

Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047  
**2018**  
Open to Public Inspection

**A For the 2019 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization: BRONXCARE HEALTH SYSTEM  
 % VICTOR DEMARCO  
 Doing business as

**D** Employer identification number: 13-1974191

**E** Telephone number: (718) 901-8600

**G** Gross receipts \$ 876,433,118

**F** Name and address of principal officer:  
 VICTOR DEMARCO  
 1276 FULTON AVENUE  
 BRONX, NY 10456

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list (see instructions)  
**H(c)** Group exemption number ▶

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) ◀ (insert no )  4947(a)(1) or  527

**J** Website: ▶ WWW BRONXCARE ORG

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 1964 **M** State of legal domicile: NY

**Part I Summary**

|   |   |  |                          |
|---|---|--|--------------------------|
| <b>Activities &amp; Governance</b>  | <b>1</b> Briefly describe the organization's mission or most significant activities<br>TO DELIVER THE HIGHEST QUALITY OF HEALTHCARE SERVICES TO THE BRONX COMMUNITY |  |                          |
|   | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets                     |  |                          |
|   | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)  |  | 12                       |
|   | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)  |  | 9                        |
|   | <b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)   |  | 4,516                    |
|   | <b>6</b> Total number of volunteers (estimate if necessary)   |  | 142                      |
|   | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12  |  | 2,379                    |
| <b>7b</b> Net unrelated business taxable income from Form 990-T, line 34                    |   | 1,617,378  |                          |
| <b>Revenue</b>  | <b>8</b> Contributions and grants (Part VIII, line 1h)  | Prior Year: 37,697,981   | Current Year: 46,888,194 |
|   | <b>9</b> Program service revenue (Part VIII, line 2g)   | 711,727,074  | 732,412,177              |
|   | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | 1,415,759  | 4,058,189                |
|   | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | 0  | 0                        |
|   | <b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | 750,840,814  | 783,358,560              |
|   | <b>Expenses</b>   | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 0                        |
| <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)                     |   | 0  | 0                        |
| <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) |   | 480,447,880  | 499,609,308              |
| <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)                    |   | 0  | 0                        |
| <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶0                       |   |  |                          |
| <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)                      |   | 258,300,450  | 270,253,258              |
| <b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)          | 738,748,330   | 770,627,566  |                          |
| <b>19</b> Revenue less expenses Subtract line 18 from line 12                               | 12,092,484  | 12,730,994   |                          |
| <b>Net Assets or Fund Balances</b>  | <b>20</b> Total assets (Part X, line 16)  | Beginning of Current Year: 508,017,589                                     | End of Year: 550,639,592 |
|   | <b>21</b> Total liabilities (Part X, line 26)   | 446,265,313  | 452,290,632              |
|   | <b>22</b> Net assets or fund balances Subtract line 21 from line 20   | 61,752,276   | 98,348,960               |

**Part II Signature Block**

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

**Sign Here**

Signature of officer: \*\*\*\*\* Date: 2019-05-15

VICTOR DEMARCO SENIOR VICE PRESIDEN  
Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: Preparer's signature: Date: Check  if self-employed PTIN: P01333816

Firm's name ▶ BKD LLP Firm's EIN ▶

Firm's address ▶ 655 Third Avenue 1200 New York, NY 10017 Phone no (212) 867-4000

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [ ] Yes [X] No

1 Briefly describe the organization's mission

THE MISSION OF BRONXCARE HEALTH SYSTEM IS TO DELIVER THE HIGHEST QUALITY HEALTHCARE SERVICES TO THE BRONX COMMUNITY THROUGH BUILDING A HEALTHCARE NETWORK THAT IS CONTINUOUSLY STRIVING FOR EXCELLENCE BY TRULY OPENING ITS ARMS TO HEAL, TO TEACH, AND TO CARE IT IS THE BRONX COMMUNITY WHERE WE SEE THE IMPORTANCE OF FULFILLING THE HOSPITALS MISSION OF COMMUNITY SERVICE BRONX-LEBANON REGULARLY PROVIDES FREE CHECK-UPS AND SCREENINGS AT SCHOOLS, SHELTERS, NURSING HOMES, SENIOR CITIZEN CENTERS, CHURCHES, AND MANY OTHER COMMUNITY ORGANIZATIONS NUMEROUS OUTREACH PROGRAMS HAVE ALSO BEEN INITIATED TO EDUCATE THE COMMUNITY ABOUT IMPORTANT HEALTH ISSUES, INCLUDING HEALTHBEAT, BRONX-LEBANONS WIDELY ACCLAIMED WEEKLY TELEVISION SHOW, WHICH OFFERS VIEWERS THE OPPORTUNITY TO HAVE THEIR QUESTIONS ANSWERED BY MEDICAL EXPERTS BRONX-LEBANONS MOBILE HEALTH UNITS ARE BRINGING PHYSICIANS AND MEDICAL SERVICES DIRECTLY TO WHERE THEY ARE NEEDED ITS SCHOOL-BASED HEALTH PROGRAMS ARE PROMOTING HEALTH EDUCATION AN

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code ) (Expenses \$ 670,427,310 including grants of \$ 765,000 ) (Revenue \$ 732,412,177 ) See Additional Data

4b (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses ▶ 670,427,310

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political campaign activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 23 through 38 regarding compensation, bond issues, escrow accounts, 501(c)(3) organizations, and contributions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V [ ]

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .

2a 4,516

b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)

2b Yes

3a Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . .

3a Yes

b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . .

3b Yes

4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . .

4a No

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)

5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . .

5a No

b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?

5b No

c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .

5c

6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . .

6a No

b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .

6b

7 Organizations that may receive deductible contributions under section 170(c).

a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .

7a No

b If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .

7b

c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .

7c No

d If "Yes," indicate the number of Forms 8282 filed during the year . . . . .

7d

e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

7e No

f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . .

7f No

g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .

7g

h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .

7h

8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .

8

9a Did the sponsoring organization make any taxable distributions under section 4966? . . . .

9a

b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . .

9b

10 Section 501(c)(7) organizations. Enter

a Initiation fees and capital contributions included on Part VIII, line 12 . . . . .

10a

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

10b

11 Section 501(c)(12) organizations. Enter

a Gross income from members or shareholders . . . . .

11a

b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .

11b

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

12a

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

12b

13 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

13a

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 . . . . .

13b

c Enter the amount of reserves on hand . . . . .

13c

14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . .

14a No

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . .

14b

15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .

15 Yes

16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .

16 No

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (12); 1b Enter the number of voting members included in line 1a, above, who are independent (9); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 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 Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: Own website, Another's website, Upon request (checked), Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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 books and records (VICTOR DEMARCO 1276 FULTON AVENUE BRONX, NY 10456 (718) 901-8600).

**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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

| (A)<br>Name and Title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| (1) Mr Miguel A Fuentes Jr<br>.....<br>President & ceo         | 40 0<br>.....<br>5 0   | X   |                       | X       |              |                              |        | 2,069,858   | 0  | 54,840  |
| (2) Ms Rita DiMartino<br>.....<br>Assistant Secretary          | 4 0<br>.....<br>1 0  | X   |                       | X       |              |                              |        | 0   | 0  | 0   |
| (3) Ms Cristina Toosie<br>.....<br>Vice Chairperson/Secretary  | 3 0<br>.....<br>0 0  | X   |                       | X       |              |                              |        | 0   | 0  | 0   |
| (4) Mr John R Colon<br>.....<br>chairperson                    | 2 0<br>.....<br>3 0  | X   |                       | X       |              |                              |        | 0   | 0  | 0   |
| (5) Ms Milagros Baez O'Toole<br>.....<br>assistant Secretary   | 2 0<br>.....<br>0 0  | X   |                       | X       |              |                              |        | 0   | 0  | 0   |
| (6) Ms Rose Robles Birtley<br>.....<br>Board Member            | 2 0<br>.....<br>1 0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (7) MR Ricardo R Fernandez PhD<br>.....<br>Board Member        | 2 0<br>.....<br>0 0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (8) Ms Barbara A Lowe RN MPH<br>.....<br>Board Member          | 2 0<br>.....<br>1 0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (9) Mr Joseph Nedlin<br>.....<br>Board Member                  | 2 0<br>.....<br>0 0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (10) Mr Harvey Newman<br>.....<br>Board Member                 | 2 0<br>.....<br>0 0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (11) Mr Joseph Semidei<br>.....<br>Board Member                | 2 0<br>.....<br>0 0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (12) Mr Minto L Soares<br>.....<br>Board Member                | 2 0<br>.....<br>0 0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (13) Mr Victor G DeMarco<br>.....<br>Senior Vice President/CFO | 40 0<br>.....<br>5 0   |   |                       | X       |              |                              |        | 981,556   | 0  | 55,051  |
| (14) Mr OCTAVIO MARIN<br>.....<br>VP - long term care          | 40 0<br>.....<br>0 0   |   |                       |         | X            |                              |        | 428,535   | 0  | 53,762  |
| (15) Mr Hiram Torres<br>.....<br>Vice President-Operations     | 40 0<br>.....<br>0 0   |   |                       |         | X            |                              |        | 519,996   | 0  | 59,912  |
| (16) Mr George Irizarry<br>.....<br>vp - Revenue cycle mgmt    | 40 0<br>.....<br>0 0   |   |                       |         | X            |                              |        | 298,839   | 0  | 50,720  |
| (17) Ms Patricia Cahill<br>.....<br>Vice President-Nursing     | 40 0<br>.....<br>0 0   |   |                       |         | X            |                              |        | 388,841   | 0  | 41,613  |

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

| (A)<br>Name and Title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (18) Dr Magdy Mikhail<br>.....<br>Chairman- Ob/Gyn                       | 40 0<br>.....<br>0 0   |   |                       |         |              | X                            |        | 999,619  | 0   | 51,824  |
| (19) Dr Ira Kirschenbaum<br>.....<br>Chairman- Orthopedics               | 40 0<br>.....<br>0 0   |   |                       |         |              | X                            |        | 1,146,187  | 0   | 58,388  |
| (20) Dr John Coffey<br>.....<br>Chairman- Emergency Med                  | 40 0<br>.....<br>0 0   |   |                       |         |              | X                            |        | 997,366  | 0   | 58,232  |
| (21) DR NASSIM KRIM<br>.....<br>PHYSICIAN CARDIO/CATH                    | 40 0<br>.....<br>0 0   |   |                       |         |              | X                            |        | 797,309  | 0   | 51,364  |
| (22) Dr Sridhar Chilimuri<br>.....<br>Physician In Chief                 | 40 0<br>.....<br>0 0   |   |                       |         |              | X                            |        | 812,138  | 0   | 36,638  |
| <b>1b Sub-Total</b> . . . . .  |  |   |                       |         |              |                              |        |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |  |   |                       |         |              |                              |        |  |   |   |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |  |   |                       |         |              |                              |        | 9,440,244  | 0   | 572,344   |

**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 ► 998

|  | Yes | No |
|--|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .  |     | No |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . | Yes |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       |     | No |

**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)<br>Name and business address   | (B)<br>Description of services | (C)<br>Compensation |
|--|--------------------------------|---------------------|
| TRI STATE CONTRACTING GROUP CORP,<br>2620 ST RAYMOND AVE<br>BRONX, NY 10461        | CONSTRUCTION                   | 6,035,766           |
| GILSTON ELECTRICAL CONTRACTING CORP,<br>338 EAST 95TH STREET<br>NEW YORK, NY 10128 | CONSTRUCTION                   | 2,557,960           |
| GARFUNKEL WILD PC,<br>111 GREAT NECK RD<br>GREAT NECK, NY 11021                    | LEGAL                          | 2,171,409           |
| MBL CONSTRUCTION CORPORATION,<br>2620 ST RAYMOND AVENUE<br>BRONX, NY 10461         | CONSTRUCTION                   | 1,026,458           |
| L B CONSULTING INC,<br>1430 E 24 STREET<br>BROOKLYN, NY 11210                      | CONSULTING-BILLING             | 949,318             |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 18



**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

|   |   | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under sections<br>512 - 514 |
|---|---|----------------------|--|---|--|
| <b>Contributions, Gifts, Grants and Other Similar Amounts</b> | <b>1a</b> Federated campaigns . . . . .   | <b>1a</b>            |  |   |  |
|   | <b>b</b> Membership dues . . . . .  | <b>1b</b>            |  |   |  |
|   | <b>c</b> Fundraising events . . . . .   | <b>1c</b>            |  |   |  |
|   | <b>d</b> Related organizations . . . . .  | <b>1d</b>            | 59,823   |   |  |
|   | <b>e</b> Government grants (contributions) . . . . .  | <b>1e</b>            | 42,064,463   |   |  |
|   | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . . | <b>1f</b>            | 4,763,908  |   |  |
|   | <b>g</b> Noncash contributions included in lines 1a - 1f \$ . . . . .                             |                      | 2,173,724  |   |  |
| <b>h Total.</b> Add lines 1a-1f . . . . .                     |   | 46,888,194           |  |   |  |

| <b>Program Service Revenue</b>                       |   |  | Business Code |             |             |  |  |
|--|---|--|---------------|-------------|-------------|--|--|
|  | <b>2a</b> Hospital-PATIENT SVCs . . . . . |  | 621990        | 732,412,177 | 732,412,177 |  |  |
| <b>b</b> . . . . .                                   |   |  |               |             |             |  |  |
| <b>c</b> . . . . .                                   |   |  |               |             |             |  |  |
| <b>d</b> . . . . .                                   |   |  |               |             |             |  |  |
| <b>e</b> . . . . .                                   |   |  |               |             |             |  |  |
| <b>f</b> All other program service revenue . . . . . |   |  |               |             |             |  |  |
| <b>g Total.</b> Add lines 2a-2f . . . . .            |   |  | 732,412,177   |             |             |  |  |

|  |   |                |               |             |       |           |           |
|--|---|----------------|---------------|-------------|-------|-----------|-----------|
| <b>Other Revenue</b>   | <b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .                                       |                |               | 4,058,189   |       | 2,379     | 4,055,810 |
|  | <b>4</b> Income from investment of tax-exempt bond proceeds . . . . .   |                |               | 0           |       |           |           |
|  | <b>5</b> Royalties . . . . .  |                |               | 0           |       |           |           |
|  | <b>6a</b> Gross rents . . . . .   | (i) Real       | (ii) Personal |             |       |           |           |
|  | <b>b</b> Less rental expenses . . . . .   |                |               |             |       |           |           |
|  | <b>c</b> Rental income or (loss) . . . . .  | 0              | 0             |             |       |           |           |
|  | <b>d</b> Net rental income or (loss) . . . . .  |                |               | 0           |       |           |           |
|  | <b>7a</b> Gross amount from sales of assets other than inventory . . . . .  | (i) Securities | (ii) Other    |             |       |           |           |
|  | <b>b</b> Less cost or other basis and sales expenses . . . . .  | 93,074,558     |               |             |       |           |           |
|  | <b>c</b> Gain or (loss) . . . . .   |                |               |             |       |           |           |
|  | <b>d</b> Net gain or (loss) . . . . .   |                |               | 0           |       |           |           |
|  | <b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 . . . . . | <b>a</b>       | 0             |             |       |           |           |
|  | <b>b</b> Less direct expenses . . . . .   | <b>b</b>       | 0             |             |       |           |           |
|  | <b>c</b> Net income or (loss) from fundraising events . . . . .   |                |               | 0           |       |           |           |
|  | <b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .  | <b>a</b>       | 0             |             |       |           |           |
| <b>b</b> Less direct expenses . . . . .                                    | <b>b</b>  | 0              |               |             |       |           |           |
| <b>c</b> Net income or (loss) from gaming activities . . . . .             |   |                | 0             |             |       |           |           |
| <b>10a</b> Gross sales of inventory, less returns and allowances . . . . . | <b>a</b>  | 0              |               |             |       |           |           |
| <b>b</b> Less cost of goods sold . . . . .                                 | <b>b</b>  | 0              |               |             |       |           |           |
| <b>c</b> Net income or (loss) from sales of inventory . . . . .            |   |                | 0             |             |       |           |           |
| <b>11a</b> Miscellaneous Revenue . . . . .                                 | Business Code   |                |               |             |       |           |           |
| <b>b</b> . . . . .   |   |                |               |             |       |           |           |
| <b>c</b> . . . . .   |   |                |               |             |       |           |           |
| <b>d</b> All other revenue . . . . .                                       |   |                |               |             |       |           |           |
| <b>e Total.</b> Add lines 11a-11d . . . . .                                |   |                | 0             |             |       |           |           |
| <b>12 Total revenue.</b> See Instructions . . . . .                        |   |                | 783,358,560   | 732,412,177 | 2,379 | 4,055,810 |           |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX

