Ora,	(Chille)	xempt Organization	Rus	sinass Inco	nma '	Tay Retur	n I	
9	0-1-1-	OMB No 1545-0047						
FOIII	Fortolo	(and proxy tax	<u>19</u> .	୬ଲ 1 0				
		► Go to www.lrs.gov/Form990					''I	<u> </u>
Department of t Internal Revenu	, I	not enter SSN numbers on this form a)(3).	Open to Public Inspection for 501(c)(3) Organizations Only				
A Che	ck box if	Name of organization (Check be	D Emplo	yer identification number				
addr	ess changed						(Employ	yees' trust, see instructions)
B Exempt une	der section ;	BRONXCARE HEALTH SY	STEM	I				
X 501(C	<u> </u>	Number, street, and room or suite no	13-19	74191				
408(e)	0r							ted business activity code
408A	530(a) Type	1276 FULTON AVENUE					(See ins	tructions)
529(a)	:	City or town, state or province, country	y, and 2	ZIP or foreign postal co	ode			
C Book value	of all assets	BRONX, NY 10456					90009	9
at end of ye	F .Gro	oup exemption number (See instruction	ons)	>				1
563,25		eck organization type X 501			501(c)) trust	401(a)	rust Other trust
		anization's unrelated trades or busine				Describe	the only	(or first) unrelated
		VESTMENT IN PARTNERSHI			nly one,	complete Parts I-	V If more	than one, describe the
first in th	e blank space at the	e end of the previous sentence, cor	nplete	Parts I and II, com	plete a S	chedule M for eac	h addition	al
trade or	business, then compl	ete Parts III-V						
I During th	ne tax year, was the	corporation a subsidiary in an affili	ated g	roup or a parent-sul	bsidiary o	ontrolled group?		▶ Yes X No
		identifying number of the parent con	porati	on 🕨				
		ICTOR DEMARCO		, 1	Telephon	e number ▶ 71	8-901-	8600
_ Part I U	nrelated Trade	or Business Income		(A) Income	ę	(B) Expens	ses	(C) Net
1a Gross	receipts or sales			()			/ /
	turns and allowances	c Balance ▶			<u></u>			
2 Cost	of goods sold (Sched	lule A, line 7)	2					<u> </u>
	•	2 from line 1c	3_					
		attach Schedule D)	4a	-				
b Netga	aın (loss) (Form 4797,	Part II, line 17) (attach Form 4797)	4b				_/_	
c Capita	al loss deduction for t	trusts	4c		000	7.7011		2,928.
5 Income	(loss) from a partnership o	or an S corporation (attach statement)	5	2,	,928.	ATCH 1	-	2,928.
6 Rent	ncome (Schedule C)		6			/		
7 Unrel	ated debt-financed in	come (Schedule E)	7					
8 Interest	, annuities, royalties, and re	ents from a controlled organization (Schedule F)		_	/	memai Revei	luo Sei	/ice
		11(c)(7), (9), or (17) organization (Schedule G)				received US	Bank - (JSB
		ncome (Schedule I)	10			349	5	
		dule J)	11			MOV O	0000	
	•	ctions, attach schedule)	12	2,	020	MOV 30	<u> 2020</u>	2,928.
	Combine lines 3 thr	ough 12	13	oc for limitation	ne on d	leductions) (F)eductio	
>	connected with the	he unrelated business incom	الام	אוז וטו וווווומנוטו	115 011 0	Ögden	. UT	ins must be uneout
14 Comp	ensation of officers	directors, and trustees (Schedule K)	y , _					
<u>0</u> 15 Saları 0 16 Renái	rs and maintenance						16	***
· ·								
デ 17 Bad d 18 Intere	st (attach schedule)	(see instructions)					. 18	
	and licenses						. 19	
19 Taxes	ciation (attach Form	4562).		20				
21 Less و		on Schedule A and elsewhere on re						
		<u></u>						
3 23 Contr		compensation plans						
		s						
		Schedule I)						
		Schedule J)						
		schedule)						
		es 14 through 27						
		ole income before net operating						2,928.
/ \		ng loss arising in tax years beginnir						
	•	e income Subtract line 30 from line	-					2,928.
•	ork Reduction Act N	Notice, see instructions.						Form 990-T (2019)
.ISA								

