# Form **990**

**Return of Organization Exempt From Income Tax** 

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

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

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

OMB No. 1545-0047

2023

Open to Public

Department of the Treasury Internal Revenue Service

A F	A For the 2023 calendar year, or tax year beginning and ending										
<b>B</b> c	heck if pplicable	C Name of organization			D Employer	identific	ation number				
	Addres change	PREMIER HEALTHCARE, INC	2.								
	Name change				13-3	91627	1				
	Initial return	Number and street (or P.O. box if mail is not del	ivered to street address)	Room/suite	E Telephone	number					
	Final return/	220 EAST 42ND ST, 8TH I	LOOR		(212	(212)273-6100					
	termin- ated	City or town, state or province, country, and	ZIP or foreign postal code		<b>G</b> Gross receipt	s\$	17,156,648.				
	Amend return Applica	NEW TORK, NI TOUT!			<b>H(a)</b> Is this a						
	tion pending	F Name and address of principal officer: AL v	IN CAREY		l l	ordinates?					
		SAME AS C ABOVE	(' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		H(b) Are all sub						
		mpt status: X 501(c)(3) 501(c)( ) e: WWW.YAI.ORG/AGENCIES/PR	(insert no.) 4947(a)(1)		<b>⊣</b> ′		ist. See instructions				
	Vebsite		sociation Other		H(c) Group 6		State of legal domicile: NY				
		Summary	SOCIATION OTHER	L Year	oi ioriliation. 1	990  IVI	State of legal doffliche. N 1				
		Briefly describe the organization's mission or most	significant activities: PREM	TER HE	CALTHCAR	E. TN	C. TS A				
မွ		NATIONAL COMMISSION ON QUA									
Activities & Governance	-		ntinued its operations or dispos								
Ver	l	Number of voting members of the governing body				1 _ 1	3				
ဗိ		Number of independent voting members of the gov					2				
త గ్ర		Fotal number of individuals employed in calendar y					205				
/itie	6 -	Total number of volunteers (estimate if necessary)				6	3				
cţi		Total unrelated business revenue from Part VIII, co					0.				
_	b I	Net unrelated business taxable income from Form	990-T, Part I, line 11	·····			0.				
					Prior Yea		Current Year				
ē	8 (	Contributions and grants (Part VIII, line 1h)				462.	4,280.				
ēn	9				15,233,		16,525,020.				
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4,			-9,	438.	183,178.				
	ייין (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c			15,226,	_	16,712,478.				
		Total revenue - add lines 8 through 11 (must equal			13,220,	0.	0.				
	l .	Grants and similar amounts paid (Part IX, column (/ Benefits paid to or for members (Part IX, column (A	\			0.	0.				
	45 (	Salaries, other compensation, employee benefits (F	, , , , , , , , , , , , , , , , , , , ,		9,862,		10,853,583.				
Expenses	16a l	Professional fundraising fees (Part IX, column (A), li			-,,	0.	0.				
beu	b .	Fotal fundraising expenses (Part IX, column (D), line		0.							
Ä	17 (	Other expenses (Part IX, column (A), lines 11a-11d,			7,428,	033.	8,069,515.				
		Total expenses. Add lines 13-17 (must equal Part เว			17,290,		18,923,098.				
		Revenue less expenses. Subtract line 18 from line	12		-2,063,	839.	-2,210,620.				
or Ses				В	eginning of Curre		End of Year				
Assets of Balanc	20	Fotal assets (Part X, line 16)			19,202,		20,422,638.				
A As	21	Total liabilities (Part X, line 26)			30,253,		33,683,851.				
Net		Net assets or fund balances. Subtract line 21 from Signature Block	line 20		-11,050,	593.	-13,261,213.				
		1 -					lunaladana anad haliaf itia				
		ties of perjury, I declare that I have examined this return, t, and complete. Declaration of preparer (other than office				-	knowledge and beller, it is				
uue,	COLLECT	, and complete. Declaration of preparer (other than office	1) is based on all illiornation of wi	iicii preparei	i ilas ally kilowiei	iye.					
Sigi	, †	Signature of officer			Date						
Her		KEVIN CAREY, CEO									
	Ĭ	Type or print name and title									
		Print/Type preparer's name	Preparer's signature		Date	Check	PTIN				
Paid		MAGDALENA CZERNIAWSKI	MAGDALENA CZERNI	IAWSK							
Prep		Firm's name CBIZ MARKS PANETH	LLC		Firm'	s EIN 87	7-3707167				
Use	Only	Firm's address 685 THIRD AVENUE									
		NEW YORK, NY 1001	7		Phon	e no. 212	2-503-8800				
May	the IR	S discuss this return with the preparer shown about	ve? See instructions				Yes No				
1111		Damamuaul, Daduatian Ast Nation ass the same	a Alan San a Armana Affan aran				uu() (0000)				

	2	_
	n 990 (2023) PREMIER HEALTHCARE, INC. 13-3916271 Page 2 rt III   Statement of Program Service Accomplishments	<u>2</u>
Pa		٦
_		
1	Briefly describe the organization's mission:  PREMIER HEALTHCARE, INC. IS A NATIONAL COMMISSION ON QUALITY ASSURANCE	
	RECOGNIZED PATIENT - CENTERED MEDICAL HOME OFFERING HEALTH CARE	_
	SERVICES TO THE GENERAL PUBLIC WITH A SPECIALTY IN MEDICAL SERVICES	_
	FOR PEOPLE WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES AND THEIR	_
2	Did the organization undertake any significant program services during the year which were not listed on the	_
_	prior Form 990 or 990-EZ?	)
	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 measured by expenses.	
	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 \$16,718,907. including grants of \$) (Revenue \$16,708,198.	)
	PREMIER HEALTHCARE, INC IS A QUALITY HEALTH CARE PRACTICE OFFERING	_
	HEALTH CARE SERVICES TO THE GENERAL PUBLIC WITH A SPECIALTY IN MEDICAL	_
	SERVICES FOR PEOPLE WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES	_
	AND THEIR FAMILIES IN MANY SITES THROUGHOUT THE NEW YORK AREA. PREMIER	_
	HEALTHCARE, INC., AN OUTPATIENT DIAGNOSTIC AND TREATMENT CENTER,	_
	PROVIDES OUTPATIENT CLINIC SERVICES WHICH INCLUDE: PRIMARY H EALTH,	_
	PEDIATRICS, INTERNAL MEDICINE, DENTISTRY (INCLUDING DESENSITIZATION),	_
	NUTRITION, GYNECOLOGY, NEUROLOGY, PODIATRY, PSYSIATRY, PSYCHIATRY,	_
	PHYSICAL THERAPY, OCCUPATIONAL THERAPY, OPTHALMOLOGY, SPEECH PATHOLOGY AND PSYCHOLOGY.	_
	AND PSICHOLOGI.	_
		_
4b	(Code:) (Expenses \$	<u> </u>
	/ (a.p., a.e.) / (a.p., a.e.) / (a.e.)	,
		_
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4c	(Code:) (Expenses \$	)
		_
		_
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		_
		_
4d	Other program services (Describe on Schedule O.)	_
	(Expenses \$ including grants of \$ ) (Revenue \$ )	_
40	Total program conjuga expenses 16, 718, 907.	-

