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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 black lung benefit trust or private foundation)

OMB No 1545-0047

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

| AI | or the | 2008 calendar year, or tax year beginning FEB 1, 2008 and ending | JAN 31, 2009 | - | | |
|------------------------------|--------------------------|--|------------------------------------|--|--|--|
| B | Check if | Please use IRS BRONX-LEBANON INTEGRATED SERVICES | D Employer identifi | cation number | | |
| | Addres | s label or CVCTEM TNC | | | | |
| | change Name change | type Danie Danie An | 13-3 | 929066 | | |
| | Initial | See Number and street (or P.O. box if mail is not delivered to street address) Room/su | ite E Telephone numbe | r | | |
| | Termin ation | | 718- | 901-8600 | | |
| | Amend return | City of town, state or country, and 21P + 4 | G Gross receipts \$ | 1,887,139. | | |
| | Application | DROMA, MI 10430 | H(a) Is this a group re | | | |
| | pendin | F Name and address of principal officer: | for affiliates? | Yes X No | | |
| | | SAME AS C ABOVE | H(b) Are all affiliates inc | luded?Yes No | | |
| | | mpt status: [X] 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 | | list. (see instructions) | | |
| | | e:▶N/A | H(c) Group exemptio | | | |
| | | | ear of formation: 1996 N | State of legal domicile; NY | | |
| P | | Summary | DE HEALMH CAR | B CDDUTODO | | |
| če | | Bnefly describe the organization's mission or most significant activities: TO PROVID TO THE BRONX COMMUNITY | DE HEALTH CAR | E SERVICES | | |
| Governance | | Check this box I if the organization discontinued its operations or disposed of m | ore than 25% of its asset | | | |
| Šer | i | Number of voting members of the governing body (Part VI, line 1a) | 3 | 10 | | |
| Ğ | ŀ | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 10 | | |
| ಿ ರ ഗ | • | Total number of employees (Part V, line 2a) | 5 | 3 | | |
| itie | | Total number of volunteers (estimate if necessary) | 6 | 0 | | |
| Activities & | | Total gross unrelated business revenue from Part VIII, line 12, column (C) | 7a | 0. | | |
| Þ | | Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0. | | |
| | | | Prior Year | Current Year | | |
| 0 | 8 | Contributions and grants (Part VIII, line 1h) | 1,883,033. | 1,887,139. | | |
| Revenue | 1 | Program service revenue (Part VIII, line 2g) | | | | |
| eve | 10 | nvestment income (Part VIII, column (A), lines 3, 4, and 7d) | | | | |
| Œ | 11 (| Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | | | |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 1,883,033. | 1,887,139. | | |
| | 13 (| Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 1,445,803. | 1,458,140. | | |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | | | |
| es | 15 3 | Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 351,740. | 356,234. | | |
| Expenses | | Professional f undraising fees (Part IX, eqtum n (A) line 11e) | | | | |
| 쫎 | | Total fundraising expenses (Part IX) column (D), line 25) | 05 400 | 70 765 | | |
| _ | | Other expenses (Fart IX, column (A), lines 114 7 d, 11f-24f) | 85,490. 1,883,033. | 72,765. | | |
| | 18 | Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from the 12 | 1,003,033. | 0. | | |
| - Sec | | Hevenue less expenses. Subtract line 18 from line 12 | | | | |
| ance a | | THE CONTRACT OF THE CONTRACT O | Beginning of Year 315,986. | End of Year 371,131. | | |
| Ass Bal | 20 | Total assets (Part X, fine 16) FN, U | 315,986. | 371,131. | | |
| Net Assets o Fund Balance | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 0. | 3,1,131. | | |
| | rt II | Signature Block | | | | |
| | | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statemer and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowles | nts, and to the best of my knowled | ge and belief, it is true, correct, | | |
| | | and complete Declaration of preparer (other than object) is based on all information of which preparer has any knowled | _ | | | |
| Sign | n | Clarlett Singer | 12/10 | 9 د/ | | |
| Her | e | Signature of officer | Date | | | |
| | | CLAINE HOUISTER SINGER CHAIRPERSON | <u> </u> | | | |
| | | Type or print name and title | | | | |
| Paid | , | Preparer's Date | | er's identifying number structions) | | |
| _ | | signature // ///////////////////////////////// | employed 🕨 🔛 | | | |
| | Only | Firm's name (dr. LOEB & TROPER LLP yours if | EIN ► | | | |
| -50 | , | self-employed), address, and | | 040) 065 4000 | | |
| | | ZIP+4 NEW YORK, NY 10017 | Phone no. 🕨 (| 212) 867-4000 | | |
| May | the IF | S discuss this return with the preparer shown above? (see instructions) | <u></u> | X Yes No | | |

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.



| Pa | t # Statement of Program Service Accomplishments (see instructions) | _ |
|----|--|---|
| 1 | Briefly describe the organization's mission: THE MISSION OF BLISS IS TO INCREASE ACCESS AND REDUCE HEALTH | |
| | DISPARITIES IN THE CENTRAL AND SOUTH BRONX THROUGH THE DELIVERY OF | |
| | COMPREHENSIVE, HIGH-QUALITY, ACCESSIBLE AND CULTURALLY COMPETENT | |
| | HEALTH CARE AND RELATED SERVICES. | _ |
| 2 | Did the organization undertake any significant program services during the year which were not listed on | |
| | the prior Form 990 or 990-EZ? | > |
| | If "Yes", describe these new services on Schedule O. | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No | > |
| | If "Yes", describe these changes on Schedule O. | |
| 4 | Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. | |
| | Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 1,458,140. including grants of \$ 1,458,140.)(Revenue \$ OBTAINED ADDITIONAL GRANTS COVERING HEALTH EDUCATION, ELECTRONIC |) |
| | MEDICAL RECORD AND RELOCATING A CLINIC TO INCREASE ACCESS. | - |
| | | _ |
| | | _ |
| | | _ |
| | | - |
| | | |
| | | |
| 4b | (Code:) (Expenses \$ Including grants of \$) (Revenue \$ |) |
| | | - |
| | | _ |
| | | - |
| | | _ |
| | | - |
| | | _ |
| | | _ |
| 4- | (Code) | _ |
| 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 ►\$ 1,458,140 . (Must equal Part IX, Line 25, column (B).) | |
| | Form 990 (2008 | ١ |

Form 990 (2008) SYSTEM, INC. Part IV Checklist of Required Schedules

| | | | Yes | No |
|-----|---|-----|--------|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 4 | | X |
| 5 | Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and | | | |
| | reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III | 5 | | <u> </u> |
| 6 | Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice | | | |
| | on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| | Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide | | | |
| | credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | .X |
| 11 | Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? | | | |
| | If "Yes," complete Schedule D, Parts VI, VIII, IX, or X as applicable | 11 | Ì., | Х |
| 12 | Did the organization receive an audited financial statement for the year for which it is completing this return that was | | | |
| | prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII | 12 | Х | |
| 13 | Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Х |
| 14a | Did the organization maintain an office, employees, or agents outside of the U.S.? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I | 14b | | Х |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity | | | |
| | located outside the United States? If "Yes," complete Schedule F, Part II | 15 | | Х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals | | | |
| | located outside the United States? If "Yes," complete Schedule F, Part III | 16 | | Х |
| 17 | Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I | 17 | | X |
| 18 | Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | X |
| 19 | Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | X |
| 20 | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 20 | | X |
| 21 | Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | Х | |
| 22 | Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J | 23 | | X |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. | | | |
| | If "No", go to question 25 | 24a | 1 | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | ŀ | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a | | | |
| | disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | Х |
| b | Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a | | | |
| | prior year? If "Yes," complete Schedule L, Part I | 25b | | Х |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified | | | |
| | person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | j | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial | | | |
| | contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III | 27 | | X |
| | | | 200 (2 | _ |

