Department of the Treasury Internal Revenue Service

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C Book value of all assets at end of year

1 '	1	- · · · · · · · · · · · · · · · · · · ·					
					2939	334	104424 9
- '	_	NOTICE 20				_	
[∞] 990-T ∣	E	empt Organization) (and proxy tax		iness Income er section 6033(n	OMB No 1545-0687
	For cale	ndar year 2018 or other tax year begin		•	• •	18	<u> </u>
and mont of the Transum	. 0, 00,0	► Go to www.irs.gov/Form990		····		′ <u> </u>	
Partment of the Treasury	▶ Do	not enter SSN numbers on this form				(3) H	Open to Public Inspection for 501(c)(3) Organizations Only
Check box if address changed				e changed and see instruction		D Employ	ver identification number ees' trust, see instructions)
xempt under section	ł	BR <u>ON</u> XCARE HEALTH SY	STEM				
X 501(C)OB)	Print	Number, street, and room or suite no		nov see instructions		13-19	74191
	or	Trainbor, street, and room or sale no	,, u, O 2	ox, see manacheris	F		ted business activity code
408(e) 220(e)	i y pe	1276 FULTON AVENUE					fructions)
408A530(a)			ov and 715	or foreign postal code			
529(a) Book value of all assets		City or town, state or province, countr BRONX, NY 10456	y, and Alf	or loreign postal code			
it end of year	E Gra		lione \ ►				·
550,639,592.		up exemption number (See instruct			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	4047=> 1	
			(c) corp) trust	401(a) ti	
		nization's unrelated trades or busine 'ESTMENT IN PARTNERSH				•	or first) unrelated
_		· · · · · · · · · · · · · · · · · · ·			•		than one, describe the
		end of the previous sentence, co	mplete P	arts I and II, complete a S	cnedule M for each	n additiona	31
trade or business, th							
		corporation a subsidiary in an affil	_		controlled group?	• • • •	▶ Yes X No
		identifying number of the parent co	rporation		710	901	9600
The books are in care					ne number ▶ 718		
		or Business Income	, -	(A) Income	(B) Expens	es	(C) Net
a Gross receipts or :					t		* "
Less returns and allowa		c Balance ▶			 		
		ule A, line 7)	2				
		2 from line 1c	3	·			
· -		ttach Schedule D)	4a				
		Part II, line 17) (attach Form 4797)	4b		<u> </u>		
•		rusts	4c				0.000
, , ,	,	an S corporation (attach statement)	5	2,379.	ATCH 1		2,379.
Rent income (Sch	edule C)		6				
Unrelated debt-fir	nanced in	come (Schedule E)	7	 			
Interest, annuities, roya	ilties, and re	nts from a controlled organization (Schedule F)	8	·			
Investment income of a	section 50	(c)(7), (9), or (17) organization (Schedule G)	9	 -			
	-	ncome (Schedule I)	10				-
		ule J)	11	<u> </u>			
		tions, attach schedule)	12				
		ough 12	13	2,379.			2,379.
		Taken Elsewhere (See insti				xcept fo	r contributions,
محمد فمراد المرمالي		be directly connected with t	he unre	elated business inco	me)		
aeauction	<u>s musi</u>						
		directors, and trustees (Schedule K)		٠	7/r- / C · · · · · · · · · ·	. 14	
Compensation of	officers,			RECEIV	/ED	. 14	
Compensation of Salaries and wage	officers,	directors, and trustees (Schedule K)		· · · - · · · · · · · · · · · · · · · · · 	/ED:	·	
Compensation of Salaries and wage Repairs and main	officers, s tenance	directors, and trustees (Schedule K))	. 15	
Compensation of Salaries and wage Repairs and main Bad debts	officers,	directors, and trustees (Schedule K)			<u></u> ეს	. 15	

	deductions must be directly connected with the unrelated business income)		
14	Compensation of officers, directors, and trustees (Schedule K).	14	
15	Salaries and wages	15	
16	Compensation of officers, directors, and trustees (Schedule K). Salaries and wages Repairs and maintenance RECEIVED	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions).	18	
19			
20	Taxes and licenses	20	
21	Depreciation (attach Form 4562)		•
22	Less depreciation claimed on Schedule A and elsewhere on return	22b	
23	Depletion Deplet	23	
24	Contributions to deferred compensation plans		
25	Employee-benefit programs	25	
26	Excess Exempt expenses (Schedule I)		
27	Excess readership costs (Schedule J)	27	<u> </u>
28	Other deductions (attach schedule)		
29	Total deductions. Add lines 14 through 28	29	
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	2,379.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	31	
32_	Unrelated business taxable income Subtract line 31 from line 30	32	2,379.