# Form 990 (2023) PREMIER HEALTHCARE, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
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			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			,,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in		37	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		3.7	
	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		v	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	40.		
40	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)? If "Yes," complete Schedule E	13		
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
а	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	146		х
15	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15		15		х
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16	· · · · · · · · · · · · · · · · · · ·	16		х
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		х
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10		х
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		_^
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		х
20-	complete Schedule G, Part III	19 20a		X
20a h	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		-22
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21		х
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	41	<u> </u>	_ 41

Form 990 (2023) PREMIER HEALTHCARE,
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
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	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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			37
	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%			v
	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	07		х
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Λ
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		х
h	"Yes," complete Schedule L, Part IV  A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Х	- 21
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		
·	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes." <i>complete</i>			
	Schedule N, Part II	32		Х
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	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 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?		7.7	
Dai	Note: All Form 990 filers are required to complete Schedule 0	38	X	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the manuscript of the Wilder and add of the Parish of the applicable			
C		10	Х	
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	

Form 990 (2023) PREMIER HEALTHCARE, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		_X_
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u> </u>
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		<u> X</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			7.7
	to file Form 8282?	7c		<u> </u>
d	If "Yes," indicate the number of Forms 8282 filed during the year			37
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u>X</u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u>X</u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the	_		
^	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0-		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:	ЭD		
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		_X_
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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	<u></u>	<u></u>	<u></u>	<u></u>		X
Sec	tion A. Governing Body and Management						
					\	es	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		3			
	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		2			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with	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	e direc	t supervision				
	of officers, directors, trustees, or key employees to a management company or other person?			3			Х
4	Did the organization make any significant changes to its governing documents since the prior Form	990 wa	s filed?	4			Х
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5	<u> </u>		Х
6	Did the organization have members or stockholders?			6	<u> </u>		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or				
	more members of the governing body?			. 7	а		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockho	lders, or				
	persons other than the governing body?			. <b>7</b> 1	5		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar by th	e following:				
а	The governing body?			8	а	Х	
b	Each committee with authority to act on behalf of the governing body?				0	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	)		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re						
				_	_\	/es	No
10a	Did the organization have local chapters, branches, or affiliates?			. 10	а		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such c	hapters	, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?			. 10	_		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ly befo	re filing the form?	11	а	X	
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			. 12	-	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to con	flicts?	12	b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	Yes," a	escribe				
	on Schedule O how this was done			. 12	-	X	
13	Did the organization have a written whistleblower policy?			. <u>1</u> 3	_	X	
14	Did the organization have a written document retention and destruction policy?			. 14	1	X	
15	Did the process for determining compensation of the following persons include a review and approve	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			. 15	a		X
b	Other officers or key employees of the organization			. 15	b		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 arrange	ment w	rith a				
	taxable entity during the year?			16	a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ite its p	articipation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nizatio	ı's				
	exempt status with respect to such arrangements?			. 16	b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed NY						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990	-T (section 501(c)	(3)s on	y) av	/ailab	ole
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website Another's website X Upon request Other (explain	n on S	chedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		•	and fina	ancia	al	
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks an	d records				
	VANDA ANGELILLO, ACTING CFO - (212) 273-6584						
	220 FACT 12ND CT STH FLOOD NEW YORK NY 10017						

# 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 tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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.

(A) Name and title	(B) Average	(do		Pos		than o	one	(D) Reportable	<b>(E)</b> Reportable	<b>(F)</b> Estimated
	hours per week	box	, unle	ss per	rson i	s both	n an	compensation from	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) KEVIN CAREY CEO	3.00			х				0.	548,184.	141,958.
(2) HOPE LEVY	0.00								•	•
EXECUTIVE DIRECTOR (FORMER)							Х	175,000.	184,582.	0.
(3) PETER BULOW	40.00									
PSYCHIATRIST						Х		305,526.	0.	3,819.
(4) VANDA ANGELILLO	40.00									
ACTING CFO	1000			Х				0.	245,374.	22,039.
(5) DOUGLAS REED	40.00					٦,		227 060	0	7 126
NURSE PRACTITIONER PSYCH (6) ELSTON L VOLKERTS	40.00					Х		237,860.	0.	7,136.
NURSE PRACTITIONER	40.00					X		182,189.	0.	35,517.
(7) ANNA VIRON	40.00					^		102,109.	0.	33,317.
CHIEF OF DENTISTRY	40.00					Х		197,202.	0.	15,945.
(8) JAVAID IFTIKAR	40.00							13772021	•	13/3131
NURSE PRACTITIONER PSYCH						x		193,050.	0.	0.
(9) DAVID STAFFORD	1.00									
TRUSTEE	2.00	Х						0.	0.	0.
(10) JEFFERY MORDOS	1.00									
CHAIRMAN	2.00	Х		Х				0.	0.	0.
(11) JEFFREY LIEBERMAN, ESQ.	1.00									
TRUSTEE	2.00	Х						0.	0.	0.
-										
		_								
	1	1	1	L		1		i		l

332007 12-21-23 Form **990** (2023)

Part VII   Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
(A)	(B)			(0	<b>C</b> )			(D)	(E)			(F)
Name and title	Average	(do		Posi		l than d	one	Reportable	Reportable		Es	timated
	hours per	box	, unles	ss per	son i	s both	n an	compensation	compensation	ו ו		nount of
	week (list any					174145	,	from the	from related organizations			other pensation
	hours for	direct				- O		organization	(W-2/1099-MIS	- 1		om the
	related	tee or	ustee			ensate		(W-2/1099-MISC/	1099-NEC)		orga	anization
	organizations	al trus	onal tr		loyee	comp		1099-NEC)				d related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	ınizations
		ᄪ	드	10	- S	포늄	7					
										ĺ		
1b Subtotal								1,290,827.	978,14	$\overline{}$	226	5,414.
c Total from continuation sheets to Part VI								0.	070 14	0.	22/	0.
d Total (add lines 1b and 1c)								1,290,827.	978,14	0.	220	5,414.
Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	d ab	ove	) wn	o re	eceived more than \$100,	000 of reportable			28
compensation from the organization												Yes No
3 Did the organization list any <b>former</b> officer,	director, truste	ee. k	ev e	lame	ove	e. or	hio	hest compensated emp	lovee on	ſ		
line 1a? If "Yes," complete Schedule J for si	•		•		•	-	_		•	ľ	3	Х
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	dule	J t	for such individual		[	4	X
5 Did any person listed on line 1a receive or a	ccrue compen	sati	on fr	om	any	unre	elate	ed organization or individ	dual for services	Į		
rendered to the organization? If "Yes." com	plete Schedule	J fo	or su	ıch r	oers	on .					5	X
Section B. Independent Contractors												
1 Complete this table for your five highest con	•	•							•	ensat	ion fro	om
the organization. Report compensation for t	ine calendar ye	ear e	nain	ig w	itn c	or wi	tnin		ear.			·1
<b>(A)</b> Name and business	address							<b>(B)</b> Description of s	ervices	C	(C omper	nsation
BOSTON CHILDREN'S HEALTH	PHYSICI	AN	S.	L	LΡ						•	
40 SUNSHINE COTTAGE ROAD			-			•		PEDIATRIC NE	UROLOGY		387	7,007.
FIRST HAND MANAGEMENT RES							-	TEMPORARY SE				
HUGUENOT STREET TRUMP PLAZA STE 200, NEW PT											104	4,423.
							$\dashv$					
2 Total number of independent contractors (in	acluding but po	ot lin	nitoo	1 +0 +	thos	o lic		abovo) who received me	are than			

