



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



AS AMENDED

Process as Original

Form **990****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

2004

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

STATUTE CLEARED

A For the 2004 calendar year, or tax year beginning

and ending

B Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☒ Final return
☒ Amended return
☐ Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organizationMEDICAL DENTAL STAFF OF JERSEY CITY
MEDICAL CENTER INC

Number and street (or P.O. box if mail is not delivered to street address)

50 BALDWIN AVE

City or town, state or country, and ZIP + 4

JERSEY CITY, NJ 07304-3154

D Employer identification number

81-0606548

E Telephone number**F** Accounting method ☒ Cash ☐ Accrual☐ Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶**H(c)** Are all affiliates included? N/A ☐ Yes ☐ No (If "No," attach a list)**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶**G** Website ▶**J** Organization type (check only one) ☒ 501(c) (6) (insert no) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶

116979.

M Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

| | | | | | |
|------------|---|---|---------|---------|--|
| Revenue | 1 | Contributions, gifts, grants, and similar amounts received | | | |
| | a | Direct public support | 1a | 6633. | |
| | b | Indirect public support | 1b | | |
| | c | Government contributions (grants) | 1c | | |
| | d | Total (add lines 1a through 1c) (cash \$ 6633. noncash \$) | 1d | 6633. | |
| | 2 | Program service revenue including government fees and contracts (from Part VII, line 93) | 2 | 16116. | |
| | 3 | Membership dues and assessments | 3 | 89818. | |
| | 4 | Interest on savings and temporary cash investments | 4 | 4412. | |
| | 5 | Dividends and interest from securities | 5 | | |
| | 6a | Gross rents | 6a | | |
| Expenses | b | Less rental expenses | 6b | | |
| | c | Net rental income or (loss) (subtract line 6b from line 6a) | 6c | | |
| | 7 | Other investment income (describe ▶ TPR BRANCH OGDEN) | 7 | | |
| | 8a | Gross amount from sales of assets other than inventory (A) Securities (B) Other | 8a | | |
| | b | Less cost or other basis and sales expenses | 8b | | |
| | c | Gain or (loss) (attach schedule) | 8c | | |
| | d | Net gain or (loss) (combine line 8c, columns (A) and (B)) | 8d | | |
| | 9 | Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/> | | | |
| | a | Gross revenue (not including \$ of contributions reported on line 1a) | 9a | | |
| | b | Less direct expenses other than fundraising expenses | 9b | | |
| Net Assets | c | Net income or (loss) from special events (subtract line 9b from line 9a) | 9c | | |
| | 10a | Gross sales of inventory, less returns and allowances | 10a | | |
| | b | Less cost of goods sold | 10b | | |
| | c | Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) | 10c | | |
| | 11 | Other revenue (from Part VII, line 103) | 11 | | |
| | 12 | Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) | 12 | 116979. | |
| | 13 | Program services (from line 44, column (B)) | 13 | 11291. | |
| | 14 | Management and general (from line 44, column (C)) | 14 | 29329. | |
| | 15 | Fundraising (from line 44, column (D)) | 15 | | |
| | 16 | Payments to affiliates (attach schedule) | 16 | | |
| 17 | Total expenses (add lines 16 and 44, column (A)) | 17 | 41370. | | |
| 18 | Excess or (deficit) for the year (subtract line 17 from line 12) | 18 | 75609. | | |
| 19 | Net assets or fund balances at beginning of year (from line 73, column (A)) | 19 | 296169. | | |
| 20 | Other changes in net assets or fund balances (attach explanation) | 20 | 0. | | |
| 21 | Net assets or fund balances at end of year (combine lines 18, 19, and 20) | 21 | 371778. | | |

423001
01-13-05

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

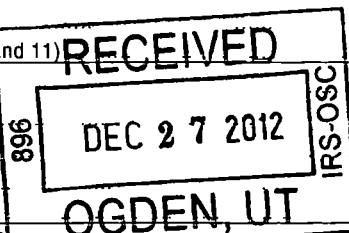
1

Form 990 (2004)