Part IV Checklist of Required Schedules (continued)

| | | | Yes | No |
|----|--|-----|-----|----------|
| 28 | During the tax year, did any person who is a current or former officer, director, trustee, or key employee: | | | |
| а | Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an | | | |
| | indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other | | | |
| | person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV | 28a | | X |
| b | Have a family member who had a direct or indirect business relationship with the organization? | | | |
| | If "Yes," complete Schedule L, Part IV | 28ь | | X |
| С | Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional | | | |
| | corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV | 28c | | Х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | <u>X</u> |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | | | |
| | If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| | Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | i | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? | | | |
| | If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 | 34 | | X |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 35 | ŀ | X |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |

Form **990** (2008)

| Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable Enter the number of Forms W2G included in Ine 1a. Enter -0- if not applicable Deflet the number of Groms W2G included in Ine 1a. Enter -0- if not applicable Deflet the number of prometive worners? 2a. Enter the number of employees reported on Form W3, Transmittal of Wape and Tax Statements, filled for the calendary sere andring with or within the year covered by this return If at least one is reported on ine 2a, did the organization fille 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 this return, liese instructions) By Chit the organization have unested business gross income of \$1.000 or more dumpt the year covered by this return? If Yes, I has it filled a Form 990-T for this year? If Yiko, *proude an explanation in Schedule 0 At any time dumpt the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country; level has a bank account, securities account, or other financial account)? See the instructions for exceptions and filling requirements for Form TD F 90·22.1, Report of Foreign Bank and Financial Accounts. Was the organization or party to a prohibited tax shelter transaction? If Yes, I cay esten fis an of \$2, did the organization his Form 898-T, Desidosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? If Yes, it cay esten fis an \$2, did the organization his form 898-T, Desidosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? If Yes, it did the organization notify the clone of the value of the poods of the product of the poods | | | | Yes | No |
|--|----------|---|-----|-----|--------------|
| U.S. Information Returns. Enter ⊕ if not applicable Enter the number of Forms W2G included in line 1a. Enter ⊕ if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming gambing) winnings to prize winners? 2a. Enter the number of reproves venners? 2b. Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filled for the calendar year ending with or within the year covered by this return b if at least one is reported on line 2a, did the organization file in required feedle employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3b. Did the organization have innerlated business gooss income of \$1.000 or more utuming the year covered by this return? b if "Year, has if filed a Form 990-T for this year? If *No,* provide an explanation in Schedule O 4a. At any time during the calendary 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) b if "Yes,* enter the name of the foreign country; IP— See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. b Was the organization a party to a prohibited tax shelter transaction? c if "Yes, to question 5a of 5b, did the organization file Form 88867. Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? b if Yes, did the organization solicit any contributions that it was or is a party to a prohibited tax shelter transaction? c if Yes, to question 5a of 5b, did the organization file Form 88867. Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? b if Yes, indicate the number of Forms 8282 filed during the year organization and property for which it was required? b if Yes, indicate the number of Forms 88 | 12 | Enter the number reported in Box 3 of Form 1096, Applial Summary and Transmittel of | | 165 | NO |
| b Enter the number of Forms W-26 included in line 1a. Enter -0 if not applicable C bit the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gamiling) winnings to prize witners? 2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, filled for the calendar year ending with or within the year covered by this return 5 if at least one is reported on line 2a, did the organization file all required federal employment tax returns? 5 Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file films return, fees instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 5 if Yes, has it filed a Form 990-T for this year? If Yo, "provide an explanation in Schedule O 8 If Yes, has it filed a Form 990-T for this year? If Yo, "provide an explanation in Schedule O 9 If Yes, has it filed a Form 990-T for this year? If Yo, "provide an explanation in Schedule O 16 If Yes, has it filed a Form 990-T for this year? If Yo, "provide an explanation in Schedule O 16 If Yes, has it filed a Form 990-T for this year? If Yo, "provide an explanation in Schedule O 16 If Yes, has it filed a Form 990-T for this year? If Yo, "provide an explanation in Schedule O 17 If Yes, has it filed a Form 990-T for this year? If Yo, "provide an explanation in Schedule O 18 If Yes, has it filed a Form 990-T for this year? If Yo, "provide an explanation in Schedule O 19 If Yes, has it filed a Form 990-T for this year? If Yo, "provide an explanation in Schedule O 10 If Yes, has it filed a Form 990-T for this year? If Yo, "provide an explanation in Schedule O 10 If Yes, has it filed a Form 990-T for this year? If Yo, "provide an explanation in Schedule O 10 If Yes, has it filed a Form 990-T for this year? If Yo, "provide an explanation of Form 990-T form 1a filed Yes, year year year year year year year year | 10 | | | | |
| c. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining (gamilling) winnings to prize winners? 2 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. 3 b if at least one is reported on line 2a, did the organization file and required for e-file this return. (see instructions) 3 b if at least one is reported on line 2a, did the organization file and required to e-file this return. (see instructions) 3 b Off the organization have unrelated business gross incorne of \$1,000 or more during the year covered by this return? 5 b if Yes, has if filed a Form 990-T for this year? If Yo, 'provide an explanation in Schedule O 4 At any time during the calendary 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). 5 b if Yes, enter the name of the foreign country. Per See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 6 b If Yes, outseting 5 a Fost, did the organization that it was or is a party to a prohibited tax shelter transaction? 6 b If Yes, it do nay taxable party notify the organization file Form 88857. Disclosure by Tax Exempt Entity Regarding Prohibited Tax Shelter Transaction? 6 b If Yes, it did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 b Organizations that may receive deductible contributions under section 170(c). 8 b If Yes, indicate the number of Forms 8282 filed during the year or the organization shall be propagated to the Form 88867. 9 b If Yes, indicate the number of Forms 8282 filed during the year. 9 b Oth the organization, during the year, receive any funds, directly or indirectly, to pay premiums o | ь | | 1 | | |
| gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, 2 | _ | | 1 | | |
| 2a Eiter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filled for the calendar year ending with or within the year covered by this return by 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 1 and 2 a is greater than 250, you may be required to e-file this return. (see instructions) 3 Dd the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 4 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a innancial account in a foreign country (such as a bank account, securities account, or other financial account?) 5 If "Yes," enter the name of the foreign country: □ 5 as the instructions for exceptions and filing requirements for Form TD F90-22.1, Report of Foreign Bank and Financial Accounts. 5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6 b Did the organization solicit any contributions that were not tax deductible? 5 b If "Yes," to question 5 acr 5 b, did the organization that were not tax deductible? 6 b If "Yes," did the organization reduce with every solicitation an express statement that such contributions or gifts were not tax deductible? 9 b If "Yes," did the organization reduce with every solicitation an express statement that such contributions or gifts were not tax deductible? 9 b If "Yes," did the organization notify the donor of the value of the goods or services provided? 9 b If "Yes," did the organization notify the donor of the value of the goods or services provided? 9 b If Yes, and the organization of qualified intellectual property, did the organization file a form 1088-C as required? 9 b If If yes, in dicates the number of Forms 8282 filed during the year 9 | · | • | 10 |] | x |
| bill at least one is reported on line 2a, did the organization fille 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 this return. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? bill 1'Yes, 1 has if filed a Form 1990-fil for this year? If 1'No. 'provide an exchanation in Schedule 0. bill 1'Yes, 1 has if filed a Form 1990-file this year? See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. bill 1'Yes, 2 has the organization a party to a prohibited tax shelter transaction at any time during the tax year? bill 1'Yes, 2 has the organization aparty to a prohibited tax shelter transaction at any time during the tax year? bill 1'Yes, 1' do the organization aparty to a prohibited tax shelter transaction at any time during the tax year? bill 1'Yes, 1' do the organization of that it was or is a party to a prohibited tax shelter transaction? bill 1'Yes, 1' do the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? bill 1'Yes, 1' do the organization solicit any contributions under section 170(c). c) Did the organization sprovide goods or services in exchange for any quird pro quo contribution of more than \$75? c) Did the organization self, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d) If 1'Yes, 1' indicate the number of Forms 8282 filed during the year c) Did the organization, during the year, reserve any funds, directly or indirectly, to pay premiums on a personal benefit contract? f) Did the organization make any taxable distributions maintaining donor advised funds and section 509(a)(a) supporting organizations. Enter: N/A in interior organization make any taxable distributions under section 49667 Section 501(c)(3) and ot | 2a | | 1 | | |
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| b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f Ye X For all contributions of qualified intellectual property, did the organization file Form 8899 as required? h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? h For contributions of cars, boats, airplanes, and other vehicles, did the or | 7 | | | | į |
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| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b | | | | İ | |
| | | /_ 1 | 12a | | |
| | <u> </u> | If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b | | | |