\$100,000 of compensation from the organization

ı a		•••				raenanea	or note to any lin	e in this Part VIII			
			Check if Schedule O	JUITE	ali is a i	esponse	e or note to any iin	(A)	(B)	(C)	(D)
								Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
									function revenue	business revenue	sections 512 - 514
S S	1 :	a	Federated campaigns			1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues			1b					
2 0			Fundraising events			1c					
ifts ar A			Related organizations			1d					
s, G	,		Government grants (contr			1e					
Sii	1		All other contributions, gifts,								
buti			similar amounts not included			1f	4,280.				
o iti	,	g	Noncash contributions included in	lines 1	a-1f	1g \$					
Col		h	Total. Add lines 1a-1f					4,280.			
							Business Code				
ě	2 :	а	PATIENT SERVICE REVI	ENUE	s		621110	16,080,850.	16080850.		
Program Service Revenue	- 1	b	CONTRACT REVENUE				621110	444,170.	444,170.		
Se		С									
am		d									
ogr B		е									
4	1	f	All other program service	rever	nue						
		g	Total. Add lines 2a-2f					16,525,020.			
	3		Investment income (include	ding o	divider	nds, inte	rest, and				
	4		Income from investment of	of tax	-exem	pt bond	proceeds				
	5		Royalties		······						
					(i)	Real	(ii) Personal				
			Gross rents	6a							
			Less: rental expenses	6b							
			Rental income or (loss)	6с							
			Net rental income or (loss)	)			(ii) Oth an				
	7 :		Gross amount from sales of		(1) 50	ecurities	` '				
			assets other than inventory	7a			444,170.				
•			Less: cost or other basis				444 170				
Revenue		_	and sales expenses	7b			444,170.				
eve	(	C	Gain or (loss)	/C	<u> </u>						
er R			Net gain or (loss)								
Othe	8		Gross income from fundraising including \$	ig ev	ents (n						
0			contributions reported on	lino	10) 90	of					
			Part IV, line 18								
			Less: direct expenses								
			Net income or (loss) from				<u> </u>				
			Gross income from gamin								
		_	Part IV, line 19				a				
	-	b	Less: direct expenses								
			Net income or (loss) from								
			Gross sales of inventory, I								
			and allowances			10	)a				
	- 1	b	Less: cost of goods sold				b				
		С	Net income or (loss) from	sales	of inv	entory					
							Business Code				
Miscellaneous Revenue	11 :	а	INSURANCE PROCEEDS				900099	183,178.	183,178.		
ane	1	b									
Sell		С									
Misc		d	All other revenue								
	(	e	Total. Add lines 11a-11d					183,178.			
	12		Total revenue. See instruction	ns				16,712,478.	16708198.	0.	0.

# Form 990 (2023) PREMIER HEALT Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a respor				
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
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				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	114,583.	2 222 424	114,583.	
7	Other salaries and wages	9,311,201.	9,238,434.	72,767.	
8	Pension plan accruals and contributions (include	00 004	00.000	224	
	section 401(k) and 403(b) employer contributions)	89,904.		824.	
9	Other employee benefits	582,401.		5,337.	
10	Payroll taxes	755,494.	748,571.	6,923.	
11	Fees for services (nonemployees):	1 070 500		1 070 530	
а	Management	1,272,530.		1,272,530.	
b	Legal	77,570.		77,570.	
С	Accounting	52,402.		52,402.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)	1 459 913	1,256,636.	203,277.	
40	Advertising and promotion	1,400,010.	1,230,030.	203,211.	
12 13	Office expenses	323,329.	323,329.		
14	Information technology	744,252.			
15	Royalties	744,252.	744,252.		
16	Occupancy	1,727,654.	1,727,654.		
17	Travel	58,275.			
18	Payments of travel or entertainment expenses	30,2731	3072730		
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	231,453.		231,453.	
21	Payments to affiliates	,		,	
22	Depreciation, depletion, and amortization	130,319.	130,319.		
23	Insurance	649,003.	492,376.	156,627.	
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	BAD DEBT	472,181.	472,181.		
b	RECREATIONAL SUPPLIES	417,935.	417,935.		
С	REPAIRS AND MAINTENANCE	400,684.	400,684.		
d	STAFF DEVELOPMENT	42,117.	42,117.		
е	All other expenses	9,898.		9,898.	
25	Total functional expenses. Add lines 1 through 24e	18,923,098.	16,718,907.	2,204,191.	0.
26	$\ensuremath{\textbf{Joint costs}}.$ Complete this line only if the organization			T	
	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 <b>990</b> (2023)

Form 990 (2023)
Part X Balance Sheet

Pai	rt X	Balance Sneet					
		Check if Schedule O contains a response or note	to any	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			41,028.	1	156,316
	2	Savings and temporary cash investments			452,021.	2	63,495
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			1,722,340.	4	3,207,944
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	antial c	ontributor, or 35%			
		controlled entity or family member of any of these	e perso	ons		5	
	6	Loans and other receivables from other disqualifi					
		under section 4958(f)(1)), and persons described		6			
Ø	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use				8	
Ä	9	B			147,071.	9	531,247
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	7,875,213.			
	b	Less: accumulated depreciation	10b	7,233,890.	771,642.	10c	641,323
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1			12		
	13	Investments - program-related. See Part IV, line 1		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			16,068,850.	15	15,822,313
	16	Total assets. Add lines 1 through 15 (must equa	l line 3	3)	19,202,952.	16	20,422,638
	17	Accounts payable and accrued expenses			1,308,650.	17	2,050,932
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete P	art IV	of Schedule D		21	
Se	22	Loans and other payables to any current or forme	er offic	er, director,			
Liabilities		trustee, key employee, creator or founder, substa	antial c	ontributor, or 35%			
iab		controlled entity or family member of any of these	e perso	ons		22	
_	23	Secured mortgages and notes payable to unrelate			2,552,235.	23	7,752,235
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24).	. Complete Part X	06 200 660		00 000 604
		of Schedule D			26,392,660.		
	26	Total liabilities. Add lines 17 through 25		77	30,253,545.	26	33,683,851
s		Organizations that follow FASB ASC 958, chec	k here	e X			
ce		and complete lines 27, 28, 32, and 33.		-	11 050 502		12 261 212
alar	27				-11,050,593.	27	-13,261,213
Ã	28	Net assets with donor restrictions				28	
Ĕ		Organizations that do not follow FASB ASC 95	8, che	eck here			
F		and complete lines 29 through 33.		_			
its (	29	Capital stock or trust principal, or current funds			29		
SSe	30	Paid-in or capital surplus, or land, building, or equ				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc		F	11 050 502	31	12 261 212
ž	32	Total net assets or fund balances			<u>-11,050,593.</u>	32	-13,261,213
	33	Total liabilities and net assets/fund balances			19,202,952.	33	20,422,638

Pai	Heconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>,71</u>				
2	Total expenses (must equal Part IX, column (A), line 25)	2	18	,92	3,0	<u>98.</u>		
3	Revenue less expenses. Subtract line 2 from line 1	3	-2	,21	0,6	20.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-11	,05	93.			
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	-13	,26	1,2	13.		
Pa	t XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			X		
					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 O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?			2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	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	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
Uniform Guidance, 2 C.F.R. Part 200, Subpart F?								
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b				
				Form	990	(2023)		