|  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>  |                       |                                 |  |                             |
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.   | 765,000               | 765,000                         |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.  | 0                     |                                 |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.  | 0                     |                                 |  |                             |
| <b>4</b> Benefits paid to or for members.  | 0                     |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees.   | 5,003,523             | 750,528                         | 4,252,995                              |                             |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).  | 0                     |                                 |  |                             |
| <b>7</b> Other salaries and wages.   | 363,719,952           | 320,073,558                     | 43,646,394                             |                             |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).   | 36,738,000            | 32,329,440                      | 4,408,560                              |                             |
| <b>9</b> Other employee benefits.  | 63,135,406            | 55,559,158                      | 7,576,248                              |                             |
| <b>10</b> Payroll taxes.   | 31,012,427            | 27,290,936                      | 3,721,491                              |                             |
| <b>11</b> Fees for services (non-employees)  |                       |                                 |  |                             |
| <b>a</b> Management.   | 0                     |                                 |  |                             |
| <b>b</b> Legal.  | 4,965,000             |                                 | 4,965,000                              |                             |
| <b>c</b> Accounting.   | 202,000               |                                 | 202,000                                |                             |
| <b>d</b> Lobbying.   | 153,622               |                                 | 153,622                                |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17.  | 0                     |                                 |  |                             |
| <b>f</b> Investment management fees.   | 0                     |                                 |  |                             |
| <b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).   | 68,455,625            | 60,640,138                      | 7,815,487                              |                             |
| <b>12</b> Advertising and promotion.   | 231,000               | 231,000                         |  |                             |
| <b>13</b> Office expenses.   | 78,923,000            | 69,452,240                      | 9,470,760                              |                             |
| <b>14</b> Information technology.  | 14,704,000            | 12,939,520                      | 1,764,480                              |                             |
| <b>15</b> Royalties.   | 0                     |                                 |  |                             |
| <b>16</b> Occupancy.   | 26,677,000            | 23,475,760                      | 3,201,240                              |                             |
| <b>17</b> Travel.  | 1,008,000             | 887,040                         | 120,960                                |                             |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.  | 0                     |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings.  | 782,026               | 688,183                         | 93,843                                 |                             |
| <b>20</b> Interest.  | 1,440,138             | 1,267,321                       | 172,817                                |                             |
| <b>21</b> Payments to affiliates.  | 0                     |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization.   | 23,958,792            | 21,083,737                      | 2,875,055                              |                             |
| <b>23</b> Insurance.   | 26,048,000            | 22,922,240                      | 3,125,760                              |                             |
| <b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)                                      |                       |                                 |  |                             |
| <b>a</b> dues and membership.  | 884,094               | 778,003                         | 106,091                                |                             |
| <b>b</b> recreational activities.  | 897,995               | 897,995                         |  |                             |
| <b>c</b> licenses and permits.   | 575,855               | 575,855                         |  |                             |
| <b>d</b> books and periodicals.  | 50,000                | 50,000                          |  |                             |
| <b>e</b> All other expenses.   | 20,297,111            | 17,769,658                      | 2,527,453                              |                             |
| <b>25 Total functional expenses.</b> Add lines 1 through 24e.  | 770,627,566           | 670,427,310                     | 100,200,256                            | 0                           |
| <b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) |                       |                                 |  |                             |

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part IX

|   |   | (A)<br>Beginning of year |             | (B)<br>End of year |
|---|---|--------------------------|-------------|--------------------|
| <b>Assets</b>   | <b>1</b> Cash—non-interest-bearing . . . . .  | 85,546,541               | <b>1</b>    | 23,345,072         |
|   | <b>2</b> Savings and temporary cash investments . . . . .   | 31,772,130               | <b>2</b>    | 240,498,539        |
|   | <b>3</b> Pledges and grants receivable, net . . . . .   | 4,691,162                | <b>3</b>    | 3,498,571          |
|   | <b>4</b> Accounts receivable, net . . . . .   | 62,054,712               | <b>4</b>    | 60,103,232         |
|   | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .   | 0                        | <b>5</b>    | 0                  |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . . | 0                        | <b>6</b>    | 0                  |
|   | <b>7</b> Notes and loans receivable, net . . . . .  | 0                        | <b>7</b>    | 0                  |
|   | <b>8</b> Inventories for sale or use . . . . .  | 2,537,220                | <b>8</b>    | 2,715,674          |
|   | <b>9</b> Prepaid expenses and deferred charges . . . . .  | 3,798,880                | <b>9</b>    | 3,429,185          |
|   | <b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D  | 691,665,995              |             |                    |
|   | <b>b</b> Less accumulated depreciation  | 515,353,801              |             |                    |
|   | <b>11</b> Investments—publicly traded securities . . . . .  | 94,176,417               | <b>11</b>   | 0                  |
|   | <b>12</b> Investments—other securities See Part IV, line 11 . . . . .   | 23,699,093               | <b>12</b>   | 26,596,435         |
|   | <b>13</b> Investments—program-related See Part IV, line 11 . . . . .  | 0                        | <b>13</b>   | 0                  |
|   | <b>14</b> Intangible assets . . . . .   | 0                        | <b>14</b>   | 0                  |
|   | <b>15</b> Other assets See Part IV, line 11 . . . . .   | 12,933,907               | <b>15</b>   | 14,140,690         |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . . | 508,017,589   | <b>16</b>                | 550,639,592 |                    |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses . . . . .   | 249,127,887              | <b>17</b>   | 248,682,047        |
|   | <b>18</b> Grants payable . . . . .  | 0                        | <b>18</b>   | 0                  |
|   | <b>19</b> Deferred revenue . . . . .  | 0                        | <b>19</b>   | 0                  |
|   | <b>20</b> Tax-exempt bond liabilities . . . . .   | 33,423,607               | <b>20</b>   | 31,578,386         |
|   | <b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .  | 0                        | <b>21</b>   | 0                  |
|   | <b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .   | 0                        | <b>22</b>   | 0                  |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .  | 11,366,548               | <b>23</b>   | 11,275,893         |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .  | 0                        | <b>24</b>   | 0                  |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D . . . . .  | 152,347,271              | <b>25</b>   | 160,754,306        |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .  | 446,265,313              | <b>26</b>   | 452,290,632        |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>  |                          |             |                    |
|   | <b>27</b> Unrestricted net assets   | 59,948,871               | <b>27</b>   | 96,545,555         |
|   | <b>28</b> Temporarily restricted net assets . . . . .   | 0                        | <b>28</b>   | 0                  |
|   | <b>29</b> Permanently restricted net assets   | 1,803,405                | <b>29</b>   | 1,803,405          |
|   | <b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>   |                          |             |                    |
|   | <b>30</b> Capital stock or trust principal, or current funds . . . . .  |                          | <b>30</b>   |                    |
|   | <b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .   |                          | <b>31</b>   |                    |
|   | <b>32</b> Retained earnings, endowment, accumulated income, or other funds  |                          | <b>32</b>   |                    |
| <b>33</b> Total net assets or fund balances . . . . .                         | 61,752,276  | <b>33</b>                | 98,348,960  |                    |
| <b>34</b> Total liabilities and net assets/fund balances . . . . .            | 508,017,589   | <b>34</b>                | 550,639,592 |                    |

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

|           |   |           |             |
|-----------|---|-----------|-------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)   | <b>1</b>  | 783,358,560 |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)  | <b>2</b>  | 770,627,566 |
| <b>3</b>  | Revenue less expenses Subtract line 2 from line 1   | <b>3</b>  | 12,730,994  |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | <b>4</b>  | 61,752,276  |
| <b>5</b>  | Net unrealized gains (losses) on investments  | <b>5</b>  | 2,722,531   |
| <b>6</b>  | Donated services and use of facilities  | <b>6</b>  |             |
| <b>7</b>  | Investment expenses   | <b>7</b>  |             |
| <b>8</b>  | Prior period adjustments  | <b>8</b>  |             |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)  | <b>9</b>  | 21,143,159  |
| <b>10</b> | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 98,348,960  |

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
 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?  
 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  Consolidated basis  Both consolidated and separate basis
- c** 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?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

|           | Yes | No |
|-----------|-----|----|
| <b>2a</b> |     | No |
| <b>2b</b> | Yes |    |
| <b>2c</b> | Yes |    |
| <b>3a</b> | Yes |    |
| <b>3b</b> | Yes |    |

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 13-1974191

**Name:** BRONXCARE HEALTH SYSTEM

Form 990 (2018)

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### Form 990, Part III, Line 4a:

THE HOSPITAL CENTER IS THE CENTERPIECE OF THE BRONXCARE HEALTH SYSTEM, WHICH IS THE LARGEST VOLUNTARY, NOT-FOR-PROFIT HEALTH CARE SYSTEM SERVING THE SOUTH AND CENTRAL BRONX. THE HOSPITAL CENTER HAS 619 BEDS AT TWO MAJOR HOSPITAL DIVISIONS, A MAJOR PSYCHIATRIC FACILITY, AND AN EXTENSIVE "BRONXCARE" NETWORK OF MEDICAL PRACTICES.

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**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**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.  
 Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
BRONXCARE HEALTH SYSTEM

Employer identification number

13-1974191

**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.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ) )
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  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 \_\_\_\_\_
- 5  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).**
- 7  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 )
- 8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9  An agricultural research organization described in **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 university \_\_\_\_\_
- 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 )
- 11  An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12  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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
  - a  **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.**
  - 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.**
  - 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.**
  - d  **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.**
  - e  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
  - f Enter the number of supported organizations \_\_\_\_\_
  - g Provide the following information about the supported organization(s)

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|--|---|----|---|---|
|                                    |          |  | Yes   | No |   |   |
|                                    |          |  |   |    |   |   |
| <b>Total</b>                       |          |  |   |    |   |   |

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

(Complete only if you checked the box on line 5, 7, 8, or 9 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.)

**Section A. Public Support**

|          | Calendar year<br>(or fiscal year beginning in) ►  | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|----------|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")   |          |          |          |          |          |           |
| <b>2</b> | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |          |          |          |          |          |           |
| <b>3</b> | The value of services or facilities furnished by a governmental unit to the organization without charge   |          |          |          |          |          |           |
| <b>4</b> | <b>Total.</b> Add lines 1 through 3   |          |          |          |          |          |           |
| <b>5</b> | 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) |          |          |          |          |          |           |
| <b>6</b> | <b>Public support.</b> Subtract line 5 from line 4  |          |          |          |          |          |           |

**Section B. Total Support**

|           | Calendar year<br>(or fiscal year beginning in) ►   | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018  | (f) Total |
|-----------|--|----------|----------|----------|----------|-----------|-----------|
| <b>7</b>  | Amounts from line 4  |          |          |          |          |           |           |
| <b>8</b>  | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources |          |          |          |          |           |           |
| <b>9</b>  | Net income from unrelated business activities, whether or not the business is regularly carried on                             |          |          |          |          |           |           |
| <b>10</b> | Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )                                 |          |          |          |          |           |           |
| <b>11</b> | <b>Total support.</b> Add lines 7 through 10   |          |          |          |          |           |           |
| <b>12</b> | Gross receipts from related activities, etc (see instructions)   |          |          |          |          | <b>12</b> |           |

**13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . .

**Section C. Computation of Public Support Percentage**

|           |  |           |  |
|-----------|--|-----------|--|
| <b>14</b> | Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) | <b>14</b> |  |
| <b>15</b> | Public support percentage for 2017 Schedule A, Part II, line 14                        | <b>15</b> |  |

- 16a 33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or 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
- b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or 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 did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year<br>(or fiscal year beginning in) ► |  | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|--|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b>   | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")  |          |          |          |          |          |           |
| <b>2</b>   | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |          |          |          |          |          |           |
| <b>3</b>   | Gross receipts from activities that are not an unrelated trade or business under section 513   |          |          |          |          |          |           |
| <b>4</b>   | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |          |          |          |          |          |           |
| <b>5</b>   | The value of services or facilities furnished by a governmental unit to the organization without charge  |          |          |          |          |          |           |
| <b>6</b>   | <b>Total.</b> Add lines 1 through 5  |          |          |          |          |          |           |
| <b>7a</b>  | Amounts included on lines 1, 2, and 3 received from disqualified persons   |          |          |          |          |          |           |
| <b>b</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           |          |          |          |          |          |           |
| <b>c</b>   | Add lines 7a and 7b  |          |          |          |          |          |           |
| <b>8</b>   | <b>Public support.</b> (Subtract line 7c from line 6)  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year<br>(or fiscal year beginning in) ► |  | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|--|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b>   | Amounts from line 6  |          |          |          |          |          |           |
| <b>10a</b>                                       | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources |          |          |          |          |          |           |
| <b>b</b>   | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                        |          |          |          |          |          |           |
| <b>c</b>   | Add lines 10a and 10b  |          |          |          |          |          |           |
| <b>11</b>  | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on    |          |          |          |          |          |           |
| <b>12</b>  | Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)                                  |          |          |          |          |          |           |
| <b>13</b>  | <b>Total support.</b> (Add lines 9, 10c, 11, and 12)   |          |          |          |          |          |           |

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

**Section C. Computation of Public Support Percentage**

|           |  |           |  |
|-----------|--|-----------|--|
| <b>15</b> | Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f)) | <b>15</b> |  |
| <b>16</b> | Public support percentage from 2017 Schedule A, Part III, line 15                      | <b>16</b> |  |

**Section D. Computation of Investment Income Percentage**

|           |  |           |  |
|-----------|--|-----------|--|
| <b>17</b> | Investment income percentage for <b>2018</b> (line 10c, column (f) divided by line 13, column (f)) | <b>17</b> |  |
| <b>18</b> | Investment income percentage from <b>2017</b> Schedule A, Part III, line 17                        | <b>18</b> |  |

**19a 33 1/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

**b 33 1/3% support tests—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

|            |   | Yes | No |
|------------|---|-----|----|
| <b>1</b>   | Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.  |     |    |
|            | <b>1</b>  |     |    |
| <b>2</b>   | 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).   |     |    |
|            | <b>2</b>  |     |    |
| <b>3a</b>  | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.   |     |    |
|            | <b>3a</b>   |     |    |
| <b>b</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 <b>Part VI</b> when and how the organization made the determination.   |     |    |
|            | <b>3b</b>   |     |    |
| <b>c</b>   | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.  |     |    |
|            | <b>3c</b>   |     |    |
| <b>4a</b>  | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.   |     |    |
|            | <b>4a</b>   |     |    |
| <b>b</b>   | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.  |     |    |
|            | <b>4b</b>   |     |    |
| <b>c</b>   | 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 <b>Part VI</b> 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.   |     |    |
|            | <b>4c</b>   |     |    |
| <b>5a</b>  | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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>5a</b>   |     |    |
| <b>b</b>   | <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?  |     |    |
|            | <b>5b</b>   |     |    |
| <b>c</b>   | <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?   |     |    |
|            | <b>5c</b>   |     |    |
| <b>6</b>   | 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 <b>Part VI</b> .   |     |    |
|            | <b>6</b>  |     |    |
| <b>7</b>   | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 or 990-EZ).  |     |    |
|            | <b>7</b>  |     |    |
| <b>8</b>   | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).   |     |    |
|            | <b>8</b>  |     |    |
| <b>9a</b>  | 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 <b>Part VI</b> .  |     |    |
|            | <b>9a</b>   |     |    |
| <b>b</b>   | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .   |     |    |
|            | <b>9b</b>   |     |    |
| <b>c</b>   | Did a disqualified person (as defined in 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 <b>Part VI</b> .  |     |    |
|            | <b>9c</b>   |     |    |
| <b>10a</b> | 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>10a</b>  |     |    |
| <b>b</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.)  |     |    |
|            | <b>10b</b>  |     |    |

**Part IV Supporting Organizations** (continued)

|           |   | Yes | No |
|-----------|---|-----|----|
| <b>11</b> | Has the organization accepted a gift or contribution from any of the following persons?   |     |    |
| <b>a</b>  | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? |     |    |
| <b>b</b>  | A family member of a person described in (a) above?   |     |    |
| <b>c</b>  | A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>   |     |    |

**Section B. Type I Supporting Organizations**

|          |  | Yes | No |
|----------|--|-----|----|
| <b>1</b> | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> |     |    |
| <b>2</b> | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>  |     |    |

**Section C. Type II Supporting Organizations**

|          |   | Yes | No |
|----------|---|-----|----|
| <b>1</b> | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i> |     |    |