201

Form	990,T ₄ (20	9) BRONXCARE HEALTH SYSTEM	13-1974191	Page 2	
Par	tell /	otal Unrelated Business Taxable Income	·		
32	fotal of	unrelated business taxable income computed from all unrelated trades or businesses see	.,		
	instruction	ns)	*32	2,928.	
33	Amounts	paid for disallowed fringes	33		
34		e contributions (see instructions for limitation rules)	34		
35		related business taxable income before pre-2018 NOLs and specific deduction. Subtract line_			
	34 from	he sum of lines 32 and 33	35	2,928.	
36		n for net operating loss arising in tax years beginning before January 1, 2018 (see	1		
		ns)	86		
37		inrelated business taxable income before specific deduction. Subtract line 36 from line 35	87	2,928.	
38		deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.	
39		d business taxable income. Subtract line 38 from line 37 If line 38 is greater than line 37.	1		
	enter the	smaller of zero or line 37	3/9	1,928.	
Par		Fax Computation			
40	Organiz	tions Taxable as Corporations. Multiply line 39 by 21% (0 21)	40	405.	
41	Trusts	Taxable at Trust Rates. See instructions for taxt computation income tax on			
		int on line 39 from Tax rate schedule or Schedule D (Form 1041)	411		
42		k. See instructions	42		
43	Alternati	ve minimum tax (trusts only)	43		
44	Tax on I	Ioncompliant Facility Income. See instructions	44		
45		d lines 42, 43, and 44 to line 40 or 41, whichever applies	45	405.	
Par	t V 7/1	Tax and Payments			
46 a	Foreign	ax credit (corporations attach Form 1118, trusts attach Form 1116) 46a			
ь	Other cr	edits (see instructions)			
С	General	business credit Attach Form 3800 (see instructions)			
d		r prior year minimum tax (attach Form 8801 or 8827)			
9	Total cre	dits. Add lines 46a through 46d	46e		
47	Subtract	line 46e from line 45	47	405.	- -
48		es Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule),	4/8	{	Ŋ
49	Total tax	. Add lines 47 and 48 (see instructions)	49	405.	₽
50	2019 ne	. 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	}	6
51 a	Paymen	s A 2018 overpayment credited to 2019	•		
b	2019 es	s A 2018 overpayment credited to 2019			
c		sited with Form 8868			
d	Foreign	organizations Tax paid or withheld at source (see.instructions)			
8		vithholding (see instructions)			
f		r small employer health insurance premiums (attach Form 8941)			
9	Other cr	edits, adjustments, and payments Form 2439			
		rm 4136 Other Total ▶ 51g		198,715.53	3
52		yments. Add lines 51a through 51g		398,716.	
53		d tax penalty (see instructions) Check if Form 2220 is attached	58		
54		If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	64	000 011	
55		ment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid		398,311.	
56		amount of line 55 you want Credited to 2020 estimated tax		398,311.	
		Statements Regarding Certain Activities and Other Information (see instructions		98,310,53	1
57	•	time during the 2019 calendar year, did the organization have an interest in or a signature or	•	Yes No	
		financial account (bank, securities, or other) in a foreign country? If "Yes," the organization ma	-		
		Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	toreign country		
	here ►			X	
5 8	-	ne tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	gn trust?	<u> </u>	
50		see instructions for other forms the organization may have to file			
<u> 59</u>		e amount of tax-exempt interest received or accrued during the tax year \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	est of my knowledge	and heltef it is	
Sia	tru	correct, and complete. Deoleration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	est of the knowledge	2114 Benet, 11 16	
Sig			y the IRS discuss		
Her			h the preparer sharmonic instructions)? $X \gamma_{\epsilon}$		
		Print/Type preparer's name Preparer's name Preparer's name	PTIN	s No_	
Paid	i	Check	·— • ~~~	61884	
	parer		····		
	Only		EIN ► 44-016 no 212.867.		
JSA		rims address > 1100 Ave. Of the Americas, #12, NEW TORK, NI 10030 Phone		90-T (2019)	
741 1 0	000		rom 3	JU-1 (2019)	