#### **SCHEDULE A**

(Form 990)

<u>Total</u>

Department of the Treasury Internal Revenue Service

Name of the organization

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

13 OMB No. 1545-0047

<u> 2023</u>

Open to Public Inspection Employer identification number

			TEK HEALTH					.3-3916271	
Pa	ırt I	Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.		
The	organ	rganization is not a private foundation because it is: (For lines 1 through 12, check only one box.)							
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)							
3	X	A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).		
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in <b>sectio</b>	n 170(b)(1)(A)(iii). Enter	the hospital's name,	
		city, and state:							
5		An organization operated for	or the benefit of a col	lege or university owned	or operat	ed by a go	vernmental unit describ	ed in	
		section 170(b)(1)(A)(iv). (0			•				
6		A federal, state, or local go		nental unit described in	section 17	70(b)(1)(A)	(v).		
7	一	An organization that norma	_				• •	public described in	
		section 170(b)(1)(A)(vi). (C	•		Ü		ŭ	1	
8		A community trust describe	•	1)(A)(vi). (Complete Parl	: 11.)				
9	П	An agricultural research org	` .		•	ed in coniu	nction with a land-grant	college	
·		or university or a non-land-	-		•	-	-	-	
		university:	gram comege or agric				, and etails of the comeg	, .	
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its sunn	ort from c	ontribution	s membershin fees an	d aross receints from	
10	ш	activities related to its exen							
		income and unrelated busin	· ·	•			• •	-	
		See section 509(a)(2). (Co		(less section of reak) no	iii busiiles	sses acquii	ed by the organization a	aiter durie 30, 1973.	
11		An organization organized		vely to test for public sat	faty Saa	caction 50	)O(a)(A)		
12	H	An organization organized a	•	•	•			nurnoses of one or	
12		more publicly supported or	=	•	•		•	•	
		lines 12a through 12d that	•	` ', '		,	` ' ' '	SHOOK THE BOX OH	
_		Type I. A supporting orga	•				. ,	aivina	
а		the supported organization	· · · · · · · · · · · · · · · · · · ·	•	•	-			
		• • • •		• • • •	majority C	i ille direc	tors or trustees or trie si	pporting	
		organization. You must o	•		ion with its		d arganization(a) by bay	ina	
b	' L	☐ Type II. A supporting org	•					-	
		control or management of			ame perso	ns that coi	ntrol or manage the sup	ροπεα	
		organization(s). You mus	•					1 20	
С							• •	a with,	
	. —	its supported organizatio		·					
d							• • • •		
		that is not functionally int	•	• ,	•			veness	
		requirement (see instruct	-	-					
е		☐ Check this box if the orga					Type I, Type II, Type III		
_		functionally integrated, or							
		er the number of supported of							
g		vide the following information  i) Name of supported	n about the supporte	d organization(s).  (iii) Type of organization	(iv) Is the orga	ınization listed	(v) Amount of monetary	(vi) Amount of other	
	`	organization	(,	(described on lines 1-10	in your governi	ng document?	support (see instructions)	support (see instructions)	
				above (see instructions))	Yes	No	,	, , , , , , , , , , , , , , , , , , ,	
								-	

332021 12-21-23

### Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4						_
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, t	ourth, or fifth tax y	year as a section 5	01(c)(3)	
	organization, check this box and stop						
	Section C. Computation of Public Support Percentage						
	4 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))						
	5 Public support percentage from 2022 Schedule A, Part II, line 14						
16a	Sa 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and						
	stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
b	• • • • • • • • • • • • • • • • • • • •	-					
	and <b>stop here.</b> The organization qual	•	• •				
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			-	•	_	
	meets the facts-and-circumstances te	-		• • •	-		
b	10% -facts-and-circumstances test						IU% Or
	more, and if the organization meets the				•		
46	organization meets the facts-and-circu			•	• • •		H
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 1/a, or 17b	o, check this box a	na see instructions	

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Sec	qualify under the tests listed be tion A. Public Support	elow, please comp	olete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and	(4) 2010	(5) 2020	(0) 2021	(4) 2022	(6) 2020	(i) rotal
•	membership fees received. (Do not						
	include any "unusual grants.")						
	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						
2	Gross receipts from activities that						
3	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
7	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						_
3	furnished by a governmental unit to						
	the organization without charge						
	<b>Total.</b> Add lines 1 through 5						
	Amounts included on lines 1, 2, and						_
ı a	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
-	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
_	amount on line 13 for the year  Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	(a) 2019	(b) 2020	(6) 2021	(u) 2022	(e) 2023	(I) TOTAL
	Gross income from interest,						
104	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
h	Unrelated business taxable income						
b	(less section 511 taxes) from businesses						
_	Add lines 10a and 10b						
	Net income from unrelated business						
• •	activities not included on line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain						
-	or loss from the sale of capital						
12	assets (Explain in Part VI.)						
	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.) <b>First 5 years.</b> If the Form 990 is for the	o organization's fi	irst second third	fourth or fifth tax	voor as a soction F	[ [01(c)(3) organization	<u></u>
14	•	ie organization s ii	irst, second, triird,	iourin, or intil tax	year as a section s	our(c)(3) organization	лі, 
Sec	check this box and stop here tion C. Computation of Publi	c Support Per	rcentage				
	Public support percentage for 2023 (I	• • • • • • • • • • • • • • • • • • • •		actuma (f)		15	0/
			•	column (I))		16	<u>%</u>
	Public support percentage from 2022 tion D. Computation of Investigation					10	%
	•			no 12 oolumn (f)\		17	04
	Investment income percentage for 20 Investment income percentage from 20					18	<u>%</u> %
	33 1/3% support tests - 2023. If the						
. 42	33 1/370 support tests - 2023. If the						/ 19 IIUL
iou	more than 33 1/30% chack this box or	ad etan bara Tha	Aragnization airoli				
	more than 33 1/3%, check this box ar						
	more than 33 1/3%, check this box ar <b>33 1/3% support tests - 2022.</b> If the line 18 is not more than 33 1/3%, che	organization did r	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	

### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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.)

	Yes	No
1		
2		
3a		
3b		
_		
3c		
4a		
Tu .		
4b		
4c		
5a		
5b		
5c		
6		
7		
_		
8		
9a		
9b		
9с		
10a		
40.		
10b	1	1