**Section D. All Type III Supporting Organizations**

|          |  | Yes | No |
|----------|--|-----|----|
| <b>1</b> | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? |     |    |
| <b>2</b> | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>  |     |    |
| <b>3</b> | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>  |     |    |

**Section E. Type III Functionally-Integrated Supporting Organizations**

|          |  |     |    |
|----------|--|-----|----|
| <b>1</b> | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> )  |     |    |
| <b>a</b> | <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.   |     |    |
| <b>b</b> | <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.  |     |    |
| <b>c</b> | <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).  |     |    |
| <b>2</b> | Activities Test <b>Answer (a) and (b) below.</b>   |     |    |
| <b>a</b> | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | Yes | No |
| <b>b</b> | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>  |     |    |
| <b>3</b> | Parent of Supported Organizations <b>Answer (a) and (b) below.</b>   |     |    |
| <b>a</b> | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>  |     |    |
| <b>b</b> | Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>  |     |    |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| <b>Section A - Adjusted Net Income</b>  |  | (A) Prior Year | (B) Current Year (optional) |
|---|--|----------------|-----------------------------|
| <b>1</b>                                | Net short-term capital gain  | <b>1</b>       |                             |
| <b>2</b>                                | Recoveries of prior-year distributions   | <b>2</b>       |                             |
| <b>3</b>                                | Other gross income (see instructions)  | <b>3</b>       |                             |
| <b>4</b>                                | Add lines 1 through 3  | <b>4</b>       |                             |
| <b>5</b>                                | Depreciation and depletion   | <b>5</b>       |                             |
| <b>6</b>                                | 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) | <b>6</b>       |                             |
| <b>7</b>                                | Other expenses (see instructions)  | <b>7</b>       |                             |
| <b>8</b>                                | <b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)   | <b>8</b>       |                             |
| <b>Section B - Minimum Asset Amount</b> |  | (A) Prior Year | (B) Current Year (optional) |
| <b>1</b>                                | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)   | <b>1</b>       |                             |
| <b>a</b>                                | Average monthly value of securities  | <b>1a</b>      |                             |
| <b>b</b>                                | Average monthly cash balances  | <b>1b</b>      |                             |
| <b>c</b>                                | Fair market value of other non-exempt-use assets   | <b>1c</b>      |                             |
| <b>d</b>                                | <b>Total</b> (add lines 1a, 1b, and 1c)  | <b>1d</b>      |                             |
| <b>e</b>                                | <b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)   |                |                             |
| <b>2</b>                                | Acquisition indebtedness applicable to non-exempt use assets   | <b>2</b>       |                             |
| <b>3</b>                                | Subtract line 2 from line 1d   | <b>3</b>       |                             |
| <b>4</b>                                | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)   | <b>4</b>       |                             |
| <b>5</b>                                | Net value of non-exempt-use assets (subtract line 4 from line 3)   | <b>5</b>       |                             |
| <b>6</b>                                | Multiply line 5 by .035  | <b>6</b>       |                             |
| <b>7</b>                                | Recoveries of prior-year distributions   | <b>7</b>       |                             |
| <b>8</b>                                | <b>Minimum Asset Amount</b> (add line 7 to line 6)   | <b>8</b>       |                             |
| <b>Section C - Distributable Amount</b> |  |                | Current Year                |
| <b>1</b>                                | Adjusted net income for prior year (from Section A, line 8, Column A)  | <b>1</b>       |                             |
| <b>2</b>                                | Enter 85% of line 1  | <b>2</b>       |                             |
| <b>3</b>                                | Minimum asset amount for prior year (from Section B, line 8, Column A)   | <b>3</b>       |                             |
| <b>4</b>                                | Enter greater of line 2 or line 3  | <b>4</b>       |                             |
| <b>5</b>                                | Income tax imposed in prior year   | <b>5</b>       |                             |
| <b>6</b>                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)   | <b>6</b>       |                             |
| <b>7</b>                                | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)                                 |                |                             |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

| <b>Section D - Distributions</b>  | <b>Current Year</b> |
|---|---------------------|
| <b>1</b> Amounts paid to supported organizations to accomplish exempt purposes  |                     |
| <b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity            |                     |
| <b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations  |                     |
| <b>4</b> Amounts paid to acquire exempt-use assets  |                     |
| <b>5</b> Qualified set-aside amounts (prior IRS approval required)  |                     |
| <b>6</b> Other distributions (describe in <b>Part VI</b> ) See instructions   |                     |
| <b>7 Total annual distributions.</b> Add lines 1 through 6  |                     |
| <b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ) See instructions |                     |
| <b>9</b> Distributable amount for 2018 from Section C, line 6   |                     |
| <b>10</b> Line 8 amount divided by Line 9 amount  |                     |

| <b>Section E - Distribution Allocations (see instructions)</b>   | <b>(i)<br/>Excess Distributions</b> | <b>(ii)<br/>Underdistributions<br/>Pre-2018</b> | <b>(iii)<br/>Distributable<br/>Amount for 2018</b> |
|--|-------------------------------------|---|--|
| <b>1</b> Distributable amount for 2018 from Section C, line 6  |                                     |   |  |
| <b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions   |                                     |   |  |
| <b>3</b> Excess distributions carryover, if any, to 2018   |                                     |   |  |
| <b>a</b> From 2013. . . . .  |                                     |   |  |
| <b>b</b> From 2014. . . . .  |                                     |   |  |
| <b>c</b> From 2015. . . . .  |                                     |   |  |
| <b>d</b> From 2016. . . . .  |                                     |   |  |
| <b>e</b> From 2017. . . . .  |                                     |   |  |
| <b>f Total</b> of lines 3a through e   |                                     |   |  |
| <b>g</b> Applied to underdistributions of prior years  |                                     |   |  |
| <b>h</b> Applied to 2018 distributable amount  |                                     |   |  |
| <b>i</b> Carryover from 2013 not applied (see instructions)  |                                     |   |  |
| <b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f   |                                     |   |  |
| <b>4</b> Distributions for 2018 from Section D, line 7   |                                     |   |  |
| \$   |                                     |   |  |
| <b>a</b> Applied to underdistributions of prior years  |                                     |   |  |
| <b>b</b> Applied to 2018 distributable amount  |                                     |   |  |
| <b>c</b> Remainder Subtract lines 4a and 4b from 4   |                                     |   |  |
| <b>5</b> Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions |                                     |   |  |
| <b>6</b> Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions                        |                                     |   |  |
| <b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c   |                                     |   |  |
| <b>8</b> Breakdown of line 7   |                                     |   |  |
| <b>a</b> Excess from 2014. . . . .   |                                     |   |  |
| <b>b</b> Excess from 2015. . . . .   |                                     |   |  |
| <b>c</b> Excess from 2016. . . . .   |                                     |   |  |
| <b>d</b> Excess from 2017. . . . .   |                                     |   |  |
| <b>e</b> Excess from 2018. . . . .   |                                     |   |  |

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 13-1974191

**Name:** BRONXCARE HEALTH SYSTEM

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

**Facts And Circumstances Test**

**SCHEDULE C**  
(Form 990 or 990-EZ)  
  
Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**  
For Organizations Exempt From Income Tax Under section 501(c) and section 527  
  
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.  
▶Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047  
  
**2018**  
**Open to Public Inspection**

**If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**  
 ● Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C  
 ● Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B  
 ● Section 527 organizations Complete Part I-A only  
**If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**  
 ● Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B  
 ● Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A  
**If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**  
 ● Section 501(c)(4), (5), or (6) organizations Complete Part III

|   |  |
|---|--|
| Name of the organization<br>BRONXCARE HEALTH SYSTEM | Employer identification number<br>13-1974191 |
|---|--|

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities (see instructions) \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Yes  No
- 4a Was a correction made?  Yes  No
- b If "Yes," describe in Part IV

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year?  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
|----------|-------------|---------|---|--|
| 1        |             |         |   |  |
| 2        |             |         |   |  |
| 3        |             |         |   |  |
| 4        |             |         |   |  |
| 5        |             |         |   |  |
| 6        |             |         |   |  |

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check  if the filing organization checked box A and "limited control" provisions apply

**Limits on Lobbying Expenditures**  
(The term "expenditures" means amounts paid or incurred.)

|   | (a) Filing organization's totals                         | (b) Affiliated group totals                     |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |
|---|--|---|------------------------------------|--------------------|------------------------------|---|---|---|---|--|--|-------------------|-------------|--|
| <b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)  |  |   |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |
| <b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)  |  |   |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |
| <b>c</b> Total lobbying expenditures (add lines 1a and 1b)  |  |   |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |
| <b>d</b> Other exempt purpose expenditures  |  |   |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |
| <b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)  |  |   |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |
| <b>f</b> Lobbying nontaxable amount Enter the amount from the following table in both columns   |  |   |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |
| <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table> |  | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | Over \$17,000,000 | \$1,000,000 |  |
| If the amount on line 1e, column (a) or (b) is:   | The lobbying nontaxable amount is:                       |   |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |
| Not over \$500,000  | 20% of the amount on line 1e                             |   |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |
| Over \$500,000 but not over \$1,000,000   | \$100,000 plus 15% of the excess over \$500,000          |   |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |
| Over \$1,000,000 but not over \$1,500,000   | \$175,000 plus 10% of the excess over \$1,000,000        |   |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |
| Over \$1,500,000 but not over \$17,000,000  | \$225,000 plus 5% of the excess over \$1,500,000         |   |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |
| Over \$17,000,000   | \$1,000,000  |   |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |
| <b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)  |  |   |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |
| <b>h</b> Subtract line 1g from line 1a If zero or less, enter -0-   |  |   |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |
| <b>i</b> Subtract line 1f from line 1c If zero or less, enter -0-   |  |   |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |
| <b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |   |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount Enter the amount from the following table in both columns

| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is:                |
|---|---|
| Not over \$500,000                              | 20% of the amount on line 1e                      |
| Over \$500,000 but not over \$1,000,000         | \$100,000 plus 15% of the excess over \$500,000   |
| Over \$1,000,000 but not over \$1,500,000       | \$175,000 plus 10% of the excess over \$1,000,000 |
| Over \$1,500,000 but not over \$17,000,000      | \$225,000 plus 5% of the excess over \$1,500,000  |
| Over \$17,000,000                               | \$1,000,000                                       |

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a If zero or less, enter -0-
- i** Subtract line 1f from line 1c If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

Yes  No

**4-Year Averaging Period Under section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

**Lobbying Expenditures During 4-Year Averaging Period**

| Calendar year (or fiscal year beginning in)                      | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) Total |
|--|----------|----------|----------|----------|-----------|
| <b>2a</b> Lobbying nontaxable amount                             |          |          |          |          |           |
| <b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))    |          |          |          |          |           |
| <b>c</b> Total lobbying expenditures                             |          |          |          |          |           |
| <b>d</b> Grassroots nontaxable amount                            |          |          |          |          |           |
| <b>e</b> Grassroots ceiling amount (150% of line 2d, column (e)) |          |          |          |          |           |
| <b>f</b> Grassroots lobbying expenditures                        |          |          |          |          |           |

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

|   | (a) |    | (b)     |
|---|-----|----|---------|
|   | Yes | No | Amount  |
| <b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of |     |    |         |
| <b>a</b> Volunteers?  |     | No |         |
| <b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?   | Yes |    |         |
| <b>c</b> Media advertisements?  |     | No |         |
| <b>d</b> Mailings to members, legislators, or the public?   |     | No |         |
| <b>e</b> Publications, or published or broadcast statements?  |     | No |         |
| <b>f</b> Grants to other organizations for lobbying purposes?   |     | No |         |
| <b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?  |     | No |         |
| <b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  |     | No |         |
| <b>i</b> Other activities?  | Yes |    | 153,622 |
| <b>j</b> Total Add lines 1c through 1i  |     |    | 153,622 |
| <b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?   |     | No |         |
| <b>b</b> If "Yes," enter the amount of any tax incurred under section 4912  |     |    |         |
| <b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912   |     |    |         |
| <b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?   |     |    |         |

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

|  | Yes      | No |
|--|----------|----|
| <b>1</b> Were substantially all (90% or more) dues received nondeductible by members?                      | <b>1</b> |    |
| <b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?                 | <b>2</b> |    |
| <b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year? | <b>3</b> |    |

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

|   |           |
|---|-----------|
| <b>1</b> Dues, assessments and similar amounts from members   | <b>1</b>  |
| <b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).   |           |
| <b>a</b> Current year   | <b>2a</b> |
| <b>b</b> Carryover from last year   | <b>2b</b> |
| <b>c</b> Total  | <b>2c</b> |
| <b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  | <b>3</b>  |
| <b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | <b>4</b>  |
| <b>5</b> Taxable amount of lobbying and political expenditures (see instructions)   | <b>5</b>  |

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

| Return Reference                       | Explanation  |
|--|--|
| Part II-B, Line 1, Lobbying Activities | Robert Sancho (VP Community Affairs) has contact with listed individuals a part of his duties Contact is a minor part of his job function and the cost is not identifiable but would not be material \$153,622 represents the portion of dues to trade organizations (HANYG GNYHA, AHA, HEP) that is related to lobbying |



**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](http://www.irs.gov/Form990) for the latest information.**

OMB No 1545-0047  
**2018**  
**Open to Public Inspection**

**Name of the organization**  
BRONXCARE HEALTH SYSTEM

**Employer identification number**  
13-1974191

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

|  | (a) Donor advised funds | (b) Funds and other accounts |
|--|-------------------------|------------------------------|
| <b>1</b> Total number at end of year                       |                         |                              |
| <b>2</b> Aggregate value of contributions to (during year) |                         |                              |
| <b>3</b> Aggregate value of grants from (during year)      |                         |                              |
| <b>4</b> Aggregate value at end of year                    |                         |                              |

**5** Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No

**6** Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

**1** Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e g , recreation or education)  Preservation of an historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

**2** Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

|   | Held at the End of the Year |  |
|---|-----------------------------|--|
| <b>a</b> Total number of conservation easements   | <b>2a</b>                   |  |
| <b>b</b> Total acreage restricted by conservation easements   | <b>2b</b>                   |  |
| <b>c</b> Number of conservation easements on a certified historic structure included in (a)   | <b>2c</b>                   |  |
| <b>d</b> Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register | <b>2d</b>                   |  |

**3** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► \_\_\_\_\_

**4** Number of states where property subject to conservation easement is located ► \_\_\_\_\_

**5** Does the organization have a written policy regarding the periodic 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 conservation easements during the year ► \_\_\_\_\_

**7** Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ \_\_\_\_\_

**8** Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

**9** In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

**1a** If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

**b** If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance 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 ► \$ \_\_\_\_\_

**2** If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

**a** Revenue included on Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

**b** Assets included in Form 990, Part X ► \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- |   | Amount |
|---|--------|
| <b>1c</b> Beginning balance             |        |
| <b>1d</b> Additions during the year     |        |
| <b>1e</b> Distributions during the year |        |
| <b>1f</b> Ending balance                |        |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .  Yes  No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . .

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

|   | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance . . . . .                     | 1,803,405        | 1,803,405      | 1,803,405          | 1,803,405            | 1,803,405           |
| <b>b</b> Contributions . . . . .                                  |                  |                |                    |                      |                     |
| <b>c</b> Net investment earnings, gains, and losses               | 4,023            | 3,567          | 3,560              | 3,553                | 3,546               |
| <b>d</b> Grants or scholarships . . . . .                         |                  |                |                    |                      |                     |
| <b>e</b> Other expenditures for facilities and programs . . . . . | 4,023            | 3,567          | 3,560              | 3,553                | 3,546               |
| <b>f</b> Administrative expenses . . . . .                        |                  |                |                    |                      |                     |
| <b>g</b> End of year balance . . . . .                            | 1,803,405        | 1,803,405      | 1,803,405          | 1,803,405            | 1,803,405           |

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
  - b** Permanent endowment ▶ 100 000 %
  - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- |  |     |    |
|--|-----|----|
| <b>(i)</b> unrelated organizations . . . . .   | Yes | No |
| <b>(ii)</b> related organizations . . . . .  | Yes | No |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | Yes | No |
- 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.

