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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

ΑF	or the	e 2023 calendar year, or tax year beginning a	nd ending		
B c	heck if pplicabl	C Name of organization		D Employer identific	cation number
	Addre	HARMONY HEALTH CARE OF LONG ISLAND			
	Name chang	Doing business as		27-02163	16
	Initial return Final	Number and street (or P.O. box if mail is not delivered to street address) 1600 STEWART AVENUE	Room/suite	E Telephone number 516-546-	
	اreturn⊥ termin ated		<u> </u>	G Gross receipts \$	62,281,579.
	∏Amen			H(a) Is this a group re	
\vdash	_return ∏Applic	<u> </u>		for subordinates	
	⊥tion pendir	SAME AS C ABOVE		H(b) Are all subordinates in	
	-0.4.0.4		(1) or 52		list. See instructions
	Vebsi		(1) 01 32	⊣	
		organization: X Corporation Trust Association Other	I Voca	H(c) Group exemption	N State of legal domicile: NY
	irt I	Summary	L Tea	OF TOTTINALION, 2007	1 State of legal dominione, 14 1
		Briefly describe the organization's mission or most significant activities: PRC	WIDING	DDFV/FN/TTVF /	ND DETMARY
မွ		CARE IN LONG ISLAND'S MEDICALLY-UNDERSEI			MD INIMANI
Governance					
ē	-		-		13
હુ	l			3	13
		Number of independent voting members of the governing body (Part VI, line 1b			436
ies	l	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			13
Activities &	l	Total number of volunteers (estimate if necessary)			0.
Ac	l			7a	0.
	D	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····	7b	Current Year
Revenue		Contributions and greats (Part VIII line 1h)		18,235,995.	14,982,276.
	l	Contributions and grants (Part VIII, line 1h)		33,065,439.	38,699,614.
	l	Program service revenue (Part VIII, line 2g)		146,400.	-21,366.
		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,099,329.	8,051,959.
	l	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		52,547,163.	61,712,483.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12		0.	01,712,403.
	l	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	l .	Benefits paid to or for members (Part IX, column (A), line 4)		29,173,409.	30,972,808.
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10		29,173,409.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.	0.
꼾	_ D	Total fundraising expenses (Part IX, column (D), line 25)		19,992,664.	20,981,664.
	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		49,166,073.	51,954,472.
	l	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,381,090.	9,758,011.
		Revenue less expenses. Subtract line 18 from line 12		eginning of Current Year	End of Year
t Assets or		Total access (Doubly live 10)	-	57,995,442.	71,710,878.
Sse	20	Total assets (Part X, line 16)		25,180,586.	29,138,011.
Net /		Total liabilities (Part X, line 26)		32,814,856.	42,572,867.
	rt II	Net assets or fund balances. Subtract line 21 from line 20		32,014,030.	42,372,007.
		Ities of perjury, I declare that I have examined this return, including accompanying sched	ulae and etatam	ante and to the heet of my	knowledge and belief it is
		it, and complete. Declaration of preparer (other than officer) is based on all information of			Kilowieuge allu bellet, it is
uue,	COLLEC	is, and complete. Decial ation of preparer (other than officer) is based on an information of	i wilicii prepare	I ilas aliy kilowieuge.	
C:		Signature of officer		I Date	
Sign		DAVID NEMIROFF, PRESIDENT & CEO		2410	
Her	е	Type or print name and title			
				Date Check	PTIN
Daid		Print/Type preparer's name Preparer's signature KERRI N. BOGDA, CPA KERRI N. BOGDA	, CPA	06 (05 (04) ii	
Paid			, CFA		9-0859910
Prep		1550 100		FIIIII S EIN 3) 00333IU
USE	Only	Firm's address 1570 FRUITVILLE PIKE, SUITE 400 LANCASTER, PA 17601		Dhona na 71	7.740.4863
N/	, +b = 'r	-		Phone no. / 1	
ıvıay	tne II	RS discuss this return with the preparer shown above? See instructions			X Yes No

SEE SCHEDULE O FOR CONTINUATION(S)

including grants of \$

48,545,113.

Form **990** (2023)

Total program service expenses

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_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
0	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		1
8				x
•	Schedule D, Part III	8		Α_
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?			37
	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	_X_	
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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a		14a		X
b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	,u		<u></u> -
, ,	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		X
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	175		
13		15		X
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	13		 ^
10		46		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			_v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			\ 3 7
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	o i i i i i i i i i i i i i i i i i i i	20a		X
b	, , , , , , , , , , , , , , , , , , , ,	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			l _
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

HARMONY HEALTH CARE OF LONG ISLAND 27-0216316 Page 4 Form 990 (2023) Part IV | Checklist of Required Schedules (continued) Yes No 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 Х 22 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 Х 23 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 Х 24a Schedule K. If "No," go to line 25a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Х 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 Х 25b 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% Х controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, 27 creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled Х entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 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): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a X **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If 28c "Yes," complete Schedule L, Part IV 29 29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? |f "Yes," complete Schedule M 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 Х 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Х 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 Х If "Yes," complete Schedule R, Part V, line 2 36 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 Х 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 33 **1a** Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 0 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

16120625 144198 101351

(gambling) winnings to prize winners?

Form 990 (2023)