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Form در	√ 90-T (2018)		Page 2
	t III Total Unrelated Business Taxable Income		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see		
•••	instructions)	33	2,379.
34	Amounts paid for disallowed fringes	34	1,615,999.
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see	 • • • • • • • 	
55	instructions)	35	
20		33	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34	ا م	1 610 270
		36	1,618,378.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36 If line 37 is greater than line 36,		1 (15 252
	enter the smaller of zero or line 36	38	1,617,378.
Pai	t IV Tax Computation		
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)	39	339,649.
40	Trusts Taxable at Trust Rates. See instructions for tax computation income tax on		
	the amount on line 38 from Tax rate schedule or Schedule D (Form 1041)	40	
41	Proxy tax. See instructions	41	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	339,649.
Par	t V Tax and Payments		
45 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a		
	Other credits (see instructions)	1	
	General business credit Attach Form 3800 (see instructions)	1	
	Credit for prior year minimum tax (attach Form 8801 or 8827)	1	
	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	339,649.
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule),		
48	Total tax. Add lines 46 and 47 (see instructions)	48	339,649.
		49	
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	 43	
	Payments A 2017 overpayment credited to 2018	1	
	2010 estimated tax payments		
	Tax deposited with Form 8868		
	Foreign organizations Tax paid or withheld at source (see instructions)		
e	Backup withholding (see instructions)		
T	Credit for small employer health insurance premiums (attach Form 8941)		
9	Other credits, adjustments, and payments Form 2439]	
	Form 4136 Other Total ▶ 50g		323,268.
51	Total payments. Add lines 50a through 50g	51	323,200.
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached	52	16 201
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	16,381.
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	
55	Enter the amount of line 54 you want	55	
Par			
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or		
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may		1 1
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	foreign	
	here		X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign to the control of the organization receive a distribution from the control of the organization receive a distribution from the control of the organization receive a distribution from the control of the organization receive a distribution from the control of the organization receive a distribution from the control of the organization receive a distribution from the control of the organization receive a distribution from the control of the control o	gn trus	2 X
	If "Yes," see instructions for other forms the organization may have to file		
58	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$		
	Under penalties of perjury I declare that I have examined this return, including accompanying schedules and statements, and to the b true, correct, and complete Declaration of pregarer (other than taxpayer) is based on all information of which preparer has any knowledge	est of m	y knowledge and belief, it is
Sig	Ma Ma	y the	IRS discuss this return
Her	e V (// flux & dellate 1//15719 V SVP + CAO with	h the	preparer shown below
		nstructi	ons)? X Yes No
Da:4	Print/Type preparer's name Preparer's signature Date Check	،، لا ،	
Paid	MARON SHAPIRO Self-e	mployed	
			44-0160260
	Firm's address ► 655 THIRD AVENUE #1200, NEW YORK, NY 10017 Phone	no 2	12.867.4000

Form_990-T (2018) Schedule A - Cost of Ge	oods Sold F	dar makk -	d of 10110040		- داده داه								Page
		iter metno	<u>a of invento</u>							<u> </u>			
1 Inventory at beginning of y2 Purchases				6		y at end of				<u> </u>			
	• • • – – –			7		f goods							
	• • • • • • • • • • • • • • • • • • • •					line 5			- 1				
4a Additional section 263A co				_		ne 2				<u>'_</u>		V	A1.
(attach schedule)				8		rules of			•	•		Yes	No
b Other costs (attach schedu5 Total, Add lines 1 through						produced							v
5 Total. Add lines 1 through Schedule C - Rent Income		ronom. o	nd Darson	- L I	to the or	ganization?	Mish D	ool Dron	· · · ·	· · · ·	· · · ·	L	X
(see instructions)	t (From Near P	Toperty a	ilu Person	iai i	riopeit	y Leaseu	AAIUIIN	eai Fior	erty /				
Description of property					-								
												_	
(<u>1)</u>											_		
	_												
(3)								···		-			
(4)	2. Rent recei	vod or pooru				, -	$\overline{}$						—
(a) From personal property (if the for personal property is more th more than 50%)	an 10% but not	percent	rom real and p age of rent for r if the rent is t	pers	onal prope	rty exceeds	3(a)	Deductions in columns					me
(1)							-						
(2)											_		
(3)													
(4)											-		
Total		Total											
(c) Total income. Add totals of co	olumns 2(a) and 2(otal deduc here and		e 1,			
here and on page 1, Part I, line 6							Part	I, line 6, co	lumn (3) 🕨			
Schedule E - Unrelated D	ebt-Financed I	ncome (se	e instructio	ns)									
			2 Gross in	ncon	ne from or] 3	. Deductio	ns directly of debt-fina			or allocabl	le to	
1. Description of deb	ot-financed property		1	property (a) Str			(a) Straight line depreciation			(b) Other deductions			
			pro-			(a	ttach sched	lule)		(atta	ch sched	ule)	
(1)			ļ				<u></u>		 				
(2)		,							<u> </u>				
(3)													
(4)									<u> </u>				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjust of or allocal debt-financed (attach sche	ble to property		Colur Iıvıde olum	ed		ss income r mn 2 x col		(c	olumn 6	able ded x total o a) and 3(t	f colum	
(1)					9	6							
(2)					9	6							
(3)	-				9	6							
(4)					9	6]				
			·			Enter h	ere and o	n page 1,			e and or		
Totals					_	"""		(/ //	'		.5 . , 5510	(′