13-3929066

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

| Sec | tion A. Governing Body and Management | - | | |
|-------|--|-------------|-------|-------------|
| | | | Yes | No |
| | For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, | | 1.00 | |
| | processes, or changes in Schedule O. See instructions. | | | |
| 1a | Enter the number of voting members of the governing body | | | |
| b | Enter the number of voting members that are independent | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | 1 | | |
| | officer, director, trustee, or key employee? | 2 | | Х |
| 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? | 3 | | Х |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | 4 | | _ <u>x</u> |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | 5 | | X |
| 6 | Does the organization have members or stockholders? | 6 | | X |
| 7a | | | | |
| | governing body? | 7a | i l | X |
| ь | | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year | 100 | | |
| _ | by the following: | | | |
| а | The governing body? | 8a | х | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | X | |
| 9a | | 9a | | X |
| | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, | 30 | | |
| _ | and branches to ensure their operations are consistent with those of the organization? | 9ь | | |
| 10 | Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must | 30 | | |
| | describe in Schedule O the process, if any, the organization uses to review the Form 990 | 10 | x | |
| 11 | Is there any officer, director or 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 | 11 | | X |
| Sec | tion B. Policies | _ | | |
| | | | Yes | No |
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | X | |
| | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise | | | |
| | to conflicts? | 12b | х | |
| С | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | |
| | in Schedule O how this is done | 12c | Х | |
| 13 | Does the organization have a written whistleblower policy? | 13 | | <u></u> |
| 14 | Does the organization have a written document retention and destruction policy? | 14 | | X |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision: | | | |
| а | The organization's CEO, Executive Director, or top management official? | 15a | Х | |
| | Other officers or key employees of the organization? | 15b | | <u>X</u> |
| | 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? | 16a | Ì | X |
| b | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation | | | |
| | In joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's | | | |
| | exempt status with respect to such arrangements? | 16b | ĺ | |
| Sec | tion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶NY | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available | for | _ | |
| | public inspection. Indicate how you make these available. Check all that apply. | | | |
| | Own website Another's website X Upon request | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a | nd fina | ncial | |
| - | statements available to the public. | ········a | Joidi | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organiza | lon: 🕨 | | |
| | RICHARD PARKER - (718)901-8580 | | | |
| | 1276 FULTON AVENUE, BRONX, NY 10456 | | | |
| 32006 | | | | |

Form 990 (2008)

Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

| (A) | (B) | | | | (C) | | | (D) | (E) | (F) |
|---------------------------|---|----|---------------------------------|---|----------|------------------------------|----------|--|--|--|
| Name and Title | Average hours | (6 | Position (check all that apply) | | | | olv) | Reportable compensation | Reportable compensation | Estimated amount of |
| | bet week to refer to the state of the state | | | | | Highest compensated Employee | | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MISC) | other compensation from the organization and related organizations |
| WILLIAM HAMER | | | | | | | - | | | |
| BOARD MEMBER | 2.00 | X | _ | | <u> </u> | <u> </u> | | 0. | 0. | 0. |
| CLAIRE HOLLISTER SINGER | | l | l | | | | | _ | | |
| CHAIRPERSON | 4.00 | X | | X | <u> </u> | | <u> </u> | 0. | 0. | 0. |
| DALILA DELGADO | | | | | | | | | _ | |
| TREASURER | 3.00 | X | ļ | X | <u> </u> | | | 0. | 0. | 0. |
| LEROY R. ARCHIBLE | 2 00 | ., | | | | | | | • | |
| BOARD MEMBER | 2.00 | X | | - | <u> </u> | | _ | 0. | 0. | 0. |
| LYLA CORREOSO, MD | 2 00 | v | | | | | | 0. | 0 | • |
| BOARD MEMBER D. LEE EZELL | 2.00 | X | | | <u> </u> | ├ | | U . | 0. | 0. |
| BOARD MEMBER | 2.00 | X | | | | | | 0. | 0. | 0 |
| E. ELDRED HILL | 2.00 | ^ | | | | - | - | 0. | 0. | 0. |
| BOARD MEMBER | 2.00 | X | | | l | | | 0. | 0. | 0. |
| CORNELL NOLTON | 2000 | | | _ | | | | | | |
| SECRETARY | 3.00 | X | | x | | | | 0. | 0. | 0. |
| REV BRUCE RIVERA | | | | | | | | | | |
| VICE CHAIRPERSON | 3.00 | Х | | X | | | | 0. | 0. | 0. |
| ELIZABETH FIGUEROA | | | | | | | | | | |
| BOARD MEMBER | 2.00 | Х | | | | | | 0. | 0. | 0. |
| SAUDAH MUHAMMAD | | | | | | | | | | |
| EXECUTIVE DIRECTOR | 35.00 | _ | | X | | | | 106,536. | 0. | 11,742. |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | _ | | | | | |
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| | | | | | | | | | | |

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| SYSTEM, | INC |
|---------|-----|
|---------|-----|

| Part VII Section A. Officers, Directors, (A) | (B) | T | | | C) | | | (D) | (E) | | | (F) | |
|--|--------------------------|--------------------------------|-----------------------|---------|--------------|------------------------------|--------------|--|---|-------|-----------------|---|----------------------------|
| Name and title | Average hours | (c | | Pos | ition | app | ly) | Reportable compensation | Reportable compensation | | l | stimat mount | of |
| | per week | Individual trustee or director | Institutional frustee | Officer | Key employee | Highest compensated employee | ormer | from the organization (W-2/1099-MISC) | from relate organization (W-2/1099-MI | ns | org an | other opensation the panizated d related | ation ie tion ted |
| | | - | | | ~ | Ξ 6 | <u>ш</u> | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | • | | | | | - | |
| | | | | | | | | | | | | <u> </u> | |
| | | | | | | | | | | _ | | | |
| | | | | _ | | | | | | | | | |
| | | | | | | | - | | | | | | |
| | | | | | | | | | | | | | _ |
| 1b_Total | | <u> </u> | | ı | 1 | | | 106,536. | _ | 0. | 1 | 1,7 | 42. |
| 2 Total number of individuals (including the | iose in 1a) who re | ceive | ed n | nore | tha | n \$1(| 0,00 | 000 in reportable | | | | | 1 |
| compensation from the organization | ··· | - | | | | | | | | | | Yes | No |
| 3 Did the organization list any former offic line 1a? If "Yes," complete Schedule J f | or such ındividual | | | | | | | | | | 3 | | Х |
| 4 For any individual listed on line 1a, is the and related organizations greater than \$ 5 Did any person listed on line 1a receive | 3150,000? <i>If</i> "Yes | ," co | mple | ete S | Sche | edule | Jf | or such individual | | | 4 | | Х |
| the organization? If "Yes," complete Sci Section B. Independent Contractors | • | | | | | | | | | | 5 | | <u> </u> |
| Complete this table for your five highest the organization. NONE | compensated in | depe | ende | nt c | ontr | racto | rs ti | hat received more than \$ | \$100,000 of cor | npens | ation 1 | rom | |
| (A) Name and busin | ess address | | | | | | | (B) Description of se | ervices | С | ompe |) nsatio | n |
| | | | _ | | | _ | \downarrow | | | | | | |
| | · | | _ | | | | 1 | | | | | | |
| | | | | | | | + | | | | | | |
| | | | | | | | + | | | | | | |
| 2 Total number of independent contractor from the organization ▶ | rs (including those | e in 1 |) wh | no re | cen | ved n | nore | e than \$100,000 in comp | pensation | | | -1/ | |
| | | | | | | | | | | | Form ! | 990 (2 | 2008) |

0.