023) HARMONY HEALTH CARE OF LONG ISLAND

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

a Gross income from members or shareholders b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12a					Yes	No			
b If at least one is reported on line 2a, clid the organization file all required federal amployment tax returns? a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 4a At any time during the cellendar 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 bands account, securities account, or enterins for financial accounts of the foreign country see instructions for fining requirements for FinCRF form 114, Report of Foreign Bank and Financial Accounts (FBAF). 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization aparty to a prohibited tax shelter transaction? 5b If Yes's during be party notify the organization file Form 888-7? 5c If Yes's during the organization file Form 888-7? 5c If Yes's during the organization include with every solicitation and aparty for goods and services provided to the payor? 7b If Yes's during the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d If Yes's during the organization moves any apart in excess of \$75 made party is a party for goods and services provided to the payor? 7a If Yes's during the organization moves any part in excess of \$75 made party is a payor than a party for goods and services provided to the payor? 7b If Yes's during the organization sell exchange, or otherwise disopsee of tengible personal property for which it was required to file Form 888-2? 8c Did the organization sell-exchange, or otherwise disopsee of tengible personal property for which it was required to file Form 888-3 are quired. 9	2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	- 1						
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 4b If "Yes," has it filed a Form 99.0°T for this year? If 'No' to fine 3b, provide an explanation on Schedulo 0 4c At any time during the calender 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)? 5c Was the organization party to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization party to a prohibited tax shelter transaction at any time during the tax year? 6c Was the organization party to a prohibited tax shelter transaction at any time during the tax year? 6c Was the organization party to a prohibited tax shelter transaction at any time during the tax year? 6c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles a charibate contributions? 6c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles a charibate contributions? 6c Was the organization shall was year expressed eductible contributions under section 170(c). 6c Was the organization include with every solicitation an express statement that such contributions profite the party of the goods or services provided? 6c Was the organization sell, exchange, or otherwise dispose of tangible party or which it was required to file Form 822? 6c Was the organization sell, exchange, or otherwise dispose of tangible partons property for which it was required? 6c Was the organization sell, exchange, or otherwise dispose of tangible partons of the production of the organization necess of \$5\$ made party than \$100 miles o		filed for the calendar year ending with or within the year covered by this return	436						
b If Ves, "has it filled a Form 990-T for this year? If "No' to line 3b, provide an explanation on Schedule O 44 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountify (See 1) as a bark account, securities account, or ther financial accountify (See 1) 55 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 56 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 58 Was the organization apenty to a prohibited tax shelter transaction at any time during the tax year? 59 Was the organization the organization file Form 8886-T? 50 Life Yes to line 5a or 5b, did the organization file Form 8886-T? 50 Per 10 Life organization that was or is a party to a prohibited tax shelter transaction? 50 Life Yes to line 5a or 5b, did the organization file Form 8886-T? 50 Per 10 Life organization to include with every solicitation an express statement that such contributions or gifts were not tax deductible? 50 Organizations that may receive deductible contributions express statement that such contributions or gifts were not tax deductible? 50 Life the organization neceive apyment in access of 55 made party se a contribution and party for goods and services provided to the payor? 51 Life Form 82822 52 Life Life Form 82822 53 Life Form 82822 54 Life Form 82822 55 Life Form 82822 56 Life Form 82822 56 Life Form 82822 57 Life Form 82822 57 Life Form 8282 58 Life during the year 59 Life the organization service and contribution of capalities intellectual property, did the organization file Form 8282 arequired to the organization file Form 8282 filed during the year 59 Life Horganization received a contribution of capalities intellectual property, did the organization file Form 8282 50 Life the organization small contribution of capalities intellectual property, did the organization file Form 8282 50 Life the organization small contribution of capalities f	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2 b	X				
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, are other financial accounts (FBAR). 5b If "Yes," either the name of the foreign country 5c instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5c Was the organization apurty to a prohibited tax shelter transaction? 5c If "Yes" to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes" to line 5a or 5b, did the organization for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5c If "Yes" to line 5a or 5b, did the organization that organization that was or it as party to a prohibited tax shelter transaction? 5c If "Yes" to line 5a or 5b, did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solidit any contributions that were not tax deductibles a charitable contributions? 6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a charitable contribution of the such contributions or gifts were not tax deductibles and share a charitable contributions? 7c If If yes, "indicates the number of Forms 8282 filed during the year 7d If "Yes," indicates the number of Forms 8282 filed during the year 9d If the organization receive any premiums, directly or indirectly, to a personal benefit contract? 7e X 7d If the organization receive any premiums, directly or indirectly, on a personal benefit contract? 7e X 7f If the organization received and contribution or going organization file a Form 8898 as required? 8 Sponsoring organizations make any taxabiled intellectual property, did the organization file a Form 1098 C? 8 Sponsoring organizations make any taxabiled intellectual property, did the organization file a F	3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X			
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, are other financial accounts (FBAR). 5b If "Yes," either the name of the foreign country 5c instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5c Was the organization apurty to a prohibited tax shelter transaction? 5c If "Yes" to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes" to line 5a or 5b, did the organization for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5c If "Yes" to line 5a or 5b, did the organization that organization that was or it as party to a prohibited tax shelter transaction? 5c If "Yes" to line 5a or 5b, did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solidit any contributions that were not tax deductibles a charitable contributions? 6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a charitable contribution of the such contributions or gifts were not tax deductibles and share a charitable contributions? 7c If If yes, "indicates the number of Forms 8282 filed during the year 7d If "Yes," indicates the number of Forms 8282 filed during the year 9d If the organization receive any premiums, directly or indirectly, to a personal benefit contract? 7e X 7d If the organization receive any premiums, directly or indirectly, on a personal benefit contract? 7e X 7f If the organization received and contribution or going organization file a Form 8898 as required? 8 Sponsoring organizations make any taxabiled intellectual property, did the organization file a Form 1098 C? 8 Sponsoring organizations make any taxabiled intellectual property, did the organization file a F	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					
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). 58 Was the organization party to a prohibited tax shelter transaction? 59 Was the organization party to a prohibited tax shelter transaction? 50 Was the organization that organization that it was or is a party to a prohibited tax shelter transaction? 50 Was the organization that organization that it was or is a party to a prohibited tax shelter transaction? 50 Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles of charable contributions? 50 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible a contribution and party for goods and services provided to the payor? 71 Was the organization shall may receive deductible contributions under section 170(c). 72 If the organization receive a payment in excess of \$75 rade party is a contribution and party for goods and services provided to the payor? 73 If "Yes," indicate the number of Forms \$222 filed during the year 74 If the organization receives and payment of the payor of the value of the goods or services provided? 75 If the organization receives any funds, directly or indirectly, to pay premiums on a personal benefit contract? 76 If the organization received a contribution of qualified intellectual peopsity, did the organization free forms \$222 filed during the year 87 If the organization received a contribution of a directly, to pay premiums on a personal benefit contract? 88 Sponsoring organizations make any taxobiding at any time during the year? 99 Sponsoring organizations make any taxobiding at any time during the year? 90 If the organization received and contribution included on Part VIII, line 12 91 If the contribution in make any taxobiding at any time during the year to sev	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
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amounts due or received from them.) 112a 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 Interest receive and states in									
Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 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? If "Yes," see the instructions and file Form 4720, Schedule N. If "Yes," see the instructions and file Form 4720, Schedule N. If "Yes," complete Form 4720, Schedule O. 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									
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If "Yes," complete Form 4720, Schedule O. 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?	16		- 1	16		x			
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?	.5	-	·····	10					
that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17	·	- 1						
				17					

