



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



Form **990****Return of Organization Exempt From Income Tax**

OMB No 1545-0047

**2005**Department of the Treasury  
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung  
benefit trust or private foundation)

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

Open to Public  
Inspection**A For the 2005 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 organization**MEDICAL DENTAL STAFF OF JERSEY CITY  
MEDICAL CENTER INC

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

355 GRAND STREET

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

JERSEY CITY, NJ 07302

**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 ▶ N/A**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 ▶ N/A**M** Check ☒ if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF)**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 chooses to file a return, be sure to file a complete return. **Some states require a complete return.****L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶

248176.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

<b>1</b>	Contributions, gifts, grants, and similar amounts received			
<b>a</b>	Direct public support	<b>1a</b>		
<b>b</b>	Indirect public support	<b>1b</b>		
<b>c</b>	Government contributions (grants)	<b>1c</b>		
<b>d</b>	Total (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)	<b>1d</b>		0.
<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>		155857.
<b>3</b>	Membership dues and assessments	<b>3</b>		85400.
<b>4</b>	Interest on savings and temporary cash investments	<b>4</b>		6919.
<b>5</b>	Dividends and interest from securities	<b>5</b>		
<b>6a</b>	Gross rents	<b>6a</b>		
<b>b</b>	Less rental expenses	<b>6b</b>		
<b>c</b>	Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>		
<b>7</b>	Other investment income (describe ▶)	<b>7</b>		
<b>8a</b>	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other
<b>b</b>	Less cost or other basis and sales expenses	<b>8a</b>		
<b>c</b>	Gain or (loss) (attach schedule)	<b>8b</b>		
<b>d</b>	Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8c</b>		
<b>9</b>	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>	<b>8d</b>		
<b>a</b>	Gross revenue (not including \$ _____ of contributions reported on line 1a)	<b>9a</b>		
<b>b</b>	Less direct expenses other than fundraising expenses	<b>9b</b>		
<b>c</b>	Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>		
<b>10a</b>	Gross sales of inventory, less returns and allowances	<b>10a</b>		
<b>b</b>	Less cost of goods sold	<b>10b</b>		
<b>c</b>	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>		
<b>11</b>	Other revenue (from Part VII, line 103)	<b>11</b>		
<b>12</b>	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>		248176.
<b>13</b>	Program services (from line 44, column (B))	<b>13</b>		188791.
<b>14</b>	Management and general (from line 44, column (C))	<b>14</b>		
<b>15</b>	Fundraising (from line 44, column (D))	<b>15</b>		
<b>16</b>	Payments to affiliates (attach schedule)	<b>16</b>		
<b>17</b>	Total expenses (add lines 16 and 44, column (A))	<b>17</b>		192083.
<b>18</b>	Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>		56093.
<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		371778.
<b>20</b>	Other changes in net assets or fund balances (attach explanation)	<b>20</b>		0.
<b>21</b>	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>		427871.

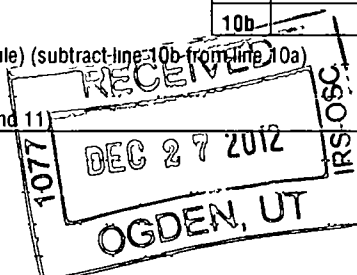
523001  
02-03-06

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

Form 990 (2005)

JAN 04 2013 NO STATUTE ISSUE

SCANNED JAN 13 2013



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

Form 990 (2005)

81-0606548 Page 2

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ <u>8000</u> • noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>	22 8000.	8000.	<b>STATEMENT 3</b>	
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc	25 0.	0.		0.
26 Other salaries and wages	26			
27 Pension plan contributions	27			
28 Other employee benefits	28			
29 Payroll taxes	29			
30 Professional fundraising fees	30			
31 Accounting fees	31 15000.	15000.		
32 Legal fees	32 750.	750.		
33 Supplies	33			
34 Telephone	34			
35 Postage and shipping	35			
36 Occupancy	36			
37 Equipment rental and maintenance	37			
38 Printing and publications	38 406.	406.		
39 Travel	39			
40 Conferences, conventions, and meetings	40 115768.	115768.		
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42 3292.			
43 Other expenses not covered above (itemize)				
a	43a			
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g <b>SEE STATEMENT 2</b>	43g 48867.	48867.		
44 <b>Total functional expenses.</b> Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 192083.	188791.	0.	0.

**Joint Costs.** Check ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

▶ ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A, (ii) the amount allocated to Program services \$ N/A, (iii) the amount allocated to Management and general \$ N/A, and (iv) the amount allocated to Fundraising \$ N/A

Form 990 (2005)

**Part III** Statement of Program Service Accomplishments (See the instructions)

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.