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land . . . . .   |                                      | 847,209                         |                              | 847,209        |
| <b>b</b> Buildings . . . . .   |                                      | 472,544,325                     | 333,601,325                  | 138,943,000    |
| <b>c</b> Leasehold improvements  |                                      | 8,852,364                       | 3,555,833                    | 5,296,531      |
| <b>d</b> Equipment . . . . .   |                                      | 201,817,316                     | 174,732,674                  | 27,084,642     |
| <b>e</b> Other . . . . .   |                                      | 7,604,781                       | 3,463,969                    | 4,140,812      |
| <b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶ |                                      |                                 |                              | 176,312,194    |

**Part VII Investments—Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category<br>(including name of security)  | (b)<br>Book<br>value | (c) Method of valuation<br>Cost or end-of-year market value |
|--|----------------------|---|
| (1) Financial derivatives . . . . .                                      |                      |   |
| (2) Closely-held equity interests . . . . .                              |                      |   |
| (3) Other _____  |                      |   |
| (A)  |                      |   |
| (B)  |                      |   |
| (C)  |                      |   |
| (D)  |                      |   |
| (E)  |                      |   |
| (F)  |                      |   |
| (G)  |                      |   |
| (H)  |                      |   |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12 ) |                      |   |

**Part VIII Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment  | (b) Book value | (c) Method of valuation<br>Cost or end-of-year market value |
|--|----------------|---|
| (1)  |                |   |
| (2)  |                |   |
| (3)  |                |   |
| (4)  |                |   |
| (5)  |                |   |
| (6)  |                |   |
| (7)  |                |   |
| (8)  |                |   |
| (9)  |                |   |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13 ) |                |   |

**Part IX Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

| (a) Description  | (b) Book value |
|--|----------------|
| (1)  |                |
| (2)  |                |
| (3)  |                |
| (4)  |                |
| (5)  |                |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15 ) |                |

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

| (a) Description of liability   | (b) Book value |
|--|----------------|
| (1) Federal income taxes   | 0              |
| CAPITAL LEASE OBLIGATIONS  | 5,847,145      |
| DUE TO THIRD PARTIES   | 112,830,306    |
| OTHER LIABILITIES  | 2,828,350      |
| SELF INSURANCE TRUST   | 300,000        |
| Due To Related Organizations   | 38,948,505     |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 ) | 160,754,306    |

**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 FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

|          |   |           |           |  |
|----------|---|-----------|-----------|--|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements . . . . .                      |           | <b>1</b>  |  |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12                                      |           |           |  |
| <b>a</b> | Net unrealized gains (losses) on investments . . . . .  | <b>2a</b> |           |  |
| <b>b</b> | Donated services and use of facilities . . . . .  | <b>2b</b> |           |  |
| <b>c</b> | Recoveries of prior year grants . . . . .   | <b>2c</b> |           |  |
| <b>d</b> | Other (Describe in Part XIII ) . . . . .  | <b>2d</b> |           |  |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .   |           | <b>2e</b> |  |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .  |           | <b>3</b>  |  |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1                                     |           |           |  |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                              | <b>4a</b> |           |  |
| <b>b</b> | Other (Describe in Part XIII ) . . . . .  | <b>4b</b> |           |  |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .   |           | <b>4c</b> |  |
| <b>5</b> | Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . . |           | <b>5</b>  |  |

**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.

|          |  |           |           |  |
|----------|--|-----------|-----------|--|
| <b>1</b> | Total expenses and losses per audited financial statements . . . . .                                     |           | <b>1</b>  |  |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25   |           |           |  |
| <b>a</b> | Donated services and use of facilities . . . . .   | <b>2a</b> |           |  |
| <b>b</b> | Prior year adjustments . . . . .   | <b>2b</b> |           |  |
| <b>c</b> | Other losses . . . . .   | <b>2c</b> |           |  |
| <b>d</b> | Other (Describe in Part XIII ) . . . . .   | <b>2d</b> |           |  |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .  |           | <b>2e</b> |  |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .   |           | <b>3</b>  |  |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:                                       |           |           |  |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                               | <b>4a</b> |           |  |
| <b>b</b> | Other (Describe in Part XIII ) . . . . .   | <b>4b</b> |           |  |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .  |           | <b>4c</b> |  |
| <b>5</b> | Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . . |           | <b>5</b>  |  |

**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

| Return Reference          | Explanation |
|---------------------------|-------------|
| See Additional Data Table |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |

**Part XIII** Supplemental Information *(continued)*

| Return Reference | Explanation |
|------------------|-------------|
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 13-1974191

**Name:** BRONXCARE HEALTH SYSTEM

## Supplemental Information

| Return Reference           | Explanation   |
|----------------------------|---|
| SCHEDULE D, PART V, LINE 4 | The funds are used to support health care services and to provide fellowships to further clinical and scientific investigation in the field of medicine |

**SCHEDULE H (Form 990)**  
 Department of the Treasury  
 Internal Revenue Service  
**Name of the organization**  
 BRONXCARE HEALTH SYSTEM

**Hospitals**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**  
 ▶ **Attach to Form 990.**  
 ▶ **Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.**

**Employer identification number**  
 13-1974191

OMB No 1545-0047  
**2018**  
**Open to Public Inspection**

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

|   | Yes           | No |
|---|---------------|----|
| <b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a   | <b>1a</b> Yes |    |
| <b>b</b> If "Yes," was it a written policy?   | <b>1b</b> Yes |    |
| <b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year<br><input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities<br><input type="checkbox"/> Generally tailored to individual hospital facilities |               |    |
| <b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year  |               |    |
| <b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care<br><input checked="" type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %  | <b>3a</b> Yes |    |
| <b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care<br><input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %                         | <b>3b</b> Yes |    |
| <b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care   |               |    |
| <b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?   | <b>4</b> Yes  |    |
| <b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?   | <b>5a</b> Yes |    |
| <b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?   | <b>5b</b> Yes |    |
| <b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?   | <b>5c</b>     | No |
| <b>6a</b> Did the organization prepare a community benefit report during the tax year?  | <b>6a</b>     | No |
| <b>b</b> If "Yes," did the organization make it available to the public?  | <b>6b</b>     |    |

**7 Financial Assistance and Certain Other Community Benefits at Cost**

| <b>Financial Assistance and Means-Tested Government Programs</b>                                   | <b>(a) Number of activities or programs (optional)</b> | <b>(b) Persons served (optional)</b> | <b>(c) Total community benefit expense</b> | <b>(d) Direct offsetting revenue</b> | <b>(e) Net community benefit expense</b> | <b>(f) Percent of total expense</b> |
|--|--|--------------------------------------|--|--------------------------------------|--|-------------------------------------|
| <b>a</b> Financial Assistance at cost (from Worksheet 1)   |  |                                      | 32,192,323                                 | 21,793,654                           | 10,398,669                               | 1 400 %                             |
| <b>b</b> Medicaid (from Worksheet 3, column a)   |  |                                      | 393,508,682                                | 299,868,904                          | 93,639,778                               | 12 200 %                            |
| <b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)              |  |                                      |  |                                      |  |                                     |
| <b>d Total</b> Financial Assistance and Means-Tested Government Programs                           |  |                                      | 425,701,005                                | 321,662,558                          | 104,038,447                              | 13 600 %                            |
| <b>Other Benefits</b>  |  |                                      |  |                                      |  |                                     |
| <b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) |  |                                      |  |                                      |  |                                     |
| <b>f</b> Health professions education (from Worksheet 5)   |  |                                      | 148,708,038                                | 69,150,869                           | 79,557,169                               | 10 300 %                            |
| <b>g</b> Subsidized health services (from Worksheet 6)   |  |                                      | 32,961,577                                 | 22,516,660                           | 10,444,917                               | 1 400 %                             |
| <b>h</b> Research (from Worksheet 7)   |  |                                      | 1,394,575                                  |                                      | 1,394,575                                | 0 200 %                             |
| <b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)                   |  |                                      |  |                                      |  |                                     |
| <b>j Total.</b> Other Benefits   |  |                                      | 183,064,190                                | 91,667,529                           | 91,396,661                               | 11 900 %                            |
| <b>k Total.</b> Add lines 7d and 7j  |  |                                      | 608,765,195                                | 413,330,087                          | 195,435,108                              | 25 500 %                            |

**Part II Community Building Activities** Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

|   | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community building expense | (d) Direct offsetting revenue | (e) Net community building expense | (f) Percent of total expense |
|---|---|-------------------------------|--------------------------------------|-------------------------------|------------------------------------|------------------------------|
| 1 Physical improvements and housing                         |   |                               |                                      |                               |                                    |                              |
| 2 Economic development                                      |   |                               |                                      |                               |                                    |                              |
| 3 Community support   |   |                               |                                      |                               |                                    |                              |
| 4 Environmental improvements                                |   |                               |                                      |                               |                                    |                              |
| 5 Leadership development and training for community members |   |                               |                                      |                               |                                    |                              |
| 6 Coalition building  |   |                               |                                      |                               |                                    |                              |
| 7 Community health improvement advocacy                     |   |                               |                                      |                               |                                    |                              |
| 8 Workforce development                                     |   |                               |                                      |                               |                                    |                              |
| 9 Other   |   |                               |                                      |                               |                                    |                              |
| <b>10 Total</b>   |   |                               |                                      |                               |                                    |                              |

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

|   |   | Yes | No |
|---|---|-----|----|
| 1 | Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?   | Yes |    |
| 2 | Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.   |     |    |
|   |   |     |    |
| 3 | Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit. |     |    |
|   |   |     |    |
| 4 | Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.   |     |    |

**Section B. Medicare**

|   |  |   |            |
|---|--|---|------------|
| 5 | Enter total revenue received from Medicare (including DSH and IME).  | 5 | 50,231,457 |
| 6 | Enter Medicare allowable costs of care relating to payments on line 5.   | 6 | 33,301,743 |
| 7 | Subtract line 6 from line 5. This is the surplus (or shortfall).   | 7 | 16,929,714 |
| 8 | Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used. |   |            |
|   | <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other  |   |            |

**Section C. Collection Practices**

|    |  |    |     |
|----|--|----|-----|
| 9a | Did the organization have a written debt collection policy during the tax year?  | 9a | Yes |
| b  | If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI. | 9b | Yes |

**Part IV Management Companies and Joint Ventures** (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

| (a) Name of entity | (b) Description of primary activity of entity | (c) Organization's profit % or stock ownership % | (d) Officers, directors, trustees, or key employees' profit % or stock ownership % | (e) Physicians' profit % or stock ownership % |
|--------------------|---|--|--|---|
| 1                  |   |  |  |   |
| 2                  |   |  |  |   |
| 3                  |   |  |  |   |
| 4                  |   |  |  |   |
| 5                  |   |  |  |   |
| 6                  |   |  |  |   |
| 7                  |   |  |  |   |
| 8                  |   |  |  |   |
| 9                  |   |  |  |   |
| 10                 |   |  |  |   |
| 11                 |   |  |  |   |
| 12                 |   |  |  |   |
| 13                 |   |  |  |   |



**Part V Facility Information****Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?

2

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

| See Additional Data Table | Licensed hospital | General medical & surgical | Children's hospital | Teaching hospital | Critical access hospital | Research facility | ER-24 hours | ER-other | Other (describe) | Facility reporting group |
|---------------------------|-------------------|----------------------------|---------------------|-------------------|--------------------------|-------------------|-------------|----------|------------------|--------------------------|
|                           |                   |                            |                     |                   |                          |                   |             |          |                  |                          |
|                           |                   |                            |                     |                   |                          |                   |             |          |                  |                          |
|                           |                   |                            |                     |                   |                          |                   |             |          |                  |                          |
|                           |                   |                            |                     |                   |                          |                   |             |          |                  |                          |
|                           |                   |                            |                     |                   |                          |                   |             |          |                  |                          |
|                           |                   |                            |                     |                   |                          |                   |             |          |                  |                          |
|                           |                   |                            |                     |                   |                          |                   |             |          |                  |                          |
|                           |                   |                            |                     |                   |                          |                   |             |          |                  |                          |
|                           |                   |                            |                     |                   |                          |                   |             |          |                  |                          |

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)  
 BRONXCARE HEALTH SYSTEM-FULTON

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): \_\_\_\_\_ 1 \_\_\_\_\_

|  |  | Yes | No |
|--|--|-----|----|
| <b>Community Health Needs Assessment</b> |  |     |    |
| <b>1</b>                                 | Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .   |     | No |
| <b>2</b>                                 | Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .  |     | No |
| <b>3</b>                                 | During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . .<br>If "Yes," indicate what the CHNA report describes (check all that apply)   | Yes |    |
| <b>a</b>                                 | <input checked="" type="checkbox"/> A definition of the community served by the hospital facility  |     |    |
| <b>b</b>                                 | <input checked="" type="checkbox"/> Demographics of the community  |     |    |
| <b>c</b>                                 | <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community  |     |    |
| <b>d</b>                                 | <input checked="" type="checkbox"/> How data was obtained  |     |    |
| <b>e</b>                                 | <input checked="" type="checkbox"/> The significant health needs of the community  |     |    |
| <b>f</b>                                 | <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups  |     |    |
| <b>g</b>                                 | <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs  |     |    |
| <b>h</b>                                 | <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests   |     |    |
| <b>i</b>                                 | <input type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)   |     |    |
| <b>j</b>                                 | <input type="checkbox"/> Other (describe in Section C)   |     |    |
| <b>4</b>                                 | Indicate the tax year the hospital facility last conducted a CHNA 20 <u>18</u>   |     |    |
| <b>5</b>                                 | In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . . | Yes |    |
| <b>6 a</b>                               | Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .   | Yes |    |
| <b>b</b>                                 | Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .  |     | No |
| <b>7</b>                                 | Did the hospital facility make its CHNA report widely available to the public? . . . . .<br>If "Yes," indicate how the CHNA report was made widely available (check all that apply)  | Yes |    |
| <b>a</b>                                 | <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>www.bronxcare.org</u>  |     |    |
| <b>b</b>                                 | <input type="checkbox"/> Other website (list url) _____  |     |    |
| <b>c</b>                                 | <input type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility   |     |    |
| <b>d</b>                                 | <input type="checkbox"/> Other (describe in Section C)   |     |    |
| <b>8</b>                                 | Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .  | Yes |    |
| <b>9</b>                                 | Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>18</u>   |     |    |
| <b>10</b>                                | Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .<br>If "Yes" (list url) <u>WWW.BRONXCARE.ORG</u>  | Yes |    |
| <b>a</b>                                 |  |     |    |
| <b>b</b>                                 | If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .   |     |    |
| <b>11</b>                                | Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed  |     |    |
| <b>12a</b>                               | Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .  |     | No |
| <b>12b</b>                               | If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .   |     |    |
| <b>c</b>                                 | If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____  |     |    |

**Part V Facility Information** (continued)**Financial Assistance Policy (FAP)**

BRONXCARE HEALTH SYSTEM-FULTON

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

|  |   | Yes           | No |
|--|---|---------------|----|
| Did the hospital facility have in place during the tax year a written financial assistance policy that |   |               |    |
| <b>13</b>  | Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?<br>If "Yes," indicate the eligibility criteria explained in the FAP  | <b>13</b> Yes |    |
| <b>a</b>   | <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>100</u> %<br>and FPG family income limit for eligibility for discounted care of <u>300</u> %   |               |    |
| <b>b</b>   | <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)   |               |    |
| <b>c</b>   | <input type="checkbox"/> Asset level  |               |    |
| <b>d</b>   | <input checked="" type="checkbox"/> Medical indigency   |               |    |
| <b>e</b>   | <input checked="" type="checkbox"/> Insurance status  |               |    |
| <b>f</b>   | <input checked="" type="checkbox"/> Underinsurance discount   |               |    |
| <b>g</b>   | <input checked="" type="checkbox"/> Residency   |               |    |
| <b>h</b>   | <input type="checkbox"/> Other (describe in Section C)  |               |    |
| <b>14</b>  | Explained the basis for calculating amounts charged to patients? . . . . .  | <b>14</b> Yes |    |
| <b>15</b>  | Explained the method for applying for financial assistance? . . . . .<br>If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)   | <b>15</b> Yes |    |
| <b>a</b>   | <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application  |               |    |
| <b>b</b>   | <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application  |               |    |
| <b>c</b>   | <input type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process   |               |    |
| <b>d</b>   | <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications   |               |    |
| <b>e</b>   | <input type="checkbox"/> Other (describe in Section C)  |               |    |
| <b>16</b>  | Was widely publicized within the community served by the hospital facility? . . . . .<br>If "Yes," indicate how the hospital facility publicized the policy (check all that apply)  | <b>16</b> Yes |    |
| <b>a</b>   | <input checked="" type="checkbox"/> The FAP was widely available on a website (list url)<br><u>www bronxcare org</u>  |               |    |
| <b>b</b>   | <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url)<br><u>www bronxcare org</u>   |               |    |
| <b>c</b>   | <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url)<br><u>www bronxcare org</u>  |               |    |
| <b>d</b>   | <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)  |               |    |
| <b>e</b>   | <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)   |               |    |
| <b>f</b>   | <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)  |               |    |
| <b>g</b>   | <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention |               |    |
| <b>h</b>   | <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP   |               |    |
| <b>i</b>   | <input type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations  |               |    |
| <b>j</b>   | <input type="checkbox"/> Other (describe in Section C)  |               |    |