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

	Check if Schedule O contains a response or note to any line in this Part VI					X	
Sec	tion A. Governing Body and Management						
					Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	13				
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b	13				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	ny other				
	officer, director, trustee, or key employee?			2		Х	
3	Did the organization delegate control over management duties customarily performed by or under the						
				3		Х	
4	Did the organization make any significant changes to its governing documents since the prior Form 99			4	Х		
5	Did the organization become aware during the year of a significant diversion of the organization's asse			5		Х	
6	Did the organization have members or stockholders?			6		Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or app						
	more members of the governing body?			7a		Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto						
	persons other than the governing body?			7b		Х	
8							
а	The governing body?	-	•	8a	Х		
b	Each committee with authority to act on behalf of the governing body?			8b	Х		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reac						
	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 Rev	enue.	Code.)			•	
			y		Yes	No	
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х	
	If "Yes," did the organization have written policies and procedures governing the activities of such cha						
	and branches to ensure their operations are consistent with the organization's exempt purposes?	-		10b			
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?						
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
12a							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yo	es," d	escribe				
	on Schedule O how this was done			12c	Х		
13	Did the organization have a written whistleblower policy?			13	Х		
14	Did the organization have a written document retention and destruction policy?			14	X		
15	Did the process for determining compensation of the following persons include a review and approval	by inc	lependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official			15a	Х		
	Other officers or key employees of the organization			15b	Х		
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ent w	th a				
	taxable entity during the year?			16a		Х	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	zation	's				
	exempt status with respect to such arrangements?			16b			
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, an	d 990	T (section 501(c)(3)s	only)	availal	ole	
	for public inspection. Indicate how you made these available. Check all that apply.		•				
	X Own website Another's website X Upon request Other (explain	on Sc	hedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, cor		,	financ	cial		
	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 bool	ks and	records				
	DAVID NEMIROFF, PRESIDENT & CEO - 516-546-4198						
	1600 STEWART AVENUE, 300, WESTBURY, NY 11590		<u> </u>				

Form **990** (2023)

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.

Name and title	(A)	(B)	ga	. 11 <u>2</u> a		C)	.pon	Juli	(D)	(E)	(F)
		1	Position								
Company		hours per	box	, unle	ss per	rson is	s both	n an	compensation	compensation	amount of
(1) DAVID NEMIROFF		1		cer an	nd a d	irecto	r/trus	tee)			
(1) DAVID NEMIROFF		1 '	rector							•	•
(1) DAVID NEMIROFF		1	or di	tee			sated		1	,	
(1) DAVID NEMIROFF			rustee	l trus		99/	neu		I	1099-NEC)	
(1) DAVID NEMIROFF		"	dualt	utiona	_	oldm	st col	ie.	10001120)		
10 AVID NEMIROFF 35.00 X		1	Indivi	Institu	Office	Key e	Highe emplo	Forme			3
Chief Medical Officer (Until 11/23) 35.00 X 272,962. 0. 20,130.	(1) DAVID NEMIROFF	35.00									
CHIEF MEDICAL OFFICER (UNTIL 11/23) 0.00	PRESIDENT & CEO	0.00			Х				402,383.	0.	8,049.
ASSOC_ DIRECTOR FAM. MEDICINE PHYS. 35.00	(2) TARIKA JAMES	35.00									
ASSOC. DIRECTOR FAM. MEDICINE PHYS. 0.00	CHIEF MEDICAL OFFICER (UNTIL 11/23)	0.00			Х				272,962.	0.	20,130.
CHIEF OPERATING OFFICER	(3) ILYA TARASCIN	35.00									
STACY JACKSON-HARLEY	ASSOC. DIRECTOR FAM. MEDICINE PHYS.						X		249,134.	0.	35,699.
S	(4) STACY JACKSON-HARLEY	35.00									
S	CHIEF OPERATING OFFICER				X				251,537.	0.	23,119.
Color Colo	(5) VICTORIA DELGADO	35.00									
PODIATRIST	OB/GYN PHYSICIAN						Х		256,022.	0.	15,402.
Color Colo	(6) MELVIN HURT	35.00									
PEDIATRICIAN 0.00	PODIATRIST						Х		244,807.	0.	25,874.
(8) MATTHEW NESTER 35.00	(7) GINA REINOSO										
PODIATRIST	PEDIATRICIAN						Х		225,535.	0.	36,179.
SAVITREE PESTANO	(8) MATTHEW NESTER										
CFO	PODIATRIST						Х		218,870.	0.	36,047.
The state of the board The state of the bo	(9) SAVITREE PESTANO										
VP OF POPULATION HEALTH 0.00 X 198,740. 0.22,350. (11) SUNNY BROWN 35.00 X 180,742. 0.21,911. VP OF HUMAN RESOURCES 0.00 X 180,742. 0.21,911. (12) FRANK PISCETELLI 1.00 0.00 0.00 0.00 CHAIRMAN OF BOARD 0.00 X X 0.00 0.00 (13) JESSICA SPARROW 1.00 0.00	CFO				Х				225,066.	0.	15,316.
SUNNY BROWN 35.00 X	(10) JULIE HARNISHER										
VP OF HUMAN RESOURCES 0.00 X 180,742. 0.21,911. (12) FRANK PISCETELLI 1.00 0.00 </td <td>VP OF POPULATION HEALTH</td> <td></td> <td></td> <td></td> <td>Х</td> <td></td> <td></td> <td></td> <td>198,740.</td> <td>0.</td> <td>22,350.</td>	VP OF POPULATION HEALTH				Х				198,740.	0.	22,350.
(12) FRANK PISCETELLI 1.00 0.00 X X 0.00	(11) SUNNY BROWN										
CHAIRMAN OF BOARD 0.00 X X X 0.00.00.00.00.00.00.00.00.00.00.00.00.0	VP OF HUMAN RESOURCES				X				180,742.	0.	21,911.
1.00	(12) FRANK PISCETELLI										
VICE CHAIR OF THE BOARD 0.00 X X X 0.0.00 0.00	CHAIRMAN OF BOARD		Х		X				0.	0.	0.
TREASURER	(13) JESSICA SPARROW										
TREASURER 0.00 X X 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	VICE CHAIR OF THE BOARD		Х		Х				0.	0.	0.
1.00	(14) ROBERT DETOR										
SECRETARY	TREASURER		Х		Х				0.	0.	0.
(16) GWEN O'SHEA 1.00 NOMINATING CHAIRMAN 0.00 (17) LORI RUNG 1.00 DIRECTOR 0.00 0. 0. 0. 0.	(15) ANN HICKSON										
NOMINATING CHAIRMAN 0.00 X 0.00 0. (17) LORI RUNG 1.00 0. 0.00 X DIRECTOR 0.00 X 0.00 0.			Х		Х				0.	0.	0.
(17) LORI RUNG 1.00 X 0. 0. 0. 0.	(16) GWEN O'SHEA										
DIRECTOR 0.00 X 0. 0.	NOMINATING CHAIRMAN		Х						0.	0.	0.
	(17) LORI RUNG										
	DIRECTOR	0.00	X						0.	0.	