Form: (2019)					4			·	Page 3
Schedule A - Cost of G	<u>oods Sold. E</u>	nter metho	d of inventor						
1 Inventory at beginning of	/eař√, 1			6 Inventory	at end of yea	ar	6		
2 Purchases	2	2			goods so	ld. Subtract line			
3 Cost of labor	3			6 from li	ne 5 Enter	here and in Part			
4a Additional section 263A c	osts			I, line 2 .			7		
(attach schedule)	4a					section 263A (w	•		No
b Other costs (attach schedu	ıle) . 4b					or acquired for			
5 Total. Add lines 1 through				to the org	anization?			<u> </u>	Х
Schedule C - Rent Incom	e (From Real I	Property a	nd Person	al Property	Leased V	Vith Real Proper	rty)		
(see instructions)	-								
Description of property									
(1)									
(2)							•		
(3)									
(4)									
	2. Rent rece	ived or accru	ed				/		•
for personal property is more than 10% but not percentage of				personal property personal property pased on profit or	exceeds	with the inco schedule)	me -		
(1)				-					
(2) · ~	.								
(3) -		<u> </u>							
(4)								يحم ر	
Total		Total			•			ir.	
(c) Total income. Add totals of chere and on page 1, Part I, line 6						(b) Total deduction Enter here and on Part I, line 6, colun	page 1,		
Schedule E - Unrelated D	ebt-Financed	income (se	e instructio	ns)			·		
1 Description of de	at financed amounts			s income from or to debt-financed property (a) Straigh		Deductions directly connected with or a debt-financed property		cable to	
1 Description of de	or interfocus property		1			nt line depreciation ch schedule)	(b) Other deductions (attach schedule)		
(1)									
(2)									
(3)									
(4)					÷				
4. Amount of average 5. Average adjusted basis acquisition debt on or 5 of or allocable to 4 debt-financed debt-financed property			4 d	olumn . ivided ,- ilumn 5		7. Gross income reportable (column 2 x column 6) 8. Allocable d (column 6 x tota 3(a) and			
(1)				- %	·				
(2)			-	%					
(3)				%			•		
(4)				%				-	
-	-	.*				e and on page 1, e 7, column (A)	Enter here ar Part I, line 7,		
Totals				.					

Schedule F - Interest, Ann	uities, Royalties						ions (se	e instructi	ons)	34	
		Exem	pt Controlle	ed Org	janizatio	ns					
Name of controlled organization	2. Employer identification numbe	1 1	t unrelated inc) (see instructi			of specified included in the controlling organization's gross income		olling	6. Deductions directly connected with income in column 5		
(1)					-	-					
(2)						- -				-	
(3)	·			- 1							
(4)						_			_		
Nonexempt Controlled Organi	zations									<u> </u>	
7. Taxable Income	8. Net unrelated inc (loss) (see instruction					10. Part of column included in the cor organization's gross		ntrolling conne		Deductions directly nected with income in column 10	
(1)			-							<u></u>	
(2)											
(3)											
(4)											
	Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A) Add columns 6 and 11 Enter here and on page Part I, line 8, column (A) Part I, line 8, column (B)								ter here and on page 1,		
Schedule G-Investment I	ncome of a Sec	1100 501(0				nization	(see ins	(ructions)		F Tatal dadications	
1. Description of income	2. Amount of i	ncome	dire	Deduction Deduct	nected		4. Se attach	t-asides schedule)		6. Total deductions and set-asides (col 3, plus col 4)	
(1)											
(2)											
(3)											
(4)											
Totals		lumn (A)	(A)					Enter here and on page 1 Part I, line 9, column (B)			
Schedule I - Exploited Ex	empt Activity Inc	ome, Oth	er inan A	avert	ising ir	<u>icome (</u>	see instru	ctions)			
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expens directly connected production unrelate business ind	with or b n of if a	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) if a gain, compute cols 5 through 7		Gross income from activity that is not unrelated business income		6. Expenses attributable to column 5		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)											
<u>(1)</u>	 							+			
(2)	 					-			-	-	
(3)	 					 			_		
(4)	Enter here and on page 1, Part I, line 10, col (A)	Enter here a page 1, Pa line 10, col	rt I,				_	Enter here and on page 1, Part II, line 25			
Totals ▶ Schedule J- Advertising In	ncome (see instru	ictions)								<u> </u>	
			ne olidata	d Da							
Part I Income From Per	iodicais Reporte	on a Co	JISUIUATE	u Das) iS			<u></u>			
1. Name of periodical	2. Gross advertising income	3. Direct advertising	t gar costs 2 r	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7		5. Circulation income		6. Readership costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)	<u> </u>										
(2)	 					-				 	
(3)	 							 			
(4)	 							 			
<u> </u>						<u> </u>		 		 	
Totals (carry to Part II, line (5))		<u></u>								5 990 T (0010	

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

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)		***				
(2)		-				
(3)						
(4)						
Totals from Part I ▶				4	•	
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)		-		Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)				·		<u> </u>

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

	1. Name	,	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
Total. Enter h	nere and on page 1, Pa	rt II, line 14			

Form **990-T** (2019)

13-1974191

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

INCOME FROM PARTNERSHIP

2,928.

INCOME (LOSS) FROM PARTNERSHIPS

2,928.