**Part V Facility Information** (continued)**Billing and Collections**

BRONXCARE HEALTH SYSTEM-FULTON

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

|           |  | Yes | No  |    |
|-----------|--|-----|-----|----|
| <b>17</b> | Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? . . . . .  | 17  | Yes |    |
| <b>18</b> | Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP  |     |     |    |
| <b>a</b>  | <input type="checkbox"/> Reporting to credit agency(ies)   |     |     |    |
| <b>b</b>  | <input type="checkbox"/> Selling an individual's debt to another party   |     |     |    |
| <b>c</b>  | <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP  |     |     |    |
| <b>d</b>  | <input type="checkbox"/> Actions that require a legal or judicial process  |     |     |    |
| <b>e</b>  | <input type="checkbox"/> Other similar actions (describe in Section C)   |     |     |    |
| <b>f</b>  | <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted  |     |     |    |
| <b>19</b> | Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . .<br>If "Yes," check all actions in which the hospital facility or a third party engaged | 19  |     | No |
| <b>a</b>  | <input type="checkbox"/> Reporting to credit agency(ies)   |     |     |    |
| <b>b</b>  | <input type="checkbox"/> Selling an individual's debt to another party   |     |     |    |
| <b>c</b>  | <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP  |     |     |    |
| <b>d</b>  | <input type="checkbox"/> Actions that require a legal or judicial process  |     |     |    |
| <b>e</b>  | <input type="checkbox"/> Other similar actions (describe in Section C)   |     |     |    |
| <b>20</b> | Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)   |     |     |    |
| <b>a</b>  | <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs  |     |     |    |
| <b>b</b>  | <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process  |     |     |    |
| <b>c</b>  | <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications   |     |     |    |
| <b>d</b>  | <input checked="" type="checkbox"/> Made presumptive eligibility determinations  |     |     |    |
| <b>e</b>  | <input type="checkbox"/> Other (describe in Section C)   |     |     |    |
| <b>f</b>  | <input type="checkbox"/> None of these efforts were made   |     |     |    |

**Policy Relating to Emergency Medical Care**

|           |  |    |     |  |
|-----------|--|----|-----|--|
| <b>21</b> | Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . .<br>If "No," indicate why | 21 | Yes |  |
| <b>a</b>  | <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions   |    |     |  |
| <b>b</b>  | <input type="checkbox"/> The hospital facility's policy was not in writing   |    |     |  |
| <b>c</b>  | <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)   |    |     |  |
| <b>d</b>  | <input type="checkbox"/> Other (describe in Section C)   |    |     |  |

**Part V Facility Information** *(continued)*

**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

BRONXCARE HEALTH SYSTEM-FULTON

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c  The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d  The hospital facility used a prospective Medicare or Medicaid method

**23** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .

If "Yes," explain in Section C

**24** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .

If "Yes," explain in Section C

|           | Yes | No |
|-----------|-----|----|
| <b>23</b> |     | No |
| <b>24</b> | Yes |    |

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)  
 BRONXCARE HEALTH SYSTEM -CONCOURSE

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): \_\_\_\_\_ 2

| Community Health Needs Assessment |  | Yes | No |
|-----------------------------------|--|-----|----|
| <b>1</b>                          | Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .   |     | No |
| <b>2</b>                          | Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .  |     | No |
| <b>3</b>                          | During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . .<br>If "Yes," indicate what the CHNA report describes (check all that apply)   | Yes |    |
| <b>a</b>                          | <input checked="" type="checkbox"/> A definition of the community served by the hospital facility  |     |    |
| <b>b</b>                          | <input checked="" type="checkbox"/> Demographics of the community  |     |    |
| <b>c</b>                          | <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community  |     |    |
| <b>d</b>                          | <input checked="" type="checkbox"/> How data was obtained  |     |    |
| <b>e</b>                          | <input checked="" type="checkbox"/> The significant health needs of the community  |     |    |
| <b>f</b>                          | <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups  |     |    |
| <b>g</b>                          | <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs  |     |    |
| <b>h</b>                          | <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests   |     |    |
| <b>i</b>                          | <input type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)   |     |    |
| <b>j</b>                          | <input type="checkbox"/> Other (describe in Section C)   |     |    |
| <b>4</b>                          | Indicate the tax year the hospital facility last conducted a CHNA <u>20 18</u>   |     |    |
| <b>5</b>                          | In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . . | Yes |    |
| <b>6 a</b>                        | Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .   | Yes |    |
| <b>b</b>                          | Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .  |     | No |
| <b>7</b>                          | Did the hospital facility make its CHNA report widely available to the public? . . . . .<br>If "Yes," indicate how the CHNA report was made widely available (check all that apply)  | Yes |    |
| <b>a</b>                          | <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>www bronxcare org</u>  |     |    |
| <b>b</b>                          | <input type="checkbox"/> Other website (list url) _____  |     |    |
| <b>c</b>                          | <input type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility   |     |    |
| <b>d</b>                          | <input type="checkbox"/> Other (describe in Section C)   |     |    |
| <b>8</b>                          | Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .  | Yes |    |
| <b>9</b>                          | Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 18</u>   |     |    |
| <b>10</b>                         | Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .<br>If "Yes" (list url) <u>www bronxcare org</u>  | Yes |    |
| <b>a</b>                          |  |     |    |
| <b>b</b>                          | If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .   |     |    |
| <b>11</b>                         | Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed  |     |    |
| <b>12a</b>                        | Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .  |     | No |
| <b>b</b>                          | If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .   |     |    |
| <b>c</b>                          | If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____  |     |    |

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

BRONXCARE HEALTH SYSTEM -CONCOURSE

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

|  |   | Yes           | No |
|--|---|---------------|----|
| Did the hospital facility have in place during the tax year a written financial assistance policy that |   |               |    |
| <b>13</b>  | Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?<br>If "Yes," indicate the eligibility criteria explained in the FAP  | <b>13</b> Yes |    |
| <b>a</b>   | <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>100</u> % and FPG family income limit for eligibility for discounted care of <u>300</u> %  |               |    |
| <b>b</b>   | <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)   |               |    |
| <b>c</b>   | <input type="checkbox"/> Asset level  |               |    |
| <b>d</b>   | <input checked="" type="checkbox"/> Medical indigency   |               |    |
| <b>e</b>   | <input checked="" type="checkbox"/> Insurance status  |               |    |
| <b>f</b>   | <input checked="" type="checkbox"/> Underinsurance discount   |               |    |
| <b>g</b>   | <input checked="" type="checkbox"/> Residency   |               |    |
| <b>h</b>   | <input type="checkbox"/> Other (describe in Section C)  |               |    |
| <b>14</b>  | Explained the basis for calculating amounts charged to patients? . . . . .  | <b>14</b> Yes |    |
| <b>15</b>  | Explained the method for applying for financial assistance? . . . . .<br>If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)   | <b>15</b> Yes |    |
| <b>a</b>   | <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application  |               |    |
| <b>b</b>   | <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application  |               |    |
| <b>c</b>   | <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process  |               |    |
| <b>d</b>   | <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications   |               |    |
| <b>e</b>   | <input type="checkbox"/> Other (describe in Section C)  |               |    |
| <b>16</b>  | Was widely publicized within the community served by the hospital facility? . . . . .<br>If "Yes," indicate how the hospital facility publicized the policy (check all that apply)  | <b>16</b> Yes |    |
| <b>a</b>   | <input checked="" type="checkbox"/> The FAP was widely available on a website (list url)<br><u>www bronxcare org</u>  |               |    |
| <b>b</b>   | <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url)<br><u>www bronxcare org</u>   |               |    |
| <b>c</b>   | <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url)<br><u>www bronxcare org</u>  |               |    |
| <b>d</b>   | <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)  |               |    |
| <b>e</b>   | <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)   |               |    |
| <b>f</b>   | <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)  |               |    |
| <b>g</b>   | <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention |               |    |
| <b>h</b>   | <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP   |               |    |
| <b>i</b>   | <input type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations  |               |    |
| <b>j</b>   | <input type="checkbox"/> Other (describe in Section C)  |               |    |

**Part V Facility Information** (continued)**Billing and Collections**

## BRONXCARE HEALTH SYSTEM -CONCOURSE

**Name of hospital facility or letter of facility reporting group**

|           |  | Yes | No  |  |
|-----------|--|-----|-----|--|
| <b>17</b> | Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? . . . . .  | 17  | Yes |  |
| <b>18</b> | Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP  |     |     |  |
| <b>a</b>  | <input type="checkbox"/> Reporting to credit agency(ies)   |     |     |  |
| <b>b</b>  | <input type="checkbox"/> Selling an individual's debt to another party   |     |     |  |
| <b>c</b>  | <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP  |     |     |  |
| <b>d</b>  | <input type="checkbox"/> Actions that require a legal or judicial process  |     |     |  |
| <b>e</b>  | <input type="checkbox"/> Other similar actions (describe in Section C)   |     |     |  |
| <b>f</b>  | <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted  |     |     |  |
| <b>19</b> | Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . .<br>If "Yes," check all actions in which the hospital facility or a third party engaged | 19  | Yes |  |
| <b>a</b>  | <input type="checkbox"/> Reporting to credit agency(ies)   |     |     |  |
| <b>b</b>  | <input type="checkbox"/> Selling an individual's debt to another party   |     |     |  |
| <b>c</b>  | <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP  |     |     |  |
| <b>d</b>  | <input type="checkbox"/> Actions that require a legal or judicial process  |     |     |  |
| <b>e</b>  | <input type="checkbox"/> Other similar actions (describe in Section C)   |     |     |  |
| <b>20</b> | Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)   |     |     |  |
| <b>a</b>  | <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs  |     |     |  |
| <b>b</b>  | <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process  |     |     |  |
| <b>c</b>  | <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications   |     |     |  |
| <b>d</b>  | <input checked="" type="checkbox"/> Made presumptive eligibility determinations  |     |     |  |
| <b>e</b>  | <input type="checkbox"/> Other (describe in Section C)   |     |     |  |
| <b>f</b>  | <input type="checkbox"/> None of these efforts were made   |     |     |  |

**Policy Relating to Emergency Medical Care**

|           |  |    |     |  |
|-----------|--|----|-----|--|
| <b>21</b> | Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . .<br>If "No," indicate why | 21 | Yes |  |
| <b>a</b>  | <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions   |    |     |  |
| <b>b</b>  | <input type="checkbox"/> The hospital facility's policy was not in writing   |    |     |  |
| <b>c</b>  | <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)   |    |     |  |
| <b>d</b>  | <input type="checkbox"/> Other (describe in Section C)   |    |     |  |



**Part V Facility Information** *(continued)*

**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

BRONXCARE HEALTH SYSTEM -CONCOURSE

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

- 22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care
- a**  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
  - b**  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
  - c**  The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
  - d**  The hospital facility used a prospective Medicare or Medicaid method

**23** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .

If "Yes," explain in Section C

**24** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .

If "Yes," explain in Section C

|           | Yes | No |
|-----------|-----|----|
| <b>23</b> |     | No |
| <b>24</b> | Yes |    |

**Part V** **Facility Information** *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

| Form and Line Reference | Explanation |
|-------------------------|-------------|
| See Add'l Data          |             |
|                         |             |
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**Part V** Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 30

| Name and address                   | Type of Facility (describe) |
|------------------------------------|-----------------------------|
| <b>1</b> See Additional Data Table |                             |
| <b>2</b>                           |                             |
| <b>3</b>                           |                             |
| <b>4</b>                           |                             |
| <b>5</b>                           |                             |
| <b>6</b>                           |                             |
| <b>7</b>                           |                             |
| <b>8</b>                           |                             |
| <b>9</b>                           |                             |
| <b>10</b>                          |                             |

**Part VI Supplemental Information**

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc )
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

**990 Schedule H, Supplemental Information**

| Form and Line Reference                  | Explanation  |
|--|--|
| SCHEDULE H, PART III, SECTION A, LINE 2  | BAD DEBT EXPENSE IS CHARGED IF THE RECEIVABLE IS DETERMINED TO BE UNCOLLECTIBLE BASED ON PERIODIC REVIEW BY MANAGEMENT |
| SCHEDULE H, PART III, SECTION C, LINE 9B | BAD DEBT EXPENSE IS CHARGED IF THE RECEIVABLE IS DETERMINED TO BE UNCOLLECTIBLE BASED ON PERIODIC REVIEW BY MANAGEMENT |

**990 Schedule H, Supplemental Information**

| Form and Line Reference                 | Explanation  |
|---|--|
| SCHEDULE H, PART III, SECTION B, LINE 8 | MEDICARE COSTING METHODOLOGY BronxCare Health Systems used a cost to charge ratio to determine the Medicare amounts in Part III  |
| SCHEDULE H, PART VI, LINE 2             | BronxCare Health Systems hospitals assess and continually responds to changing community needs through the services offered. The hospitals conduct a community health needs assessment every three years and updates are provided between assessments. The hospitals incorporate planning for community benefits as part of their business and strategic planning processes. The hospitals recognize the health of the community is influenced by social, economic, and environmental factors, not just by disease and illness. Our community benefit includes both qualitative and quantitative data, demographics including race, age, and ethnicity, socioeconomic data including income, education, and health insurance rates, primary care and chronic disease needs of uninsured persons, and data on health disparities in health outcomes among minority groups. The hospitals work closely with health and human service organizations in our service area, partnering with some to provide services to avoid duplication. |

**990 Schedule H, Supplemental Information**

| Form and Line Reference     | Explanation  |
|-----------------------------|--|
| SCHEDULE H, PART VI, LINE 3 | BronxCare Health Systems hospital posts our charity care policy, or a summary thereof, and financial assistance contact information in admissions areas, emergency departments and other areas of our facilities in which eligible patients are likely to be present. BronxCare Health Systems hospitals provide a copy of the policy, or a summary thereof, and financial assistance contact information to patients as part of the intake process and with discharge materials. Additionally, a copy of the policy or a summary along with financial assistance contact information is included in patient bills. We inform patients of the availability of various government benefits, such as Medicaid or state programs, and assists the patient with qualification for such programs, where applicable. |
| SCHEDULE H, PART VI, LINE 4 | COMMUNITY INFORMATION The community for our hospitals is defined both by mission and geography. The geographic community is defined by our hospitals' immediately contiguous areas as well as by the broader surrounding counties/regions where the majority of discharged patients reside. Additionally, the community includes patients who require the expertise and specialized services offered by BronxCare Health System.   |