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2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
THE SHANNON GROUP INC, 120 SEVENTH ST.,		
SUITE 201, GARDEN CITY, NY 11530	CONSTRUCTION	7,085,241.
SOLUTIONS 4 COMMUNITY HEALTH INC.		
1037 MAIN ST, PEEKSKILL, NY 10566	HARDWARE HOSTING	814,488.
HARBOR RESTORATION SERVICES LLC, 3202		
GREENPOINT AVE, LONG ISLAND CITY, NY 11101	CONSTRUCTION	682,380.
CSI2 INCORPORATED, 5 W. 37TH STREET, SUITE		
603, NEW YORK, NY 10018	CALL CENTER	435,880.
CORPORATE LOSS PREVENTION ASSOCIATES		
38 BROOKLYN AVENUE, MASSAPEQUA, NY 11758	SECURITY SERVICES	395,173.
2 Total number of independent contractors (including but not limited to those lister	d above) who received more than	
\$100,000 of compensation from the organization 14		

Form **990** (2023)

Form 990 (2023) HARMONY
Part VIII Statement of Revenue

	Check if Schedule O contains a response or note to any line in this Part VIII											
				-	-	(A)	(B)	(C)	(D)			
						Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under			
							iunction revenue	business revenue	sections 512 - 514			
S, S	1 :	Federated campaigns		1a	146,532.							
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues		1 1	,							
कुं है		Fundraising events										
fts,		Related organizations										
ية إق		Government grants (contri			12,317,008.							
Sir					12,317,000.							
e E	1	All other contributions, gifts,			2 519 736							
章된		similar amounts not included			2,518,736.							
o d		Noncash contributions included in I	ines 1a-	1f 1g \$		14 000 076						
<u>0 g</u>		n Total. Add lines 1a-1f				14,982,276.						
					Business Code	22 522 514	20500514					
Se	2 8	NET PATIENT SERVICE	REVE	NUE	621990	38,699,614.	38699614.					
Program Service Revenue	ı	·										
S E	•	·										
eve	(d										
<u>6</u>	•	e										
₫	1	All other program service i	evenu	ıe								
		Total. Add lines 2a-2f				38,699,614.						
	3	Investment income (includ	ing di	vidends, intere	est, and							
		other similar amounts)				443,061.			443,061.			
	4	Income from investment o										
	5	Royalties										
		,		(i) Real	(ii) Personal							
	6 :	Gross rents	6a	516,012.								
		Less: rental expenses	6b	104,669.								
		Rental income or (loss)	6c	411,343.								
		Net rental income or (loss)		,		411,343.			411,343.			
		Gross amount from sales of	$\overline{}$	(i) Securities	(ii) Other	, .			, .			
	, ,	assets other than inventory	7a	(,) 0000	(.,, 5							
		Less: cost or other basis	1a									
a	•		76		464,427.							
Ž		and sales expenses			-464,427.							
ther Revenue		· /				-464,427.			-464,427.			
E.		Net gain or (loss)				-404,427.			-404,427.			
₽ 	8 8	Gross income from fundraisin	-									
0		including \$										
		contributions reported on		I .								
		Part IV, line 18										
		Less: direct expenses)							
		Net income or (loss) from t										
	9 a	a Gross income from gamine		I								
		Part IV, line 19										
	I	Less: direct expenses		9b								
	(Net income or (loss) from	gamin	g activities								
	10 a	a Gross sales of inventory, le	ess re	turns								
		and allowances		10	a							
	ı	Less: cost of goods sold		10	o							
		Net income or (loss) from	sales o	of inventory .								
,					Business Code							
ous.	11 a	DSRIP REVENUE			900099	5,443,934.			5443934.			
in i	ı	340B REVENUE			900099	1,818,373.			1818373.			
Miscellaneous Revenue	(LISC UBER RIDERS			900099	245,485.			245,485.			
<u>I</u> SC		All other revenue			900099	132,824.			132,824.			
2		Total. Add lines 11a-11d				7,640,616.						
	12	Total revenue. See instructio				61,712,483.	38699614.	0.	8030593.			

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must com	nplete column (A).	
	Check if Schedule O contains a respon				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	1 640 205	146 546	1 405 750	
_	trustees, and key employees	1,642,305.	146,546.	1,495,759.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B) Other salaries and wages	22,788,811.	21,442,278.	1,346,533.	
8	Pension plan accruals and contributions (include	22,700,011•	21,110,	1,5±0,555•	
U	section 401(k) and 403(b) employer contributions)	755,875.	707,207.	48,668.	
9	Other employee benefits	4,047,200.	3,741,760.	305,440.	
10	Payroll taxes	1,738,617.	1,612,970.	125,647.	
11	Fees for services (nonemployees):	, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,	, -	
а	Management				
b	Legal	110,532.	110,532.		
С	Accounting	87,312.		87,312.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)		10,711,527.		
12	Advertising and promotion	18,757.	18,757.		
13	Office expenses	1,051,783.	1,051,783.		
14	Information technology				
15	Royalties	1,942,334.	1,942,334.		
16	Occupancy	282,752.	282,752.		
17	Travel	202,732.	202,732.		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	207,405.	207,405.		
20	Interest	312,389.	312,389.		
21	Payments to affiliates	,	==,,,,,,,,		
22	Depreciation, depletion, and amortization	2,195,663.	2,195,663.		
23	Insurance	309,437.	309,437.		
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 O.)				
а	MEDICAL SUPPLIES	1,711,443.	1,711,443.		
b	304B SUPPLIES	600,202.	600,202.		
c	BAD DEBT EXPENSE	422,965.	422,965.		
d	LICENSE & FEES	415,906.	415,906.		
е	All other expenses	601,257.	601,257.		
25	Total functional expenses. Add lines 1 through 24e	51,954,472.	48,545,113.	3,409,359.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				000

Form 990 (2023)