ochedule i – interest, Aim				ntrolled Or							
Name of controlled organization	2 Employer identification number	Der		ated income	1	of spec	specified included		art of column 4 that is uded in the controlling nization's gross income		6. Deductions directly connected with income in column 5
(1)											
(2)											<u> </u>
(3)											
(4)				· · · · · ·	<u> </u>						
Nonexempt Controlled Organi	zations										
7 Taxable Income	8 Net unrelated i			Total of specific ayments made		inc	Part of coluded in the column of the column	the con	trolling		Deductions directly nnected with income in column 10
(1)						0.5		<u> </u>			
(2)											
(3)			•••						-		-
(4)											
Totals			<u></u> :)(7),		▶) Orga	En Pa	dd colum ter here a ort I, line 8	nd on p , colum	page 1, in (A)	En	dd columns 6 and 11 ter here and on page 1, art I, line 8, column (B)
1 Description of income	2. Amount o			3 Deduction directly contact (attach sch	tions inected			4. Set-	asides schedule)		Total deductions and set-asides (col 3 plus col 4)
(1)											
(2)											
(3)											
(4)			<u> </u>								
Totals ▶ Schedule I – Exploited Exe	Enter here and Part I, line 9, c	column (A)	er Th	an Adverti	sing Ir	come	see II	nstruc	ctions)		Enter here and on page Part I, line 9, column (8)
1 Description of exploited activity	2. Gross unrelated business income from trade or business	3 Expens directly connected production unrelate business ind	with n of d	4. Net incon from unrelat or business 2 minus col If a gain, co cols 5 thro	ed trade (column umn 3) ompute	5. Gross income from activity that is not unrelated business income		hat ed	6 Expenses attributable to column 5		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)								\neg			
(2)											
(3)		 -		·						-	<u> </u>
(4)				 			<u> </u>	-			
	Enter here and on page 1, Part I, line 10, col (A)	Enter here as page 1, Pa line 10, col	rt I,								Enter here and on page 1, Part II, line 26
Totals	<u> </u>	<u> </u>									
Schedule J- Advertising In											
Part I Income From Per	iodicals Report	ted on a Co	nsoli	dated Bas	is						
Name of periodical	2. Gross advertising income	3 Directadvertising of		4. Advert gain or (los 2 minus co a gain, cor cols 5 thro	s) (col l 3) If npute		Circulation income	ו	6 Reade cost	•	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)											
(2)											<u>'</u>
(3)		-	-					\rightarrow			7
(4)						_		+			_
	 	 -						$\neg \uparrow$	·		
Totals (carry to Part II, line (5))											Form 990-T (2018

✓ Part'll	Income From Periodicals Reported	on a Separate Basis	(For each periodical	listed in Part II	, fill in columns
	2 through 7 on a line-by-line basis)	·			

Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I ▶					,	
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)						

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3 Percent of time devoted to business	4. Compensation attributable to unrelated business
1)		, %	
2)		%	
3)		%	
)	•	%	
otal, Enter here and on page 1, Part II, line 14			

Form 990-T (2018)

ATTACHMENT 1

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS OR S CORPORATIONS

INCOME FROM PARTNERSHIP

2,379.

INCOME (LOSS) FROM PARTNERSHIPS

2,379.

ATTACHMENT 1