**990 Schedule H, Supplemental Information**

| Form and Line Reference            | Explanation   |
|------------------------------------|---|
| <p>SCHEDULE H, PART VI, LINE 5</p> | <p>PROMOTION OF COMMUNITY HEALTH BronxCare Health Systems hospitals operate emergency rooms open to all persons regardless of ability to pay In addition to providing emergency services, our hospitals also provide minor emergency and urgent care services to all regardless of ability to pay BronxCare Health Systems hospitals also numerous other services including disease management, wound care, specialty clinics, developmental therapy, behavioral services and substance abuse services BronxCare Health Systems hospitals have open medical staffs with privileges available to all qualified physicians in the area The majority of the governing body consists of independent persons representative of the communities served by our hospitals The BronxCare Health Systems board is composed of members of the communities served who direct and guide management in carrying out the mission of BronxCare Health System Board members are selected on the basis of their expertise and experience in a variety of areas beneficial to BronxCare Health System and its affiliated hospitals in fulfilling its mission of providing healthcare services to the poor and underserved BronxCare Health Systems hospitals engage in the training and education of health care professionals Our hospitals provide residency programs and other training programs Our hospitals participate in Medicaid, Medicare, and/or other government-sponsored health care programs BronxCare Health Systems hospitals emergency departments treat an increasing number of patients who use the facility for primary care needs</p>  |
| <p>SCHEDULE H, PART VI, LINE 6</p> | <p>AFFILIATED GROUP BronxCare is the largest voluntary, not-for-profit health and teaching hospital system serving the South and Central Bronx It is also among the largest providers of outpatient services in New York City, with more than one million visits annually and an ER that is responding to 139,000 visits, one of the busiest in New York In 2017, BronxCare Health System received full accreditation from the Joint Commission, the leading accrediting authority for hospitals in the nation Its medical school affiliation with the Icahn School of Medicine at Mount Sinai and Clinical Collaboration with the Mount Sinai Health System, as well as 15 accredited residency and fellowship programs, are strong indicators of excellence BronxCares outpatient practices are also certified as a Level Three Patient-Centered Medical Home (the highest designation) by the National Center for Quality Assurance As an engine for positive change, BronxCare has infused more than \$300 million into the Bronx economy, including a 60,000 square foot BronxCare Health and Wellness Center for outpatient care, 56,000 square foot BronxCare Life Recovery Center for chemical dependency services, and numerous other capital projects BronxCare is now completing the third year as a Performing Provider System (PPS) lead in New York States Delivery System Reform Incentive Payment (DSRIP) Program The DSRIP program (entitled Bronx Health Access) is providing BronxCare and its community partners with the opportunity to adapt to a value-based payment system, with an emphasis on keeping patients and the community healthy BronxCares DSRIP Performance is also in the top six of all Performing Provider Systems in New York State The importance of fulfilling BronxCares essential community role is evident throughout the Bronx Its BronxCare outpatient network regularly provides free checkups, screenings, and nutritional counseling at schools, nursing homes, senior citizen centers, churches, and other community organizations A Diaspora Outpatient Practice is also responding to the health and social service needs of the growing African community In the educational area, BronxCares innovative Apprenticeship Program, a collaborative effort with the 1199SEIU Labor Union and other key organizations, is widely recognized for its success in recruiting and training frontline health care workers to effectively reach out to the community HealthBeat, BronxCares widely acclaimed weekly television show, offers viewers the opportunity to have their questions answered by medical experts BronxCares Mobile Health Units are also bringing physicians and medical services directly into the community In the financial area, the BronxCare Health System has maintained a strong bottom line position, especially significant in the current environment BronxCare is also among the largest employers in the South and Central Bronx, with more than 4,000 employees Ultimately, a health care system must be judged by its accomplishments At the BronxCare Health System, we are proud of our longstanding and successful efforts to deliver the highest quality, comprehensive, compassionate, and accessible services to the Bronx community by leading the way in Promoting and Achieving Health Care Excellence</p> |

## 990 Schedule H, Supplemental Information

| Form and Line Reference  | Explanation |
|--|-------------|
| Part VI, Line 7, List of States receiving community benefit report | NY          |



# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 13-1974191

**Name:** BRONXCARE HEALTH SYSTEM

## Form 990 Schedule H, Part V Section A. Hospital Facilities

| <b>Section A. Hospital Facilities</b><br>(list in order of size from largest to smallest—see instructions)<br>How many hospital facilities did the organization operate during the tax year?<br><b>2</b> |   | Licensed hospital | General medical & surgical | Children's hospital | Teaching hospital | Critical access hospital | Research facility | ER—24 hours | ER—other | Other (Describe) | Facility reporting group |
|--|---|-------------------|----------------------------|---------------------|-------------------|--------------------------|-------------------|-------------|----------|------------------|--------------------------|
| 1  | BRONXCARE HEALTH SYSTEM-FULTON<br>1276 FULTON AVENUE<br>BRONX, NY 10456<br>7000001H       | X                 | X                          |                     | X                 |                          |                   | X           |          |                  |                          |
| 2  | BRONXCARE HEALTH SYSTEM -CONCOURSE<br>1650 GRAND CONCOURSE<br>BRONX, NY 10457<br>7000001H | X                 | X                          |                     | X                 | X                        | X                 | X           |          |                  |                          |

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference                      | Explanation   |
|--|---|
| <p>SCHEDULE H, PART V, SECTION B, LINE 5</p> | <p>THE BRONXCARE HEALTH SYSTEM TEAM, THROUGH ITS NUMEROUS OUTREACH PROGRAMS AND LARGE OUTPATIENT NETWORK, SURVEYS THE HEALTH CARE NEEDS OF PATIENTS TO IDENTIFY TRENDS RELATED TO COMMUNITY HEALTH NEEDS THESE TRENDS ARE THEN ADDRESSED BY MANAGEMENT THROUGH SURVEYS, BRONXCARE ALSO OBTAINS VALUABLE INFORMATION ON QUALITY OUTCOMES AND HOW WELL NEEDS ARE BEING MET INTERACTION WITH THE PUBLIC INCLUDES THE HOSPITAL'S NEWSLETTER, TELEVISION PROGRAM, AND WEBSITE (WWW BRONXCARE ORG) THE NEWSLETTER IS DISTRIBUTED THROUGHOUT THE BRONX COMMUNITY AND PROMINENTLY DISPLAYED IN THE HOSPITAL'S LOBBY AREAS AND OUTPATIENT PRACTICE LOCATIONS THE TELEVISION PROGRAM IS VIEWED THROUGHOUT THE BRONX COMMUNITY IT PROVIDES A UNIQUE CALL-IN FORMAT WHERE VIEWERS OR CONSUMERS OF HEALTH CARE SERVICES CAN HAVE THEIR RESPECTIVE QUESTIONS ANSWERED REGARDING THE MEDICAL ISSUES OF CONCERN TO THEM BRONXCARE'S WEBSITE OFFERS CONSUMERS IMPORTANT INFORMATION REGARDING PROGRAMS AND SERVICES BRONXCARE HAS ALSO UTILIZED PUBLIC SERVICE ANNOUNCEMENTS IN WIDELY CIRCULATED NEWSPAPERS TO INFORM THE PUBLIC REGARDING ITS INITIATIVES THE MAJORITY OF BRONXCARE'S STAFF RESIDE IN ITS SERVICE AREA INFORMATION REGARDING THE SYSTEM IS EASILY SPREAD THROUGH WORD OF MOUTH THESE COMMUNICATION CHANNELS ALLOW FOR COMMUNITY INPUT REGARDING HEALTH ISSUES AND NEEDS 2 MEETINGS/INTERVIEWS DURING INTERVIEWS AND ONGOING DISCUSSIONS WITH COMMUNITY LEADERS, KEY HEALTH ISSUES ARE IDENTIFIED, AS WELL AS THE SERVICES RELATED TO ADDRESS/REINFORCE THEM SEVERAL THEMES EMERGED FROM PREVIOUS SESSIONS, INCLUDING THE NEED FOR ACCESSIBLE SERVICES, AND CULTURALLY AND LINGUISTICALLY APPROPRIATE (PARTICULARLY SPANISH) PROGRAMS TO HELP REDUCE HEALTH DISPARITIES IN THE LATINO AND AFRICAN AMERICAN COMMUNITIES THE NEED TO ADDRESS DIABETES, AND HYPERTENSION, FOR EXAMPLE, WITH MEDICAL PREVENTIVE CARE AND INTERVENTIONS, AS WELL AS VIA EDUCATION PROGRAMS WAS IDENTIFIED AND PRIORITIZED EXPOSURE TO AIR POLLUTANTS WAS ALSO IDENTIFIED AS LEADING TO CASES OF ENVIRONMENTALLY INDUCED ASTHMA, WHICH IS ALARMING AMONG CHILDREN 3 INPUT FROM STAKEHOLDERS (DSRIP) COMMUNITY NEEDS ASSESSMENT THE INPUT OF STAKEHOLDERS WAS OBTAINED THROUGH ONGOING SURVEYS AND DISCUSSIONS WITH BRONX RESIDENTS, AS WELL AS PATIENTS AND THEIR FAMILIES REGARDING HEALTH STATUS AND HEALTH NEEDS SURVEY RESPONDENTS WERE RECRUITED, INCLUDING COMMUNITY BASED ORGANIZATIONS, SENIOR CENTERS AND OTHER HEALTH CARE PROVIDERS, AND AT STREET FAIRS AS WELL IN DEVELOPMENT OF THE COMMUNITY NEEDS ASSESSMENTS FOR DSRIP INITIATIVES, THE NEW YORK ACADEMY OF MEDICINE (NYAM) CONDUCTED 24 KEY INFORMANT INTERVIEWS WITH STAKEHOLDERS IN ADDITION, IN-DEPTH INTERVIEWS WERE CONDUCTED AS A RESULT OF THIS INPUT FROM COMMUNITY PARTNERS, BRONXCARE DEVELOPED ITS DSRIP INITIATIVES, AS WELL AS THE TWO FOCUS AREAS DESCRIBED</p> |
| <p>BRONXCARE HEALTH SYSTEM -FULTON</p>       | <p>SCHEDULE H, PART V, SECTION B, LINE 6A BRONXCARE HEALTH SYSTEM -CONCOURSE</p>  |

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference                | Explanation  |
|--|--|
| BRONXCARE HEALTH SYSTEM -CONCOURSE     | SCHEDULE H, PART V, SECTION B, LINE 6A BRONXCARE HEALTH SYSTEM -Fulton                   |
| SCHEDULE H, PART V, SECTION B, LINE 24 | FOR PATIENTS WHO DO NOT HAVE ANY INSURANCE AND DO NOT QUALIFY UNDER FINANCIAL AID POLICY |

**Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? \_\_\_\_\_

| Name and address   | Type of Facility (describe) |
|--|-----------------------------|
| <b>1</b> BRONXCARE ADULT MEDICAL PRACTICE<br>199 MT EDEN PARKWAY<br>BRONX, NY 10457      | HOSPITAL EXTENSION CLINIC   |
| <b>1</b> BRONXCARE BREAST CARE CENTER<br>199 MT EDEN PARKWAY<br>BRONX, NY 10457          | HOSPITAL EXTENSION CLINIC   |
| <b>2</b> BRONXCARE CENTER FOR GYNECOLOGIC CARE<br>199 MT EDEN PARKWAY<br>BRONX, NY 10457 | HOSPITAL EXTENSION CLINIC   |
| <b>3</b> BRONXCARE CENTER FOR ORTHOPEDICS SPEC<br>199 MT EDEN PARKWAY<br>BRONX, NY 10457 | HOSPITAL EXTENSION CLINIC   |
| <b>4</b> BRONXCARE CLINICALCOSMETIC DERMATOLO<br>199 MT EDEN PARKWAY<br>BRONX, NY 10457  | Hospital Extension Clinic   |
| <b>5</b> BRONXCARE GASTROINTESTINAL SERVICES<br>199 MT EDEN PARKWAY<br>BRONX, NY 10457   | HOSPITAL EXTENSION CLINIC   |
| <b>6</b> BRONXCARE PULMONARYASTHMA SERVICES<br>199 MT EDEN PARKWAY<br>BRONX, NY 10457    | HOSPITAL EXTENSION CLINIC   |
| <b>7</b> BRONXCARE RADIOLOGY<br>199 MT EDEN PARKWAY<br>BRONX, NY 10457                   | HOSPITAL EXTENSION CLINIC   |
| <b>8</b> BRONXCARE SURGERY CENTER<br>199 MT EDEN PARKWAY<br>BRONX, NY 10457              | HOSPITAL EXTENSION CLINIC   |
| <b>9</b> BRONXCARE CARDIOLOGY PRACTICE<br>1650 GRAND CONCOURSE<br>BRONX, NY 10457        | HOSPITAL EXTENSION CLINIC   |
| <b>10</b> BRONXCARE EAR NOSE AND THROAT PRACT<br>1650 GRAND CONCOURSE<br>BRONX, NY 10457 | HOSPITAL EXTENSION CLINIC   |
| <b>11</b> BRONXCARE EYE CARE CENTER<br>1650 GRAND CONCOURSE<br>BRONX, NY 10457           | HOSPITAL EXTENSION CLINIC   |
| <b>12</b> BRONXCARE ORTHOPAEDICS PRACTICE<br>1650 GRAND CONCOURSE<br>BRONX, NY 10457     | HOSPITAL EXTENSION CLINIC   |
| <b>13</b> BRONXCARE PEDIATRIC PRACTICE<br>1650 GRAND CONCOURSE<br>BRONX, NY 10457        | HOSPITAL EXTENSION CLINIC   |
| <b>14</b> BRONXCARE WOMEN'S HEALTH CENTER<br>1650 GRAND CONCOURSE<br>BRONX, NY 10457     | HOSPITAL EXTENSION CLINIC   |

**Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? \_\_\_\_\_

| Name and address   | Type of Facility (describe) |
|--|-----------------------------|
| <b>16</b> BRONXCARE CENTER FOR COMPREHENSIVE CA<br>1650 SELWYN AVENUE<br>BRONX, NY 10457                 | HOSPITAL EXTENSION CLINIC   |
| <b>1</b> BRONXCARE NEUROLOGY<br>1650 SELWYN AVENUE<br>BRONX, NY 10457                                    | HOSPITAL EXTENSION CLINIC   |
| <b>2</b> BRONXCARE ONCOLOGY OUTPATIENT PROGRAM<br>1650 SELWYN AVENUE<br>BRONX, NY 10457                  | HOSPITAL EXTENSION CLINIC   |
| <b>3</b> BRONXCARE REHABILITATION<br>1775 GRAND CONCOURSE<br>BRONX, NY 10453                             | HOSPITAL EXTENSION CLINIC   |
| <b>4</b> BRONXCARE FULTON FAMILY MEDICINE PRAC<br>1276 FULTON AVENUE<br>BRONX, NY 10456                  | HOSPITAL EXTENSION CLINIC   |
| <b>5</b> BRONXCARE ADDICTIONS DETOXIFICATION P<br>1285 FULTON AVENUE<br>BRONX, NY 10457                  | HOSPITAL EXTENSION CLINIC   |
| <b>6</b> BRONXCARE ADDICTIONS REHABILITATION P<br>1285 FULTON AVENUE<br>BRONX, NY 10456                  | HOSPITAL EXTENSION CLINIC   |
| <b>7</b> BRONXCARE CHEMICAL DEPENDENCY OUTPATI<br>BRONXCARE CHEMICAL DEPENDENCY OUTPA<br>BRONX, NY 10456 | HOSPITAL EXTENSION CLINIC   |
| <b>8</b> BRONXCARE LIFE RECOVERY COMMUNITY RES<br>1285 FULTON AVENUE<br>BRONX, NY 10456                  | HOSPITAL EXTENSION CLINIC   |
| <b>9</b> BRONXCARE BEHAVIORAL HEALTH CARE COOR<br>401 EAST 167TH STREET<br>BRONX, NY 10456               | HOSPITAL EXTENSION CLINIC   |
| <b>10</b> BRONXCARE CHILD STUDY CENTER<br>406 EAST 176 STREET<br>BRONX, NY 10457                         | HOSPITAL EXTENSION CLINIC   |
| <b>11</b> BRONXCARE COMPREHENSIVE PSYCHIATRIC E<br>1265 FRANKLIN AVENUE<br>BRONX, NY 10456               | HOSPITAL EXTENSION CLINIC   |
| <b>12</b> BRONXCARE OPIOD TREATMENT PROGRAM<br>1276 FULTON AVENUE<br>BRONX, NY 10456                     | HOSPITAL EXTENSION CLINIC   |
| <b>13</b> BRONXCARE PSYCHIATRIC ADULT OUTPATIEN<br>1276 FULTON AVENUE<br>BRONX, NY 10456                 | HOSPITAL EXTENTION CLINIC   |
| <b>14</b> BRONXCARE PSYCHIATRIC ADULT OUTPATIEN<br>401 EAST 167TH STREET<br>BRONX, NY 10456              | HOSPITAL EXTENSION CLINIC   |

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

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No 1545-0047
2018
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.

Name of the organization BRONXCARE HEALTH SYSTEM

Employer identification number 13-1974191

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Row 1: (1) New Directions Fund, 1276 Fulton Avenue, Bronx, NY 10456, EIN 13-3183084, IRC 501(c)(3), Amount 765,000, Purpose Faculty Transfer.

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.
3 Enter total number of other organizations listed in the line 1 table.