Part X | Balance Sheet

Par	Part X Balance Sheet										
		Check if Schedule O contains a response or no	te to an	y line in this Part X							
					(A) Beginning of year		(B) End of year				
	1	Cash - non-interest-bearing			66,001.	1	93,562.				
	2	Savings and temporary cash investments			18,789,386.	2	15,936,208.				
	3	Pledges and grants receivable, net			4,991,184.	3	2,035,492.				
	4	Accounts receivable, net			4,310,119.	4	4,150,793.				
	5	Loans and other receivables from any current o									
		trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%							
		controlled entity or family member of any of the	se pers	ons		5					
	6	Loans and other receivables from other disquali	fied per	rsons (as defined							
		under section 4958(f)(1)), and persons described		6							
<u>s</u>	7	Notes and loans receivable, net			7						
Assets	8	Inventories for sale or use			8						
ğ	9	B			781,209.	9	396,168.				
	10 a	Land, buildings, and equipment: cost or other									
		basis. Complete Part VI of Schedule D	10a	47,599,949.							
	b	basis. Complete Part VI of Schedule D Less: accumulated depreciation	20,748,875.	10c	42,518,992.						
	11	Investments - publicly traded securities			11						
	12	Investments - other securities. See Part IV, line		12							
	13	Investments - program-related. See Part IV, line		13							
	14	Intangible assets		14							
	15	Other assets. See Part IV, line 11			8,308,668.	15	6,579,663.				
	16	Total assets. Add lines 1 through 15 (must equ			57,995,442.	16	71,710,878.				
	17	Accounts payable and accrued expenses			4,928,301.	17	6,292,183.				
	18	Grants payable		18	1 001 004						
	19	Deferred revenue		19	1,901,924.						
	20	Tax-exempt bond liabilities				20					
	21	Escrow or custodial account liability. Complete				21					
es	22	Loans and other payables to any current or form									
Liabilities		trustee, key employee, creator or founder, subs		T I							
iak		controlled entity or family member of any of the	-		10 420 100	22	20 625 402				
_	23	Secured mortgages and notes payable to unrela		T T	12,430,102.	23	20,625,493.				
	24	Unsecured notes and loans payable to unrelate				24					
	25	Other liabilities (including federal income tax, pa									
		parties, and other liabilities not included on lines	•	•	7,822,183.	05	318,411.				
	26	of Schedule D			25,180,586.	25 26	29,138,011.				
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, che		e X	23,100,300.	20	27,130,011.				
S		and complete lines 27, 28, 32, and 33.	eck ner	e 🔼							
nce	27	, , ,			32,814,856.	27	42,572,867.				
sala	28				32,011,030.	28	42,372,007.				
D B	20	Organizations that do not follow FASB ASC 9		ock here		20					
F		and complete lines 29 through 33.	50, crie	con liele							
ō	29	Capital stock or trust principal, or current funds				29					
ets	30	Paid-in or capital surplus, or land, building, or ea				30					
Ass	31	Retained earnings, endowment, accumulated in				31					
Net Assets or Fund Balances	32				32,814,856.	32	42,572,867.				
Ž	33			57,995,442.	33	71,710,878.					
	1 00	Total nabilities and not assets/fully baldifices			5.,555,114	- 55	Form 990 (2023)				

Form **990** (2023)

Form **990** (2023)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	61	,71	2,4	83.
2	Total expenses (must equal Part IX, column (A), line 25)	2	51	, 95	4,4	72.
3	Revenue less expenses. Subtract line 2 from line 1	3	9	,75	8,0	11.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	32	,81	4,8	56.
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))	42	,57	2,8	67.	
Pa	rt XII Financial Statements and Reporting	•				
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
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	Х	
	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:					
	Separate basis X 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					
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?			3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3h	X	

332012 12-21-23

SCHEDULE A

(Form 990)

Total

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.

Open to Public

Employer identification number

OMB No. 1545-0047

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

Inspection

HARMONY HEALTH CARE OF LONG ISLAND 27-0216316 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) X A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

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	ction A. Public Support										
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(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)										
_	Public support. Subtract line 5 from line 4.										
	ction B. Total Support	T	Γ	T	T	<u> </u>	Т				
	ndar year (or fiscal year beginning in)	(a) 2019	(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	Total support. Add lines 7 through 10										
	Gross receipts from related activities,	•	,			12					
13	First 5 years. If the Form 990 is for the	_			-						
500	organization, check this box and sto ction C. Computation of Publi										
				1 (0)			0.4				
	Public support percentage for 2023 (I					14	<u>%</u>				
	Public support percentage from 2022					15	<u>%</u>				
168	33 1/3% support test - 2023. If the	_									
	stop here. The organization qualifies		-			· · · · · · · · · · · · · · · · · · ·					
	33 1/3% support test - 2022. If the	_									
47.	and stop here. The organization qual										
1/8	10% -facts-and-circumstances test										
	and if the organization meets the fact			•	•	viriow the organiz	zation				
L	meets the facts-and-circumstances test	_			-	17a and line 15 is	L				
L	10% -facts-and-circumstances test	_					1070 OI				
	more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization										
18	Private foundation. If the organization		-	-							
10	ato roundation. Il tile organizatio	and not official	20x 011 III 0 10, 10	a, 100, 174, 01 171	o, or ook triis box a		(Form 990) 2023				

332022 12-21-23

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 qualify under the tests listed below, please complete Part II.)

Section A. Public Support	ted below, please comp	piete i ait ii.)				
Calendar year (or fiscal year beginning i	n) (a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
Gifts, grants, contributions, and membership fees received. (Do a						
include any "unusual grants.")						
2 Gross receipts from admissions merchandise sold or services pe formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpo	er-					
3 Gross receipts from activities thare not an unrelated trade or buiness under section 513						
						1
4 Tax revenues levied for the orgalization's benefit and either paid or expended on its behalf						
5 The value of services or facilities furnished by a governmental unithe organization without charge	it to					
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, 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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from lin	e 6.)					
Calendar year (or fiscal year beginning i	n) (a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6	,	(-7	(-)	(-,	(-,	1 (4)
10a Gross income from interest, dividends, payments received o securities loans, rents, royalties, and income from similar sources	n					
b Unrelated business taxable income						
(less section 511 taxes) from busine acquired after June 30, 1975	esses					
c Add lines 10a and 10b						
11 Net income from unrelated busin activities not included on line 10 whether or not the business is regularly carried on	ness					
12 Other income. Do not include go or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and						<u></u>
14 First 5 years. If the Form 990 is	· ·			•	. , . ,	
check this box and stop here						
Section C. Computation of F					 	
15 Public support percentage for 2		•	.,,		15	<u>%</u>
16 Public support percentage from Section D. Computation of I		<u> </u>			16	%
•					147	
17 Investment income percentage i					17	<u>%</u>
18 Investment income percentage			on line 14 and line		18	%
19a 33 1/3% support tests - 2023.	•					
more than 33 1/3%, check this b 33 1/3% support tests - 2022.	If the organization did	not check a box or	n line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
line 18 is not more than 33 1/3%						
20 Private foundation. If the organ	uzation did not check a	pox on line 14 19	a or ign check th	us nox and see in:	STRUCTIONS	1 1

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?
- 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).
- 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		
4b		
4.		
4c		
5a		
- Gu		
5b		
5c		
6		
7		
8		
9a		
Ja		
9b		
9c		
10a		
10b		
ule A (Forn	n aan)	2023

Schedule A (Form 990

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		son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	elow, the governing body of a supported organization?	11a		
b	A fam	ily member of a person described on line 11a above?	11b		
С	A 35%	6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c		
Sec	tion E	3. Type I Supporting Organizations			
				Yes	No
1		ne 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 Part VI how the supported organization(s) ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	_	orted 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			
	organi	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part V	11 how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sec	tion C	C. Type II Supporting Organizations			
				Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
S-0-1	the su	pported organization(s). D. All Type III Supporting Organizations	1		
Sec	lion L	J. All Type III Supporting Organizations			·
	-			Yes	No
1		ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
	_	ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
•	_	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2		
3	,	ganization maintained a close and continuous working relationship with the supported organization(s). ason of the relationship described on line 2, above, did the organization's supported organizations have a			
3		cant voice in the organization's investment policies and in directing the use of the organization's			
	-	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		orted organizations played in this regard.	3		
Sec	tion E	Type III Functionally Integrated Supporting Organizations			l .
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction	s).	
2		ties Test. Answer lines 2a and 2b below.		Yes	No
а	Did su	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those	supported organizations and explain how these activities directly furthered their exempt purposes,			
		he organization was responsive to those supported organizations, and how the organization determined			
	that th	nese activities constituted substantially all of its activities.	2a		
b	Did th	ne 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	11 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	Did th	e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	truste	es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3 a		
b	Did th	ne organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pa	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 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu-	st complete S	Sections A through E.	-
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	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		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting orga	inization (see

Schedule A (Form 990) 2023

instructions).