What is the organization's primary exempt purpose? ► **SEE STATEMENT 4**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**  
(Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)

**a** CREATE AWARENESS FOR MEDICAL MALPRACTICE PREMIUM TORT REFORM

(Grants and allocations \$ 3000. ) If this amount includes foreign grants, check here ► ☐

**b** PROMOTION OF PROFESSIONAL & GENERAL INTERESTS OF THE MEMBERS

(Grants and allocations \$ 5000. ) If this amount includes foreign grants, check here ► ☐

**c**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ► ☐

**d**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ► ☐

**e** Other program services (attach schedule)

(Grants and allocations \$ ) If this amount includes foreign grants, check here ► ☐

**f** Total of Program Service Expenses (should equal line 44, column (B), Program services) ► 0.

Form 990 (2005)

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

Form 990 (2005)

81-0606548 Page 4

**Part IV Balance Sheets** (See the instructions.)

**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
<b>Assets</b>	45 Cash - non-interest-bearing	71089.	45	123555.
	46 Savings and temporary cash investments	287903.	46	294823.
	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	57b	4230.	
58 Other assets (describe <b>▶ ORGANIZATIONAL COSTS</b> )	12522.	57c	9229.	
	264.	58	264.	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58	371778.	59	427871.	
<b>Liabilities</b>	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 <b>▶</b> )		65	
66 <b>Total liabilities.</b> Add lines 60 through 65	0.	66	0.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>			
	67 Unrestricted		67	
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	<b>Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74</b>			
	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	371778.	72	427871.
	73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	371778.	73	427871.
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	371778.	74	427871.	

Form 990 (2005)

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

Form 990 (2005)

81-0606548 Page **5**

**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions.)

<b>a</b> Total revenue, gains, and other support per audited financial statements		<b>a</b>	N/A
<b>b</b> Amounts included on line <b>a</b> but not on Part I, line 12:			
<b>1</b> Net unrealized gains on investments	<b>b1</b>		
<b>2</b> Donated services and use of facilities	<b>b2</b>		
<b>3</b> Recoveries of prior year grants	<b>b3</b>		
<b>4</b> Other (specify): _____	<b>b4</b>		
Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	
<b>c</b> Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	
<b>d</b> Amounts included on Part I, line 12, but not on line <b>a</b> :			
<b>1</b> Investment expenses not included on Part I, line 6b	<b>d1</b>		
<b>2</b> Other (specify): _____	<b>d2</b>		
Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	
<b>e</b> Total revenue (Part I, line 12). Add lines <b>c</b> and <b>d</b>		<b>e</b>	

**Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>a</b> Total expenses and losses per audited financial statements		<b>a</b>	N/A
<b>b</b> Amounts included on line <b>a</b> but not on Part I, line 17:			
<b>1</b> Donated services and use of facilities	<b>b1</b>		
<b>2</b> Prior year adjustments reported on Part I, line 20	<b>b2</b>		
<b>3</b> Losses reported on Part I, line 20	<b>b3</b>		
<b>4</b> Other (specify): _____	<b>b4</b>		
Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	
<b>c</b> Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	
<b>d</b> Amounts included on Part I, line 17, but not on line <b>a</b> :			
<b>1</b> Investment expenses not included on Part I, line 6b	<b>d1</b>		
<b>2</b> Other (specify): _____	<b>d2</b>		
Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	
<b>e</b> Total expenses (Part I, line 17). Add lines <b>c</b> and <b>d</b>		<b>e</b>	

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(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 plans	(E) Expense account and other allowances
NEAL M. SHIPLEY MD 355 GRAND STREET JERSEY CITY NJ 07302	PRESIDENT	0.00	0.	0.
RAO MIKKILINENI MD 355 GRAND STREET JERSEY CITY NJ 07302	SEC-TREASURER	0.00	0.	0.
HITENDRAKUMAR UPADHYAYA MD 355 GRAND STREET JERSEY CITY NJ 07302	VICE PRESIDENT	0.00	0.	0.
FELICITAS V. TOBIAS 355 GRAND STREET JERSEY CITY NJ 07302	MANAGER	0.00	0.	0.