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| (1)                             |                          |                          |                                  |   |                                       |
| (2)                             |                          |                          |                                  |   |                                       |
| (3)                             |                          |                          |                                  |   |                                       |
| (4)                             |                          |                          |                                  |   |                                       |
| (5)                             |                          |                          |                                  |   |                                       |
| (6)                             |                          |                          |                                  |   |                                       |
| (7)                             |                          |                          |                                  |   |                                       |

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference

Explanation

**Schedule J**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

## 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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No 1545-0047

# 2018

**Open to Public Inspection**

Name of the organization  
BRONXCARE HEALTH SYSTEM

Employer identification number  
13-1974191

**Part I Questions Regarding Compensation**

|  |   | Yes  | No  |  |  |   |   |  |  |  |  |
|--|---|--|---|--|--|---|---|--|--|--|--|
| <p><b>1a</b> 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</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> First-class or charter travel</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Travel for companions</td> <td style="border: none;"><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td style="border: none;"><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Discretionary spending account</td> <td style="border: none;"><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table> | <input type="checkbox"/> First-class or charter travel                              | <input type="checkbox"/> Housing allowance or residence for personal use | <input type="checkbox"/> Travel for companions                          | <input type="checkbox"/> Payments for business use of personal residence | <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees              | <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |  |  |  |
| <input type="checkbox"/> First-class or charter travel   | <input type="checkbox"/> Housing allowance or residence for personal use            |  |   |  |  |   |   |  |  |  |  |
| <input type="checkbox"/> Travel for companions   | <input type="checkbox"/> Payments for business use of personal residence            |  |   |  |  |   |   |  |  |  |  |
| <input type="checkbox"/> Tax indemnification and gross-up payments   | <input type="checkbox"/> Health or social club dues or initiation fees              |  |   |  |  |   |   |  |  |  |  |
| <input type="checkbox"/> Discretionary spending account  | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)            |  |   |  |  |   |   |  |  |  |  |
| <p><b>b</b> If any of the boxes in 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</p>   | <b>1b</b>   |  |   |  |  |   |   |  |  |  |  |
| <p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>   | <b>2</b>  |  |   |  |  |   |   |  |  |  |  |
| <p><b>3</b> Indicate which, if any, of the following the filing 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</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input checked="" type="checkbox"/> Compensation committee</td> <td style="width: 50%; border: none;"><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> Independent compensation consultant</td> <td style="border: none;"><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Form 990 of other organizations</td> <td style="border: none;"><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>   | <input checked="" type="checkbox"/> Compensation committee                          | <input checked="" type="checkbox"/> Written employment contract          | <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study         | <input type="checkbox"/> Form 990 of other organizations           | <input checked="" type="checkbox"/> Approval by the board or compensation committee |   |  |  |  |  |
| <input checked="" type="checkbox"/> Compensation committee   | <input checked="" type="checkbox"/> Written employment contract                     |  |   |  |  |   |   |  |  |  |  |
| <input checked="" type="checkbox"/> Independent compensation consultant  | <input checked="" type="checkbox"/> Compensation survey or study                    |  |   |  |  |   |   |  |  |  |  |
| <input type="checkbox"/> Form 990 of other organizations   | <input checked="" type="checkbox"/> Approval by the board or compensation committee |  |   |  |  |   |   |  |  |  |  |
| <p><b>4</b> 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</p>  |   |  |   |  |  |   |   |  |  |  |  |
| <p><b>a</b> Receive a severance payment or change-of-control payment?</p>  | <b>4a</b>   |  | No  |  |  |   |   |  |  |  |  |
| <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>  | <b>4b</b>   |  | No  |  |  |   |   |  |  |  |  |
| <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?<br/>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>  | <b>4c</b>   |  | No  |  |  |   |   |  |  |  |  |
| <p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p>   |   |  |   |  |  |   |   |  |  |  |  |
| <p><b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</p>  |   |  |   |  |  |   |   |  |  |  |  |
| <p><b>a</b> The organization?</p>  | <b>5a</b>   |  | No  |  |  |   |   |  |  |  |  |
| <p><b>b</b> Any related organization?<br/>If "Yes," on line 5a or 5b, describe in Part III</p>   | <b>5b</b>   |  | No  |  |  |   |   |  |  |  |  |
| <p><b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</p>  |   |  |   |  |  |   |   |  |  |  |  |
| <p><b>a</b> The organization?</p>  | <b>6a</b>   |  | No  |  |  |   |   |  |  |  |  |
| <p><b>b</b> Any related organization?<br/>If "Yes," on line 6a or 6b, describe in Part III</p>   | <b>6b</b>   |  | No  |  |  |   |   |  |  |  |  |
| <p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>  | <b>7</b>  | Yes  |   |  |  |   |   |  |  |  |  |
| <p><b>8</b> 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</p>  | <b>8</b>  |  | No  |  |  |   |   |  |  |  |  |
| <p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>   | <b>9</b>  |  |   |  |  |   |   |  |  |  |  |



**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 are not 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.

| (A) Name and Title        | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---------------------------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|                           | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| See Additional Data Table |  |                                     |                                     |  |                         |                                 |   |
|                           |  |                                     |                                     |  |                         |                                 |   |
|                           |  |                                     |                                     |  |                         |                                 |   |
|                           |  |                                     |                                     |  |                         |                                 |   |
|                           |  |                                     |                                     |  |                         |                                 |   |
|                           |  |                                     |                                     |  |                         |                                 |   |
|                           |  |                                     |                                     |  |                         |                                 |   |
|                           |  |                                     |                                     |  |                         |                                 |   |
|                           |  |                                     |                                     |  |                         |                                 |   |
|                           |  |                                     |                                     |  |                         |                                 |   |
|                           |  |                                     |                                     |  |                         |                                 |   |
|                           |  |                                     |                                     |  |                         |                                 |   |
|                           |  |                                     |                                     |  |                         |                                 |   |
|                           |  |                                     |                                     |  |                         |                                 |   |
|                           |  |                                     |                                     |  |                         |                                 |   |
|                           |  |                                     |                                     |  |                         |                                 |   |
|                           |  |                                     |                                     |  |                         |                                 |   |
|                           |  |                                     |                                     |  |                         |                                 |   |

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

| Return Reference | Explanation   |
|------------------|---|
| PART I, LINE 7   | <p>SCHEDULE J, PART II, COLUMN B (II) MR MIGUEL A FUENTES, JR LINE (I) INCLUDED IN COLUMN B (II) IS \$754,984 REPRESENTING AN ANNUAL BONUS AWARDED BY THE BOARD IN RECOGNITION OF THE SIGNIFICANT CONTRIBUTIONS MADE BY MR FUENTES IN 2018 THIS BONUS IS BASED ON HIS SUCCESS IN ACHIEVING SPECIFIC TARGETS RELATED TO THE HOSPITALS OPERATIONS INCLUDING CONTROL OF GROWTH IN PAYROLL AND MEDICAL QUALITY PERFORMANCE MR VICTOR G DEMARCO, MR OCTAVIO MARIN, MR HIRAM TORRES, AND MS PATRICIA CAHILL WERE AWARDED BONUSES BY THE PRESIDENT AND CEO FOR ACHIEVEMENT OF GOALS SET FORTH IN THE BEGINNING OF THE YEAR PHYSICIAN BONUSES ARE DETERMINED BY THE DEPARTMENT CHAIRMAN BASED UPON THE INDIVIDUALS CONTRIBUTION TO THE DEPARTMENT</p> |





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

**Schedule K (Form 990)**

**Supplemental Information on Tax-Exempt Bonds**

OMB No 1545-0047

**2018**

**Open to Public Inspection**

▶ **Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**  
 ▶ **Attach to Form 990.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
BRONXCARE HEALTH SYSTEM

Employer identification number  
13-1974191

**Part I Bond Issues**

| (a) Issuer name                                       | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose | (g) Defeased |    | (h) On behalf of issuer |    | (i) Pool financing |    |
|---|----------------|-------------|-----------------|-----------------|----------------------------|--------------|----|-------------------------|----|--------------------|----|
|   |                |             |                 |                 |                            | Yes          | No | Yes                     | No | Yes                | No |
| <b>A</b> DORMITORY AUTHORITY OF THE STATE OF NEW YORK | 14-6000293     | 64983MDU9   | 01-18-2007      | 97,099,883      | REFINANCING                |              | X  |                         | X  |                    | X  |
| <b>B</b> Dormitory authority of the state of new york | 14-6000293     | 6499038N4   | 02-26-2009      | 36,291,937      | new Building construction  |              | X  |                         | X  |                    | X  |

**Part II Proceeds**

|  | A |            | B  |            | C  |     | D  |     |    |
|--|---|------------|----|------------|----|-----|----|-----|----|
| <b>1</b> Amount of bonds retired . . . . .   |   | 0          |    | 0          |    |     |    |     |    |
| <b>2</b> Amount of bonds legally defeased . . . . .  |   | 0          |    | 0          |    |     |    |     |    |
| <b>3</b> Total proceeds of issue . . . . .   |   | 97,009,883 |    | 36,291,937 |    |     |    |     |    |
| <b>4</b> Gross proceeds in reserve funds . . . . .   |   | 9,706,500  |    | 0          |    |     |    |     |    |
| <b>5</b> Capitalized interest from proceeds . . . . .  |   | 0          |    | 0          |    |     |    |     |    |
| <b>6</b> Proceeds in refunding escrows . . . . .   |   | 0          |    | 0          |    |     |    |     |    |
| <b>7</b> Issuance costs from proceeds . . . . .  |   | 1,423,017  |    | 694,912    |    |     |    |     |    |
| <b>8</b> Credit enhancement from proceeds . . . . .  |   | 0          |    | 0          |    |     |    |     |    |
| <b>9</b> Working capital expenditures from proceeds . . . . .  |   | 0          |    | 0          |    |     |    |     |    |
| <b>10</b> Capital expenditures from proceeds . . . . .   |   | 85,969,566 |    | 29,402,901 |    |     |    |     |    |
| <b>11</b> Other spent proceeds . . . . .   |   | 0          |    | 0          |    |     |    |     |    |
| <b>12</b> Other unspent proceeds . . . . .   |   | 0          |    | 6,194,124  |    |     |    |     |    |
| <b>13</b> Year of substantial completion . . . . .   |   | 2007       |    |            |    |     |    |     |    |
|  |   | Yes        | No | Yes        | No | Yes | No | Yes | No |
| <b>14</b> Were the bonds issued as part of a current refunding issue? . . . . .  |   |            | X  |            | X  |     |    |     |    |
| <b>15</b> Were the bonds issued as part of an advance refunding issue? . . . . .   |   | X          |    |            | X  |     |    |     |    |
| <b>16</b> Has the final allocation of proceeds been made? . . . . .  |   | X          |    |            | X  |     |    |     |    |
| <b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . . |   | X          |    |            | X  |     |    |     |    |

**Part III Private Business Use**

|   | A   |    | B   |    | C   |    | D   |    |
|---|-----|----|-----|----|-----|----|-----|----|
|   | Yes | No | Yes | No | Yes | No | Yes | No |
| <b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . . |     | X  |     | X  |     |    |     |    |
| <b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .                        |     | X  |     | X  |     |    |     |    |

**Part III Private Business Use** (Continued)

|   | A   |    | B   |    | C   |    | D   |    |
|---|-----|----|-----|----|-----|----|-----|----|
|   | Yes | No | Yes | No | Yes | No | Yes | No |
| <b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .  |     | X  |     | X  |     |    |     |    |
| <b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?   |     |    |     |    |     |    |     |    |
| <b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .   |     | X  |     | X  |     |    |     |    |
| <b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?   |     |    |     |    |     |    |     |    |
| <b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶  | 0 % |    | 0 % |    |     |    |     |    |
| <b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶ |     |    |     |    |     |    |     |    |
| <b>6</b> Total of lines 4 and 5 . . . . .   |     |    |     |    |     |    |     |    |
| <b>7</b> Does the bond issue meet the private security or payment test? . . . . .   |     | X  |     | X  |     |    |     |    |
| <b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .  |     | X  |     | X  |     |    |     |    |
| <b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . . .  |     |    |     |    |     |    |     |    |
| <b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .  |     | X  |     | X  |     |    |     |    |
| <b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .                             |     | X  |     | X  |     |    |     |    |

**Part IV Arbitrage**

|   | A   |    | B   |    | C   |    | D   |    |
|---|-----|----|-----|----|-----|----|-----|----|
|   | Yes | No | Yes | No | Yes | No | Yes | No |
| <b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . . |     | X  |     | X  |     |    |     |    |
| <b>2</b> If "No" to line 1, did the following apply? . . . . .  |     |    |     |    |     |    |     |    |
| <b>a</b> Rebate not due yet? . . . . .  |     | X  |     | X  |     |    |     |    |
| <b>b</b> Exception to rebate? . . . . .   |     | X  |     | X  |     |    |     |    |
| <b>c</b> No rebate due? . . . . .   |     | X  |     | X  |     |    |     |    |
| If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .                                 |     |    |     |    |     |    |     |    |
| <b>3</b> Is the bond issue a variable rate issue? . . . . .   |     | X  |     | X  |     |    |     |    |
| <b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?        |     | X  |     | X  |     |    |     |    |
| <b>b</b> Name of provider . . . . .   | 0   |    | 0   |    |     |    |     |    |
| <b>c</b> Term of hedge . . . . .  |     |    |     |    |     |    |     |    |
| <b>d</b> Was the hedge superintegrated? . . . . .   |     |    |     |    |     |    |     |    |
| <b>e</b> Was the hedge terminated? . . . . .  |     |    |     |    |     |    |     |    |

**Part IV Arbitrage** (Continued)

|  | A   |    | B   |    | C   |    | D   |    |
|--|-----|----|-----|----|-----|----|-----|----|
|  | Yes | No | Yes | No | Yes | No | Yes | No |
| <b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?                                  |     | X  |     | X  |     |    |     |    |
| <b>b</b> Name of provider . . . . .  | 0   |    | 0   |    |     |    |     |    |
| <b>c</b> Term of GIC . . . . .   |     |    |     |    |     |    |     |    |
| <b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .     |     |    |     |    |     |    |     |    |
| <b>6</b> Were any gross proceeds invested beyond an available temporary period?                                    |     | X  |     | X  |     |    |     |    |
| <b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . . . . |     | X  |     | X  |     |    |     |    |

**Part V Procedures To Undertake Corrective Action**

|  | A   |    | B   |    | C   |    | D   |    |
|--|-----|----|-----|----|-----|----|-----|----|
|  | Yes | No | Yes | No | Yes | No | Yes | No |
| Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations? |     | X  |     | X  |     |    |     |    |

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

| Return Reference | Explanation |
|------------------|-------------|
|                  |             |

**Schedule L**  
(Form 990 or 990-EZ)

**Transactions with Interested Persons**

OMB No 1545-0047

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**  
 ▶ **Attach to Form 990 or Form 990-EZ.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
BRONXCARE HEALTH SYSTEM

Employer identification number  
13-1974191

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)  
 Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

| 1 | (a) Name of disqualified person | (b) Relationship between disqualified person and organization | (c) Description of transaction | (d) Corrected? |    |
|---|---------------------------------|---|--------------------------------|----------------|----|
|   |                                 |   |                                | Yes            | No |
|   |                                 |   |                                |                |    |
|   |                                 |   |                                |                |    |
|   |                                 |   |                                |                |    |
|   |                                 |   |                                |                |    |
|   |                                 |   |                                |                |    |
|   |                                 |   |                                |                |    |

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**  
 Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

| (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan | (d) Loan to or from the organization? |      | (e) Original principal amount | (f) Balance due | (g) In default? |    | (h) Approved by board or committee? |    | (i) Written agreement? |    |
|-------------------------------|------------------------------------|---------------------|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
|                               |                                    |                     | To                                    | From |                               |                 | Yes             | No | Yes                                 | No | Yes                    | No |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| Total                         |                                    |                     |                                       |      |                               | ▶               | \$              |    |                                     |    |                        |    |

**Part III Grants or Assistance Benefiting Interested Persons.**  
 Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|-------------------------------|---|--------------------------|------------------------|---------------------------|
|                               |   |                          |                        |                           |
|                               |   |                          |                        |                           |
|                               |   |                          |                        |                           |
|                               |   |                          |                        |                           |
|                               |   |                          |                        |                           |



**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? |    |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
|                               |   |                           |                                | Yes                                     | No |
| (1) ANTHONY DIMARTINO         | FAMILY MEMBER OF RITA DIMARTINO, BOARD MEMBER                   | 82,000                    | EMPLOYMENT                     |   | No |
| (2) EBONI LOWE                | FAMILY MEMBER OF BARBARA LOWE, BOARD MEMBER                     | 85,000                    | EMPLOYMENT                     |   | No |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions)

| Return Reference | Explanation |
|------------------|-------------|
|                  |             |

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No 1545-0047

**2018**

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
 ▶ **Attach to Form 990.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
BRONXCARE HEALTH SYSTEM