Schedule A (Form 990) 2023

e Excess from 2023

332028 12-21-23 Schedule A (Form 990) 2023

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

OMB No. 1545-0047

Name of the organization

HARMONY HEALTH CARE OF LONG ISLAND

Employer identification number 27-0216316

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds o	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	
		(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 v	writing that the assets held in donor advise	d funds
	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, P	art 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, recrea	tion or education) Preservation of a	a historically important land area
	Protection of natural habitat	Preservation of a	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form o	f a conservation easement on the last
	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		2b
С	Number of conservation easements on a certified historic stru	ucture included on line 2a	2c
d	Number of conservation easements included on line 2c acqui	ired after July 25, 2006, and not	
	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, release		
	year		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	on easements during the year
			
8	Does each conservation easement reported on line 2d above		
_			
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial statemer	nts that describes the
Dai	organization's accounting for conservation easements. † III Organizations Maintaining Collections of	Art Historical Treasures or Oth	oor Similar Assats
ı aı	Complete if the organization answered "Yes" on Form		iei Oliffiai Assets.
			d balance about works
ıa	If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for pub.		
	•		·
L	service, provide in Part XIII the text of the footnote to its finar		
D	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in further	erance of public service,
	provide the following amounts relating to these items.		¢.
	(i) Revenue included on Form 990, Part VIII, line 1		
•	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treations.	agurag or other similar agests for financial	<u> </u>
2	the following amounts required to be reported under FASB A		yairi, provide
_		3	¢
a h	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X		
	Addition in the property of th		Ψ

Schedule D (Form 990) 2023

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

4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Onnplote it the organization answered	Complete if the organization answered Tee City of the City, into Tea. Cook of the City, into Tea.				
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value	
1a Land		1,568,250.		1,568,250.	
b Buildings		27,546,765.	1,913,866.	25,632,899.	
c Leasehold improvements		14,443,458.	2,127,214.	12,316,244.	
d Equipment		3,605,275.	1,039,877.	2,565,398.	
e Other		436,201.		436,201.	
Total. Add lines 1a through 1e. (Column (d) must equa	al Form 990. Part X. line 1	0c. column (B))		42,518,992.	

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 HARMONY HEAL	n Form 990. Part IV. line		/-0216316 Page 3
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	nd-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" o	n 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 er	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	1
	Description		(b) Book value
(1) SECURITY DEPOSITS			212,500.
(2) ROU ASSETS			6,367,163.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities			6,579,663.
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) DUE TO OTHER THIRD PARTY			318,411.
(3)			
(4)			1
(5)			
(6)			
(7)			
(8)			
(9)			

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) 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

Schedule D (Form 990) 2023

Sche	dule D (Form 990) 2023	HARMONY	HEALTH	CARE C	F LONG	ISI	LAND	27-	0216316	Page 4
Par	t XI Reconciliatio	n of Revenue pe	r Audited	Financial	Statement	ts Wit	th Revenue per l	Return		
	Complete if the o	rganization answered	"Yes" on For	m 990, Part	V, line 12a.					
1	Total revenue, gains, and	d other support per a	udited financi	al statements	3			. 1	61,858	,614.
2	Amounts included on line	e 1 but not on Form 9	990, Part VIII,	line 12:						
а	Net unrealized gains (los	ses) on investments				2a				
b	Donated services and us	se of facilities				2b				

c Recoveries of prior year grants Other (Describe in Part XIII.)

Add lines 2a through 2d Subtract line 2e from line 1

Amounts included on Form 990, Part VIII, line 12, but not on line 1:

a Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)

c Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)

-569,096. 61,712,483. 5

-422,965.

62,281,579.

Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 52,100,603. Total expenses and losses per audited financial statements

2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2 a			
b	Prior year adjustments	2 b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2 d	569,096.		
е	Add lines 2a through 2d			2e	569,096.
3	Subtract line 2e from line 1			3	51,531,507.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	422,965.		
С	Add lines 4a and 4b			4c	422,965.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	51,954,472.

Part XIII Supplemental Information

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

PART X, LINE 2:

HHLI ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES USING A RECOGNITION THRESHOLD OF MORE-LIKELY-THAN-NOT TO BE SUSTAINED UPON EXAMINATION BY THE APPROPRIATE TAXING AUTHORITY. MEASUREMENT OF THE TAX UNCERTAINTY OCCURS IF THE RECOGNITION THRESHOLD HAS BEEN MET. MANAGEMENT DETERMINED THAT THERE WERE NO TAX UNCERTAINTIES THAT MET THE RECOGNITION THRESHOLD IN 2023 AND 2022.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

-422,965. BAD DEBT EXPENSES

PART XI, LINE 4B - OTHER ADJUSTMENTS:

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 HARMONY HEALTH CARE OF LONG ISLAND Part XIII Supplemental Information (continued)	
RENTAL EXPENSES	-104,669.
LOSS ON DISPOSAL OF ASSETS	-464,427.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
RENTAL EXPENSES	104,669.
LOSS ON DISPOSAL OF ASSETS	464,427.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	569,096.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
BAD DEBT EXPENSE	422,965.

SCHEDULE J (Form 990)

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.

2023

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

HARMONY HEALTH CARE OF LONG ISLAND

Employer identification number 27-0216316

Questions Regarding Compensation Part I Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Written employment contract Compensation committee X Compensation survey or study Independent compensation consultant X Form 990 of other organizations X Approval by the board or compensation committee 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: X a Receive a severance payment or change-of-control payment? 4a Х **b** Participate in or receive payment from a supplemental nonqualified retirement plan? 4h X **c** Participate in or receive payment from an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 5 contingent on the revenues of: Х a The organization? 5a X **b** Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 6 contingent on the net earnings of: a The organization? 6a X **b** Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III Х 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