16311204 803194 MEDDEN

2004.09040 MEDICAL DENTAL STAFF OF JER MEDDEN_1

SCANNED MAY 14 2013



Part IV Balance Sheets**Note.** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

| | | (A) Beginning of year | | (B) End of year |
|--|--|--------------------------|------------|--------------------|
| Assets | 45 Cash - non-interest-bearing | 10804. | 45 | 71089. |
| | 46 Savings and temporary cash investments | 283491. | 46 | 287903. |
| | 47 a Accounts receivable | 47a | | |
| | b Less allowance for doubtful accounts | 47b | 47c | |
| | 48 a Pledges receivable | 48a | | |
| | b Less allowance for doubtful accounts | 48b | 48c | |
| | 49 Grants receivable | | 49 | |
| | 50 Receivables from officers, directors, trustees, and key employees | | 50 | |
| | 51 a Other notes and loans receivable | 51a | | |
| | b Less allowance for doubtful accounts | 51b | 51c | |
| | 52 Inventories for sale or use | | 52 | |
| | 53 Prepaid expenses and deferred charges | | 53 | |
| | 54 Investments - securities ▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV | | 54 | |
| | 55 a Investments - land, buildings, and equipment basis | 55a | | |
| | b Less accumulated depreciation | 55b | 55c | |
| 56 Investments - other | | 56 | | |
| 57 a Land, buildings, and equipment basis | 57a 13459. | | | |
| b Less accumulated depreciation STMT 5 | 57b 937. | 1685. | 57c | 12522. |
| 58 Other assets (describe ▶ ORGANIZATIONAL COSTS) | | 189. | 58 | 264. |
| 59 Total assets (add lines 45 through 58) (must equal line 74) | | 296169. | 59 | 371778. |
| Liabilities | 60 Accounts payable and accrued expenses | | 60 | |
| | 61 Grants payable | | 61 | |
| | 62 Deferred revenue | | 62 | |
| | 63 Loans from officers, directors, trustees, and key employees | | 63 | |
| | 64 a Tax-exempt bond liabilities | | 64a | |
| | b Mortgages and other notes payable | | 64b | |
| | 65 Other liabilities (describe ▶) | | 65 | |
| 66 Total liabilities (add lines 60 through 65) | | 0. | 66 | 0. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74 | | | |
| | 67 Unrestricted | | 67 | |
| | 68 Temporarily restricted | | 68 | |
| | 69 Permanently restricted | | 69 | |
| | Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74 | | | |
| | 70 Capital stock, trust principal, or current funds | 0. | 70 | 0. |
| | 71 Paid-in or capital surplus, or land, building, and equipment fund | 0. | 71 | 0. |
| | 72 Retained earnings, endowment, accumulated income, or other funds | 296169. | 72 | 371778. |
| 73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21) | 296169. | 73 | 371778. | |
| 74 Total liabilities and net assets / fund balances (add lines 66 and 73) | 296169. | 74 | 371778. | |

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return

| | | | |
|------------|--|----------|-----|
| a | Total revenue, gains, and other support per audited financial statements | a | N/A |
| b | Amounts included on line a but not on line 12, Form 990 | | |
| (1) | Net unrealized gains on investments \$ _____ | | |
| (2) | Donated services and use of facilities \$ _____ | | |
| (3) | Recoveries of prior year grants \$ _____ | | |
| (4) | Other (specify) \$ _____ | | |
| | Add amounts on lines (1) through (4) | b | |
| c | Line a minus line b | c | |
| d | Amounts included on line 12, Form 990 but not on line a : | | |
| (1) | Investment expenses not included on line 6b, Form 990 \$ _____ | | |
| (2) | Other (specify) \$ _____ | | |
| | Add amounts on lines (1) and (2) | d | |
| e | Total revenue per line 12, Form 990 (line c plus line d) | e | |