Employer identification number

13-1974191

**Part I Types of Property**

|  | (a)<br>Check if applicable | (b)<br>Number of contributions or items contributed | (c)<br>Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d)<br>Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art—Works of art . . . . .   |                            |   |  |   |
| 2 Art—Historical treasures . . . . .                                 |                            |   |  |   |
| 3 Art—Fractional interests . . . . .                                 |                            |   |  |   |
| 4 Books and publications . . . . .                                   |                            |   |  |   |
| 5 Clothing and household goods . . . . .                             |                            |   |  |   |
| 6 Cars and other vehicles . . . . .                                  |                            |   |  |   |
| 7 Boats and planes . . . . .   |                            |   |  |   |
| 8 Intellectual property . . . . .                                    |                            |   |  |   |
| 9 Securities—Publicly traded . . . . .                               |                            |   |  |   |
| 10 Securities—Closely held stock . . . . .                           |                            |   |  |   |
| 11 Securities—Partnership, LLC, or trust interests . . . . .         |                            |   |  |   |
| 12 Securities—Miscellaneous . . . . .                                |                            |   |  |   |
| 13 Qualified conservation contribution—Historic structures . . . . . |                            |   |  |   |
| 14 Qualified conservation contribution—Other . . . . .               |                            |   |  |   |
| 15 Real estate—Residential . . . . .                                 |                            |   |  |   |
| 16 Real estate—Commercial . . . . .                                  |                            |   |  |   |
| 17 Real estate—Other . . . . .                                       |                            |   |  |   |
| 18 Collectibles . . . . .  |                            |   |  |   |
| 19 Food inventory . . . . .  |                            |   |  |   |
| 20 Drugs and medical supplies . . . . .                              | X                          | 1   | 1,249,598  | COST  |
| 21 Taxidermy . . . . .   |                            |   |  |   |
| 22 Historical artifacts . . . . .                                    |                            |   |  |   |
| 23 Scientific specimens . . . . .                                    |                            |   |  |   |
| 24 Archeological artifacts . . . . .                                 |                            |   |  |   |
| 25 Other ▶ ( _____ ) . . . . .                                       |                            |   |  |   |
| 26 Other ▶ ( _____ ) . . . . .                                       |                            |   |  |   |
| 27 Other ▶ ( _____ ) . . . . .                                       |                            |   |  |   |
| 28 Other ▶ ( _____ ) . . . . .                                       |                            |   |  |   |

**29** Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

|   | Yes | No |
|---|-----|----|
| <b>30a</b> During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . . |     | No |
| <b>b</b> If "Yes," describe the arrangement in Part II  |     |    |
| <b>31</b> Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?  |     | No |
| <b>32a</b> Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .   |     | No |
| <b>b</b> If "Yes," describe in Part II  |     |    |
| <b>33</b> If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II  |     |    |

**Part II Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

| Return Reference               | Explanation  |
|--------------------------------|--|
| SCHEDULE M, PART I, COLUMN (B) | THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTORS |

**SCHEDULE O**  
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**2018**  
**Open to Public Inspection**

Department of the Treasury

Name of the organization  
BRONXCARE HEALTH SYSTEM

Employer identification number

13-1974191

**990 Schedule O, Supplemental Information**

| Return Reference                       | Explanation  |
|--|--|
| FORM 990, PART VI, SECTION B, LINE 11B | THE 990 IS REVIEWED BY MANAGEMENT AND THEN IS DISTRIBUTED TO THE ENTIRE BOARD OF DIRECTORS FOR REVIEW AT THE NEXT BOARD MEETING BEFORE THE SUBMISSION TO THE IRS |

# 990 Schedule O, Supplemental Information

| Return Reference                       | Explanation  |
|--|--|
| FORM 990, PART VI, SECTION B, LINE 12C | ALL PERSONS ARE COVERED UNDER THE POLICY THE INTERNAL AUDITOR REVIEWS CONFLICT OF INTEREST STATEMENTS AND INVESTIGATES POTENTIAL CONFLICTS LEGAL OPINIONS ARE SOUGHT WHEN NECESSARY PERSONS WITH A CONFLICT ARE PROHIBITED FROM PARTICIPATING IN DELIBERATIONS AND DECISIONS IN RELATED TRANSACTIONS |

**990 Schedule O, Supplemental Information**

| Return Reference                      | Explanation  |
|---------------------------------------|--|
| FORM 990, PART VI, SECTION B, LINE 15 | <p>BLHC HAS A PROCESS FOR DETERMINING COMPENSATION OF OFFICERS. ALL ELEMENTS OF COMPENSATION AND BENEFITS PROVIDED TO EACH OFFICER ARE REVIEWED AND APPROVED IN ADVANCE BY THE COMPENSATION COMMITTEE (COMMITTEE) OF THE BOARD OF TRUSTEES, AND THIS REVIEW AND APPROVAL PROCESS IS CONDUCTED IN A MANNER THAT QUALIFIES FOR THE REBUTTABLE PRESUMPTION OF REASONABLENESS UNDER THE INTERMEDIATE SANCTIONS RULES OF FEDERAL INCOME TAX LAW. THE COMMITTEE CONSISTS OF THREE INDEPENDENT MEMBERS OF THE BOARD. THEY RECEIVE AND RELY ON APPROPRIATE COMPARABILITY DATA GATHERED BY AN INDEPENDENT COMPENSATION CONSULTANT FOR FUNCTIONALLY SIMILAR POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS, AND THEY PREPARE A CONTEMPORANEOUS AND THOROUGH WRITTEN RECORD OF THEIR DELIBERATIONS AND DECISIONS. THIS REBUTTABLE PRESUMPTION PROCESS IS CONDUCTED ANNUALLY WITH RESPECT TO ALL ELEMENTS OF EACH OFFICERS COMPENSATION AND BENEFITS. THE LAST TIME THIS WAS DONE WAS IN 2018. THE COMMITTEE REVIEWS AND APPROVES IN ADVANCE THE INCENTIVE COMPENSATION GOALS FOR THE PRESIDENT AND CEO AND ANY OTHER OFFICER, AND ASSURES THAT TOTAL CASH COMPENSATION, INCLUDING THE INCENTIVE COMPENSATION, IS REASONABLE. THE COMMITTEE HAS EXPRESSLY DETERMINED THAT THE TOTAL COMPENSATION AND BENEFITS PROVIDED TO EACH OFFICER ARE REASONABLE, BASED ON THE REVIEW OF THE MARKET DATA PRESENTED BY THE INDEPENDENT COMPENSATION CONSULTANT AND ON THE REVIEW OF ALL OTHER RELEVANT FACTS AND CIRCUMSTANCES.</p> |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>                        | <b>Explanation</b>  |
|--|---|
| FORM 990,<br>PART VI,<br>SECTION C,<br>LINE 19 | ONLY FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>   | <b>Explanation</b>              |
|---|---------------------------------|
| Form 990,<br>Part XI, Line<br>9 Other<br>Changes in<br>Net Assets | Pension Adjustment \$21,143,159 |



**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>           | <b>Explanation</b>                              |
|-----------------------------------|---|
| FORM 990,<br>PART XII,<br>LINE 2C | THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR |

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2018**

**Open to Public  
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
BRONXCARE HEALTH SYSTEM

**Employer identification number**

13-1974191

**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a)<br>Name, address, and EIN (if applicable) of disregarded entity                        | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|--|-------------------------|--|---------------------|---------------------------|----------------------------------|
| <b>(1)</b> BLHC PPS LLC<br>1276 fulton ave<br>bronx, NY 10456<br>47-3056481                | To facilitate           | NY   |                     |                           | Bronx Lebano                     |
| <b>(2)</b> Bronx Health Access IPA Inc<br>1276 fulton ave<br>bronx, NY 10456<br>81-2879004 | to facilitate           | NY   |                     |                           | bronx Lebano                     |
|  |                         |  |                     |                           |                                  |
|  |                         |  |                     |                           |                                  |
|  |                         |  |                     |                           |                                  |
|  |                         |  |                     |                           |                                  |

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

| (a)<br>Name, address, and EIN of related organization  | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|--|-------------------------|--|----------------------------|---|----------------------------------|--|----|
|  |                         |  |                            |   |                                  | Yes  | No |
| <b>(1)</b> MARTIN LUTHER KING JR HEALTH CENTER<br>1265 FRANKLIN AVENUE<br><br>BRONX, NY 10456<br>13-2707945  | OUTPATIENT MS           | NY   | 501(C)(3)                  | 10  | BRONXCARE HS                     | Yes  |    |
| <b>(2)</b> Bronxcare SPECIAL CARE CENTER<br>1265 FULTON AVENUE<br><br>BRONX, NY 10456<br>13-3479996          | SKILLED NH              | NY   | 501(C)(3)                  | 10  | BRONXCARE HS                     | Yes  |    |
| <b>(3)</b> BRONXCARE HEALTH SYSTEM NEW DIRECTIONS<br>1265 FULTON AVENUE<br><br>BRONX, NY 10456<br>13-3183084 | FUNDRAISING             | NY   | 501(C)(3)                  | 7   | BRONXCARE HS                     | Yes  |    |
| <b>(4)</b> 1650 BLHC SERVICES CORP<br>1265 FULTON AVENUE<br><br>BRONX, NY 10456<br>20-2031443                | BRONXCARE HS            | NY   | 501(C)(3)                  | 12A   | BRONXCARE HS                     | Yes  |    |
| <b>(5)</b> 1770 BLHC SERVICES CORP<br>1265 FULTON AVENUE<br><br>BRONX, NY 10456<br>20-1841933                | RENTAL APT BL           | NY   | 501(C)(3)                  | 12A   | BRONXCARE HS                     | Yes  |    |
| <b>(6)</b> HIGHBRIDGE-WOODYCREST CENTER<br>936 WOODYCREST AVENUE<br><br>BRONX, NY 10452<br>13-3519617        | NURSING HOME            | NY   | 501(C)(3)                  | 10  | BRONXCARE HS                     | Yes  |    |
| <b>(7)</b> BRONXCARE HOUSING DEVELOPMENT FUND CORPO<br>1276 FULTON AVENUE<br><br>BRONX, NY 10456             | REDEVELOPMENT           | NY   | 501(C)3                    | 12A   | BRONXCARE HS                     | Yes  |    |

**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.

| (a)<br>Name, address, and EIN of<br>related organization   | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state<br>or<br>foreign<br>country) | (d)<br>Direct<br>controlling<br>entity | (e)<br>Predominant<br>income(related,<br>unrelated,<br>excluded from<br>tax under<br>sections 512-<br>514) | (f)<br>Share of<br>total income | (g)<br>Share of end-<br>of-year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in<br>box 20 of<br>Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|--|-------------------------|---|--|--|---------------------------------|---|---|----|--|---|----|--------------------------------|
|  |                         |   |  |  |                                 |   | Yes                                     | No |  | Yes                                       | No |                                |
| <b>(1)</b> MID-BRONX ENDOSCOPY CENTER<br><br>2500 YORK ROAD<br>JAMISON, PA 07670<br>47-1156630     | ENDOSCOPY<br>CLINIC     | PA  | N/A                                    | RELATED  | -90,518                         | -361,500                                  |   | No |  |   | No | 45 000 %                       |
| <b>(2)</b> BRONXCARE ASSOCIATES LP<br><br>1276 FULTON AVENUEBRONX<br>BRONX, NY 10456<br>56-2329195 | REAL ESTATE<br>RENTA    | NY  | BRONXCARE<br>DEVEL                     | RELATED  | -2,852                          | 610                                       |   | No |  |   | No | 0 010 %                        |
| <b>(3)</b> CONCOURSE REPLACEMENT LLC<br><br>1780 GRAND CONCOURSE<br>BRONX, NY 10457<br>20-0136324  | END STAGE<br>RENAL D    | NY  | N/A                                    | RELATED  |                                 |   |   | No |  |   | No | 49 950 %                       |
| <b>(4)</b> WEST FARMS MEDICAL CENTER LP<br><br>1262 BOSTON ROAD SUITE B<br>BRONX, NY 10457         | URGENT HEALTH<br>CAR    | NY  | N/A                                    | RELATED  |                                 |   |   | No |  |   | No | 49 000 %                       |
|  |                         |   |  |  |                                 |   |   |    |  |   |    |                                |
|  |                         |   |  |  |                                 |   |   |    |  |   |    |                                |
|  |                         |   |  |  |                                 |   |   |    |  |   |    |                                |

**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.

| (a)<br>Name, address, and EIN of<br>related organization  | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512(b)<br>(13) controlled<br>entity? |    |
|---|-------------------------|---|-------------------------------------|--|---------------------------------|---|--------------------------------|---|----|
|   |                         |   |                                     |  |                                 |   |                                | Yes   | No |
| <b>(1)</b> BRONXCARE DEVELOPMENT CORPORATION<br><br>3743 WHITE PLAINS ROAD<br>BRONX, NY 10467<br>20-1556279 | REAL ESTATE DEV         | NY  | B LEBANON<br>HOSPI                  | C CORP   | -285,230                        | 3,029                                     | 100 000 %                      |   | No |
|   |                         |   |                                     |  |                                 |   |                                |   |    |
|   |                         |   |                                     |  |                                 |   |                                |   |    |
|   |                         |   |                                     |  |                                 |   |                                |   |    |
|   |                         |   |                                     |  |                                 |   |                                |   |    |
|   |                         |   |                                     |  |                                 |   |                                |   |    |
|   |                         |   |                                     |  |                                 |   |                                |   |    |

**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 |
|--|-----|----|
| <b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? |     |    |
| <b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .               |     | No |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .   | Yes |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .   |     | No |
| <b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .  |     | No |
| <b>e</b> Loans or loan guarantees by related organization(s) . . . . .   |     | No |
| <b>f</b> Dividends from related organization(s) . . . . .  |     | No |
| <b>g</b> Sale of assets to related organization(s) . . . . .   |     | No |
| <b>h</b> Purchase of assets from related organization(s) . . . . .   |     | No |
| <b>i</b> Exchange of assets with related organization(s) . . . . .   |     | No |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .  | Yes |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .  |     | No |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .  |     | No |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .   |     | No |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .   |     | No |
| <b>o</b> Sharing of paid employees with related organization(s) . . . . .  | Yes |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .  | Yes |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .  | Yes |    |
| <b>r</b> Other transfer of cash or property to related organization(s) . . . . .   | Yes |    |
| <b>s</b> Other transfer of cash or property from related organization(s) . . . . .   | Yes |    |

**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

See Additional Data Table

| (a)<br>Name of related organization | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
|                                     |                               |                        |  |
|                                     |                               |                        |  |
|                                     |                               |                        |  |
|                                     |                               |                        |  |
|                                     |                               |                        |  |

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

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

| (a)<br>Name, address, and EIN of entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e)<br>Are all partners section 501(c)(3) organizations? |    | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|---|-------------------------|--|--|--|----|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
|   |                         |  |  | Yes  | No |                              |                                    | Yes                                  | No |  | Yes                                 | No |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |

**Part VII**    **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

| <b>Return Reference</b> | <b>Explanation</b> |
|-------------------------|--------------------|
|                         |                    |

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 13-1974191  
**Name:** BRONXCARE HEALTH SYSTEM

**Form 990, Schedule R, Part V - Transactions With Related Organizations**

| <b>(a)</b><br>Name of related organization | <b>(b)</b><br>Transaction type(a-s) | <b>(c)</b><br>Amount Involved | <b>(d)</b><br>Method of determining amount involved |
|--|-------------------------------------|-------------------------------|---|
| <b>(1)</b> NEW DIRECTIONS FUND             | o                                   | 69,173                        | Fair Market Val                                     |
| <b>(1)</b> BRONXCARE MLK                   | o                                   | 2,819,873                     | Fair Market Val                                     |
| <b>(2)</b> BRONXCARE SCC                   | o                                   | 1,510,101                     | Fair Market Val                                     |
| <b>(3)</b> BRONXCARE MLK                   | q                                   | 5,471,034                     | Fair Market Val                                     |
| <b>(4)</b> 1650 BLHC SERVICE               | r                                   | 661,336                       | Fair Market Val                                     |
| <b>(5)</b> New Directions Fund             | b                                   | 765,000                       | Fair Market Val                                     |
| <b>(6)</b> BRONXCARE SCC                   | S                                   | 620,414                       | FAIR MARKET VAL                                     |
| <b>(7)</b> BRONX-LEBANON HBWC              | S                                   | 298,848                       | FAIR MARKET VAL                                     |
| <b>(8)</b> 1650 BLHC SERVICE               | P                                   | 2,815,983                     | FAIR MARKET VAL                                     |
| <b>(9)</b> Bronxcare SCC                   | Q                                   | 9,776,624                     | Fair Market Val                                     |
| <b>(10)</b> BRONXCARE MLK                  | J                                   | 2,113,212                     | FAIR MARKET Val                                     |