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-MISC and/or 1099-NEC compensation	2 and/or 1099-MISC compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title	<u> </u>	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) DAVID NEMIROFF	Ξ	382,383.	20,000.	0	9,600	1,449.	410,432.	0
PRESIDENT & CEO	<u> </u>	0	0	0	0	0	0	0
(2) TARIKA JAMES	Ξ	272,962.	0	0	1,507.	18,623.	293,092.	0
CHIEF MEDICAL OFFICER (UNTIL 11/23)	(iii)	0	0.	0	• 0	0.	• 0	0
(3) ILYA TARASCIN	Ξ	230,313.	18,821.	0	4,092.	31,607.	284,833.	0
ASSOC, DIRECTOR FAM, MEDICINE PHYS.	<u> </u>	0	0	0	0	0	0	0
(4) STACY JACKSON-HARLEY	Ξ	241,537.	10,000.	0	4,621.	18,498.	274,656.	0
CHIEF OPERATING OFFICER	(iii)	0	0.	0	• 0	0.	• 0	0
(5) VICTORIA DELGADO	Ξ	235,732.	20,290.	0	4,801.	10,601.	271,424.	0
OB/GYN PHYSICIAN	€	0	0	0	• 0	0	• 0	0
(6) MELVIN HURT	Θ	219,281.	25,526.	0	3,910.	21,964.	270,681.	0.
PODIATRIST	(ii)	• 0		• 0	• 0		• 0	0.
(7) GINA REINOSO	Ξ	220,087.	5,448.	0	4,572.	31,607.	261,714.	0.
PEDIATRICIAN	(ii)	• 0	• 0	• 0	• 0	0 •	• 0	0
(8) MATTHEW NESTER	Ξ	214,708.	4,162.	0	4,440.	31,607.	254,917.	0.
PODIATRIST	Œ	• 0	l 1	• 0	• 0			0.
(9) SAVITREE PESTANO	Ξ	215,066.	10,000.	0	4,220.	11,096.	240,382.	0
CFO	⊞	0	0	0	- 1		- 1	0
(10) JULIE HARNISHER	Ξ	188,740.	10,000.	0	3,852.	18,498.	221,090.	0.
VP OF POPULATION HEALTH	⊞			0	0			0
(11) SUNNY BROWN	Ξ	170,742.	10,000.	0	3,513.	18,398.	202,653.	0
VP OF HUMAN RESOURCES	∷	0	0.	0	0	0.	0.	0
	Ξ							
	▣							
	Ξ							
	▣							
	Ξ							
	∷							
	Ξ							
	▣							
	Ξ							
	(ii)							
							Schedu	Schedule J (Form 990) 2023

PART I, LINE 7: ALL EMPLOYEE BONUSES ARE APPROVED FIRST BY THE FINANCE COMMITTEE AND THEN
BY THE FULL BOARD OF DIRECTORS. BONUSES WERE PAID TO ELIGIBLE EMPLOYEES UNDER THE NYS HEALTH CARE BONUS PROGRAM. FOR EMPLOYEES THAT WERE NOT
ELIGIBLE (NON DIRECT CARE), THEY WERE PAID BY HHLI BASED ON FINANCIAL
RESULTS.
Schedule J (Form 990) 202

SCHEDULE O (Form 990)

Department of the Treasury

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.

2023
Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service

Name of the organization

HARMONY HEALTH CARE OF LONG ISLAND

Employer identification number 27-0216316

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
STATUS OR ABILITY TO PAY BY ESTABLISHING, MAINTAINING, AND OPERATING IN
CONJUNCTION WITH NASSAU HEALTH CARE CORPORATION, A PUBLIC BENEFIT
CORPORATION CREATED BY THE STATE OF NY, DIAGNOSTIC AND TREATMENT
CENTERS RELATED TO THE PROVISION OF PREVENTIVE AND COMPREHENSIVE
PRIMARY HEALTH CARE SERVICES, RELATED ENABLING AND ANCILLARY SERVICES
AND OTHER CRITICAL COMMUNITY AND SOCIAL SERVICES RELATING TO HEALTH
EDUCATION, COMMUNITY OUTREACH, ENVIRONMENTAL HEALTH SERVICES,
NUTRITIONAL SERVICES, ORAL HEALTH SERVICES, AND BEHAVIORAL SERVICES.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
TRANSPORTATION), COMMUNITY OUTREACH, CARE MANAGEMENT, WIC, FACILITATED
ENROLLMENT AND PREP.
DURING 2023, HHLI SERVED 38,872 PATIENTS.
FORM 990, PART VI, SECTION A, LINE 4:
IN OCTOBER 2023, LONG ISLAND FQHC, INC. FORMALLY AMENDED ITS INCORPORATION
TO CHANGE ITS NAME TO HARMONY HEALTH CARE LONG ISLAND.
FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 IS SENT VIA EMAIL TO ALL BOARD MEMBERS FOR COMMENTS. COMMENTS
ARE SENT BACK AND INCORPORATED INTO THE 990 PRIOR TO ISSUANCE. AFTER ANY
BOARD CHANGES ARE MADE, THE PRESIDENT/CEO AND CHIEF FINANCIAL OFFICER
REVIEW THE 990 BEFORE FILING WITH THE IRS.

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

<u>Schedule O (Form 990) 2023</u> Page **2**

Name of the organization

HARMONY HEALTH CARE OF LONG ISLAND

Employer identification number
27-0216316

FORM 990, PART VI, SECTION B, LINE 12C:

EACH BOARD MEMBER AND OFFICER IS REQUIRED TO COMPLETE A CONFLICT OF

INTEREST ATTESTATION ANNUALLY. THE PRESIDENT/CEO AND CORPORATE COMPLIANCE

OFFICER REVIEW THE COMPLETED CONFLICT STATEMENTS AND DETERMINE WHETHER A

CONFLICT EXISTS. IF A CONFLICT ARISES, IT WILL BE INVESTIGATED ON AN

INDIVIDUAL BASIS. THE OUTCOME OF THE INVESTIGATION WILL DETERMINE WHAT

ACTION WILL BE REQUIRED. IF IT IS DETERMINED THAT A CONFLICT DOES EXIST,

THEN THE INDIVIDUAL WITH THE CONFLICT WILL ABSTAIN FROM VOTING ON ANY

RELATED ISSUES AND RECUSE HIMSELF FROM ALL DISCUSSIONS.

FORM 990, PART VI, SECTION B, LINE 15:

HARMONY HEALTH CARE OF LONG ISLAND PURCHASED INDUSTRY-SPECIFIC COMPENSATION

DATA AND USED THIS DATA TO DETERMINE COMPENSATION FOR THE PRESIDENT/CEO.

FINAL APPROVAL WAS PROVIDED BY THE HARMONY HEALTH CARE OF LONG ISLAND BOARD

OF DIRECTORS AND DOCUMENTED IN PERSONNEL FILES AND BOARD MINUTES.

HHLI REVIEWS INTERNAL AND EXTERNAL MARKET DATA USING INFORMATION AVAILABLE.

THE ORGANIZATION USES EXTERNAL DATA AVAILABLE THROUGH 990S OF OTHER

COMPARABLY SIZED NON-PROFITS AS WELL AS DATA AND REPORTS FROM LOCAL

STAFFING COMPANIES INCLUDING ROBERT HALF ASSOCIATES, ALLIED HEALTH GROUP

AND EXECU-SEARCH.