Form **990** (2008)

| | | | EM, INC. | INTEGRA | TED SERVIC | .ES | 13-3929 | 9066 Page |
|--|--|--|---|---------------|----------------------|--|---|---|
| | | | TIGO | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| Contributions, gifts, grants and other similar amounts | 1 a b c d e f | Membership dues Fundraising events Related organizations Government grants (contributions, gifts, grants) Similar amounts not included about | nts, and ove 1f | 1,887,139. | 1887139. | , | | |
| Program Service Revenue | 2 a b c d e f | All other program service rever | enue . | Business Code | 100/199 | | | |
| Other Revenue | 3 4 5 6 a b c d 7 a b c d 8 a b c a 9 a b c a b | Investment income (including other similar amounts) Income from investment of ta Royalties Gross Rents | g events (not of to). See a b chaising events etivities. See a b ling activities returns a b s of inventory | ▶ | | | | |
| | 11 a b c d | All other revenue | | | | | | |
| ļ | е | Total. Add lines 11a-11d | | ▶ [| | | | |

1887139

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service | (C) Management and | (D) Fundraising |
|---------------|---|-------------------------------------|---------------------------------------|-----------------------|---|
| | | | expenses | general expenses | expenses |
| 1 | Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 | 1,458,140. | 1,458,140. | | |
| 2 | Grants and other assistance to individuals in | 1,450,140. | 1,430,140. | | *************************************** |
| 2 | | | | | |
| 3 | the U.S. See Part IV, line 22 | - · · · · · · · · · · · · · · · · · | | | |
| 3 | organizations, and individuals outside the U.S. | | | | |
| | See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | - | | | |
| 5 | Compensation of current officers, directors, | | | | |
| • | trustees, and key employees | 118,278. | | 118,278. | |
| 6 | Compensation not included above, to disqualified | 110/2/01 | | 110,270. | |
| U | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 181,524. | | 181,524. | |
| 8 | Pension plan contributions (include section 401(k) | 201,321 | <u>-</u> | 101/3210 | |
| • | and section 403(b) employer contributions) | 1,642. | | 1.642 | |
| 9 | Other employee benefits | 42,118. | | 1,642. 42,118. | |
| 10 | Payroll taxes | 12,672. | | 12,672. | |
| 11 | Fees for services (non-employees): | | | 12/0/21 | · |
| | Management | | | | |
| b | Legal | | | | - |
| c | Accounting | | | | |
| d | Lobbying | | | | |
| e | Professional fundraising services See Part IV, line 17 | | | | |
| f | Investment management fees | | · · · · · · · · · · · · · · · · · · · | | |
| 9 | Other | | | | |
| 12 | Advertising and promotion | | | | <u> </u> |
| 13 | Office expenses | 5,287. | | 5,287. | |
| 14 | Information technology | | - | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | | | | |
| 17 | Travel | 21,366. | | 21,366. | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | | | | |
| 23 | Insurance | | | | |
| 24 | Other expenses ltemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) | | | | |
| а | MISCELLANEOUS | 46,112. | | 46,112. | |
| b | | | | | |
| С | | | | | |
| d | | | | | |
| e | | | | | |
| f | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24f | 1,887,139. | 1,458,140. | 428,999. | 0 |
| <u></u> 26 | Jaint Costs. Check here ▶ ☐ If following | | , === , ==== | | |
| | SOP 98-2 Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined | | | | |
| | | 1 | 1 | | |

832010 12-18-08

SYSTEM, INC. Form 990 (2008)

| Pa | rt X | Balance Sheet | | | _ | | | |
|-----------------------------|----------|---|---|----------|-------------|----------------|--------------|---|
| | | | (A) Beginning of year | | | (B End of | 3) f year | |
| | 1 | Cash · non-interest-bearing | 7,378. | 1 | | 5 | 6, | 755. |
| | 2 | Savings and temporary cash investments | | 2 | | | | |
| | 3 | Pledges and grants receivable, net | 308,358. | 3 | | 31 | 4, | 126. |
| | 4 | Accounts receivable, net | | 4 | | | | • |
| | 5 | Receivables from current and former officers, directors, trustees, key | | \ \ | | | | |
| | ł | employees, or other related parties. Complete Part II of Schedule L | *************************************** | 5 | | | | |
| | 6 | Receivables from other disqualified persons (as defined under section | | | | | | |
| | | 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete | | | | | | |
| | | Part II of Schedule L | | 6 | | | | |
| ş | 7 | Notes and loans receivable, net | | 7 | | | | |
| Assets | 8 | Inventories for sale or use | | 8 | | | | |
| ⋖ | 9 | Prepaid expenses and deferred charges | _ 250. | 9 | | | | 250. |
| | 10a | Land, buildings, and equipment: cost basis 10a | | | | | | |
| | Ь | Less: accumulated depreciation. Complete | | | | | | |
| | | Part VI of Schedule D . 10b | | 10c | | | | |
| | 11 | Investments - publicly traded securities | | 11 | | | | |
| | 12 | Investments - other securities. See Part IV, line 11 | | 12 | | | | |
| | 13 | Investments - program-related. See Part IV, line 11 | | 13 | | | | |
| | 14 | Intangible assets | | 14 | | | | |
| | 15 | Other assets. See Part IV, line 11 | 215 006 | 15 | | | 1 | 1 3 1 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 315,986. | 16 | | | | 131. |
| | 17 | Accounts payable and accrued expenses . | 19,549. 296,437. | 17 | | | | 317. |
| | 18 | Grants payable , | 230,437. | 18 | | _30 | 2,3 | 314. |
| | 19 | Deferred revenue | | 19 20 | | | | |
| | 20 21 | Tax-exempt bond liabilities Escrow account liability. Complete Part IV of Schedule D | | 21 | | | | |
| Liabilities | 22 | Payables to current and former officers, directors, trustees, key employees, | | | | | | *************************************** |
| ij | 22 | highest compensated employees, and disqualified persons. Complete Part II | | | | | | |
| <u>:</u> | | of Schedule L | • | 22 | | | | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | | _ | | |
| | 24 | Unsecured notes and loans payable | | 24 | | | | |
| | 25 | Other liabilities. Complete Part X of Schedule D | | 25 | | | | |
| | 26 | Total liabilities. Add lines 17 through 25 | 315,986. | 26 | | 37 | 1,1 | 31. |
| | | Organizations that follow SFAS 117, check here | | | | | | |
| S | | lines 27 through 29, and lines 33 and 34. | | | | | | |
| ĕ | 27 | Unrestricted net assets | | 27 | | | | |
| ala | 28 | Temporarily restricted net assets | | 28 | | | | |
| Ā | 29 | Permanently restricted net assets | | 29 | | | | |
| ᆵ | | Organizations that do not follow SFAS 117, check here and | | | | | | |
| ō | | complete lines 30 through 34. | | | | | | |
| ets | 30 | Capital stock or trust principal, or current funds | | 30 | | | | |
| Net Assets or Fund Balances | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | | | | |
| <u>*</u> | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | | | | |
| Z | 33 | Total net assets or fund balances . | 0. | 33 | | | | 0. |
| | 34 | Total liabilities and net assets/fund balances | 315,986. | 34 | | <u>37</u> | <u>1,1</u> | 31. |
| Pa | rt XI | Financial Statements and Reporting | | | | -, | V | LAI |
| | | | l | | Г | | Yes | No |
| 1 | | unting method used to prepare the Form 990: Cash X Accrual | Other | | | 1 | | |
| 2a | | the organization's financial statements compiled or reviewed by an independent a | | | . | 2a | | <u> </u> |
| b | | the organization's financial statements audited by an independent accountant? | | | . } | 2b | X | ₩ |
| С | | s' to lines 2a or 2b, does the organization have a committee that assumes respons | - | audit, |) | _ | v | |
| _ | | v, or compilation of its financial statements and selection of an independent accou | | | . | 2c | <u>X</u> | |
| За | | result of a federal award, was the organization required to undergo an audit or audit of ALCOMB Creation A 1333 | πs as set forth in the Sing | ie Audr | 1 | <u> </u> | v | |
| L | | nd OMB Circular A-133? | | - | | 3a | X | |
| D | IT TE | s," did the organization undergo the required audit or audits? | | | | 3ь | <u> </u> | <u> </u> |