| | |
|------------------|---|
| Part IV-B | Reconciliation of Expenses per Audited Financial Statements with Expenses per Return |
|------------------|---|

| Part II | | Total expenses and losses per audited financial statements | |
|----------|--|--|----------------|
| a | Total expenses and losses per audited financial statements | ▶ | a N/A |
| b | Amounts included on line a but not on line 17, Form 990 | | |
| (1) | Donated services and use of facilities \$ _____ | | |
| (2) | Prior year adjustments reported on line 20, Form 990 \$ _____ | | |
| (3) | Losses reported on line 20, Form 990 \$ _____ | | |
| (4) | Other (specify) \$ _____ | | |
| | Add amounts on lines (1) through (4) | ▶ | b _____ |
| c | Line a minus line b | ▶ | c _____ |
| d | Amounts included on line 17, Form 990 but not on line a | | |
| (1) | Investment expenses not included on line 6b, Form 990 \$ _____ | | |
| (2) | Other (specify) \$ _____ | | |
| | Add amounts on lines (1) and (2) | ▶ | d _____ |
| e | Total expenses per line 17, Form 990 (line c plus line d) | ▶ | e _____ |

| | |
|---------------|--|
| Part V | List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated) |
|---------------|--|

| (A) Name and address | (B) Title and average hours per week devoted to position | (C) Compensation (If not paid, enter -0-.) | (D) Contributions to employee benefit plans & deferred compensation | (E) Expense account and other allowances |
|--|--|--|---|--|
| RHONDA NICHOLS MD ----- 237 RAYMOND AVENUE ----- SOUTH ORANGE NJ 07079 | PRESIDENT 0. | 0. | 0. | 0. |
| VALLUR THIRUMAVALAVAN MD ----- 61 RIDGE ROAD ----- GREENBROOK NJ 08812 | SEC-TREASURER 0. | 0. | 0. | 0. |
| HITENDRAKUMAR UPADHYAYA MD ----- 50 BALDWIN AVE ----- JERSEY CITY NJ 07304 | VICE PRESIDENT 0. | 0. | 0. | 0. |
| FELICITAS V. TOBIAS ----- 50 BALDWIN AVE ----- JERSEY CITY NJ 07304 | MANAGER 0. | 0. | 0. | 0. |
| ----- ----- ----- | | | | |
| ----- ----- ----- | | | | |
| ----- ----- ----- | | | | |
| ----- ----- ----- | | | | |
| ----- ----- ----- | | | | |

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule ☐ Yes ☒ No

**MEDICAL DENTAL STAFF OF JERSEY CITY
MEDICAL CENTER INC**

Form 990 (2004)

81-0606548

Page 5

Part VI Other Information

| | Yes | No |
|--|-----|---------|
| 76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity | 76 | X |
| 77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes | 77 | X |
| 78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | 78a | X |
| b If "Yes," has it filed a tax return on Form 990-T for this year? | 78b | |
| 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement | 79 | X |
| 80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? | 80a | X |
| b If "Yes," enter the name of the organization and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt | | |
| 81 a Enter direct or indirect political expenditures. See line 81 instructions | 81a | 0. |
| b Did the organization file Form 1120-POL for this year? | 81b | X |
| 82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? | 82a | X |
| b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) | 82b | N/A |
| 83 a Did the organization comply with the public inspection requirements for returns and exemption applications? | 83a | X |
| b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? | 83b | |
| 84 a Did the organization solicit any contributions or gifts that were not tax deductible? | 84a | X |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 84b | |
| 85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? | 85a | X |
| b Did the organization make only in-house lobbying expenditures of \$2,000 or less? | 85b | X |
| If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year | | |
| c Dues, assessments, and similar amounts from members | 85c | N/A |
| d Section 162(e) lobbying and political expenditures | 85d | N/A |
| e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices | 85e | N/A |
| f Taxable amount of lobbying and political expenditures (line 85d less 85e) | 85f | N/A |
| g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? | 85g | N/A |
| h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? | 85h | N/A |
| 86 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on line 12 | 86a | N/A |
| b Gross receipts, included on line 12, for public use of club facilities | 86b | N/A |
| 87 501(c)(12) organizations. Enter a Gross income from members or shareholders | 87a | N/A |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | 87b | N/A |
| 88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX | 88 | X |
| 89 a 501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under section 4911 N/A, section 4912 N/A, section 4955 N/A | | |
| b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction | 89b | N/A |
| c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | | N/A |
| d Enter Amount of tax on line 89c, above, reimbursed by the organization | | N/A |
| 90 a List the states with which a copy of this return is filed | | NONE |
| b Number of employees employed in the pay period that includes March 12, 2004 | 90b | 0 |
| 91 The books are in care of | | MANAGER |
| Telephone no | | |

