DLN: 93493321029040 OMB No. 1545-0047 **Return of Organization Exempt From Income Tax**

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

2019

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to $\underline{www.irs.gov/Form990}$ for instructions and the latest information.

Open to Public Inspection

E	+ b.o	2019 calendar year, or tax year beginning 01-01-2019 , an	d anding 12 21	2010							
		C Name of organization	d ending 12-31	-2019	D Employer	identification numb					
Check if applicable: ☐ Address change		BRAVO VOLUNTEER AMBULANCE			D Employer	identification numb	er				
□ Name change		5 SERVICE INC	SERVICE INC		51-01651	73					
☐ Initial return		Daine koningan	Doing business as								
Final return/terminated			d								
☐ Amended return		return Number and street (or P.O. box if mail is not delivered to street a	Number and street (or P.O. box if mail is not delivered to street address) Room/suite		E Telephone	number					
☐ Application pending		n pending 8507 SEVENTH AVENUE	8507 SEVENTH AVENUE		(718) 680-4625						
		City or town, state or province, country, and ZIP or foreign posta	City or town, state or province, country, and ZIP or foreign postal code								
		BROOKLYN, NY 11228			G Gross raca	ipts \$ 50,020					
		F Name and address of main size Leftings.									
		ANTHONY NAPOLI	F Name and address of principal officer:		H(a) Is this a group return for						
		8507 SEVENTH AVE	8507 SEVENTH AVE		ordinates? Yes V No						
		BROOKLYN, NY 11228		H(b) Are all include	l subordinates	S ☐ Yes	□No				
Ta	k-exem	ppt status: $\boxed{3}$ 501(c)(3) $\boxed{3}$ 501(c) () $\boxed{4}$ (insert no.) $\boxed{3}$ 4947(a)(1) or			t. (see instructions	١				
147	- : -	⇒: ► WWW.BRAVOAMBULANCE.ORG	7 61 🗀 327		exemption n	•	,				
VV.	ebsite	WWW.BRAVOAMBULANCE.ORG		(-) Gloup	exemption in	ulliber P					
				L Year of forma	tion: 1974 N	1 State of legal domic	lo: NV				
(Forr	n of org	ganization: 🗹 Corporation 🗌 Trust 🔲 Association 🔲 Other 🕨		L rear of forma	don. 1974	1 State of legal dofflic	ie. ivi				
		C									
Pa	rt I	Summary									
		riefly describe the organization's mission or most significant activitie RAVO'S MISSION IS TO ENHANCE THE QUALITY OF LIFE, IN PARTN		E COMMUNIT	V RV DROVID	ING EREE OF CHAI	CE.				
		RE-HOSPITAL CARE AND MEDICAL TRANSPORTATION FOR SICK AN									
ည		ND FORT HAMILTON BY TRAINED BRAVO PERSONNEL.									
Ē	_										
= 10	_										
governance	_										
		Check this box ▶ ☐ if the organization discontinued its operations			of its net ass						
ĕ	3 1	Number of voting members of the governing body (Part VI, line 1a)	ber of voting members of the governing body (Part VI, line 1a)								
<u> </u>	4 1	Number of independent voting members of the governing body (Par	er of independent voting members of the governing body (Part VI, line 1b)								
Acumues	5 ⊺	Total number of individuals employed in calendar year 2019 (Part V,	line 2a)			5	0				
	6 ⊺	Total number of volunteers (estimate if necessary)	umber of volunteers (estimate if necessary)								
		,	umber of volunteers (estimate if necessary)								
		, , , , , , , , , , , , , , , , , , , ,				7b	0				
	D IV	Net unrelated business taxable income from Form 990-T, line 39 .		· · ·		<u> </u>					
Ravenue				Pric	or Year	Current Ye					
	8 0	Contributions and grants (Part VIII, line 1h)			14,72	0	44,861				
	9 P	Program service revenue (Part VIII, line 2g)					C				
	10 I				8,45	1	5,159				
<u> </u>	11 0										
		Total revenue—add lines 8 through 11 (must equal Part VIII, column		23,17	1	50,020					
		<u> </u>		+							
Expenses		Grants and similar amounts paid (Part IX, column (A), lines 1–3) .									
		Benefits paid to or for members (Part IX, column (A), line 4)					(
	15 S	Salaries, other compensation, employee benefits (Part IX, column (A	, other compensation, employee benefits (Part IX, column (A), lines 5–10)				C				
	16 a F	Professional fundraising fees (Part IX, column (A), line 11e)	ional fundraising fees (Part IX, column (A), line 11e)				C				
	b⊤	Total fundraising expenses (Part IX, column (D), line 25) ▶28,113	ndraising expenses (Part IX, column (D), line 25) ▶28,113								
	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		192,06	2	281,933					
				192,06	_	-					
			expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)				281,933				
	19 R	Revenue less expenses. Subtract line 18 from line 12			-168,89		231,913				
ें हैं व				Beginning	of Current Yea	r End of Yea	r				
net Assets of Fund Balances		T. I. I. (D. 1)(II. (C)					054 :				
	20	Total assets (Part X, line 16)			2,177,65	8 2,	051,497				
	21 T	Total liabilities (Part X, line 26)	abilities (Part X, line 26)			1	C				
			ets or fund balances. Subtract line 21 from line 20			7 2,	051,497				
Ž	22 N	Net assets or fund balances. Subtract line 21 from line 20			2,174,65						
	22 N	Net assets or fund balances. Subtract line 21 from line 20 Signature Block			2,174,65						
Pa	rt II		• • g accompanying s	schedules and		-	my				
Pa Inder	rt II · penal edge <i>a</i>	Signature Block Ities of perjury, I declare that I have examined this return, including and belief, it is true, correct, and complete. Declaration of preparer			statements,	and to the best of					
Pa Inder	rt II penal	Signature Block Ities of perjury, I declare that I have examined this return, including and belief, it is true, correct, and complete. Declaration of preparer			statements,	and to the best of					
Pa Inder	rt II · penal edge <i>a</i>	Signature Block Ities of perjury, I declare that I have examined this return, including and belief, it is true, correct, and complete. Declaration of preparer		er) is based on	statements, n all informat	and to the best of					
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Paic Paic Paic Paic Pre	rt II penal edge a nowled	Signature Block Ities of perjury, I declare that I have examined this return, including and belief, it is true, correct, and complete. Declaration of preparer dge. ****** Signature of officer ANTHONY NAPOLI PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature Firm's name BONAMASSA MAIETTA & CARTELLI LLP Firm's address ▶ 9001 FIFTH AVENUE	(other than office	te 20-11-12 Cherself-Firm	statements, n all informat 0-11-05 ck if pT. point if if pT. point if pT.	and to the best of ion of which prepar in in 0363668					