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Department of the Treasury Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Inspection

OMB No 1545-0047

Name of the organization

BRONX-LEBANON INTEGRATED SERVICES SYSTEM

Employer identification number 2020066

| David I | Pessen | for Dublic Cha | | | | | | | | 3-3925 | 1000 | |
|-------------|-----------------|----------------------------|--|-----------------|------------------------------|------------|--|--|--------------|--------------|---------------|-------------|
| Part I | | | rity Status (All organ | | | | ırt.) (see in | structions) | | | | |
| | 1 | | because it is: (Please c | | _ | • | | | | | | |
| 1 | 1 | | es, or association of chu | | | ection 17 | 0(b)(1)(A)(| i). | | | | |
| 2 | 1 | | 70(b)(1)(A)(ii). (Attach S | | • | | | | | | | |
| 3 🖳 | | | oital service organization | | | | | | | | | |
| 4 | | | operated in conjunction | n with a ho | spital desc | inbed in s | ection 17 | D(b)(1)(A)(i | ii). Enter t | he hospita | l's name | ١, |
| | city, and sta | | | | | | | | | | | |
| 5 | | | benefit of a college or u | university o | wned or o | perated b | y a govern | ımental un | it describe | ed in | | |
| . — | l . | 0(b)(1)(A)(iv). (Comp | | | | | | | | | | |
| 6 | | | nent or governmental un | | | | | | | | | |
| 7 X | | | ceives a substantial part | t of its sup | port from a | a governm | ental unit | or from the | e general p | oublic desc | nbed in | |
| | section 170 | (b)(1)(A)(vi). (Comple | ete Part II.) | | | | | | | | | |
| 8 🖳 | | | section 170(b)(1)(A)(vi). | • | • | | | | | | | |
| 9 📖 | | | cerves: (1) more than 33 | | | | | | | | | |
| | | | inctions - subject to cert | | | | | | | | | |
| | | | taxable income (less sec | ction 511 ta | ax) from bu | ısınesses | acquired b | by the orga | anization a | fter June 3 | 30, 1975 | |
| | See section | 509(a)(2). (Complet | e the Part III.) | | | | | | | | | |
| 10 | | | perated exclusively to te | | | | | | | | | |
| 11 📖 | | | perated exclusively for t | | | | | | | | | |
| | | | ations described in sect | | | | (2). See se | ction 509(| a)(3). Che | ck the box | that | |
| | | _ | organization and comp | | _ | | | | | | | |
| | a ∐ Type | | | | e III · Fund | | - | | d 📖 | Type III - 0 | | |
| e | | | at the organization is no | | | | | | | | | |
| | | | than one or more public | | | | | | 9(a)(1) or s | ection 509 | (a)(2). | |
| f | | | tten determination from | the IRS th | at it is a Ty | pe I, Type | e II, or Typ | e III | | | | |
| | | organization, check t | | | | | | | | | | Ĺ |
| 9 | | | organization accepted a | | | _ | | | | | | |
| | | | directly controls, either a | | gether with | persons | described | ın (ii) and (| iıı) below, | Γ | Yes I | <u>No</u> |
| | | | supported organization? | | | | - | | | 11g(i) | | |
| | | • | n described in (i) above? | | _ | - | • | • | | 11g(ii) | | |
| | | | a person described in (i) | | | | | | | 11g(iii) | | |
| h | Provide the t | rollowing information | about the organizations | s the organ | nization suj | oports. | | | | | | |
| | | T | (iii) Type of | () () () () | | | | 1 4 5 5 | | | | |
| | of supported | (ii) EIN | organization | | organization sted in vour | , , , | u notify the tion in col | (vi) Is organizațio | the | (vii) Am | ount of | |
| org | anization | | (described on lines 1-9 | | document? | , , | r support? | (i) organiz U S | | sup | port | |
| | | | above or IRC section (see instructions)) | Yes | No | Yes | No | Yes | No | | | |
| | | | (acc manachana) | + | | | | - 103 | 110 | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | - | | _ | |
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| | | | | 1 | | | | | | | | |
| | | | | - | | | | <u> </u> | - | | | |
| Tatal | | | | | | | | | | | | |
| Total | Drivony Act | d Pananyaris Darin | | l balast | <u> </u> | | <u></u> | <u> </u> | <u></u> | | | |
| TUN LOLL | - LIVOUY ACL BE | in Lahei Molk Wean | ction Act Notice, see the | ne instruc | uons for F | ·orm 990. | | Schedule | A (FORM | 990 or 99 | J-EZ) 20 | <i>8</i> 00 |

Schedule A (Form 990 or 990-EZ) 2008 SYSTEM, INC.

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

(Complete only if you checked the box on line 5.7, or 8 of Part I.)

13-3929066 Page 2

| | (Complete only if you checke | a the box on line 5, | 7, or 8 or Part I.) | | | | |
|-----------|---|----------------------|---------------------------------|--------------------------|----------------------|-----------------------|------------------|
| Se | ction A. Public Support | | | | | | |
| Cal | endar year (or fiscal year beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 1,858,933. | 1,882,862 | 1,864,033. | 1,883,033. | 1,887,139. | 9,376,000. |
| 2 | Tax revenues levied for the organ- | | | | | | |
| - | ization's benefit and either paid to | | | Ì | | | |
| | or expended on its behalf |] | 1 | 1 | | | |
| 2 | The value of services or facilities | | - · · · | | | | |
| 3 | furnished by a governmental unit to | | | Į. | | | |
| | the organization without charge | | 1 | | | | |
| | · · · · · · · · · · · · · · · · · · · | 1 050 033 | 1 002 062 | 1 054 033 | 1 002 022 | 1 997 130 | 0.376.000 |
| 4 | Total. Add lines 1 - 3 | 1,858,933. | 1,882,862. | 1,864,033. | 1,883,033. | 1,887,139. | 9,376,000. |
| 5 | The portion of total contributions | | 1 | | | | |
| | by each person (other than a | | | 1 | | | |
| | governmental unit or publicly | 1 | 1 | | | | |
| | supported organization) included | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, | | 1 | | | | |
| | column (f) | | | | | | |
| | Public Support. Subtract line 5 from line 4 | | | | | <u> </u> | 9,376,000. |
| <u>Se</u> | ction B. Total Support | | | | | , | |
| Cal | e ndar year (or fiscal year beginnıng ın)▶ | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| 7 | Amounts from line 4 | 1,858,933. | 1,882,862. | 1,864,033. | 1,883,033. | 1,887,139. | 9,376,000. |
| 8 | Gross income from interest, | | İ | | | | |
| | dividends, payments received on | | - | ļ | | | |
| | securities loans, rents, royalties | | | | | | |
| | and income from similar sources | | | | | | |
| 9 | Net income from unrelated business | | | | | | |
| - | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | ľ | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part IV.) | | 1 | } | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | 9,376,000. |
| 12 | Gross receipts from related activities, | etc /eee instructio | | <u></u> | | 12 | |
| | First five years. If the Form 990 is for | - | · · | fourth or fifth tox | . vear as a sectio | | |
| 13 | organization, check this box and stor | _ | mst, second, tima | , iourtii, or iiitii taa | year as a section | 17 30 1 (0)(3) | ▶□ |
| Se | ction C. Computation of Publ | | centage | | | | |
| 14 | | | | dumn (fl) | | 14 | 00.00 % |
| 15 | Public support percentage from 2007 | , ,,, | • | | | | 00.00 % |
| | 33 1/3% support test - 2008. If the | | | ine 13 and line 1 | ا 1 او 33 1/3% مر | | |
| 100 | stop here. The organization qualifies | | | inie 13, and inie 1. | 4 13 33 1/3/0 01 11 | iore, crieck this box | ► [X] |
| | , , | | - | 12 or 160 and h | ma 15 ia 22 1/204 | ar mara abaak thi | |
| Ľ | 33 1/3% support test - 2007. If the | _ | | | ine 13 is 33 1/370 | or more, check this | S DOX |
| | and stop here. The organization qual | | | | 10 10105 | | |
| 178 | 10% -facts-and-circumstances tes | _ | | | | | • |
| | and if the organization meets the "fac | | | • | • | t IV how the organi | zation |
| | meets the "facts-and-circumstances" | _ | • | | _ | | ▶∟ |
| t | 10% -facts-and-circumstances tes | _ | | | | | 0% or |
| | more, and if the organization meets the | | | | - | | |
| | organization meets the "facts-and-cire | | | • | | | . ▶∐ |
| <u>18</u> | Private foundation. If the organization | on did not check a b | ox on line 13, 16a, | 16b, 17a, or 17b, | check this box a | nd see instructions | <u> </u> |
| | | | | | Sche | dule A (Form 990 d | or 990-EZ) 2008 |