Located at OFFICE ADDRESS

ZIP + 4

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here
and enter the amount of tax-exempt interest received or accrued during the tax year

92

N/A

423041
01-13-05

Form 990 (2004)

**MEDICAL DENTAL STAFF OF JERSEY CITY
MEDICAL CENTER INC**

Form 990 (2004)

81-0606548 Page 6

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions)

| | Unrelated business income | | Excluded by section 512, 513, or 514 | | (E) Related or exempt function income |
|--|---------------------------|---------------|--------------------------------------|---------------|---|
| | (A) Business code | (B) Amount | (C) Exclu- sion code | (D) Amount | |
| Note: Enter gross amounts unless otherwise indicated. | | | | | |
| 93 Program service revenue | | | | | |
| a PROGRAM PARTICIPATION | | | | | |
| b FEES | | | | | 16116. |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| f Medicare/Medicaid payments | | | | | |
| g Fees and contracts from government agencies | | | | | |
| 94 Membership dues and assessments | | 89818. | | | |
| 95 Interest on savings and temporary cash investments | | 4412. | | | |
| 96 Dividends and interest from securities | | | | | |
| 97 Net rental income or (loss) from real estate | | | | | |
| a debt-financed property | | | | | |
| b not debt-financed property | | | | | |
| 98 Net rental income or (loss) from personal property | | | | | |
| 99 Other investment income | | | | | |
| 100 Gain or (loss) from sales of assets other than inventory | | | | | |
| 101 Net income or (loss) from special events | | | | | |
| 102 Gross profit or (loss) from sales of inventory | | | | | |
| 103 Other revenue | | | | | |
| a | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| 104 Subtotal (add columns (B), (D), and (E)) | | 94230. | | 0. | 16116. |
| 105 Total (add line 104, columns (B), (D), and (E)) | | | | | 110346. |

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions)

| Line No | Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes) |
|---------|--|
| ▼ | |
| | |
| | |
| | |

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions)

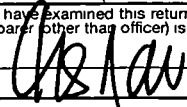
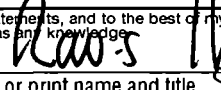

| (A) Name, address, and EIN of corporation, partnership, or disregarded entity | (B) Percentage of ownership interest | (C) Nature of activities | (D) Total income | (E) End-of-year assets |
|--|---|-----------------------------|---------------------|---------------------------|
| | % | | | |
| N/A | % | | | |
| | % | | | |
| | % | | | |

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

| | | | | |
|---------------------------------|---|------|--|--|
| Please Sign Here | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. | | | |
| | Signature of officer  | | Date 12/17/12 | Type or print name and title  Secretary/Treasurer |
| Paid Preparer's Use Only | Preparer's signature  | Date | Check if self-employed <input checked="" type="checkbox"/> | Preparer's SSN or PTIN P00504546 |
| | Firm's name (or yours if self-employed), address, and ZIP + 4 S. GROVER & COMPANY, CPA'S, LLC 1628 OAK TREE ROAD EDISON N.J. 08820 | | | EIN 20-1730059 Phone no 732.549.4620 |