13-3916271 Page 5

Par	t IV	Supporting Organizations (continued)			
		·		Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c be	elow, the governing body of a supported organization?	11a		
b	A fami	ily member of a person described on line 11a above?	11b		
С	A 35%	s controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sec	tion E	B. Type I Supporting Organizations			
				Yes	No
1		e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, ors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organi	zation, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
_		rted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported			
		ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		how providing such benefit carried out the purposes of the supported organization(s) that operated,	•		
Sec		vised, or controlled the supporting organization.  C. Type II Supporting Organizations	2		
-		7 Type it supporting organizations		Yes	No
1	Wora :	a majority of the organization's directors or trustees during the tax year also a majority of the directors		162	INO
•		stees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
		pported organization(s).	1		
Sec	tion C	D. All Type III Supporting Organizations	•		
				Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organi	ization'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			
	organi	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were a	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organi	ization(s) or (ii) serving on the governing body of a supported organization? If "No, " explain in Part VI how			
	the or	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	son of the relationship described on line 2, above, did the organization's supported organizations have a			
	-	cant voice in the organization's investment policies and in directing the use of the organization's			
		e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
200	suppo	rted organizations played in this regard.  Type III Functionally Integrated Supporting Organizations	3		
1		the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).	•		
a b		The organization satisfied the Activities Test. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.			
C		The organization is the parent of each of its supported organizations. Complete line 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction	c)	
2		ties Test. <b>Answer lines 2a and 2b below.</b>	suucuon	Yes	No
		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of		100	
_		pported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		supported organizations and explain how these activities directly furthered their exempt purposes,			
		ne organization was responsive to those supported organizations, and how the organization determined			
		nese activities constituted substantially all of its activities.	2a		
b	Did th	e activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or	r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part V	It the reasons for the organization's position that its supported organization(s) would have engaged in			
	these	activities but for the organization's involvement.	2b		
3	Paren	t of Supported Organizations. Answer lines 3a and 3b below.			
а		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		e organization exercise a substantial degree of direction over the policies, programs, and activities of each	6.		
	of its s	supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Par	rt V   Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	lov. 20, 1970 ( explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete S	Sections A through E.	
Secti	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		
Secti	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		
с	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		
Secti	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-functional	ally integrated	d Type III supporting orga	anization (see

Schedule A (Form 990) 2023

instructions).

13-3916271 Page 7

Par	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						
2	2 Amounts paid to perform activity that directly furthers exempt purposes of supported						
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	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				
	Other distributions (describe in Part VI). See instructions.		6				
7	Total annual distributions. Add lines 1 through 6.		7				
8	Distributions to attentive supported organizations to which the	e organization is responsive					
	(provide details in Part VI). See instructions.		8				
9	Distributable amount for 2023 from Section C, line 6		9				
	Line 8 amount divided by line 9 amount		10				
		(i)	(ii)	(iii)			
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2023	Distributable Amount for 2023			
_1_	Distributable amount for 2023 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2023 (reason-						
	able cause required - explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2023						
а	From 2018						
b	From 2019						
С	From 2020						
d	From 2021						
е	From 2022						
f	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
h	Applied to 2023 distributable amount						
ī	Carryover from 2018 not applied (see instructions)						
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
	Distributions for 2023 from Section D,						
	line 7:						
a	Applied to underdistributions of prior years						
b	Applied to 2023 distributable amount						
	Remainder. Subtract lines 4a and 4b from line 4.						
	Remaining underdistributions for years prior to 2023, if						
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in <b>Part VI.</b> See instructions.						
	Remaining underdistributions for 2023. Subtract lines 3h						
·	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2024. Add lines 3j						
•	and 4c.						
8	Breakdown of line 7:						
	Excess from 2019						
	Excess from 2020						
	Excess from 2021						
	Excess from 2022						
<u>е</u>	Excess from 2023						

Schedule A (Form 990) 2023

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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.

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

Inspection

Name of the organization

PREMIER HEALTHCARE, INC. **Employer identification number** 13-3916271

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or Accounts. Complete if the					
		(a) Donor advised funds	(b) Funds and other accounts					
1	Total number at end of year							
2	Aggregate value of contributions to (during year)							
3	Aggregate value of grants from (during year)							
4	Aggregate value at end of year							
5	Did the organization inform all donors and donor advisors in w	vriting that the assets held in donor advis	ed funds					
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No					
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that grant funds can be	used only					
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	conferring					
Pai	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990,	Part IV, line 7.					
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)						
	Preservation of land for public use (for example, recreat	ion or education) Preservation of	f a historically important land area					
	Protection of natural habitat	Preservation of	f a certified historic structure					
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form						
	day of the tax year.		Held at the End of the Tax Year					
а	Total number of conservation easements		2a					
b	Total acreage restricted by conservation easements							
С	Number of conservation easements on a certified historic stru	cture included on line 2a	2c					
d	Number of conservation easements included on line 2c acquir	• • •						
	on a historic structure listed in the National Register							
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organization during the tax					
	year							
4	Number of states where property subject to conservation ease							
5	Does the organization have a written policy regarding the peri							
	violations, and enforcement of the conservation easements it							
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing cons	servation easements during the year					
7	Amount of expenses incurred in monitoring, inspecting, handl	ling of violations, and enforcing conserva	tion easements during the year					
•		ing of violations, and officioning conserva	tion casements daring the year					
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 170(h	)(4)(B)(i)					
	and section 170(h)(4)(B)(ii)?		Yes No					
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement and					
	balance sheet, and include, if applicable, the text of the footne	ote to the organization's financial stateme	ents that describes the					
	organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.							
Pai		•	ner Similar Assets.					
	Complete if the organization answered "Yes" on Form							
1a	If the organization elected, as permitted under FASB ASC 958	•						
	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							
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	nerance of public service,					
	provide the following amounts relating to these items.		•					
	(i) Revenue included on Form 990, Part VIII, line 1							
_			·					
2	If the organization received or held works of art, historical trea		I gain, provide					
_	the following amounts required to be reported under FASB AS	_	Φ.					
a	Revenue included on Form 990, Part VIII, line 1		•					
b	b Assets included in Form 990, Part X \$							

Par	rt III Organizations Maintaining Co	ollections of Ar	t, Histo	orical Tre	asures, or	Other	Simila	ar Asset	S (continu	red)
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the f	following that	make si	gnificant	use of its		-
	collection items (check all that apply).									
а										
b	Scholarly research	е								
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explair	n how the	ey further th	ne organizatio	n's exem	npt purp	ose in Part	XIII.	
5	During the year, did the organization solicit or	receive donations of	of art, his	torical treas	sures, or othe	r similar	assets			
	to be sold to raise funds rather than to be ma							$\square$	Yes	No
Par	rt IV Escrow and Custodial Arrang								ine 9, or	
	reported an amount on Form 990, Par			Ü				,	,	
1a	Is the organization an agent, trustee, custodia	an, or other intermed	diary for	contribution	s or other ass	sets not i	included			
	on Form 990, Part X?		-					_	Yes	No
b	If "Yes," explain the arrangement in Part XIII a									
	gg								Amount	
С	Beginning balance						1c			
	Additions during the year									
e	B: 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2									
f										
	Ending balance								Yes	No
	If "Yes," explain the arrangement in Part XIII.								163	
_	rt V Endowment Funds Complete if						)			
	o simple to in	(a) Current year		rior year	(c) Two year			years back	(e) Four y	ears back
12	Beginning of year balance	(a) carrerry year	(~):	,	(0) ) 5	o suom	(4)	your o buon	( <b>c</b> ) . su. )	
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
	Administrative expenses									
g	End of year balance		/!: 4		<u> </u>					
2	Provide the estimated percentage of the curre	ent year end balance		i, column (a	)) held as:					
	Board designated or quasi-endowment		_%							
	Permanent endowment	%								
С		%								
	The percentages on lines 2a, 2b, and 2c shou									
3a	Are there endowment funds not in the posses	ssion of the organiza	tion that	t are held ar	nd administer	ed for the	е		_	
	organization by:									es No
									3a(i)	_
	(ii) Related organizations?								3a(ii)	_
b	If "Yes" on line 3a(ii), are the related organizate								3b	
4	Describe in Part XIII the intended uses of the		wment fu	unds.						
Par	rt VI Land, Buildings, and Equipme									
	Complete if the organization answered	I "Yes" on Form 990	), Part IV	, line 11a. S	See Form 990,	Part X,	line 10.			
	Description of property	(a) Cost or o			or other		ccumula	I	(d) Book	value
		basis (investr	nent)	basis	(other)	dep	oreciatio	n		
1a	Land									
	Buildings									
	Leasehold improvements				8,746.		68,3			,382.
	Equipment	I			5,360.		198,7			<u>,631.</u>
	Other			2,18	1,107.	2,1	.66,7	97.	14	,310.
otal	Add lines 1a through 1e (Column (d) must ed	aud Form 000 Dort	V line 1	le column	/D))				641	.323.