| Pi | art III Support Schedule for | <u>Organizations</u> | Described in | Section 509(a |)(2) (Complete onl | y if you checked the b | ox on line 9 of Part I |
|-----------|--|----------------------------|-----------------------|--|---------------------------------------|------------------------|------------------------|
| <u>Se</u> | ction A. Public Support | | | | | | |
| Cal | endar year (or fiscal year beginning in)▶ | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| 1 | Gifts, grants, contributions, and | 1 | | | | | |
| | membership fees received. (Do not | | | | | | |
| | ınclude any "unusual grants.") | | | | <u> </u> | | |
| 2 | 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 | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or bus- | | | | | | |
| 4 | Iness under section 513 Tax revenues levied for the organ- | | | <u> </u> | | | |
| | ization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 - 5 | | | | | <u> </u> | |
| | Amounts included on lines 1, 2, and | | | | | + | |
| | 3 received from disqualified persons | ļ | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 | | | | | | |
| c | Add lines 7a and 7b | | | | | | |
| | Public support (Subtract line 7c from line 6.) | | | | | | |
| Sec | ction B. Total Support | | | | | | |
| Cale | endar year (or fiscal year beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| 9 | Amounts from line 6 | | | | | 1.1 | 19.500 |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| | Add lines 10a and 10b Net income from unrelated business activities not included in line 10b. | | | | | | |
| | whether or not the business is regularly carried on | | | | | | |
| | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| | Total support (Add lines 9, 10c, 11, and 12) | | | , , , | | 1 | |
| 14 | First five years. If the Form 990 is for | the organization's | s first, second, thir | d, fourth, or fifth ta | x year as a sectio | on 501(c)(3) organiza | ation, |
| | check this box and stop here | | | | · · · · · · · · · · · · · · · · · · · | | ▶ □ |
| | tion C. Computation of Publ | | | | | | |
| | Public support percentage for 2008 (I | | | olumn (f)) | | 15 | % |
| | Public support percentage from 2007 | | | | | 16 | % |
| Sec | tion D. Computation of Inves | stment Incom | e Percentage | | | | |
| 17 | Investment income percentage for 20 | 08 (line 10c, colur | nn (f) divided by lin | e 13, column (f)) | | 17 | % |
| | Investment income percentage from 2 | | | | | 18 | % |
| | 33 1/3% support tests - 2008. If the | | | on line 14, and line | 15 is more than 3 | | |
| | more than 33 1/3%, check this box ar | | | | | | ▶□ |
| | 33 1/3% support tests - 2007. If the | | | | | | nd |
| | line 18 is not more than 33 1/3%, che | | | | | | ▶ □ |
| 20 | Private foundation. If the organization | n did not check a | box on line 14, 19 | a, or 19b. check the | s box and see in | structions | |
| | | | | | | edule A (Form 990 | or 990-EZ) 2008 |

Schedule D

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2008
Open to Public Inspection

Name of the organization

BRONX-LEBANON INTEGRATED SERVICES

Employer identification number 13-3929066

Schedule D (Form 990) 2008

| | 5151EH, INC. | d Francis on Other Circles Francis | 13-3929000 |
|-----|--|--|--|
| Pa | | | is or Accounts. Complete if the |
| | organization answered "Yes" to Form 990, Part IV, line | (a) Donor advised funds | (b) Funds and other accounts |
| _ | | (a) polici advised falles | (b) Fullos and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate contributions to (during year) | | |
| 3 | Aggregate grants from (during year) | | |
| 4 | Aggregate value at end of year | Armitian that the annual balling also a sale | read for de |
| 5 | Did the organization inform all donors and donor advisors in | | |
| • | are the organization's property, subject to the organization's | _ | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor a | | |
| Pa | for charitable purposes and not for the benefit of the donor on the Conservation Easements. Complete if the organization | | |
| 1 | Purpose(s) of conservation easements held by the organization | | raitiv, ine /. |
| • | Preservation of land for public use (e.g., recreation or p | | storically important land area |
| | Protection of natural habitat | · | fied historic structure |
| | Preservation of open space | Freservation of Certi | ned Historic Structure |
| 2 | Complete lines 2a-2d if the organization held a qualified cons | ervation contribution in the form of a con | rearyation assement on the last day |
| _ | of the tax year. | | iscivation casement on the last day |
| | or the tax year. | | Held at the End of the Year |
| а | Total number of conservation easements | | 2a |
| b | Total acreage restricted by conservation easements | • | 2b |
| c | Number of conservation easements on a certified historic stri | ucture included in (a) | 2c |
| ď | Number of conservation easements included in (c) acquired a | after 8/17/06 | 2d |
| 3 | Number of conservation easements modified, transferred, rel | eased, extinguished, or terminated by th | ne organization during the taxable |
| | year ▶ | | • |
| 4 | Number of states where property subject to conservation eas | sement is located | |
| 5 | Does the organization have a written policy regarding the per | nodic monitoring, inspection, violations, a | and |
| | enforcement of the conservation easements it holds? | | Yes No |
| 6 | Staff or volunteer hours devoted to monitoring, inspecting, ar | nd enforcing easements during the year | - |
| 7 | Amount of expenses incurred in monitoring, inspecting, and e | enforcing easements during the year $lacksquare$: | \$ |
| 8 | Does each conservation easement reported on line 2(d) above | e satisfy the requirements of section 170 | |
| | and section 170(h)(4)(B)(ii)? | | Yes No |
| 9 | In Part XIV, describe how the organization reports conservation | | |
| | include, if applicable, the text of the footnote to the organizat | ion's financial statements that describes | s the organization's accounting for |
| | conservation easements. | (A.t. Historical Tosasson | NAL 0::1 A A |
| Pal | Organizations Maintaining Collections of | | Aner Similar Assets. |
| | Complete if the organization answered "Yes" to Form | 990, Part IV, line 6. | |
| | Ku | | |
| 1a | If the organization elected, as permitted under SFAS 116, not | | |
| | treasures, or other similar assets held for public exhibition, ec | | Jolic service, provide, in Part XIV, the text of |
| _ | the footnote to its financial statements that describes these if | | |
| b | If the organization elected, as permitted under SFAS 116, to | | - |
| | or other similar assets held for public exhibition, education, or | r research in furtherance of public servic | e, provide the following amounts relating to |
| | these items: | | . . |
| | (i) Revenues included in Form 990, Part VIII, line 1 | • | . > \$ |
| ^ | | | |
| 2 | If the organization received or held works of art, historical treat | | ar gain, provide |
| _ | the following amounts required to be reported under SFAS 1: | ro relating to these items: | • |
| a | Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X | | ▶ \$ |
| b | Assets included in Form 990, Part A | • | • • |