THE COMPENSATION OF ALL OTHER OFFICERS IS REVIEWED BY THE PRESIDENT/CEO AND THE VP OF HUMAN RESOURCES.

FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE ON REQUEST.

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Schedule O (Form 990) 2023

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Name of the organization HARMONY HEALTH CARE OF LONG ISLAND	Employer identification number 27 – 0216316
FORM 990, PART IX, LINE 11G, OTHER FEES:	
LABORATORY & RADIOLOGY FEES:	
PROGRAM SERVICE EXPENSES	475,258.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	475,258.
NUMC LEASED MEDICAL SERVICES:	
PROGRAM SERVICE EXPENSES	6,623,286.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	6,623,286.
PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	234,165.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	234,165.
PURCHASED MAINTENANCE & SECURITY SERVICES:	
PROGRAM SERVICE EXPENSES	1,133,767.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,133,767.
PURCHASED SERVICES:	
PROGRAM SERVICE EXPENSES	449,745.
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Schedule O (Form 990) 2023 Page **2**

Name of the organization HARMONY HEALTH CARE OF LONG ISLAND	Employer identification number 27-0216316
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	449,745.
CONTRACTED HRHC SERVICES:	
PROGRAM SERVICE EXPENSES	1,778,306.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,778,306.
PROFESSIONAL PENSION FEES:	
PROGRAM SERVICE EXPENSES	17,000.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	17,000.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	10,711,527.

SCHEDULE R (Form 990)

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

Attach to Form 990.

Open to Public Inspection OMB No. 1545-0047 2023

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

Department of the Treasury Internal Revenue Service Name of the organization

Partl

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. HARMONY HEALTH CARE OF LONG ISLAND

Employer identification number 27-0216316

(a)	(q)	(0)	(Q	(e)	(J)
Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling
of disregarded entity		foreign country)			entity
400 OAK STREET LLC - 92-1369066					
1600 STEWART AVENUE					HARMONY HEALTH CARE
WESTBURY, NY 11590	OFFICE BUILDING	NEW YORK	-302,776.	14,246,205. LONG ISLAND	LONG ISLAND
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	tions. Complete if the organization an	swered "Yes" on Form 990, Par	t IV, line 34, because	e it had one or more	related tax-exempt

	tax-exempt	
	r more related	
	$\overline{}$	
	, IIne 34, pecau	
9000	rm 990, Par IV	
L	red "Yes" on Fo	
	ation answe	
	omplete it the org	
:	rganizations. 🔾	
	ax-Exempt O	ıx year.
	of Kelated	during the ta
	Identification	organizations
	+ + 20	

Part II organizations during the tax year.						-	
(a)	(q)	(0)	(p)	(e)	(J)	(6)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)(13)	2(b)(13)
of related organization		foreign country)	section	status (if section		entity?	7
				501(c)(3))		Yes	<u>8</u>
NASSAU HEALTH CARE CORPORATION - 11-3465690							
2201 HEMPSTEAD TURNPIKE							
EAST MEADOW, NY 11554	HEALTH CARE	NEW YORK	501(C)(3)	LINE 6	N/A		×

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

Schedule R (Form 990) 2023

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Page 2

HARMONY HEALTH CARE OF LONG ISLAND

Schedule R (Form 990) 2023

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

(k)	General or Percentage managing ownership										
(j)	eneral or nanaging partner?	YesNo									
(1)	Code V-UBI amount in box 7	K-1 (Form 1065)									
(h)	Disproportionate allocations?	Yes No									
(6)	Share of end-of-year										
(J)	Share of total income										
(e)	Predominant income (related, unrelated, excluded from tax under	sections 512-514)									
(p)	Direct controlling entity										
(c)	Legal domicile (state or	country)									
(q)	Primary activity										
(a)	Name, address, and EIN of related organization										

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

		(13) olled	Voc No	2							
	ت	512(b)(13) controlled	X	65							
	Ē	Percentage ownership	•								
		Share of end-of-year									
		Share of total income									
	(e)	Type of entity (C corp, S corp,	or trust)								
:	©	Direct controlling entity									
	<u></u>	Legal domicile (state or	toreign country)								
IIIg uie tan yeai.	(q)	Primary activity									
organizations treated as a corporation of trust during the tax year.	(a)	Name, address, and EIN of related organization									

Schedule R (Form 990) 2023

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				★	Yes No	٥
1 During the tax year, did the organization engage in any of the following transactior	ns with one or more rel	transactions with one or more related organizations listed in Parts II-IV?	in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	ity			-	×	L
b Gift, grant, or capital contribution to related organization(s)				1b	X	u
c Gift, grant, or capital contribution from related organization(s)				10	X 	
:				19	×	
				9	×	٦
f Dividends from related organization(s)				#	×	ار
g Sale of assets to related organization(s)				1g	×	M
h Purchase of assets from related organization(s)				1h	X	u
i Exchange of assets with related organization(s)				i=	X	L
j Lease of facilities, equipment, or other assets to related organization(s)				1j	×	L.
1 1 1000 of familities and imment or other seconds from related area nitration(a)				÷	*	
				₹ ;	: >	۱,
	janization(s)			= ;	4 >	؞ٳ؞
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			٤	4	الر
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	rtion(s)			두	\dashv	اہ
o Sharing of paid employees with related organization(s)				9	×	
p Reimbursement paid to related organization(s) for expenses				1 ₀	×	-
q Reimbursement paid by related organization(s) for expenses				5	×	-
					-	
r Other transfer of cash or property to related organization(s)				-	4	اړ
s Other transfer of cash or property from related organization(s)				18	×	ار
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete thi	s line, including covered r	elationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	involved		
(1)						
(2)						
(3)						
(4)						
(5)						
(9)						
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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

age				
(k) ercent owners				
(j) neral or P naging rtner? s No				
Gene 20 mans 1 part Yes				
Code V-UBI General or Percentage amount in box 20 partner? every of Schedule K-1 Permonaging ownership (Form 1065) Yes No				
Cod amoun of Sch (For				
(h) Disproportionate allocations?				
(g) Share of end-of-year assets				
(f) Share of total income				
(e) Are all partners sec. 501(c)(3) orgs.? Yes No				
ne part 1, 50 1der <u>c</u> 7 ve				
) nt incon nrelated n tax un 12-514)				
(d) Predominant income prelated, unrelated, excluded from tax undersections 512-514)				
Pred (rel exclud sec				
ign				
(c) gal domic te or fore country)				
Leg (stat				
£				
(b) Primary activity				
(b) rimary a				
<u>C</u>				
Z III				
, and E y				
(a) Idress of entit				
(a) Name, address, and EIN of entity				
Na				

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