Form 990 (2004)

2004 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

990

| Asset No | Description | Date Acquired | Method | Life | Line No | Unadjusted Cost Or Basis | Bus % Excl | * Reduction In Basis | Basis For Depreciation | Accumulated Depreciation | Current Sec 179 | Amount Of Depreciation - |
|----------|-------------------------|---------------|--------|------|---------|--------------------------|------------|----------------------|------------------------|--------------------------|-----------------|--------------------------|
| 1 | COMPUTER | 062503 | SL | 5.00 | 16 | 600. | | | 600. | 60. | | 120. |
| 2 | PROJECTOR | 070203 | SL | 5.00 | 16 | 1272. | | | 1272. | 127. | | 254. |
| 3 | SOFTWARE | 093004 | SL | 3.00 | 16 | 4510. | | | 4510. | | | 376. |
| 4 | EQUIPMENTS | 123004 | SL | 5.00 | 16 | 7077. | | | 7077. | | | 0. |
| | * TOTAL 990 PAGE 2 DEPR | | | | | 13459. | | 0. | 13459. | 187. | 0. | 750. |

FOOTNOTES

STATEMENT 1

RETURN IS AMENDED BECAUSE ONE BANK ACCOUNT WAS NOT REPORTED
ERRONEOUSLY. SUBSEQUENTLY NEW MANAGEMENT DISCOVERED THIS
AND HENCE THIS AMENDMENT

| FORM 990 | OTHER EXPENSES | | | STATEMENT | 2 |
|-------------------------------------|----------------|----------------------------|----------------------------------|--------------------|---|
| DESCRIPTION | (A) TOTAL | (B) PROGRAM SERVICES | (C) MANAGEMENT AND GENERAL | (D) FUNDRAISING | |
| ADVERTISEMENT | 3500. | | 3500. | | |
| MISCELLANEOUS | 100. | | 100. | | |
| BANK CHARGES | 168. | | 168. | | |
| GIFTS, FELICITATIONS & PRIZES | 13200. | | 13200. | | |
| PROFESSIONAL FEES | 178. | | 178. | | |
| EDUCATIONAL DEVELOPMENT EXPENSES | 7350. | 7350. | | | |
| TOTAL TO FM 990, LN 43 | 24496. | 7350. | 17146. | | |

| | | | |
|----------|--|-----------|---|
| FORM 990 | STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III | STATEMENT | 3 |
|----------|--|-----------|---|

EXPLANATION

TO ASSURE THE PROVISION OF QUALITY MEDICAL CARE; TO PROMOTE PROFESSIONAL INTERESTS; TO ADVANCE PROFESSIONAL KNOWLEDGE & SKILL; TO SUPPORT COLLECTIVE

| FORM 990 | CASH GRANTS AND ALLOCATIONS | | | STATEMENT | 4 |
|--|---|---|-------------------------|-----------|---|
| CLASSIFICATION | DONEE'S NAME | DONEE'S ADDRESS | DONEE'S RELATIONSHIP | AMOUNT | |
| | MEDICAL DENTAL STAFF RESEARCH & ADV | 50 BALDWIN AVE JERSEY CITY NJ 07304 | . | 3000. | |
| TOTAL INCLUDED ON FORM 990, PART II, LINE 22 | | | | 3000. | |

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 5

| DESCRIPTION | COST OR OTHER BASIS | ACCUMULATED DEPRECIATION | BOOK VALUE |
|-----------------------------------|------------------------|-----------------------------|------------|
| COMPUTER | 600. | 180. | 420. |
| PROJECTOR | 1272. | 381. | 891. |
| SOFTWARE | 4510. | 376. | 4134. |
| EQUIPMENTS | 7077. | 0. | 7077. |
| TOTAL TO FORM 990, PART IV, LN 57 | 13459. | 937. | 12522. |