organızatıon	Description of transfers, ti		s, and	sharı
		HF MNGMENT SVCLLC	aritable exempt organization	arrange			
51b(vı)	96,214,479	HE MINGMENT SVCLLC		PERFORMANCE OF SVCS-	MGMT&A	DMIN	
descr) of the Code (other t	d with, or related to, one or more han section 501(c)(3)) or in sec		▶ ✓	Yes	Г
	(a) Name of organiza	ation	(b) Type of organization	(c) Description of r	elationshir)	
MANAGED HE			501(C)(4)	COMMON OFFICERS AND I			
			301(0)(4)	COMMON OTHERS AND			
				+			

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2006 Compensation Schedule

Name: HEALTHFIRST PHSP INC

c/o HEALTHFIRST INC

Name	Related Organization		Relationship	Compensation	Benefit Plan	Expense Account	Compensation Description
	Name	EIN		A mount	Contributions		
DICKSTEIN PAUL	HF MANAGEMENT SERVICES LLC	13-4069806		938,394	588,779	11,369	
BERGDALL THOMAS	HF MANAGEMENT SERVICES LLC	13-4069806		439,528	102,124	0	
HONIG MICHAEL	HF MANAGEMENT SERVICES LLC	13-4069806		337,179	92,351	0	
SCHECHTMAN Jay	HF MANAGEMENT SERVICES LLC	13-4069806		416,425	69,010	978	
BOOTHE JAMES	HF MANAGEMENT SERVICES LLC	13-4069806		478,029	95,380	0	
PHILLIPS DAN	HF MANAGEMENT SERVICES LLC	13-4069806		250,733	10,296	0	
GELEIN KELLY	HF MANAGEMENT SERVICES LLC	13-4069806		111,419	11,120	0	



TY 2006 Other Assets Schedule

Name: HEALTHFIRST PHSP INC

c/o HEALTHFIRST INC

Description	Description Beginning of Year Amount	
OTHER RECEIVABLES	10,765,808	5,258,466

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TY 2006 Other Changes in Net Assets Schedule

Name: HEALTHFIRST PHSP INC

c/o HEALTHFIRST INC

Description	Amount
RETAINED HOSPITAL PAYMENTS	14,298,444
FINANCIAL SECURITY DEPOSITS RETURNED	-1,858,165
CHANGE IN NET UNREALIZED GAINS & LOSSES	43,972

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TY 2006 Other Liabilities Schedule

Name: HEALTHFIRST PHSP INC

c/o HEALTHFIRST INC

Description	Beginning of Year Amount	End of Year Amount
UNCLAIMED VENDOR PAYABLES		
DUE TO AFFILIATE (501(C)(4))		60,296
DUE TO NEW YORK STATE	16,224,333	21,329,112

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TY 2006 Other Income Schedule

Name: HEALTHFIRST PHSP INC

c/o HEALTHFIRST INC

Description	2003	2002	2001	2000	Total
OTHER INCOME	1,677	0	0	0	1,677



TY 2006 Self Dealing Statement

Name: HEALTHFIRST PHSP INC

c/o HEALTHFIRST INC

Line Number	Explanation
2c	HF MANAGEMENT SERVICES, LLC, MANAGEMENT FEE, \$96,214,479

Line Number	Explanation		
2d	SEE FORM 990 #75C		

DLN: 93490318001387

Note: To capture the full content of this document, please select landscape mode (11" \times 8.5") when printing.

TY 2006 Supplemental Support Schedule

Name: HEALTHFIRST PHSP INC

c/o HEALTHFIRST INC

Year	Gifts, Grants and Contributions Received	Membership Fees Received	Gross Receipts From Admissions, Etc.	Gross Investment Income And Post 1975UBI	Net UBI Pre 1975	Tax Revenues Levied For Organization's Benefit	Value Of Services, Facilities Furnished By Government	Other Income	Total
2005			701,398,030	2,928,951				1,677	704,328,658
2004	6,619		613,526,925	956,844				0	614,490,388
2003	1,636		406,743,691	654,508				0	407,399,835
2002			244,119,316	805,404				0	244,924,720

Additional Data

Software ID:

Software Version:

EIN: 13-3783732

Name: HEALTHFIRST PHSP INC

c/o HEALTHFIRST INC

Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

Do not include amounts reported on line		(A) Total	(B) Program	(C) Management	(D) Fundraising
6b, 8b, 9b, 10b, or 16 of Part I.			services	and general	
a DUES & SUBSCRIPTIONS	43a	84,914		84,914	
b HEALTH PROMOTION	43b	2,305,677	2,305,677		
c SERVICE FEE & BANK CHARGES	43c	128,085	67,680	60,405	
d HEALTH PROMOTION EVENTS	43d	348,849	348,849		
e HFMS MANAGEMENT FEES	43e	96,214,479	72,429,144	23,785,335	
f STORAGE	43f	4,142	4,142		
g MARKETING PREMIUM	43g	283,325	283,325		
h HEALTHCARE SERVICE COSTS	43h	712,964,696	712,964,696		
i MISCELLANEOUS	43i	2,000		2,000	

Form 990, Part VI, Line 80b - If "Yes", enter the name of the organization and whether it is exempt or nonexempt:

Name of the Organization	Exempt	Nonexempt
MANAGED HEALTH INC	X	
HEALTHFIRST INC	Х	
HF ADMINISTRATIVE SERVICES INC		Х
HEALTHFIRST HMO INC		Х
HEALTHFIRST IPA INC		Х
HR MANAGEMENT SERVICES LLC		Х
HF PURCHASING INC		Х

Form 990, Part VIII - Relationship of Activities to the Accomplishment of Exempt Purposes:

orm 550, rate viii Relationship of Activities to the Accomplianment of Exempt raiposes.					
Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).				
93	THE CAPITATION PREMIUM REVENUES REPRESENT PREPAID AMOUNTS				
A - F	PAID BY THE NEW YORK STATE DEPARTMENT OF SOCIAL SERVICES TO				
0	THE ORGANIZATION FOR ITS HEALTH CARE PROVIDERS THE				
0	ORGANIZATION IS THEN OBLIGATED TO PROVIDE HEALTH CARE				
0	SERVICES TO ITS ENROLLEES, WHO ARE COMPOSED OF MEDICAID AND				
0	CHILD HEALTH PLUS AND FAMILY HEALTH PLUS RECIPIENTS				