D ~ 1 //!!!	Investments - Other Securities
ı Dart VIII	INVACTMENTS - LITHER SECURITIES
II ait viii	investinents - Other Securities

Complete if the organization answered "Yes"  (a) Description of security or category (including name of security)	on Form 990, Part IV, line (b) Book value	11b. See Form 990, Part X, line 12.  (c) Method of valuation: Cost or end-of-year market value
	(b) Book value	(c) Method of Valuation. Cost of Grid of year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		

Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))

Part IX Other Assets

(3) (4) (5) (6) (7) (8) (9)

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) SECURITY DEPOSITS	16,443.
(2) OTHER ASSETS	462,243.
(3) RIGHT OF USE ASSETS	15,343,627.
(4)	
<u>(5)</u>	
<u>(6)</u>	
<u>(8)</u>	
<u>(9)</u>	
Total. (Column (b) must equal Form 990. Part X. line 15. col. (B))	15,822,313.

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	DUE TO MEDICAID	15,957.
(3)	DUE TO YAI	7,545,308.
(4)	CAPITAL LEASE OBLIGATION	16,319,419.
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, line 25, col. (B))	23,880,684.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

13-3916271 Page 4

Par	t XI	Reconciliation of Revenue per Audited Financial Stateme	HILO WILLII IN	<b> </b>			
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	l <b>.</b>				
1	Total re	evenue, gains, and other support per audited financial statements			1	16,712,478.	
2	Amoun	nts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net uni	realized gains (losses) on investments	. 2a				
b	Donate	ed services and use of facilities	2b				
С	Recove	eries of prior year grants	. 2c				
d	Other (	(Describe in Part XIII.)	. 2d				
е	Add lin	nes 2a through 2d			2e	0.	
3	Subtra	ct line 2e from line 1			3	16,712,478.	
4	Amoun	nts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investn	ment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (	Describe in Part XIII.)	. 4b				
С	Add lin	nes <b>4a</b> and <b>4b</b>			4c	0.	
5	Total re	evenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990. Part I. line 12.)			5	16,712,478.	
Pai	rt XII	Reconciliation of Expenses per Audited Financial Statem	ents With E	Expenses per Re	turr	า	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	l.				
1	Total e	expenses and losses per audited financial statements			1	18,923,098	
2	Amoun	nts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donate	ed services and use of facilities	. 2a				
b	Prior ye	ear adjustments	. 2b				
С		osses					
d		(Describe in Part XIII.)					
е	Add lin	nes 2a through 2d			2e	0.	
3	Subtra	ct line <b>2e</b> from line <b>1</b>			3	18,923,098	
4		nts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investn	ment expenses not included on Form 990, Part VIII, line 7b	. 4a				
b	Other (	(Describe in Part XIII.)	. 4b				
			•				
С	Add lin	nes 4a and 4b			4c	0.	
5	Total e	expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			4c 5	0. 18,923,098.	
5	Total e				-		
5 Pai	Total e	expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	18,923,098.	
<b>5</b> <b>Pa</b> l Provi	Total ex rt XIII de the d	expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)  Supplemental Information	IV, lines 1b ar	nd 2b; Part V, line 4; P	5	18,923,098.	
<b>5</b> <b>Pa</b> l Provi	Total ex rt XIII de the d	expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) Supplemental Information  descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV, lines 1b ar	nd 2b; Part V, line 4; P	5	18,923,098.	
<b>5</b> <b>Pa</b> l Provi	Total ex rt XIII de the d	expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) Supplemental Information  descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV, lines 1b ar	nd 2b; Part V, line 4; P	5	18,923,098.	
<b>Pai</b> Provi	Total e. rt XIII de the d 2d and	expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) Supplemental Information  descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV, lines 1b ar	nd 2b; Part V, line 4; P	5	18,923,098.	
<b>Pai</b> Provi	Total e. rt XIII de the d 2d and	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information  descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	IV, lines 1b ar	nd 2b; Part V, line 4; P	5	18,923,098.	
Provi	Total early for XIII de the de 2d and 4	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information  descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	: IV, lines 1b ar litional informa	nd 2b; Part V, line 4; P	5 Part X	18,923,098.	
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Provi	Total e.  t XIII  de the d  2d and  RT X,	Expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)  Supplemental Information  descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional to the complete this part to the complete this part to provide any additional to the complete this part to the	IV, lines 1b ar litional informa	nd 2b; Part V, line 4; Pation.	5 Part X	18,923,098.  (, line 2; Part XI,  ONS AS OF	
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Providences  PAF  PRE  PRE  C " A EST	Total e.  T XIII  de the d 2d and d  RT X,  EMIEF  CEMBE  ASC ")	Supplemental Information  descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional to the complete this part to p	IV, lines 1b ar litional informational informational information i	and 2b; Part V, line 4; Part V	5 Part >> TI( FI(	18,923,098.  (, line 2; Part XI,  ONS AS OF  CATION	
Providences  PAF  PRE  PRE  C " A EST	Total e.  T XIII  de the d 2d and d  RT X,  EMIEF  CEMBE  ASC ")	Supplemental Information  descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional to the complete this part to p	IV, lines 1b ar litional informational informational information i	and 2b; Part V, line 4; Part V	5 Part >> TI( FI(	18,923,098.  (, line 2; Part XI,  ONS AS OF  CATION	
Providences  PAF  PRE  PRE  C " A EST	Total e.  T XIII  de the d 2d and d  RT X,  EMIEF  CEMBE  ASC ")	Supplemental Information  descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional to the complete this part to p	IV, lines 1b ar litional informational informational information i	and 2b; Part V, line 4; Part V	5 Part >> TI( FI(	18,923,098.  (, line 2; Part XI,  ONS AS OF  CATION	

332054 09-28-23 Schedule D (Form 990) 2023

#### **SCHEDULE J** (Form 990)

Department of the Treasury

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

INC.