Form **990** (2005)

<b>Part V-A</b>	<b>Current Officers, Directors, Trustees, and Key Employees</b> <i>(continued)</i>
-----------------	--

Yes	No
-----	----

<p><b>75 a</b> Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings <span style="float: right;">▶ <u>0</u></span></p>		
<p><b>b</b> Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)</p>	<b>75b</b>	<b>X</b>
<p><b>c</b> Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control?</p> <p><b>Note.</b> Related organizations include section 509(a)(3) supporting organizations</p> <p>If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization</p>	<b>75c</b>	<b>X</b>
<p><b>d</b> Does the organization have a written conflict of interest policy?</p>	<b>75d</b>	<b>X</b>

<b>Part V-B</b>	<b>Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other</b>	
-----------------	--	--

**Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address NONE	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
----- ----- -----				
----- ----- -----				
----- ----- -----				
----- ----- -----				
----- ----- -----				
----- ----- -----				
----- ----- -----				
----- ----- -----				

**Part VI**   **Other Information** *(See the instructions)*

	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 <b>Form 990-T</b> 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 <b>N/A</b>			
	_____ 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 <b>Form 1120-POL</b> for this year?	81b		X

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

Form 990 (2005)

81-0606548 Page 7

Part VI Other Information (continued)		Yes	No
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	N/A
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	N/A
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? 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.	85b	X
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, 2005	90b	0
91 a	The books are in care of ▶ MANAGER Telephone no ▶ Located at ▶ OFFICE ADDRESS ZIP + 4 ▶		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	X
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶ N/A	91c	X
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

Form 990 (2005)

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

Form 990 (2005)

81-0606548 Page 8

**Part VII Analysis of Income-Producing Activities** (See 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	
<b>93</b> Program service revenue:					
<b>a</b> PROGRAM PARTICIPATION					
<b>b</b> FEES					155857.
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>f</b> Medicare/Medicaid payments					
<b>g</b> Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments		85400.			
<b>95</b> Interest on savings and temporary cash investments		6919.			
<b>96</b> Dividends and interest from securities					
<b>97</b> Net rental income or (loss) from real estate:					
<b>a</b> debt-financed property					
<b>b</b> not debt-financed property					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events					
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue:					
<b>a</b>					
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>104</b> Subtotal (add columns (B), (D), and (E))		92319.		0.	155857.
<b>105</b> Total (add line 104, columns (B), (D), and (E))					248176.

**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 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 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 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 <i>[Signature]</i>		Date <i>12/17/12</i>	Type or print name and title <i>Kao Mikkilineni, Secretary/Treasurer</i>	
Paid Preparer's Use Only	Preparer's signature <i>[Signature]</i>	Date <i>07/01/06</i>	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN <i>P00504546</i>	
	Firm's name (or yours if self-employed), address, and ZIP + 4 <i>S. GROVER &amp; COMPANY, CPA'S, LLC 1628 OAK TREE ROAD EDISON N.J. 08820</i>			EIN <i>20-1730059</i>	
	523163 02-03-06			Phone no <i>732.549.4620</i>	

Form 990 (2005)

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.	180.		120.
2	PROJECTOR	070203	SL	5.00	16	1272.			1272.	381.		254.
3	SOFTWARE	093004	SL	3.00	16	4510.			4510.	376.		1503.
4	EQUIPMENTS	123004	SL	5.00	16	7077.			7077.			1415.
	* TOTAL 990 PAGE 2											
	DEPR					13459.		0.	13459.	937.	0.	3292.

## FOOTNOTES

STATEMENT 1

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

FORM 990	OTHER EXPENSES			STATEMENT	2
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
ADVERTISEMENT	1498.	1498.			
EVALUATION FEES	2852.	2852.			
BANK CHARGES	38.	38.			
GIFTS, FELICITATIONS & PRIZES	4180.	4180.			
SUBSCRIPTION	6070.	6070.			
EDUCATIONAL DEVELOPMENT EXP	33755.	33755.			
DUES & FEES	474.	474.			
TOTAL TO FM 990, LN 43	48867.	48867.			

FORM 990	CASH GRANTS AND ALLOCATIONS			STATEMENT	3
CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT	
	COALITION OF ACCESSIBLE PHYSICIANS	180 WHITE ROAD, LITTLE SILVER NJ 07739	.	3000.	
	LIBERTY HEALTH FOUNDATION	355 GRAND STREET, JERSEY CITY NJ 07302	.	5000.	
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				8000.	

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III	STATEMENT	4
----------	--	-----------	---

## EXPLANATION

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

---

---

FORM 990      DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT      STATEMENT      5

---

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
COMPUTER	600.	300.	300.
PROJECTOR	1272.	635.	637.
SOFTWARE	4510.	1879.	2631.
EQUIPMENTS	7077.	1415.	5662.
TOTAL TO FORM 990, PART IV, LN 57	13459.	4229.	9230.