832051 12-23-08

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

BRONX-LEBANON INTEGRATED SERVICES

| | edule D (Form 990) 2008 SYSTEM, | | | | | -392906 | | |
|----------|---|----------------------------|-------------------------|---|--|--|----------------|-------------|
| Pa | rt III Organizations Maintaining (| | | | | | | |
| 3 | Using the organization's accession and other | er records, check an | y of the following th | at are a significant u | se of its collection | on items (cha | eck ali | |
| | that apply): | | | | | | | |
| а | Public exhibition | • | d Loan or ex | change programs | | | | |
| ь | Scholarly research | • | e L Other | | | <u>.</u> | | |
| c | Preservation for future generations | | | | | | | |
| 4 | Provide a description of the organization's of | ollections and expla | in how they further | the organization's ex | empt purpose ii | n Part XIV. | | |
| 5 | During the year, did the organization solicit | or receive donations | of art, historical trea | asures, or other simil | ar assets | | | |
| | to be sold to raise funds rather than to be m | aintained as part of | the organization's c | ollection? | | Yes | | ☐ No |
| Pa | rt IV Trust, Escrow and Custodia reported an amount on Form 990, Pa | | Complete if organ | nization answered "Y | es" to Form 990 | | ∍ 9, or | |
| | Is the organization an agent, trustee, custoo | | diary for contribution | ns or other assets no | ot included | | | |
| | on Form 990, Part X? | | diary for continuition | ilo di dillei assets ili | or included | Yes | | ¬ |
| h | If "Yes," explain the arrangement in Part XIV | · ··· | ollowana toblo: | | - | res | L_ | _ No |
| | ir res, explain the allangement in rait Alv | and complete the it | bilowing table. | | | | | |
| _ | Paginning balance | | | | | Amou | <u>nt</u> | |
| ن | Beginning balance | ••• | ** | • | 1c | | | |
| 0 | Additions during the year | • | • | | 1d | | | |
| e | Distributions during the year | | | • | 1e | | | |
| f | Ending balance | | | • | 1f | | | |
| | Did the organization include an amount on F | | 21? | • | | Yes | | No |
| P | If "Yes," explain the arrangement in Part XIV | | | | | | | |
| Pa | rt V Endowment Funds. Complete | | | | T - | , | | |
| | | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years I | pack (e) Fou | ır years | back |
| 1a | Beginning of year balance | | | | | | | |
| Ь | Contributions | | | | | | ******** | |
| C | Investment earnings or losses | | ····· | | | | | |
| d | Grants or scholarships | | **** | | | | | |
| е | Other expenditures for facilities | | | | | | | |
| | and programs | | | | | | | |
| f | Administrative expenses | | | | | | | |
| 9 | End of year balance | | | | | | | |
| 2 | Provide the estimated percentage of the year | r end balance held a | as: | | _ | | | |
| а | Board designated or quasi-endowment | | % | | | | | |
| b | Permanent endowment ▶ | % | _ | | | | | |
| c | Term endowment ▶ | | | | | | | |
| 3a | Are there endowment funds not in the posse | ession of the organiz | ation that are held a | and administered for | the organization | 1 | | |
| | by: | 5 | | | | | Yes | No |
| | (i) unrelated organizations | | | | | 3a(i) | 1.55 | |
| | (ii) related organizations | | - | • | | 3a(ii) | | <u> </u> |
| b | If "Yes" to 3a(ii), are the related organizations | s listed as required o | on Schedule B? | • | - | 3b | | _ |
| 4 | Describe in Part XIV the intended uses of the | • | | • | •• | | | ш |
| Par | | | | Part X line 10 | | | | |
| h.E7773, | Description of investment | (a) Cost or o | | 1 | Donus elektron | (-D.D | la sa-la | |
| | pesonption of investment | basis (investr | 1 | or other (c) (c) (d) | Depreciation | (d) Boo | k valu | e |
| 10 | Land | 2230 (1110011) | | (5.101) | | | | |
| _ | Land | | | - | | | | |
| Ь | Buildings | | | | <u> </u> | | | |
| C | Leasehold improvements | | | | | | | |
| d | Equipment | | - | | | | | |
| | Other | | | | | | | |
| Total | . Add lines 1a-1e. (Column (d) should equal Fo | orm 990, Part X, colu | mn (B), line 10(c).) | | . • | ł | | 0. |

Schedule D (Form 990) 2008

| Schedule D (Form 990) 2008 SYSTEM, IN | C | 13-39 | 29066 Page |
|--|--|---|---|
| Part VII Investments - Other Securities. | See Form 990, Part X, line 12. | | |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market val | lue |
| Financial derivatives and other financial products | | | |
| Closely-held equity interests | | | |
| Other | | | |
| | | | |
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| T. (1) (0) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1 | | | |
| Total. (Col (b) should equal Form 990, Part X, col (B) line 12) | | | |
| Part VIII Investments - Program Related. | | | |
| (a) Description of investment type | (b) Book value | (c) Method of valuation: Cost or end-of-year market val | ша |
| | | Cost of end-of-year market val | |
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| | - - | | |
| | | | |
| Total. (Col (b) should equal Form 990, Part X, col (B) line 13) | • | | |
| Part IX Other Assets. See Form 990, Part X, In | | | *************************************** |
| (a |) Description | (k |) Book value |
| | | | |
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| | | | |
| Total (California (b) abouted across Forms 2000, Florid V. and (FD) | 4F \ | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part X | | · · · · • • • • • • • • • • • • • • • • | |
| (a) Description of liability | | b) Amount | |
| Federal income taxes | • | · | |
| Toderal moorne taxes | | | |
| | | | |
| | | | |
| | | - | |
| | | | |
| | | | |
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| | | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) I | ine 25.) | - | |
| In Part XIV, provide the text of the footnote to the organization | | at reports the organization's liability for uncert | tain tay positions |