Open to Public Inspection

25

OMB No. 1545-0047

Name of the organization

PREMIER HEALTHCARE

**Employer identification number** 13-3916271

Pa	art I   Questions Regarding Compensation			
			Yes	No
<b>1</b> a	a Check the appropriate box(es) if the organization provided any of the follow	ring to or for a person listed on Form 990,		
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information	ation regarding these items.		
	First-class or charter travel	sing allowance or residence for personal use		
	Travel for companions Payn	nents for business use of personal residence		
		th or social club dues or initiation fees		
	Discretionary spending account Person	onal services (such as maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a writ	tten policy regarding payment or		
	reimbursement or provision of all of the expenses described above? If "No,			
2				
	trustees, and officers, including the CEO/Executive Director, regarding the	· · · · · · · · · · · · · · · · · · ·		
3	Indicate which, if any, of the following the organization used to establish the	e compensation of the organization's		
	CEO/Executive Director. Check all that apply. Do not check any boxes for r			
	establish compensation of the CEO/Executive Director, but explain in Part I	, ,		
		en employment contract		
		pensation survey or study		
		oval by the board or compensation committee		
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 related organization:	, , ,		
а	. Describe a second of the sec	4a	Х	
	Participate in or receive payment from a supplemental nonqualified retiremental nonqualifie		Х	
	Participate in or receive payment from an equity-based compensation arran			Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amount			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must com	pplete lines 5-9.		
5				
	contingent on the revenues of:	. ,		
а	The organization?	5a		Х
		5b		Х
	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 organiza	ation pay or accrue any compensation		
	contingent on the net earnings of:			
а	The organization?	6a		Х
		6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization	ation provide any nonfixed payments		
	not described on lines 5 and 6? If "Yes," describe in Part III			Х
8				
	initial contract exception described in Regulations section 53.4958-4(a)(3)?	•		Х
9	-			

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

Regulations section 53.4958-6(c)?

Schedule J (Form 990) 2023

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.

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) KEVIN CAREY	(i)	0.	0.	0.	0.	0.	0.	0.
CEO	(ii)	393,424.	66,666.	88,094.	101,989.	39,969.	690,142.	81,978.
(2) HOPE LEVY	(i)	0.	0.	175,000.	0.	0.	175,000.	0.
EXECUTIVE DIRECTOR (FORMER)	(ii)	0.	0.	184,582.	0.	0.	184,582.	0.
(3) PETER BULOW	(i)	305,526.	0.	0.	3,819.	0.	309,345.	0.
PSYCHIATRIST	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) VANDA ANGELILLO	(i)	0.	0.	0.	0.	0.	0.	0.
ACTING CFO	(ii)	194,736.	50,000.	638.	6,065.	15,974.	267,413.	0.
(5) DOUGLAS REED	(i)	237,860.	0.	0.	7,136.	0.	244,996.	0.
NURSE PRACTITIONER PSYCH	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ELSTON L VOLKERTS	(i)	182,189.	0.	0.	0.	35,517.	217,706.	0.
NURSE PRACTITIONER	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) ANNA VIRON	(i)	197,202.	0.	0.	5,960.	9,985.	213,147.	0.
CHIEF OF DENTISTRY	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) JAVAID IFTIKAR	(i)	193,050.	0.	0.	0.	0.	193,050.	0.
NURSE PRACTITIONER PSYCH	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							2.0
	(ii)							

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 3:

KEVIN CAREY IS THE CEO OF YAI, PREMIER HEALTHCARE'S SOLE MEMBER AND RELATED

PARTY. SALARY AND BENEFITS LISTED ARE PAID AND SET BY YAI AND NOT PREMIER

HEALTHCARE. THE SAME RELATES TO VANDA ANGELILLO, ACTING CFO.

PART I, LINES 4A-B:

KEVIN CAREY RECEIVED A CONTRIBUTION OF 92,089 TO A NON-OUALIFIED PLAN AND

IT IS REPORTED IN COLUMN (C). HE ALSO RECEIVED A DISTRIBUTION OF \$81,978

AND IT IS REPORTED IN COLUMN B(III), AND (F).

HOPE LEVY, FORMER OFFICER, RECEIVED SETTLEMENT PAYMENT AND IT IS REPORTED

IN COLUMN B(III). THIS AMOUNT INCLUDES \$116,665 THAT WAS PAID TO THE

ATTORNEY.

PART II, COLUMN B(III):

THE AMOUNTS IN THIS COLUMN INCLUDES CONTRIBUTION TO NON-QUALIFIED

RETIREMENT PLAN AND AUTO ALLOWANCE FOR KEVIN CAREY AND IS REPORTED IN

COLUMN B(III).

#### SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990)

#### **Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

28 OMB No. 1545-0047

Open to Public Inspection

Name of the organization

PREMIER HEALTHCARE, INC.

**Employer identification number** 

13-3916271 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only) Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b. (b) Relationship between disqualified (d) Corrected? (a) Name of disqualified person (c) Description of transaction person and organization Yes No (1) (2) (3) (4) (5) (6) 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

#### Loans to and/or From Interested Persons Part II

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization

reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	<b>(b)</b> Relationship with organization	(c) Purpose of loan	fron	an to or n the zation?	(e) Original principal amount	(f) Balance due	(g) defa	In ault?	(h) Ap by bo comm	proved ard or iittee?	(i) W agreer	ritten ment?
			То	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												<u> </u>
(4)												<u> </u>
(5)												<u> </u>
(6)												<u> </u>
(7)												<u> </u>
(8)												<u> </u>
(9)												
(10)		·										
Total					\$							

#### **Grants or Assistance Benefiting Interested Persons** Part III

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990) 2023

Part IV   Business Transactions Involving Interested Persons
--

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?		
				Yes	No	
(1)DAVID STAFFORD	BOARD MEMBER	20,318.	DAVID STAFF		Х	
(2)						
(3)						
(5)						
(6)						
(7)						
(8)						
(10)						
Part V Supplemental Information						
Provide additional information for resp	onses to questions on Schedule L. See in	nstructions.				
SCH L, PART IV, BUSINESS T	RANSACTIONS INVOLVING	G INTERESTE	ED PERSONS:			
(A) NAME OF PERSON: DAVID	STAFFORD					
(D) DESCRIPTION OF TRANSAC	TION: DAVID STAFFORD	'S DAUGHTER	R IS WORKING	AND		
BEING COMPENSATED BY THE O	DCANT7ATTON					
BEING COMPENSATED BY THE O	RGANIZATION.					

#### 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 Form 990-EZ.

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

30
OMB No. 1545-0047

2023
Open to Public Inspection

Name of the organization

PREMIER HEALTHCARE, INC.

Employer identification number 13-3916271

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: CENTERED MEDICAL HOME OFFERING HEALTH CARE SERVICES TO THE GENERAL PUBLIC WITH A SPECIALTY IN MEDICAL SERVICES FOR PEOPLE WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES AND THEIR FAMILIES IN MANY SITES THROUGHOUT THE NEW YORK AREA. PREMIER HEALTHCARE, INC., AN OUTPATIENT DIAGNOSTIC AND TREATMENT CENTER, PROVIDES OUTPATIENT CLINIC SERVICES WHICH INCLUDE: AUDIOLOGY, PRIMARY HEALTH, PEDIATRICS, INTERNAL MEDICINE, DENTISTRY (INCLUDING DESENSITIZATION), NUTRITION, NEUROLOGY, PODIATRY, PSYCHIATRY, PHYSICAL THERAPY, OCCUPATIONAL THERAPY, OPHTHALMOLOGY, SPEECH PATHOLOGY AND PSYCHOLOGY. PREMIER HEALTHCARE, INC.'S PRIMARY SOURCE OF REVENUE IS PATIENT SERVICE FEES RECEIVED FROM MEDICAID, MEDICARE AND OTHER THIRD-PARTY PAYERS. MEDICAID REPRESENTS OVER 90% OF THE TOTAL REVENUE. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: FAMILIES IN MANY SITES THROUGHOUT THE NEW YORK AREA. PREMIER HEALTHCARE, INC., AN OUTPATIENT DIAGNOSTIC AND TREATMENT CENTER PROVIDES OUTPATIENT CLINIC SERVICES WHICH INCLUDE: PRIMARY HEALTH, AUDIOLOGY, PEDIATRICS, INTERNAL MEDICINE, DENTISTRY (INCLUDING DESENSITIZATION), NUTRITION, NEUROLOGY, PODIATRY, PSYCHIATRY, PHYSICAL THERAPY, OCCUPATIONAL THERAPY, OPHTHALMOLOGY, SPEECH PATHOLOGY AND PSYCHOLOGY. PREMIER HEALTHCARE, INC.'S PRIMARY SOURCE OF REVENUE IS PATIENT SERVICE FEES RECEIVED FROM MEDICAID, MEDICARE AND OTHER

THIRD-PARTY PAYERS. MEDICAID REPRESENTS OVER 90% OF THE TOTAL REVENUE.

Schedule O (Form 990) 2023 Page 2 Name of the organization **Employer identification number** 13-3916271 PREMIER HEALTHCARE, INC. THE 990 IS PREPARED BY AN INDEPENDENT ACCOUNTANT AND REVIEWED BY MANAGEMENT. A COPY OF THE 990 IS THEN SENT TO ALL BOARD MEMBERS FOR THEIR REVIEW. BOARD MEMBERS, AUDIT PARTNER AND MANAGEMENT ARE ASKED TO ATTEND A SCHEDULED MEETING EITHER IN PERSON OR VIA PHONE CONFERENCING AT WHICH TIME ALL QUESTIONS ARE ADDRESSED AND RESOLVED PRIOR TO FILING THE RETURN WITH THE IRS. FORM 990, PART VI, SECTION B, LINE 12C: ON AN ANNUAL BASIS EACH OFFICER, DIRECTOR, TRUSTEE, AND KEY EMPLOYEE SHALL COMPLETE A CONFLICT OF INTEREST DISCLOSURE QUESTIONNAIRE. AN AMENDED FORM MUST BE FILED IN THE EVENT OF A MATERIAL CHANGE OF CIRCUMSTANCES. THE COMPLETED FORM SHALL BE REVIEWED BY THE CHIEF FINANCIAL OFFICER AND THE CHIEF COMPLIANCE OFFICER AND ANY OTHER STAFF AS NECESSARY TO DISCERN IF THERE MAY BE A CONFLICT OF INTEREST IN THE CONDUCT OF AGENCY BUSINESS OR THAT MAY CREATE AN APPEARANCE OF INVOLVING A CONFLICT OF INTEREST. THE CHIEF FINANCIAL OFFICER SHALL REPORT TO THE BOARD AT LEAST ANNUALLY ON ANY DISCLOSED CONFLICT OF INTEREST. THIS IS PERFORMED BY YAI PURSUANT TO THE MANAGEMENT AGREEMENT BETWEEN THE CORPORATIONS. FORM 990, PART VI, SECTION C, LINE 19: INFORMATION IS AVAILABLE UPON REQUEST. PART XII, LINE 2C: THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

#### SCHEDULE R (Form 990)

### **Related Organizations and Unrelated Partnerships**

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

Attach to Form 990.

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

PREMIER HEALTHCARE, INC.

Employer identification number 13-3916271

(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Total income	(e) End-of-year assets	<b>(f)</b> Direct controlling entity
		,,			
	-				
	-				
	_				
	1				

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	<b>g)</b> 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
YOUNG ADULT INSTITUTE, INC 11-2030172	SUPPORT FOR PEOPLE WITH						
220 EAST 42D ST, 8TH FLOOR	ITELLECTUAL AND						
NEW YORK, NY 10017	DEVELOPMENTAL DISABILITIES	NEW YORK	501(C)(3)	LINE 10	N/A		X
INTERNATIONAL INSTITUTE FOR PEOPLE WITH	CREATES EMPLOYMENT						
DISABILITIES OF PUERTO RICO, INC., 220 EAST	OPPORTUNITIES FOR DISABLED				YOUNG ADULT		
42D ST, 8TH FLOOR, NEW YORK, NY 10017	PEOPLE	NEW YORK	501(C)(3)	LINE 10	INSTITUTE, INC		X
INTERNATIONAL CENTER OF HOPE, LTD							
81-3372024, 220 EAST 42D ST, 8TH FLOOR, NEW	BRAIN INJURY SERVICES AND				THE INTERNATIONAL		
YORK, NY 10017	SUPPORT	NEW YORK	501(C)(3)	LINE 12B, II	ACADEMY OF HOPE		X
THE INTERNATIONAL ACADEMY OF HOPE -							
46-3901238, 220 EAST 42D ST, 8TH FLOOR, NEW	EDUCATIONAL SERVICES FOR				YOUNG ADULT		
YORK, NY 10017	PEOPLE WITH BRAIN INJURYS	NEW YORK	501(C)(2)	LINE 2	INSTITUTE, INC		X %

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

Schedule R (Form 990) 2023

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	cont	512(b)(13 trolled ization?
THE MANHATTAN STAR ACADEMY - 13-4069634 220 EAST 42D ST, 8TH FLOOR	EDUCATIONAL SERVICES FOR				YOUNG ADULT		
NEW YORK, NY 10017	CHILDREN WITH DIABILITIES	NEW YORK	501(C)(3)	LINE 2	INSTITUTE, INC		X

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		Disproportionate allocations?		nare of Disproportionate Code V-Users amount in 20 of Sche			(j) General managir partner	(k) Percentage ownership
		country)		Sections 312-314)			Yes	No	K-1 (FOIII 1003)	Yes N	0				

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

(a)  Name, address, and EIN  of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	tion b)(13) rolled ity?
									34

Dart	V
ıaıı	v

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No		
	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?						X		
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity								
b	Gift, grant, or capital contribution to related organization(s)								
С	c Gift, grant, or capital contribution from related organization(s)								
					1d		X		
е	e Loans or loan guarantees by related organization(s)								
f	Dividends from related organization(s)				1f		X		
g	Sale of assets to related organization(s)				1g		X		
	Purchase of assets from related organization(s)				1h		X		
i	Exchange of assets with related organization(s)				1i		X		
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X		
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X		
I	Performance of services or membership or fundraising solicitations for related organizations	ation(s)			11		X		
m	Performance of services or membership or fundraising solicitations by related organizations	ation(s)			1m		X		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(	(s)			1n	Х	X		
o Sharing of paid employees with related organization(s)									
р	Reimbursement paid to related organization(s) for expenses				1p	X			
q	Reimbursement paid by related organization(s) for expenses				1q		X		
r	Other transfer of cash or property to related organization(s)				1r		X		
s	Other transfer of cash or property from related organization(s)				1s		X		
2	If the answer to any of the above is "Yes," see the instructions for information on who	must complete thi	s line, including covered re	elationships and transaction thresholds.					
	(a)	(b)	(c)	(d)					
	Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount in	volved				
		type (a-s)							
(1)									
(O)									
(2)									
(2)									
(3)									
(4)									
(4)									
(E)							c		
(5)							<u> </u>		
(C)									
(6)									

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

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

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners se 501(c)(3) orgs.? Yes No	(g) Share of end-of-year assets	(h) Disproptionate allocation	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag partne Yes	(k) Percentage ownership
								+	
									Ç