under FIN 48 832053 12-23-08

Schedule D (Form 990) 2008

| Sche | dule D (Form 990) 2008 SYSTEM, INC. | | | | | 3929066 | Page 4 |
|-------|--|----------------|--------|-----------|------------------|-----------------|---------|
| Pa | Reconciliation of Change in Net Assets from Form 990 to | Financial: | State | men | ts | | |
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | | [| 1 | | 1,887 | ,139. |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | | [| 2 | | 1,887 | ,139. |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | | ſ | 3 | | | 0. |
| 4 | Net unrealized gains (losses) on investments | | ĺ | 4 | | | |
| 5 | Donated services and use of facilities | | | 5 | | | |
| 6 | Investment expenses | | • | 6 | | | |
| 7 | Prior period adjustments | •• | | 7 | | | |
| 8 | Other (Describe in Part XIV) | | • • | 8 | | | |
| 9 | Total adjustments (net). Add lines 4-8 | | | 9 | | | 0. |
| - | Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 | • • | • [| 10 | | | 0. |
| 10 | t XII Reconciliation of Revenue per Audited Financial Statemer | nte With D | | | ar Poturn | | |
| | <u> </u> | iita witii N | even | ue pe | - $ -$ | 1,887, | 120 |
| 1 | Total revenue, gains, and other support per audited financial statements | • | • | | 1 | 1,007 | , 139. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | 1 _ 1 | | | | | |
| а | Net unrealized gains on investments | 2a | | | | | |
| b | Donated services and use of facilities | 2b | | | | | |
| C | Recoveries of prior year grants . | 2c | | | | | |
| d | Other (Describe in Part XIV) | 2d | | | | | |
| е | Add lines 2a through 2d | | | | 2e | | 0. |
| 3 | Subtract line 2e from line 1 | | | | 3 | 1,887, | ,139. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | | | |
| b | Other (Describe in Part XIV) | 4b | | | | | |
| - | Add lines 4a and 4b | | | | 4c | | 0. |
| _ | Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.) | • | | • | 5 | 1,887, | |
| Pa | t XIII Reconciliation of Expenses per Audited Financial Stateme | ents With E | xpe | ises | | | |
| 1 | Total expenses and losses per audited financial statements | | | | 1 | 1,887, | 139 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | • | | | | | |
| | Donated services and use of facilities | 2a | | | | | |
| a | | | | | | | |
| b | Prior year adjustments | 2b | | | | | |
| c | Losses reported on Form 990, Part IX, line 25 | 2c | | | | | |
| d | Other (Describe in Part XIV) | 2 <u>d</u> | | | | | ^ |
| е | Add lines 2a through 2d | | | | 2e | 1 007 | 0. |
| 3 | Subtract line 2e from line 1 | • | | - | 3 | 1,887, | 139. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | 1 1 | | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | | | |
| b | Other (Describe in Part XIV) | 4b | | | | | _ |
| ¢ | Add lines 4a and 4b | • | | - | 4c | | 0. |
| | | *.* <u>*</u> . | | | 5 | <u>1,887,</u> | 139. |
| Pau | t XIV Supplemental Information | | | | | | |
| Com | plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, | , lines 1a and | 4; Par | t IV, lin | es 1b and 2 | b; Part V, line | 4; Part |
| X; Pa | rt XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. | | | | | | |
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| SCHEDULE I | | Grants and | Grants and Other Assistance to Organizations. | to Organizations | ú | | OMB No 1545-0047 |
|---|---------------------------------|--|---|-----------------------------------|---|--|---|
| | | Governn | Governments, and Individuals in the U.S | luals in the U.S. | ī | | 5008 |
| Department of the Treasury Internal Revenue Service | ► Com | Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.Attach to Form 990. | n answered "Yes," on F ■ Attach to Form 990. | " on Form 990, P. n 990. | art IV, lines 21 or 22. | | Open to Public Inspection |
| Name of the organization BRONX-LEBANON SYSTEM, INC. | ı | INTEGRATED SERVICES | ICES | | | | Employer identification number 13-3929066 |
| Part I General Information on Grants and Assistance | its and Assistance | | | | | | 0007770 |
| 1 Does the organization maintain records to substantiate the amount of the grants or assistance, and the selection | rds to substantiate th | ne amount of the grants | or assistance, the | grantees' eligibilit | y for the grants or ass | istance, and the select | |
| | assistance? | , | | | | | X Yes |
| 2 Describe in Part IV the organization's procedures for monitoring the use | s procedures for mon | itoring the use of grant | of grant funds in the United States. | States. | | | |
| _ | e to Governments ar | nd Organizations in the | United States. C | omplete if the orga | anization answered "Y | es" on Form 990, Part | IV, line 21, for any |
| recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule 1-1 (Form 990) if additional space is needed | nan \$5,000 Check th | Is box if no one recipien | t received more th | an \$5,000 Use Pa | art IV and Schedule I-1 | (Form 990) if addition | al space is needed |
| i (a) Ivame and address of organization or government | (a) 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 non-cash assistance | (h) Purpose of grant or assistance |
| BRONX-LEBANON HOSPITAL CENTER | | | | | | | |
| 1276 FULTON AVENUE | | | | | | | MEDICAL CARE- COMMUNITY |
| BRONX, NY 10456 | 13-1974191 | 501 (C) (3) | 266,080. | 0. | | | HEALTH CENTER |
| MARTIN LUTHER KING HEALTH CENTER 1276 FULTON AVENUE BRONX NY 10456 | 5 5 6 7 7 7 8 | (6) | 60 | c | | | MEDICAL CARE- COMMUNITY |
| office two works | C#6/0/2-CT | 301 (C) (3) | T, 192, UBU. | 0 | | | HEALTH CENTER |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | 3) and government o | rganizations | | | | | V 2. |
| ~ | lions | | | | | | •0 |
| LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. | eduction Act Notice | , see the Instructions f | or Form 990. | | | | Schedule I (Form 990) 2008 |

BRONX-LEBANON INTEGRATED SERVICES SYSTEM, INC.

Schedule I (Form 990) 2008 SYSTEM, INC.

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

Use Schedule I-1 (Form 990) if additional space is needed.

Page 2

13-3929066

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non- cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---|--------------------------|--------------------------|---------------------------------------|---|--|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. | de the information | required in Part I, I | ine 2, and any other | additional information. | |
| SCHEDULE I, PART I, LINE 2: BLISS | BLISS MONITORS | THE GRANT | RECIPIENTS | S THROUGH A | |
| GRANT AGREEMENT, REGULAR MEETINGS WITH BOARD MEMBERS | WITH BOA | N MEMBERS | AND | SENIOR STAFF OF | |
| GRANT RECIPIENTS, SITE VISITS, AND | REVIEWI | IG OF ANNU | AL FINANCI | AND REVIEWING OF ANNUAL FINANCIAL STATEMENTS | |
| AND THE A133 REPORTS, AS APPROPRIATE. | TE. | | | | |
| • | | | | | |
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Schedule I (Form 990) 2008

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization

BRONX-LEBANON INTEGRATED SERVICES

Employer identification number 13-3929066

| SYSTEM, INC. | 13-3929066 |
|---|--------------------|
| FORM 990, PART VI, SECTION A, LINE 10: THE 990 WILL BE DI | STIBUTED AND |
| REVIEWED IN DETAIL BY THE FINANCE COMMITEE AND BOARD BEFO | RE SUBMITTAL TO |
| THE IRS. | |
| | |
| FORM 990, PART VI, SECTION B, LINE 12C: EXECUTIVE DIRECTO | R REVIEWS |
| CONFLICT OF INTEREST STATEMENTS AND INVESTIGATES POTENTIA | L CONFLICTS. LEGAL |
| OPINIONS ARE SOUGHT WHEN NECESSARY. INTERESTED PARTIES AR | E BROUGHT IN AS |
| NEEDED TO DISCUSS WHEN ISSUES ARISE. PERSONS WITH THE CO | NFLICT ARE |
| PROHIBITTED FROM PARTICIPATING IN THE GOVERNING BODY'S DE | LIBERATIONS AND |
| DECISIONS IN THE TRANSACTION. | |
| | |
| FORM 990, PART VI, SECTION B, LINE 15: THE PROCESS FOR DE | TERMINING |
| COMPENSATION OF THE ORGANIZATION'S CEO INCLUDED A EVALUAT | ION COMPLETED BY |
| ALL BOARD MEMBERS, AND REVIEW THROUGH THE PERSONNEL COMMI | TTEE. |
| THE PERSONNEL COMMITTEE REVIEWS THE EVALUATION AND COMPAR | ABILITY DATA |
| PUBLISHED BY THE NATIONAL ASSOCIATION OF COMMUNITY HEALTH | CENTERS , |
| ENTITLED COMPENSATION AND BENEFITS REPORT (PUBLISHED ANNU | ALLY). |
| THE PERSONNEL COMMITTEE MAKE A RECOMMENDATION TO THE FULL | BOARD, AFTER |
| DELIBERATION THE BOARD APPROVES THE EXECUTIVE COMPENSATIO | N |
| | |
| FORM 990, PART VI, SECTION C, LINE 19: UPON REQUEST | |
| | |
| THE PROCESS HAS NOT CHANGED SINCE LAST YEAR. | |
| | |
| | |

Form **8868**

(Rev. April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

| If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the return order below (6 months for a corporation required to file form 990-T). However, you cannot file Form 8908 electronically if (1) you want the addition find automatic)—3-month extension of (2) you file Forms 990-T, group returns, or a composte or consolidated Form 990-T insert and supmed page 2 (Part II) of Form 8968. For more details on the electronic filing of this form, visit wars goverfile and click on a file or Charteres & Rorporthis. Type or Marie of Exempt Organization Part of Exempt Organization Part of Exempt Organization Part of Exempt Organization Part of Exempt Organization Part of Exempt Organization Part of Full Ton AVENUE City, town or post office, state, and ZIP code. For a foreign address, see instructions. Bronx | | | | , w |
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| 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any | 2 If | this tax year is for less than 12 months, check reason: Initial return | | Change in accounting period |
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| Note | . Only c | filing for an Additional (Not Automatic) 3-Month Extension, complete on omplete Part II if you have already been granted an automatic 3-month extension filing for an Automatic 3-Month Extension, complete only Part I (on page | on a prev | | |
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| <u>list v</u> | | names and EINs of all members the extension is for. | | | |
| 4 | I reque | st an additional 3-month extension of time until December 15 | , | 20_09 | |
| 5 | For calendar year, or other tax year beginning February 1 , 20 08 , and ending January 31 , 20 09 | | | | |
| 6 | | ax year is for less than 12 months, check reason: Initial return Fir | | | |
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